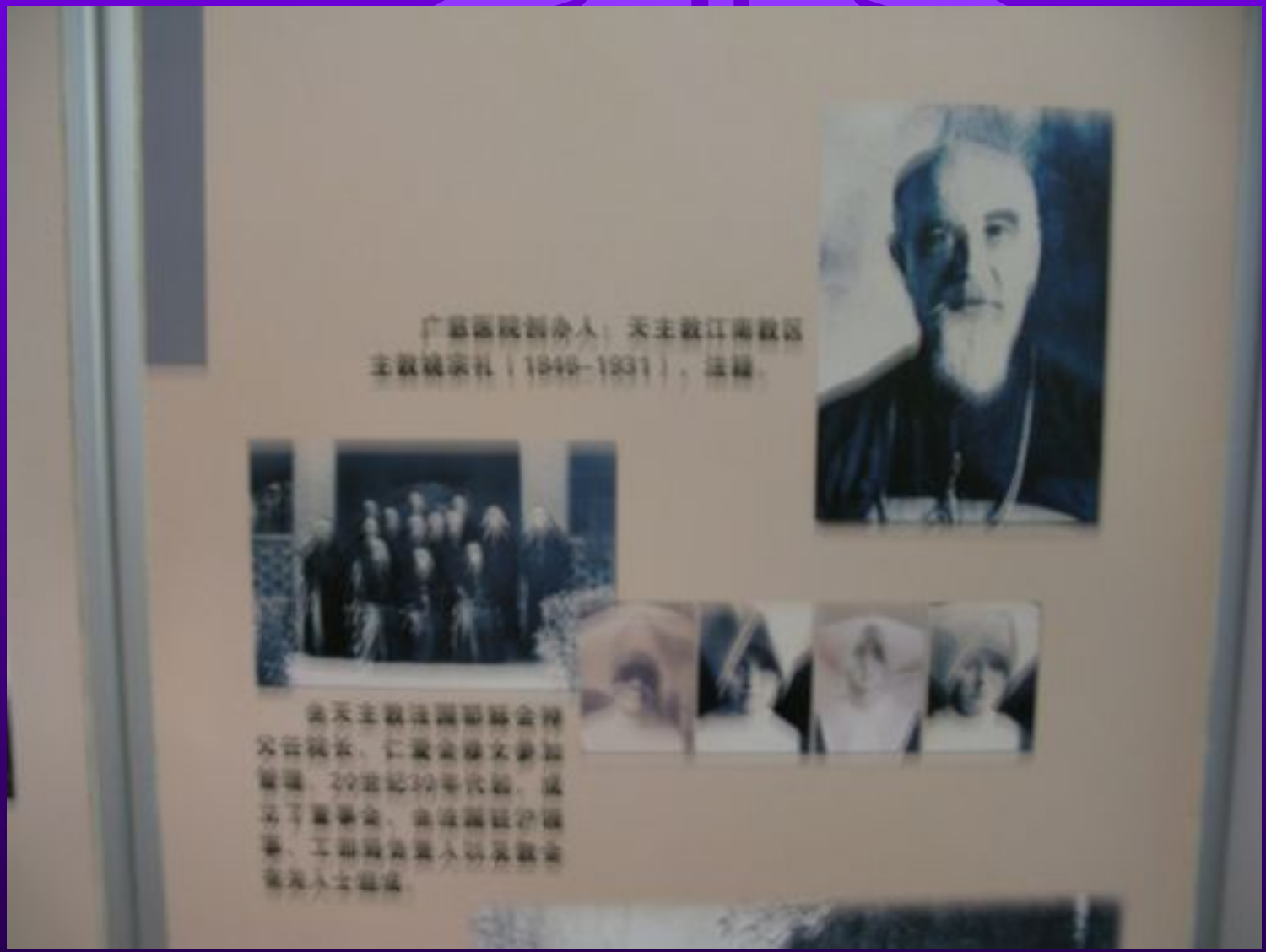
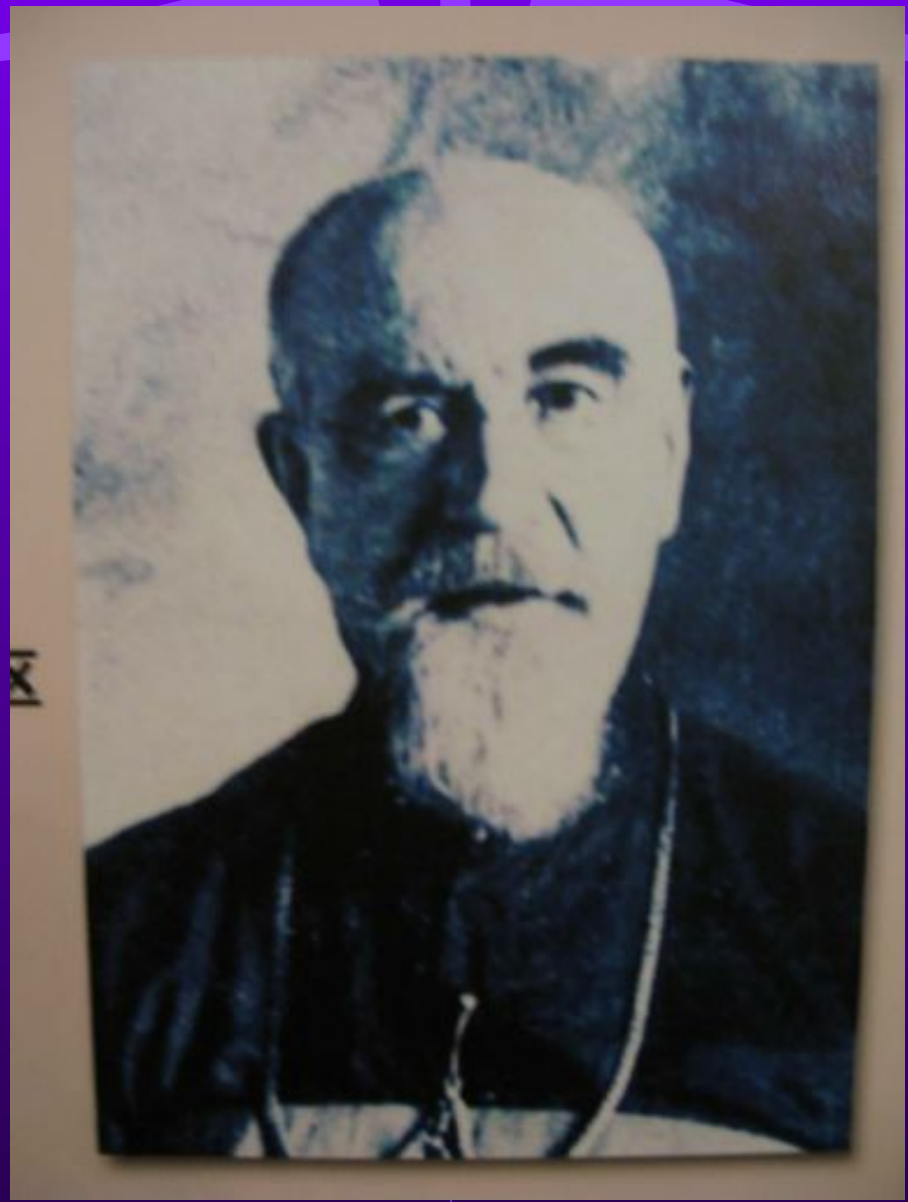
Fudan University Shanghai Cancer Center
Origin and History

