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# **BMJ Open**

#### A Policy Scoping Review of Primary Health Care Policy for the Prevention and Control of non-communicable diseases from National to Province: 2009-2023

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### A policy scoping review of primary health care policy for the prevention and control of non-communicable diseases from national to province: 2009-2023 Rui Jiang<sup>1</sup>, Guangming Chang<sup>2</sup>, Tingzhuo Liu<sup>3</sup>, Xinyi Zhang<sup>3</sup>, Lingling Xu<sup>1</sup>, Yuhan Zhou<sup>1</sup>, Yongchen Wang<sup>1\*</sup> 1. Department of General Practice, the Second Affiliated Hospital of Harbin Medical

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#### Abstract

This study aims to systematically characterize the policies relevant to Non-communicable Diseases (NCDs) prevention and control at the provinces' primary health care (PHC) level, and identify characteristics and potential gaps with national policies. We searched policy documents from the official websites of Guangdong and Heilongjiang provinces between March 17, 2009, and April 17, 2023. The documents were assessed for inclusion of NCD prevention and management guidelines. Data was extracted and analyzed thematically using WHO's six building blocks framework, providing a comprehensive assessment of policy implementation from a primary healthcare perspective through deductive and inductive cycles. A total of 13,645 policy documents were retrieved, of which 135 eligible policy documents (Heilongjiang N=63; Guangdong N=72) were included in the final analysis. They were categorized as "extension", and "reduction" based on the differences in information delivery from the "top-down" policy formulation pathway. Thematic content analysis identified twelve major policy initiatives, with most themes showing extension in both provinces. Several areas showed strong and amplified policy support, including leadership and governance, medicines and technologies, and service delivery. Policy extension and reduction from national to provincial levels are crucial according to local conditions. PHC responses to NCDs prevention and control are broad and uncertain and require a multisectoral and multilevel approach. Further reform should focus on policies to facilitate multi-sectoral collaboration, establish interprovincial compatible digital health information systems, and comprehensively improve health education and promotion.

Keywords: primary health care; health care reform; non-communicable disease; policy analysis; China

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#### Introduction

 The increasing burden of Non-communicable Diseases (NCDs) is overwhelming due to urbanization, rapidly ageing population, and lifestyle changes, resulting in high costs to health systems and individuals[1]. NCDs, such as hypertension and diabetes are responsible for 68% of worldwide deaths[2], and also result in reduced workforce productivity, lower quality of life and significant economic burdens. Primary health care is an essential and critical type of healthcare delivery that addresses the health needs of the population, a growing body of research suggests the positive effect of PHC on health outcomes and wider health system functions[3-5]. China has implemented various policies to establish an integrated delivery system based on PHC to prevent and manage NCDs and to offer its citizens universal and equitable access to high-quality health care[4, 6].

Since the early 1950s, the Chinese PHC system has evolved the first phase was characterized by the well-known 'barefoot doctors' (a common abbreviation for rural non-formal medical personnel in China) serving as the backbone of the PHC workforce (1949–1978). The second phase saw progressive marketization and privatization of hospitals (1978-2008), with less attention to investment in PHC. The current health system reform commenced in 2009, with PHC re-prioritized as a key reform area[7]. This political commitment aimed to establish an accessible, equitable, affordable, and efficient health system to cover all people by 2020[8]. A high-quality and efficient health system is crucial for China's goal of prioritizing population health and shifting to a new development model[9, 10]. Despite comprehensive health system reforms over the past decades focusing on strengthening PHC responses to NCDs prevention and control, almost half of Chinese adults aged 35-75 years have hypertension, but only 45% are aware of their condition, 30% take antihypertensive drugs, and just 7% have achieved normal blood pressure levels[11]

Despite China's efforts to revitalize PHC through policy promulgation to strengthen NCD prevention and control, several gaps remain, including a lack of emphasis on multi-sectoral collaboration, underuse of non-health-professionals, and lack of quality-oriented PHC services evaluations[12]. Evidence suggests a steady increase still in NCD prevalence with no significant improvement in the estimated prevalence of adequate treatment from 2013-2018[13]. Therefore, the primary goal of this study is to systematically map out the policy landscape of the local implementation and translation of NCD prevention and control. Key factors influencing the implementation and adaptation of national policies at the local level are regional economic differences, low financial resources, lack of tailored policy design, and absence of prioritization. The implementation and translation of policies at the province level have presented central issues and difficulties. As yet though, there is limited literature examining policy gaps from national to province levels, making it unclear what

progress and potential gaps remain. This study has three specific objectives: First, to map the volume and variety of policies in preventing NCDs since 2009 in selected provinces; Second, to identify key policy areas, themes, strengths, and potential gaps in NCD prevention and control based on the WHO framework; Third, to demonstrate the evolution of policies from the national to the provincial levels and provide recommendations for context-specific condition policymaking implementation.

#### Methods

#### **Study Design**

This study assessed province-level policy documents (with open-source access) relating to NCD prevention and control since 2009, making a historic step in fostering China's health system reform. The study protocol strictly follows the Preferred Reporting Items for Systematic Reviews and Meta-analysis extension for Scoping Reviews (PRSIMA-ScR) Checklist[14]. The PRISMA-ScR checklist is provided in the supplementary material (**supplementary file 1**). The study protocol has been registered on the Open Science Framework platform (https://osf.io/jh3gn).

#### **Analytical Framework**

We utilize the World Health Organization's (WHO) framework, which outlines six interconnected components of a health system: service delivery, health workforce, health information, health financing, medicines and technologies, and leadership and governance[15]. This framework systematically addresses various issues that may arise in PHC. Despite a range of conceptual frameworks proposed since its development, the WHO Building Blocks framework is often used to describe health systems in international forums due to its simplicity and ability to provide a common language for researchers.

