

INTERVIEW

PROF. YUANLI LIU, FOUNDING DIRECTOR, HARVARD SCHOOL OF PUBLIC HEALTH CHINA INITIATIVE

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Dr. Yuanli Liu, serving on the faculty of the Department of Global Health and Population at Harvard School of Public Health, is founding director of the Harvard School of Public Health China Initiative since 2005. The China Initiative aims at helping advance health and social development in China by carrying out series of applied research studies targeting China's major unresolved public health and health system issues, regular policy dialogues to help drawing road maps for China's social sector reforms and development, and senior health executive education programs to help produce a critical mass of open-minded and well informed health sector leaders. He is also Adjunct Professor of Health Policy and Management at Tsinghua University and director of the Health and Development Institute at Tsinghua School of Public Policy and Management in Beijing. Professor Liu has been teaching and conducting research in the areas of health policy and health system analysis since 1994 at Harvard, and has carried out extensive research and policy consultation work in many African and Asian countries. In particular, he has been closely involved in helping inform China's policy making process for series of reforms and strategic developments in its health sector since 1993, including a 8-year survey and intervention study (1993-2001) on improving access to healthcare in China's poor rural areas and the most recent work on Healthy Beijing 2020 – developing China's first 10-year strategic plan for effectively combating diseases and improving population health. He serves on the Expert Committee of Health Policy and Management and the Expert Committee on Healthy China 2020, both of which are established by the Chinese Ministry of Health to help develop strategies for China to deal with major infectious as well as non-communicable diseases. Dr. Liu also served on the United Nations Millennium Development Taskforce on HIV/AIDS, Malaria, TB, and Access to Basic Medicines. He consulted for many international agencies including the World Bank, Asian Development Bank, UNDP, UNICEF, WHO as well as global corporations.



Dr. Yuanli Liu

Dr. Liu received his MD and MPH from Tongji Medical University in 1987, MS in health policy and management from Harvard University in 1988, and PhD in health services research, policy and administration from University of Minnesota in 1995.

刘远立教授简介： 哈佛大学公共卫生学院中国项目部主任，博士生导师，清华大学公共管理学院卫生与发展研究中心主任。刘远立于 1987 年获得同济医科大学医学硕士学位，1988 年获得哈佛大学科学硕士学位，1995 年获得明尼苏达大学哲学博士学位。1994 年起任职于美国哈佛大学公共卫生学院，从事国际卫生政策与管理的科研和教学工作长达 16 年，是“卫生体系学”创始人之一，并从 2000 年至今在哈佛大学担任该学科的博士生导师。2005 年被任命为哈佛大学公共卫生学院中国项目部主任，负责领导哈佛大学与中国在医疗卫生领域的学术交流与合作，其中包括：1. 与中国卫生部合作举办“中国卫生发展与改革高级国际研修班”（300 多名毕业生分别来自中央和各省、市负责卫生与社会发展的厅局长和大型医院院长），2. 开展重大卫生政策与管理问题的应用性研究，3. 与中央党校合作举办“中国社会发展论坛”。2006 年又被清华大学公共管理学院聘为卫生与发展研究中心主任，负责领导中心围绕健康发展和卫生政策领域开展学术研究、政策咨询和教育培训等活动。

刘远立教授的专业研究领域主要着眼于运用经济学等工具探寻发展中国家卫生体系的效率和公平问题之解决办

法，在非洲和亚洲 10 多个国家开展过有关公共卫生（如：艾滋病防治）与卫生体系改革的学术研究。他参与了中国卫生改革与发展的一系列重大问题的研究和政策咨询，通过多年开展干预性研究、组织干部培训、举办或参与各种高层次论坛等活动，在建立中国农村新型合作医疗制度、城市医疗救助制度，医药价格体系改革、医疗服务领域政府与市场相对作用的界定、医药卫生体系的绩效评价、医疗服务集团化建设、农村卫生服务体系县乡村一体化管理、跨区域的协同医疗服务体系建设、移动医疗与数字医疗体系建设等方面开展了一系列研究和咨询工作，产生了重要影响。作为世界银行的顾问，刘远立教授帮助建立和加强了“中国卫生经济培训与研究网络”。他出版过 6 本中英文学术专著，在国际和国内学术期刊上发表过 100 多篇论文。刘远立教授曾经并继续担任联合国“千年发展目标”顾问委员会委员，世界银行、亚洲开发银行、世界卫生组织、联合国儿童基金会、联合国计划开发署、美国中华医学基金会等国际组织以及世界 500 强企业的战略顾问。此外，刘远立教授还是中华人民共和国卫生部卫生政策与管理专家委员会委员、“健康中国 2020”战略规划专家组成员、中国医药卫生体制改革研究（“清华方案”）课题组组长、“健康北京 2020”战略规划课题组组长。

Lingling : The Inaugural Harvard America-China Health Summit organized by China Initiative in September 2011 was a great success. As the leader of this historical event, what is your vision on the dialogue between China and the United States?