All the foreign nurses were nuns of the Sisters of Mary from Belgium.





由天主教法国耶稣会神父任院长，仁爱会修女参加管理。20世纪30年代起，成立了董事会，由法国驻沪领事、工部局负责人以及教会

创建时的医院门诊大门


行政樓

Ying Lianzhi
英斂之
(1867～1926)

Angelo Zottoli 晁德蒞 (1826-1902)

- **Post-1949**
- After 1949 the Ministry of Public Health was responsible for all health-care activities and established and supervised all facets of health policy. Along with a system of national, provincial-level, and local facilities, the ministry regulated a network of industrial and state enterprise hospitals

- and other facilities covering the health needs of workers of those enterprises. In 1981 this additional network provided approximately 25 percent of the country's total health services. Health care was provided in both rural and urban areas through a three-tiered system. In rural areas the first tier was made up of barefoot doctors working out of village medical centers.

- They provided preventive and primary care services, with an average of two doctors per 1,000 people. At the next level were the township health centers, which functioned primarily as out-patient clinics for about 10,000 to 30,000 people each. These centers had about ten to thirty beds each, and the most qualified members of the staff were assistant doctors.

- The two lower-level tiers made up the "rural collective health system" that provided most of the country's medical care. Only the most seriously ill patients were referred to the third and final tier, the county hospitals, which served 200,000 to 600,000 people each and were staffed by senior doctors who held degrees from 5-year medical schools.

- Health care in urban areas was provided by paramedical personnel assigned to factories and neighborhood health stations. If more professional care was necessary the patient was sent to a district hospital, and the most serious cases were handled by municipal hospitals.

- To ensure a higher level of care, a number of state enterprises and government agencies sent their employees directly to district or municipal hospitals, circumventing the paramedical, or barefoot doctor, stage.
- An emphasis on public health and preventive treatment characterized health policy from the beginning of the 1950s.

- At that time the party began to mobilize the population to engage in mass "patriotic health campaigns" aimed at improving the low level of environmental sanitation and hygiene and attacking certain diseases. One of the best examples of this approach was the mass assaults on the "four pests"--rats, sparrows, flies,

- and mosquitoes—and on schistosoma-carrying snails. Particular efforts were devoted in the health campaigns to improving water quality through such measures as deep-well construction and human-waste treatment. Only in the larger cities had human waste been centrally disposed.

- In the countryside, where "night soil" has always been collected and applied to the fields as fertilizer, it was a major source of disease. Since the 1950s, rudimentary treatments such as storage in pits, composting, and mixture with chemicals have been implemented.

- As a result of preventive efforts, such epidemic diseases as cholera, plague, typhoid, and scarlet fever have almost been eradicated. The mass mobilization approach proved particularly successful in the fight against syphilis, which was reportedly eliminated by the 1960s

- . The incidence of other infectious and parasitic diseases was reduced and controlled. Relaxation of certain sanitation and anti-epidemic programs since the 1960s, however, may have resulted in some increased incidence of disease.

- Ten years after the Cultural Revolution, there were an estimated 1 million barefoot doctors in China. Looking back, however, gauging the program's success is complicated.

A Model for Rural Health Care?

- In the 1970s, the World Health Organization and leaders in some developing countries — even the Soviet Union — began to consider China's program as an alternate model to Western-style health care. They were looking for inexpensive ways to deliver health care to rural populations; China had seemed to set up a successful model.