#### **Data Sources and Selection**

The occurrence, development, control, and outcome of NCDs among the population are closely related to health systems and policies as well as local social and economic development[16]. Provinces in China have imbalanced progress in socioeconomic and health development, such as the basic healthcare and urbanization ratio among regions. To analyze the diverse differences in the impact of the PHC on preventing and managing NCDs, the study divided China into two topical regions: the northern economically backward (Heilongjiang) and the southern economically developed (Guangdong). Heilongjiang Province, situated in northeastern China, is the country's northernmost and highest-latitude province. It has a population of 30.99 million residents and covers an area of 473,000 square kilometers with a GDP of 15,901 RMB per capita. Guangdong, located in the southernmost part of mainland China, is a coastal province with over 100 million permanent residents, making it the most populous province in China. Guangdong covers an area of 179,800 square

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kilometers and has a GDP of 129,118 RMB per capita. Following search strategies used in previous policy reviews[12, 17], we searched the publicly accessible official websites of the two provincial governments and their affiliated ministries for all associated policies carried out from March 17, 2009, to April 17, 2023(**supplementary file 2**). This includes ministries directly related to health (e.g., the Provincial Health Commission, Provincial Medical Security Bureau), and those influencing health-related issues (e.g., Provincial Department of Education).

#### Search Strategy and Selection Criteria

The document retrieval function on the province's government website is limited. We searched using Chinese-character keywords such as "Man Xing Bing" (Chronic disease) and "Man Bing" (an abbreviation for NCDs in Chinese) on each administration's website, as detailed in **supplementary file 3**. The term for "primary health care" in Chinese (Ji Ceng Wei Sheng Bao Jian/Ji Ceng Yi Liao) consists of more than three characters, making it impossible to use directly in website searches. Consequently, we focused on primary health care during subsequent screening and data extraction. Keywords were not combined due to restrictions on most government website search engines, which do not permit Boolean operators (e.g., AND, OR). Then, we expanded the search using the snowball method by reviewing references to other policies in the remaining records. We also consulted policy experts from the Chinese Center for Disease Control and Prevention and academic experts in PHC and NCD to eliminate any significant omissions.

The title and full text of all identifed records were independently reviewed by two authors (JR, PY). Disagreements over inclusion were resolved by two reviewers and where necessary a third (LX). The inclusion eligibility criteria were: (1) policy documents focusing on the prevention and management of NCDs with a PHC approach, and (2) issued by designated ministries since the 2009 health reform. We used March 17, 2009, as the starting point when the landmark policy document "Recommendations by the Chinese Communist Party Central Committee and the State Council on Deepening the Health Care System Reform" was officially released[7]. The policy search ended on April 17, 2023.

The exclusion criteria included: (1) national policy documents; (2) policy documents focusing on specific programs or campaigns such as news coverage, announcements, or conclusions of specific activities; (3) government follow-up responses or interpretations to previous policy regulations; and (4) specific clinical or pharmaceutical guidelines.

Given the complexity of most policy documents, even those that primarily focus on secondary or tertiary hospitals rather than PHC, we decided not to exclude these documents. Instead, we identified any PHC-related content within them, which may have consisted of a few paragraphs or sentences, and included them in our subsequent analyses.

#### **Data Extraction**

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For each policy document analyzed, we extracted the title, ministry, and release date, grouping them into the corresponding five-year plan of the Chinese central government (**supplementary file 4**). We categorized the policy papers issued by each provincial government department as individual or joint releases (i.e. developed by one administration or multiple administrations) and determined the frequency of each administration's participation in jointly issued policy papers as an indicator of multi-sectoral collaboration in policy development.

Regarding the policy-making context, major national policies are collectively and prospectively formulated by the Chinese Central Government in China[18]. All national policies for PHC-related NCD management are formulated and promulgated by the State Council and its affiliated ministries and then directly distributed to the subordinate governments in the provinces, autonomous regions, municipalities, and special administrative regions[17]. Based on the policies body promulgated by the State Council and its affiliated ministries, provincial departments issue relevant policy documents according to local conditions. The previous research on PHC system responses to national policies for the prevention and control of NCD prevention and control in Mainland China has yielded some achievements[12]. We continue to conduct in-depth research at the provincial government level by screening the full text and obtaining the national-level documents related to the provincial policy documents, conducting a comparative analysis of both.

#### **Policy Content Analysis**

Following policy screening, three researchers (RJ, YP, and LX), guided by the theoretical framework of the WHO's six building blocks, extracted concrete policy themes to understand policy strategies regulating PHC-focused NCD prevention and control using a combination of deductive and inductive coding approaches.

Data synthesis involved four steps. First, extracting cited national-level documents from all eligible provincial-level policy documents, then tabulating and summarizing them. Each provincial-level policy document was grouped into four periods aligned with China's five-year plans. Second, our analysis methodically examined how each policy document tackled the critical components of the PHC system on NCD prevention and control. Each policy was systematically categorized as "extension" or "reduction" based on the information delivery from the top-down policy formulation pathway when compared with national policy measures. It should be noted that the policy measures categorized as "equivalence," although we have also addressed them, are not the main focus of this study.

Third, to analyze the differences in policy strategies for the prevention and control of NCD with a focus on PHC between the provincial and national levels, we utilized a deductive coding approach and assigned each policy to the WHO's six building blocks, in order to

understand how each policy addresses the essential element of PHC related to NCD prevention and control.

Finally, to identify the key policy planning and implementation strategies to regulate NCD prevention and control at the provincial level, we employed an inductive coding approach in two steps, each policy was carefully scrutinized. First, we meticulously identified and extracted specific strategies or action items outlined in the policy documents and expertly coded them as "sub-themes", such as "improve the standardized training system for resident doctors", "attraction of medical technology talent to primary care institution", and "give preferential policies to grassroots health technicians in terms of promotion and benefits". Second, we synthesized these sub-themes, and proficiently generated higher-level major themes that comprehensively covered multiple related sub-themes, such as "strengthening primary health care personnel". We defined these "major themes" as "major policy initiatives", that signify the fundamental planning and implementation strategies and actions of China's PHC reinforcement for NCDs prevention and control. Each major policy initiative comprises various specific strategies (i.e., the sub-themes). All coding was performed using NVivo 12(QSR International) software. The analysis framework of methodology is in **Figure 1**.