张玲玲：2011 年 9 月，由哈佛大学公共卫生学院中国项目部举办的首届哈佛中美健康峰会取得了巨大成功。作为这一历史事件的领导者，您对中美之间的对话有何见解和展望？

Professor Liu: Both China and the United States, despite cultural and socioeconomic differences, share a common goal – to create effective, equitable and efficient health systems that increase access, combat disease, and improve people's health. Recent initiatives in both countries demonstrate these parallel goals: between 2009 and 2010 we saw China announcing its ambitious Health Reform Plan and the United States passing the Patient Protection and Affordable Care Act (PPACA). In the years since implementation of these policies, many questions, challenges and ideas have arisen; we aim to explore these in depth by organizing regular dialogues between health policymakers, experts and healthcare frontline leaders. I believe bringing together health sector leaders from our two great countries and beyond to share experiences and perspectives would help inform future evidence-based policy making. That's why we are organizing the second Summit, which will be held in Beijing on October 31, 2012.

刘教授：尽管中美两国之间存在文化和社会经济的差异，但也有着共同的目标——创建一个公平和高效的医疗卫生体系，从而提高卫生服务的可及性、有效地控制疾病并改善人民的健康。近期，中美两国同时颁布的医疗卫生体系改革表明了这一共同目标：2009-2010 年，中国政府推出了意义深远的《深化医药卫生体制改革实施方案》，而美国通过了《保护患者与医疗可负担法案》（PPACA）。自从上述政策颁布以来，出现了很多问题、质疑和意见；我们的目标是通过定期举办医疗卫生政策决策者、专家和一线领导者之间的对话，对上述问题、质疑和意见进行深入探讨。我相信中美两国的有识之士通过峰会的形式，齐聚一堂讨论并分享各自的经验教训，对于中美两国和其他正在积极推进医疗卫生改革与发展的各国的精英来说是十分重要的。这也是我们筹办第二次峰会的原因，该峰会将于 2012 年 10 月 31 日在北京举行。

Lingling : In your report, you highlighted the common features and different characteristics of healthcare reforms in both countries, if each reform can only achieve one greatest accomplishment, what would you expect most?

张玲玲：在您的报告中，您强调了中美两国医疗改革的异同。假如中美各自的改革只能达到一项最重要的成就，您最期待的是什么？

Professor Liu: While improving health should be the ultimate goal of any health system and thus health system reform efforts, more immediate goals of healthcare reforms around the world can

be summarized in three 'A's: Availability, Affordability and Appropriateness of healthcare services. Affordability is the key, not only because without it people would suffer impoverishing effects of out-of-pocket medical expenditures, but also because making healthcare more affordable would help increase people's utilization of the healthcare services they need.

刘教授：提高人民健康水平是任何医疗卫生系统的终极目标和卫生改革努力的方向，全球医疗卫生改革的近期目标可以概括为三个 A：医疗保健服务的可用性，可负担性和适当性（Availability, Affordability, Appropriateness）。其中可负担性是重中之重，不仅仅因为穷人会因为自付医疗费用而愈发贫穷，还因为将医疗保健平价化有助于人们更充分利用他们所需要的医疗服务。

It is worth noting that both U.S. and China included in their reform packages following common measures: strengthening primary care and prevention services, adoption of electronic health records, and provider payment reforms.

—Prof. Yuanli Liu, Harvard

Lingling : What is the biggest obstacle in each country's health sector reform? What experience or lessons they can share with each other?

张玲玲：中美两国卫生部门改革的最大障碍是什么？有什么相互借鉴的经验或教训？

Professor Liu: I would say the biggest obstacle is resistance from the powerful interest groups. Any reform is about changing the status quo. Those economic and political groups, whose interests would be adversely affected by the reforms, cannot be expected to stay idle. For example, China's "public hospital reforms" have not yet made any significant progress because public hospitals are not enthusiastic participants. The reform implementation process in the U.S. has been resisted by at least a third of the states, because the governors of those states are Republican, which is the opposition party running against President Obama. It is worth noting that both U.S. and China included in their reform packages following common measures: strengthening primary care and prevention services, adoption of electronic health records, and provider payment reforms. The U.S. has had rich experiences in the areas of provider payment reforms such as DRGs and bundled payment in the context of developing "Accountable Care Organizations". China's unique heritage of traditional Chinese medicine offers alternative ways of helping manage chronic diseases that are confronting both countries.