国家疾病网上直报系统－全球最大

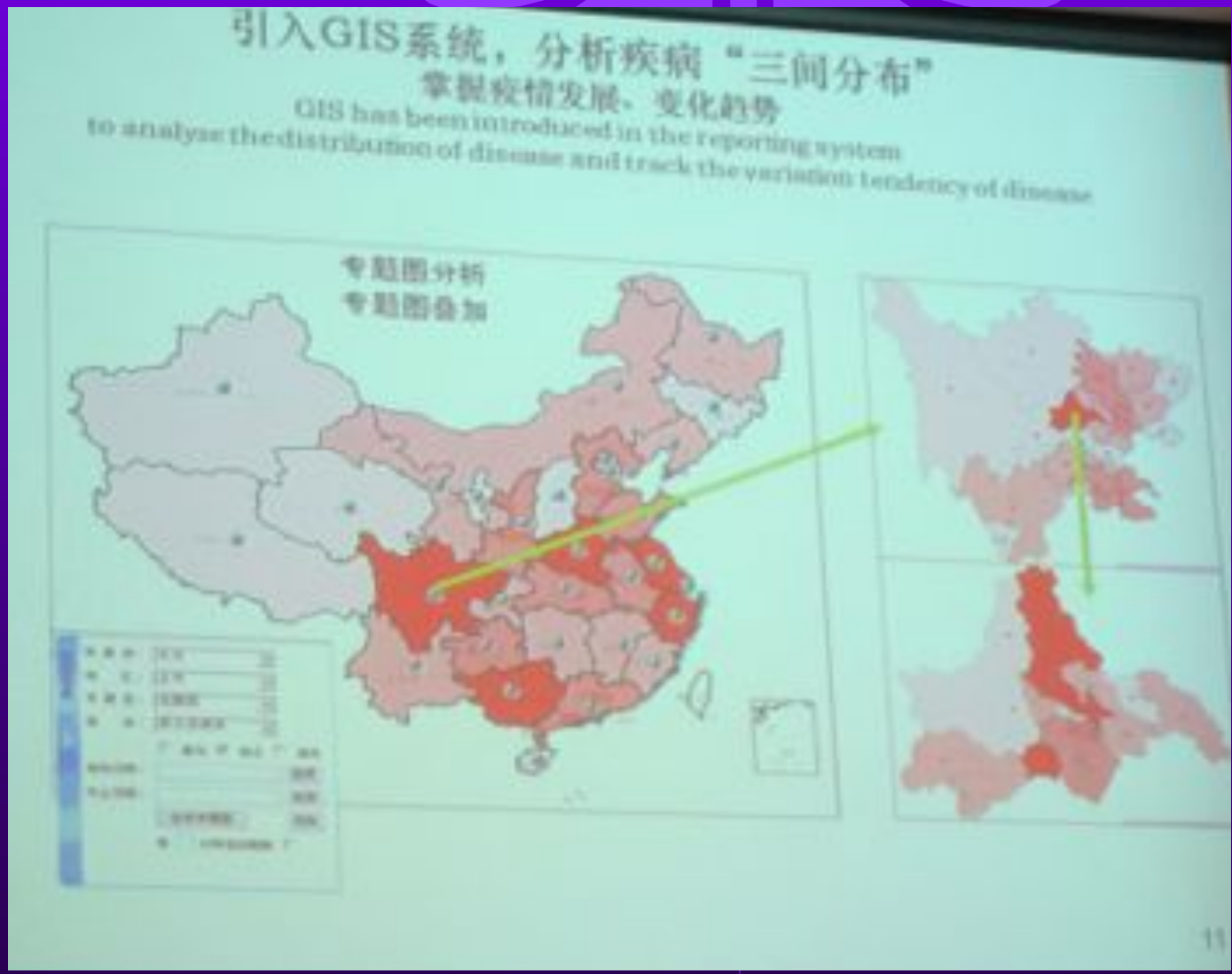
The nationwide internet-based communicable disease reporting system-- the biggest in the world

至2008年底，全国96.98%县级和以上医院以及82.21%乡镇级医院已被CDC覆盖。系统使用人数约6.8万人。

As at the end of 2008，100% of CDCs, 96.98% of county and above level hospitals and 82.21% of township hospitals around China were covered. The system users were about 68,000

系统近年来为中国预防和处理重大疫情起到关键作用。

The system contributed to prevent large outbreak of communicable disease in recent years in China.