#### Results

 The initial search yielded 13,645 records issued by the Heilongjiang and Guang Dong provincial Governments, and 22 affiliated ministries, independently, of which 4,714 remained (Heilongjiang N=794; Guangdong N=3920) after applying inclusion criteria. Most excluded records were deemed non-policy documents (e.g., news, reports, and patent notifications) or released before March 17, 2009. After three rounds of duplicate removal (Heilongjiang N=455; Guangdong N=3,042), 1,127 records (Heilongjiang N=321; Guangdong N=806) were excluded on the basis of the exclusion criteria. A total of 135 eligible policy documents (Heilongjiang N=63; Guangdong N=72) were included in the final analysis (**Figure 2**).

#### **Policy Promulgation by Government Departments**

Between March 2009 and April 2023, provincial governments and their affiliated ministries continuously issued policies related to PHC-focused NCD prevention and control. Heilongjiang Province independently issued 36 policy documents, while 41 were issued by affiliated administrations. Meanwhile, Guangdong Province issued 38 policy documents independently and 35 through affiliated administrations. The department issuing the most NCD prevention and control policies was the People's Government of the Province (34 in two provinces), followed by the Provincial Health Commission (Heilongjiang N=17; Guangdong N=24), and the Traditional Chinese Medicine Bureau of Guangdong (N=15). Figure 3 presents the interrelationships of the provincial governments and their affiliated ministries. Eighteen policy documents in Heilongjiang (28.12%) and 22 in Guangdong (30.56%) were

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policies.

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jointly formulated by multiple ministries. The maximum number of ministries involved in co-developing a single policy was 17 in Heilongjiang and 16 in Guangdong. About half of the eligible policy documents (Heilongjiang N=37; Guangdong N=41) were released during the 13th Five-Year Plan, 15 during the 12th Five-Year Plan, 11 during the 14th Five-Year Plan in Heilongjiang, 15 during the 14th Five-Year Plan in Guangdong, and one during the 11th Five-Year Plan period.

#### **Thematic Framework and Policy Strategies**

Inductive coding of the 135 policy documents, guided by the WHO's six building blocks framework, identified 12 main themes **Figure 4**. All key policy strategies are detailed in the supplementary material (**supplementary file 5**). In Heilongjiang Province, 487 (61.1%) of 797 policy strategies aimed at extension, while 310 (38.9%) aimed at reduction. In Guangdong Province, 729 (67.9%) of 1074 policy strategies aimed at extension, and 345 (32.1%) aimed at reduction. The top three themes in Heilongjiang Province were "The basic health insurance schemes" (N=194, 24.34%), "Traditional Chinese medicine medical service system" (N=134, 16.81%), and "Digitalization of health systems" (N=70, 8.78%). The top three themes in Guangdong Province were "The basic medical insurance schemes" (N=195, 18.16%), "Medical alliance system" (N=192, 17.88%), and "Strengthening primary health care personnel" (N=115, 10.71%).

#### **Concepts of Extension and Reduction**

To understand how local governments implement and transform national-level policies, we used three definitions: extension, reduction, and equivalence. In this study, "extension" refers to provincial governments extending and implementing national policy strategies and action items tailored to local conditions (e.g. "Health management departments should support qualified old-age institutions in setting up medical institutions" in national-level policy has been extended to "Actively promote the combination of medical and health care and elderly care services, and promote the entry of medical and health resources into elderly care institutions, communities, and residents' families. Encourage and support social forces to focus on integrating medical and elderly care, mainly adopting disabled, semi-disabled, and dementia elderly people, and providing long-term care services" in province-level policy). And the "reduction" refers to provincial governments appropriately reducing national policy strategies to fit local circumstances and needs (e.g. "Further extension the scope of designated production of drugs in short supply, and support the construction of centralized production bases for small varieties of drugs. Establish and complete systems for monitoring, early warning, and tiered response to drug shortages" in national-level policy has been reduced to "Establish and complete systems for monitoring, early warning, and tiered response to drug shortages" in province-level policy). Equivalence refers to local governments delivering the same policy information as national

#### Volume and variety of extension and reduction of include policies

In Heilongjiang, the top three themes with the highest proportion of expansion were *The* essential public health service package (100%), Tiered healthcare service delivery system (80.0%), and *Family doctor contracting initiative* (77.3%). In Guangdong, the top themes were *Tiered healthcare service delivery system* (84.3%), *Health education and promotion* (81.3%), *Strengthening primary health care personnel* (79.1%). **Figure 5** shows that most policy themes were extended in both provinces, with all major themes extended in Guangdong Province by more than 50%. The only theme with less than 50 % expansion in Heilongjiang Province was *Health education and promotion* (47.2%).

#### **Pattern of Extension and Reduction Policies**

A total of 1,216 extension policies (487 in Heilongjiang, 729 in Guangdong) were identified in policies related to PHC-focused NCD prevention and control, comprising of four main categories: (i) increase scope of application; (ii) concretize goals; (iii) refine the measures; and (iv) strengthen enforcement. Similarly, 655 reduction policies (310 in Heilongjiang, 345 in Guangdong) mainly include three categories: (i) decrease the scope of application; (ii) directly delete the content; (iii) lower the goal. While provincial governments may scale back when developing local policies, these reductions aim to adapt to regional realities, ensuring policy effectiveness and viability. The pattern and content of extension and reduction of include policies are described in **supplementary file 6**.

#### **Distribution of Key Policy Areas in Six Building Blocks**

Using WHO's six building blocks framework, we categorized policy measures into six components[19]. Leadership and governance received the most policy attention (Heilongjiang N=199, Guangdong N=332), followed by medicines and technologies (Heilongjiang N=153, Guangdong N=199), and service delivery (Heilongjiang N=148, Guangdong N=186). Health information systems were least addressed, with only 54 policy initiatives on digitalization in Heilongjiang and 92 in Guangdong. In Guangdong, different key policy areas were more evenly addressed.