刘教授：我认为最大的障碍是来自利益集团的巨大阻力。任何改革都是改变社会现状。某些既得利益团体的政治或经济利益将受到改革的不利影响，因此必然会阻挠改革进程。例如，中国的公立医院改革尚未取得任何重大的进展，因为公立医院没有积极参与。美国医疗改革的实施过程中，一直被至少三分之一的州抵制，因为这些州的州长是共和党人，是奥巴马总统的反对党。值得一提的是，中美两国的一揽子改革方案都遵循某些共同措施：加强初级保健和疾病预防服务，完善电子健康记录系统和供应商支付的改革。美国在供应商支付方面有丰富经验，比如诊断相关分组和捆绑支付发展“问责医疗组织”。中国独特的传统医学为中美两国面对的愈演愈烈的慢性疾病提供了替代疗法。

Lingling : We know that you have had contacts with high-level health officials in both countries. So could you say something about the role of government playing in each country's health reform?

张玲玲：据我们了解，您与两国高级别卫生官员都有所交流。可以介绍一下两国政府在各自的医疗改革中所扮演的角色吗？

Professor Liu: As the public policy maker and major implementer, government's role in any health reform is of course essential. But due to different political systems of the two countries, the ways in which the government plays its role are different in China vs U.S. In the United States, a new

legislation needs to be passed by the Congress in order for the reform process to be started. China does not need a new law, and the reforms were announced as the State Council "Decisions". It is also interesting to compare different roles of the central vs local governments. For example, while health insurance for the poor is financed by the Federal and state governments in the United States, Chinese central government plays almost no role in financing healthcare for the poor, which is the local government's responsibility. I like to point out that despite of the government's vital role in healthcare reforms, participation of many other stakeholders, especially healthcare providers, are necessary for the reforms to be successful.

刘教授：作为公共卫生政策的决策者和主要实施者，政府在任何医疗改革中扮演必不可少的角色。但由于两国政治制度的不同，两国政府发挥作用的方式也不尽相同。在美国要启动改革的进程，必须由国会通过新的立法；而中国不需要颁布新的法律，改革是作为国务院的“决策”开展的。而且，两国中央与地方政府的角色差异也很有趣。例如，在美国，穷人的医疗保险的资金主要由联邦和州政府共同支付，而在中国中央政府对贫困人口医疗保险几乎没有责任，反而是地方政府的职责。我想指出的是，尽管政府在医疗改革中发挥重大作用，但其他利益相关者，特别是医疗服务提供者的参与是改革成功的必要条件。

Lingling : No health system is perfect. In which aspects you think China surpasses the United States, and vice versa?

张玲玲：任何卫生系统都不是完美的。您认为在哪些方面中国优于美国，反之亦然？

Professor Liu: China already managed to provide basic insurance coverage to over 95% of its population, while U.S. still has 15% of the population uninsured. This "nominal coverage" aside, China's incidence rate of catastrophic medical spending (a measure of individual affordability) is much higher than that of the U.S. Arguably, the U.S. health system is the world's least efficient system, with 18% of the GDP spent on health and medical waste being estimated to be as high as \$750 billion in 2009. In terms of social affordability, China, with its total health spending only taking up 5.1% of its GDP, is in a much better situation than the U.S.

刘教授：中国的基础医疗保险的覆盖面超过总人口的 95%，而美国仍然有 15%的人口没有医疗保险。然而这个“名义覆盖率”的另一面是中国的高危疾病的医疗支出（衡量个人承受能力）远远高于美国。某种程度上可以说，美国卫生系统是世界上最效率最低的卫生系统，美国将其国内生产总值的 18%用在健康和医疗支出，2009 年的医保估计值为 7500 亿美元。考虑社会承受能力，中国的卫生总支出只占国内生产总值的 5.1%，是另一项优于美国的方面。

Lingling : Serving as the Director of China Initiative, what was your motivation to initiate this work? What are the major achievements you are mostly proud of?

张玲玲：作为中国项目部的主任，启动该项目的动机是什么？到目前为止，最引以为豪的成果是什么？

Professor Liu: I felt fortunate to be the "right person at the right time". China Initiative at Harvard School of Public Health was established in the aftermath of SARS in 2005, and I have been serving as the founding director ever since. The mission of this initiative is to advance China's health and social development by carrying out high-impact programs in education, research, and policy. With this multifaceted and integrated approach we aim to create sustainable and cost-effective changes within China's healthcare system as well as creating lasting relationships between Chinese and international healthcare leaders. I am most proud of our educational programs, mainly because we have trained more than 400 policymakers and senior health executives who are now playing important roles at the national and regional levels to improve health of the 1.3 billion Chinese people. Furthermore, every year during winter break since 2006 I had been conducting a field study course on China's health system reforms for Harvard students and fellows, whose experiences in China help them play a more effective role in global health.