引入GIS系统，分析疾病“三间分布”
掌握疫情发展、变化趋势
GIS has been introduced in the reporting system
to analyse the distribution of disease and track the variation tendency of disease
专题图分析
专题图叠加
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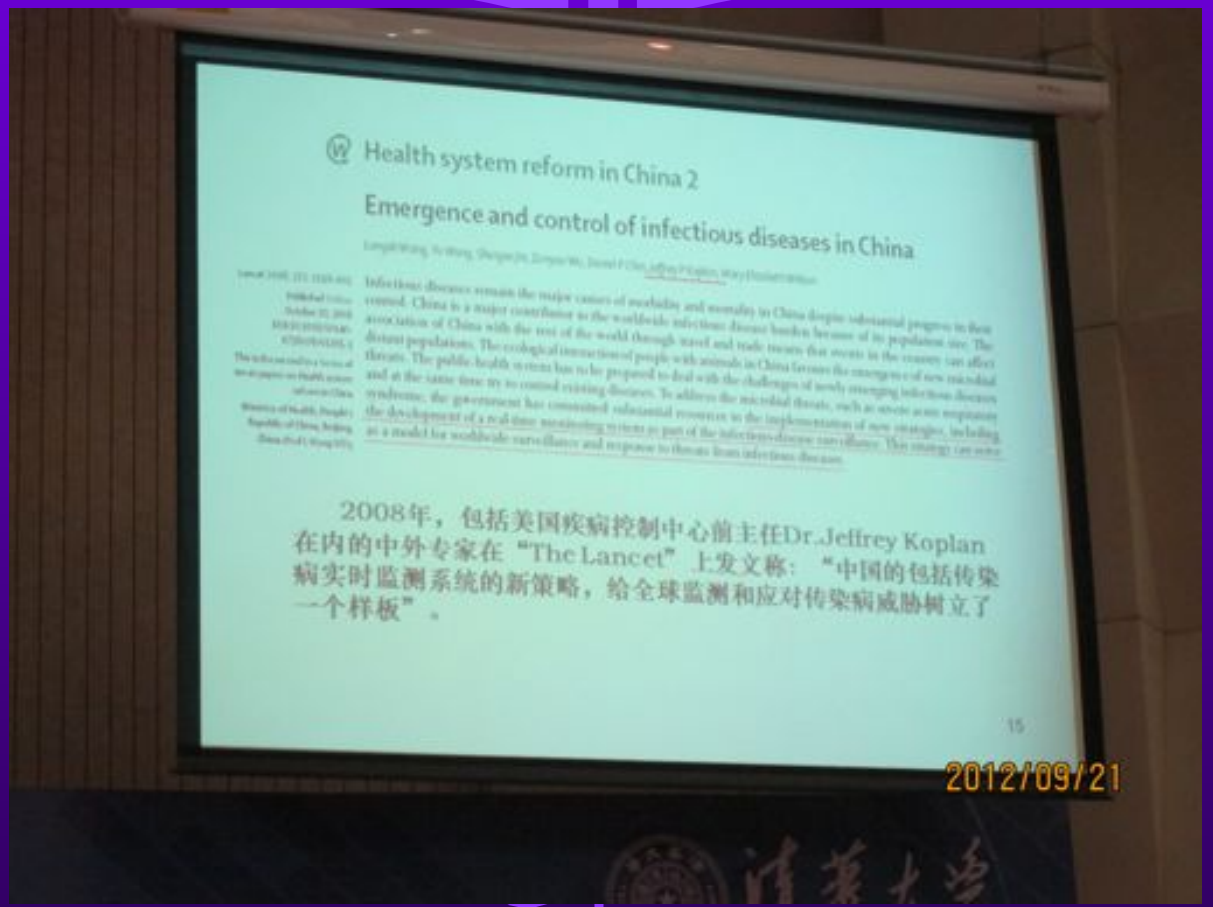
我国艾滋病病毒感染流行范围的变化

The changing of prevalent areas of AIDS infection in China

1985年发现首例艾滋病病例；1998年全国所有省份报告有HIV感染者。


Health system reform in China 2
Emergence and control of infectious diseases in China
2008年，包括美国疾病控制中心前主任Dr.Jeffrey Koplan在内的中外专家在“The Lancet”上发文称：“中国的包括传染病实时监测系统的新策略，给全球监测和应对传染病威胁树立了一个样板”。
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