#### Discussion

This study comprehensively analyzed the implementation and translation of national policies and key strategies related to PHC-focused NCD prevention and control in provincial governments since the 2009 health reform. In line with the 2009 State Council's health reform roadmap, China introduced several policies to build an integrated delivery system based on PHC to prevent and manage NCDs. The substantial public funding that followed made PHC central to rebuilding China's public health system[20]. The Healthy China 2030 plan, a government blueprint, highlights the important role of PHC committed to strengthening the PHC system[8]. The top-down policy implementation in China's structured society has

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provided a sense of security from theoretical design to practice, while also increasing the uncertainty and vulnerability of the health care system. We need to reconsider the focus and strategies of PHC reform and empower the PHC. Guided by the WHO's six building blocks of the health care system, we identified uneven policy efforts between different policy areas, strengths, and potential gaps in related policy strategies.

Our study found considerable multi-sectoral collaboration in policymaking, with about half of the included policy documents (48.44% in Heilongjiang, 47.22% in Guangdong) jointly released. The People's Government of the Province dominated both singular and joint releases, followed by the Health Commission of the Province. Consistent with the previous national policy review on PHC for NCD prevention and management in China, one-quarter of included policy documents were jointly released through multi-sectorial the collaborations[12]. This pattern has intensified consistently in recent years. Given the cross-cutting nature of NCD prevention and control, China's State Council promulgated the Circular on China's Mid- and Long-term Plan of NCD Prevention and Treatment (2017-2025)[21], emphasizing coordinated efforts across all sectors, health education and promotion, and effective prevention and control. Similar circulars for 2012-2015 were issued by 15 government ministries and commissions[1, 22]. These policy documents have been implemented in Heilongjiang and Guangdong provinces according to their respective local conditions. Despite increased government subsidies for PHC institutions since China's reform in 2009, social health insurance policies still provide limited coverage for PHC due to low annual caps for total reimbursement of NCDs, leading to overuse of hospital services and inhibiting PHC providers from effectively playing the role of gatekeepers[23, 24]. These findings suggest that stronger and closer multi-sectorial collaborations, between Health, Finance, and Civil Affairs ministries could help address the challenges more effectively.

According to WHO[19], leadership and governance and health information systems function as the basis for all other healthcare system building blocks. From a health system perspective, a significant advantage of China's national policies related to PHC-focused NCD prevention and control is the great importance attached to leadership and governance. These policies hing upon a clear and common "top-down" policy formulation pathway from the State Council to the ministries in China. This can be explained by China's political system, where the central government has the power to set goals and directions through a top-down approach. Like previous policy reviews on PHC and healthy aging in China[12, 17], our study found dispersed and least-addressed policies and key strategies related to health information systems. For instance, no information system is yet available to systematically integrate multi-dimensional data in governing residents' medical, medical insurance information, and health services information.

Policies related to health information systems were gradually addressed during the 13th

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Five-year planning. An integrated electronic health record system for each citizen is needed to improve the quality and efficiency of PHC institutions and the entire health care system—the Residents Health Record System for basic public health services and the Electronic Medical Record System for clinical care[5, 25]. However, challenges remain in providing high-quality health information to the population due to shortfalls in several dimensions. The policies' continuity and evolution of policies can ensure customization to changing health needs and system status, resulting in long-term impact. Additionally, limited health financing and workforce shortages were identified as key challenges, and current policies were inadequate to overcome these longstanding issues.

The Chinese government implemented the zero-markup policy for essential drugs in 2009, eliminating markup retention from medication bills and replacing the original 15% markup with a 10% fiscal allowance[26]. Behavioral economic studies suggest that increasing medical service prices may compensate for revenue losses in most public hospitals, impacting PHC in China[27]. Despite reducing care costs for patients through the essential drug system, the reform of inpatient and outpatient structures revealed limitations in current policies and technology systems. Consequently, the implementation of medicines and technology in the provinces is being extended and strengthened according to local conditions.

Since 2009, China has issued numerous PHC-focused NCD prevention and control policies, but there is an imbalance in the distribution of the 12 major strategies identified in the review. Regarding health financing, the central government has long worked on establishing basic health insurance schemes, with consistent implementation in Heilongjiang and Guangdong. The basic health insurance influences income by improving health status and reducing the unpredictability of healthcare expenditure. Recent studies show health insurance has been a primary focus of efforts to provide financial protection from illness-related costs for the Chinese population[28, 29]. For instance, in 2008, the government provided 80 RMB/person/year to each participant in Urban Employees Basic Medical Insurance, which rose to 520 RMB/person/year in 2019[30]. Accordingly, benefits under the insurance schemes were significantly increased.

A noteworthy result is that all major strategies and key strategies on NCD prevention and control in Guangdong have been extended. Both Heilongjiang and Guangdong Provinces prioritize "Tiered healthcare service delivery system". Strengthening tiered healthcare service delivery is essential for effective PHC system responses to NCD prevention and control. In 2015, the Chinese Government released guidelines for creating a healthcare delivery system with different tiers, ensuring each level of healthcare facility (primary, secondary, and tertiary) provides care according to its designated functions. These levels are integrated and coordinated through bidirectional referral mechanisms, including medical alliances or integrated systems[30]. For example, the implementation of family doctor contract service has

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generally improved primary care quality, worth further improving community members' disease prevention, treatment, and management[31].

China's large economy exhibits significant regional development imbalances, with some areas having scarce medical resources and others experiencing over-concentration. Empirical evidence shows significant regional disparities in the distribution of health resources, especially geographically[32]. Encouragingly, with efficient national leadership and coordinated central governance, local governments extend national policy documents and key strategies according to local conditions. Guangdong, with its rapidly developing economy, leads in implementing innovative healthcare policies supported by a well-built primary care infrastructure[33, 34]. The tiered healthcare delivery policy in China has a positive impact on NCD control, improving patient well-being. Due to its larger population and higher density, PHC costs in Guangdong are relatively lower. Additionally, the decentralized governmental budgeting process allows wealthy provinces like Guangdong to have higher financial capacity to fund PHC[35]. Guangdong's economic and geographic development variability makes it a good case study for tiered healthcare delivery. To further strengthen the integration of medical treatment and prevention, Guangdong has prioritized policy expansion in health education and strengthening primary health care personnel. Heilongjiang, with a less prosperous economy and a net outflow of population, has relatively limited medical care due to the uneven distribution of resources. Consequently, local government prioritizes extending policies focused on the basic public health service package and family doctor contracting initiative.