刘教授：我感到很幸运，可以“在合适的时间成为合适的人”。哈佛大学公共卫生学院中国项目成立于 2005 年、SARS 事件之后，我一直作为其创始主任。这一举措的使命是通过开展具有高影响力的教育、研究和政策项目，推动中国的卫生和社会事业的发展。通过多层次的综合措施，我们的目标是中国的医疗保健制度带来可持续的、具有成本效益的发展，以及促进中国与国际医疗卫生部门领导人之间建立长久的合作关系。我最自豪的是我们的教育项目，主要是因为我们已经培训了超过 400 名政策制定者和高级卫生行政人员，在国家和区域层面为改善 13 亿中国人民健康发挥着重要作用。此外，自 2006 年以来每年寒假，我一直带领哈佛的学生和研究人员对中国卫生系统改革进行实地研究。他们在中国的经历将有助于他们未来全球卫生事业发展。

Lingling：I learned that the Second China-U.S. Health Summit will be held in Beijing at the end of October this year. Would you like to share some information regarding this summit with us?

张玲玲：第二届中美健康峰会将于今年十月底在北京举行。关于此次峰会，您有什么想与我们分享的吗？

Professor Liu: Minister CHEN Zhu and Assistant Secretary Sherry Glied, along with more than 700 Policy makers, academic experts, and business leaders from China and elsewhere attended the inaugural Harvard America-China Health Summit in September, 2011 in Boston. After the first Summit, Minister CHEN Zhu suggested that the second Summit be held in China.

The second Summit will take place on October 31, 2012 at the National Convention Center in Beijing (www.hci-bj.org). This summit will be held at a critical juncture of development for both U.S. and China. While the U.S. presidential election is under way and healthcare reforms are again debated and even legally challenged and upheld, China, also with leadership change in the fall, has just begun implementing the 12th 5-Year plan after 3 years of experiences with its Healthcare Reform Plan.

Based on the need assessment, the 2012 Beijing Summit is themed: "Healthcare Reforms: The Roles of Government, Market, and Professionalism". In addition to senior policy makers from China, such as Minister Chen Zhu and Dr. Sun Zhigang, China's national coordinator of healthcare reform, and from other countries, this Summit is expected to have about 800 registered participants, including healthcare experts, senior health executives, NGO and health industry leaders. The Beijing Summit is co-hosted by Harvard School of Public Health, Peking Union Medical College, and Tsinghua School of Public Policy and Management. We are grateful for the enthusiastic support of the Chinese Ministry of Health and the U.S. Department of Health and Human Services. We are excited by the impressive set of confirmed speakers and are confident that you will find the presentations and discussions informative and engaging. We sincerely welcome your participation in this Summit to create the most memorable event possible with a long-lasting impact.

刘教授：2011 年 9 月，陈竺部长和美国卫生与公共服务部副部长 Sherry Glied、以及 700 多位来自中国和世界各地的政策、学术专家和商界领袖参加于波士顿举办的首届哈佛中美健康峰会。第一次峰会后，陈竺部长建议第二次峰会在中国举办。

因此，第二次峰会将于 2012 年 10 月 31 日在北京国家会议中心（www.hci-bj.org）举办。本次峰会正值中美两国发展的关键时期。美国总统选举正在进行，医疗改革草案再次进行辩论，经过了法律评估并取得了成果；中国正值秋季最高领导层换届，医改政策实施三年，“十二五计划”刚刚开展。

2012 年的北京峰会的拟定的主题是：“卫生改革：如何有效发挥政府监管、市场竞争、职业精神的作用”。除了部长陈竺、孙志刚博士等中国医疗改革的高级决策者和其他国家的官员，本届峰会预计将有 800 位注册与会者，其中包括医疗专家，高级卫生行政人员，非政府组织和保健品行业的领导者。本届北京峰会是由哈佛大学公共卫生学院，北京协和医学院和清华大学公共政策与管理学院共同主办。我们非常感谢中美

两国卫生部的大力支持。我们很高兴邀请到一些确定参会的重量级发言人，并且我们确信演讲和讨论内容丰富、引人入胜。我们真诚地欢迎你们的参与，并期待为本届峰会留下难忘的回忆和深远的影响。

Lingling : Do you have any words for CHPAMS (China Health Policy and Management Society)?

张玲玲：您对中国卫生政策与管理学会（海外）有什么寄语吗？

Professor Liu: I am a big fan of CHPAMS. I hope you guys can keep up the good work by serving as a bridge and network for sharing relevant and important information and ideas, and for fostering productive relationships among current and future generations of leaders in health policy and management research and practice.

刘教授：我是中国卫生政策与管理学会（海外）的坚定支持者。我希望你们能保持良好的工作，发挥桥梁和纽带作用，共享相关的、重要的信息和观点，并为促进当前和未来的几代领军人物在卫生政策与管理研究和实践方面的协作不懈努力。