Local governments develop strategies based on specific conditions and advantages, fully utilizing local characteristics. Provincial governments can then create tailored measures to address regional needs, improving policy relevance and effectiveness. This approach aims to promote local economic and social development, increase employment opportunities, and enhance public service welfare. Correspondingly, reducing policies to align more closely with local needs and conditions can be beneficial. Tailored policies may be more effective and targeted, improving the feasibility and efficiency of implementation. This approach can also reduce administrative burdens, promote local innovation, and enable agile responses to challenges.

However, these policy changes have drawbacks. Policy expansion may require additional financial investment, increasing the financial burden on provincial governments. If expanded policies are overly large or complex, they may face implementation difficulties, affecting impact. Overly comprehensive coverage may lead to a "one-size-fits-all" approach, overlooking regional differences. Frequent short-term expansions may impact long-term planning, leading to instability. Conversely, reducing policies can weaken effectiveness, especially if key components are involved, potentially undermining national policy uniformity

and consistency, and causing implementation confusion. Scaling back resource-related policies may reduce resources available to specific regions or groups, leading to public distrust in provincial government decisions. Even with policy reductions, provincial governments may face implementation challenges if reduced policies do not align with local realities.

#### Strengths and limitations

 The document search functions on government websites had limitations, including restricted use of Boolean operators and keywords limited to three Chinese characters. To the best of the authors' knowledge, this is the first study to comprehensively describe and synthesize how central policies translate into local contexts at various jurisdiction levels and explore local government policy-making innovations. A major strength is the use of qualitative methodology guiding the content analysis of policy documents, providing a comprehensive understanding of analyzed policies. Additionally, this study examines the implementation and transformation of national policies on PHC system responses to NCD prevention and control in provincial governments since the beginning of the current health reform phase.

However, several limitations were identified. The study included two topical regions: Heilongjiang and Guangdong, limiting generalization to other Chinese regions. Future studies with primary quantitative and qualitative data collections could determine how implementation and translation of national policies on PHC-focused NCD prevention and control adapt to local conditions. The developed methodology could also be useful for future policy reviews in other Chinese provinces. Data collection from publicly searchable databases and media sources meant unpublicized policies were not included. Screening policy documents were restricted by search engine limitations, including Chinese character length. Future research should be explored through qualitative interviews, including PHC facility surveys and interviews with health administrators, PHC providers, and other stakeholders.

#### **Recommendations and Conclusions**

Since 2009, China has implemented PHC reforms to increase primary care utilization and improve the health of individuals with NCDs. Although progress has been made, several barriers prevent optimal PHC system responses to NCD prevention and control. Our research identified three key areas for further investigation and potential interventions. Firstly, we recommend encouraging and supporting collaboration among provincial government ministries for effective policy-making and execution. Secondly, we recommend harmonizing digital health information systems to establish interprovincial compatibility. Thirdly, policies should focus on empowering and engaging communities through health promotion strategies, strengthening PHC facilities, and allocating the health workforce and finances to the grassroots level. In summary, policymakers and stakeholders in LMIC should focus improvement efforts on PHC.

 RJ and YW led the conception of this study. XZ and GC provided critical suggestions for the protocol of this study. RJ and LX conducted the policy documents search. RJ, TL, and YZ conducted data extraction and thematic analysis. RJ completed the draft of this paper, SX provided critical suggestions for the writing of this paper.

#### **Declaration of interests**

The authors declare no conflict of interest for this study.

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#### **Figure legend**

Figure 1. The analysis framework of methodology.

Figure 2. The flow chart of policy identification and search.

Figure 3. The network plot of ministries that collaborated to develop policies from 2009 to 2023.

Figure 4. Major Policy Initiatives have been focused on PHC-focused NCD Control during

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both provinces.

Figure 5. Stacked diagram of extension and reduction in the thematic framework in both provinces.

Supplementary File 1: Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

Supplementary File 2: The essential data items of Included Province-Level and corresponding National-Level Policy Documents.

Supplementary File 3: Search terms

Supplementary File 4: Twelve Highly Cited Policy Initiatives and Their Associated Strategies and Actions from Thematic Analysis.

Supplementary File 5: The policy source of departments affiliated with the province government website.

Supplementary File 6: The pattern and content of extension and reduction of selected examples of policies.

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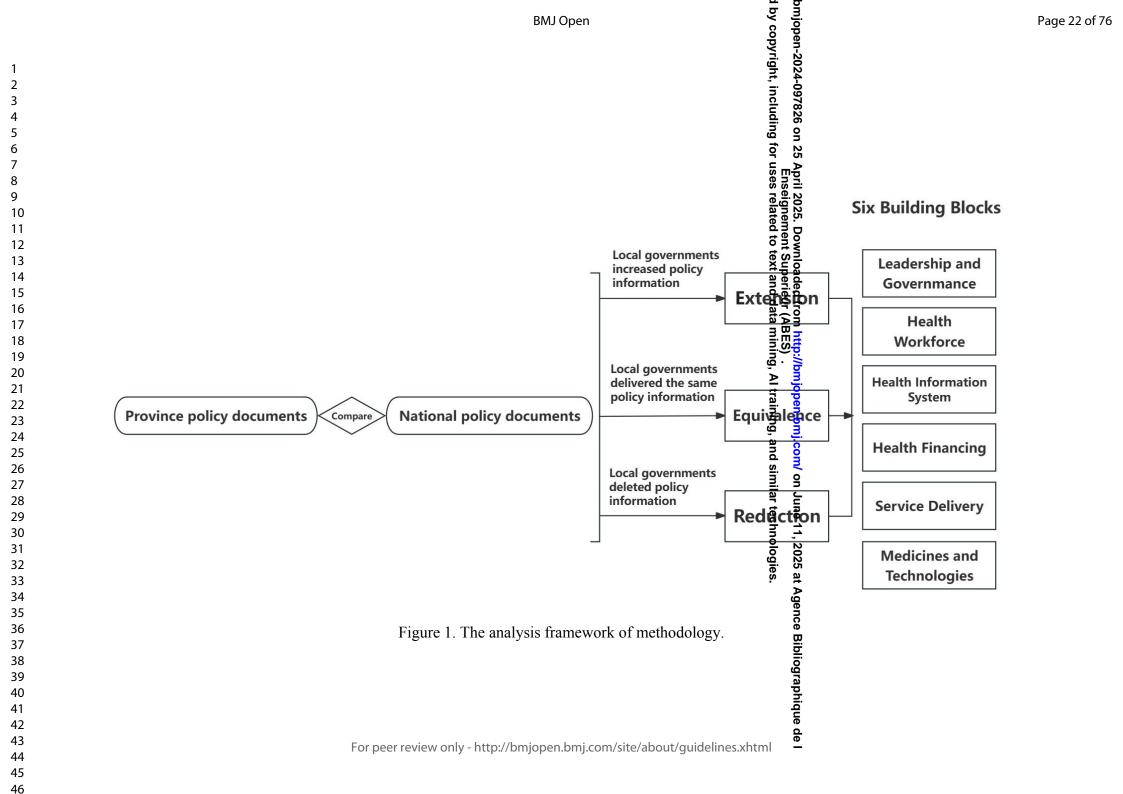
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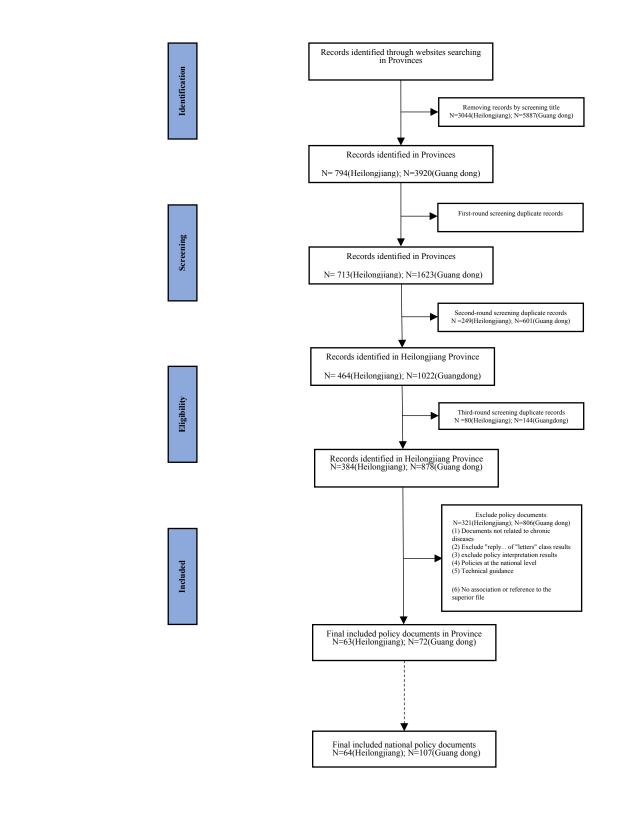
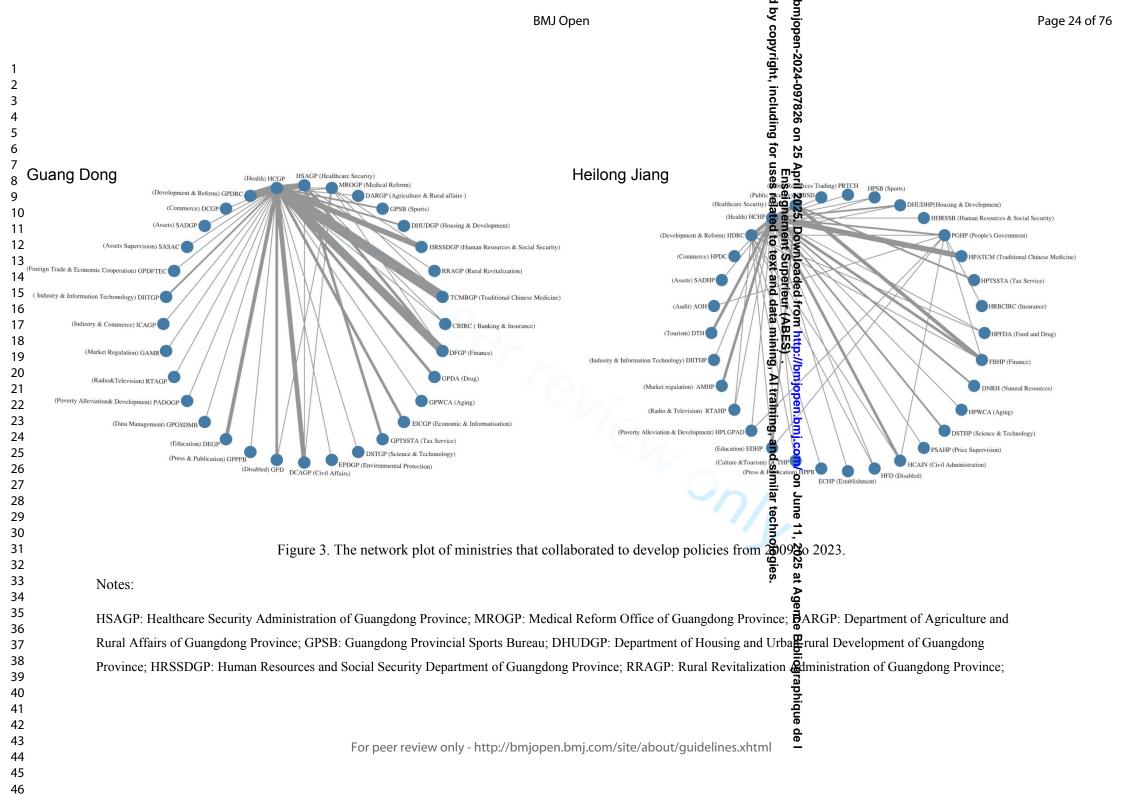


Figure 2. The flow chart of policy identification and search



d by copyright, includi bmjopen-2024-097826 TCMBGP: Traditional Chinese Medicine Bureau of Guangdong Province; CBIRC: Guangdong Provincial Regulatory Bureau in Banking and Insurance Regulatory Commission; DFGP: Department of Finance of Guangdong Province; GPDA: Guangdong Provincial Drug Administration; GPWCA: Guangdong Provincial Working Committee on Aging; EICGP: Economic and Information Commission of Guangdong Province; GPTSSTA: Guangdong Province Taxation Administration; DSTGP: Department of Science and Technology of Guangdong Province; EPDGP: Environmental Protection Protection Province; DCAGP: Department of Civil Affairs of Guangdong Province; GFD: Guangdong Federation of the Disabled; GPPPB: Guangdong Prove ad Publication Bureau; DEGP: Department of Education of Guangdong Province; GPGSDMB: Guangdong Provincial Government Services Data Management Barau; PADOGP: Poverty Alleviation and Development Office of Guangdong Province; RTAGP: Radio and Television Administration of Guangdong Province; GAMR Regulation; ICAGP: Industry and Commerce Administration of Guangdong Province; DIITGP: Department of Industry and Industry and Industry and Commerce Administration of Guangdong Province; GPDFTEC: Guangdong Provincial Department of Foreign Trade and Economic Cooperation; SASAC: State-owned Assets Suber Side Asian and Administration Commission; SADGP: State-owned Assets Department of Guangdong Province; DCGP: Department of Commerce of Guangdong Province //bmjopen.b and Reform Commission; HCGP: Health Commission of Guangdong Province; Al trainin

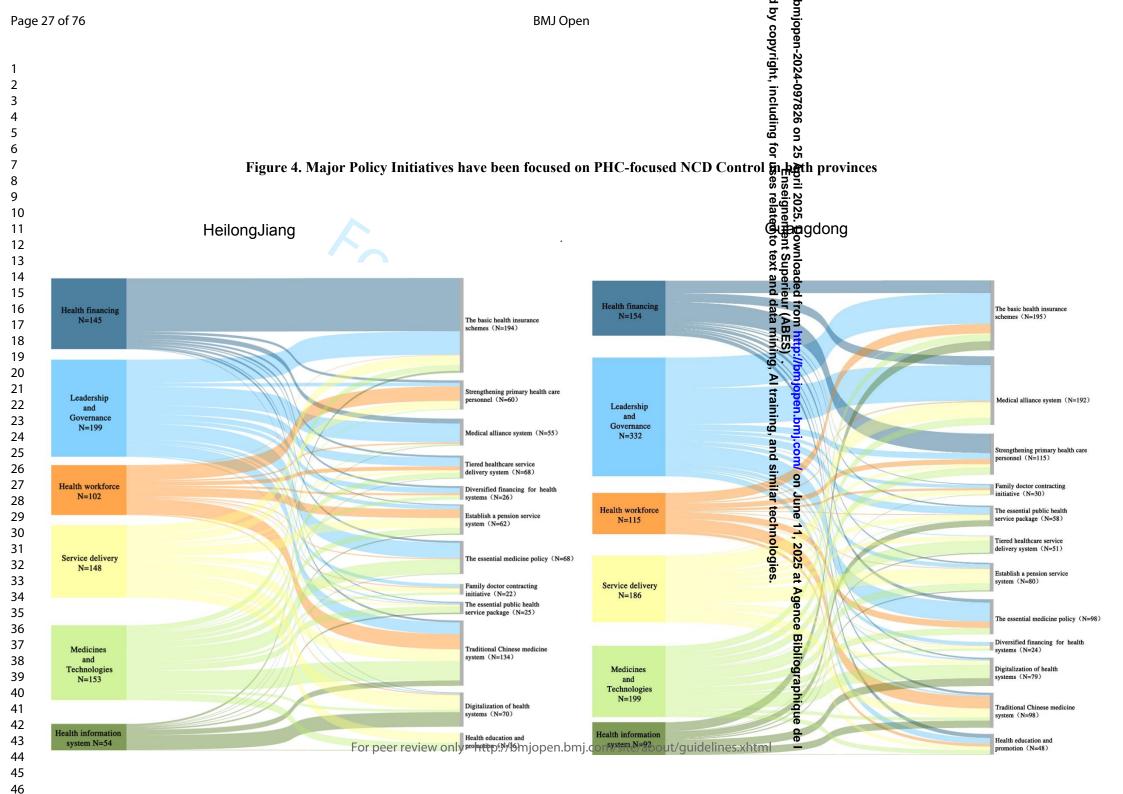
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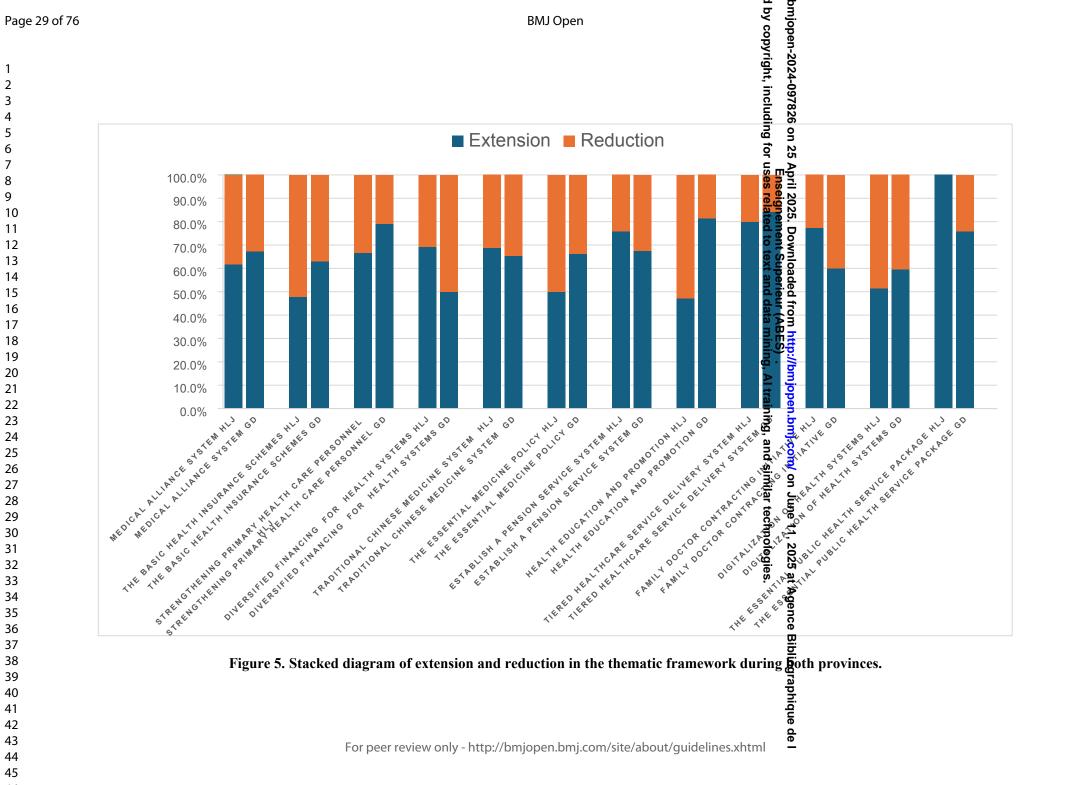
PRCTH: Public Resources Trading Center of Heilongjiang; HPSB: Heilongjiang Provincial Sports Bureau; DHUDHP: Department of Housing and Urban-rural Development of Heilongjiang Province; HHRSSB: Heilongjiang Human Resources and Social Security Bureau; PGHP: People's Government of Heilongjiang Province; HPATCM: Heilongjiang Provincial Administration of Traditional Chinese Medicine; HPTSSTA: Heilongjiang Provincial Tax Service, State Taxation Administration; HRBCIRC: Heilongjiang Regulatory Bureau of China Insurance Regulatory Commission; HPFDA: Heilongjiang Provincial Food and Drug Administration; FBHP: Finance Bureau of Heilongjiang Province; DNRH: Department of Natural Resources of Heilongjiang; HPWCA: Heilongjiang Provincial Working Committee on Aging; DSTHP: Department of Science and Technology of Heilongjiang Province; PSAHP: Price Supervision and Administration of Heilongjiang Province; ECAEN: Heilongjiang Civil Administration Information Net; HFD: Heilongjiang Federation of the Disabled; ECHP: Establishment Committee of Heilongjiang Province; HPPB: Heilongjiang Press and Publication Bureau; DCTHP: Department of Culture and Tourism of Heilongjiang Province; EDHP: Education Department of Heilongjiang Pravince; HPLGPAD: Heilongjiang Provincial Leading Group of Poverty Alleviation and Development; RTAHP: Radio and Television Administration of Heilongjian Province; AMHP: Administration for Market regulation of Heilongjiang Province; DIITHP: Department of Industry and Information Technology of Heilongjiang Province; DTH: Department of Tourism of

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BMJ Open BMJ Open Heilongjiang; AOH: Audit Office of Heilongjiang; SADHP: State-owned Assets Department of Heilongjiang Province; HPDG Hellongjiang Province Department of Heldengianer, AOH: Audit Office of Heldengianer, SADHP: State-owned Assets Department of Heldengianer Province: Hender Security Admitted Commission of Heldengianer Province; HPHSA: Heldengianer Province Headtheare Security Admitted Figure 1990 (1990) (19





#### **Supplementary File 1**

#### Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

SECTION	ITEM	PRISMA-SCR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	1
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	2
NTRODUCTION			•
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	3
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	3-4
<b>METHODS</b>			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	4
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	5
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	5
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	5-6
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	6
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	6-7
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	7
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	Not applicab
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	7

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	8-9
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	8-9
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	Not applicable
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	10
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	10-13
DISCUSSION	· ·		
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	10-13
Limitations	20	Discuss the limitations of the scoping review process.	13
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	14
FUNDING			·
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	15

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

\* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g.,

quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review

as opposed to only studies. This is not to be confused with information sources (see first footnote).

The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the

process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used

in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

From: Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews

(PRISMAScR): Checklist and Explanation. Ann Intern Med. 2018;169:467-473. doi: 10.7326/M18-0850.

#### Supplementary file 2

## The policy source of departments affiliated with the province government website (Heilongjiang and Guangdong)

0ID	Name in Chinese	Government administration	URL of website
1 <sub>1</sub>	黑龙江省政府办公厅	People's Government of Heilongjiang Province	https://www.hlj.gov.cn/index.shtml
2 3 <sup>2</sup>	黑龙江省发展和改革委员会	Heilongjiang Development and Reform Commission	https://drc.hlj.gov.cn/
43	黑龙江省教育厅	Education Department of Heilongjiang Province	https://jyt.hlj.gov.cn/
5 6 <sup>4</sup>	黑龙江省科学技术厅	Department of Science and Technology of Heilongjiang Province	https://kjt.hlj.gov.cn/ https://kjt.hlj.gov.cn/ http://gxt.hlj.gov.cn/ https://mzt.hlj.gov.cn/ https://czt.hlj.gov.cn/czt/index.shtml http://hrss.hlj.gov.cn/ https://tfcxjst.hlj.gov.cn/ https://nynct.hlj.gov.cn/ https://wsjkw.hlj.gov.cn/ https://tyj.hlj.gov.cn/ https://tyj.hlj.gov.cn/ https://tyj.hlj.gov.cn/ https://tjj.hlj.gov.cn/ https://tjj.hlj.gov.cn/ https://bec.hlj.gov.cn/ https://tpb.hlj.gov.cn/ https://tpb.hlj.gov.cn/ https://tpb.hlj.gov.cn/ https://tpb.hlj.gov.cn/ https://tpb.hlj.gov.cn/ https://tpb.hlj.gov.cn/ https://tpb.hlj.gov.cn/ https://tpb.hlj.gov.cn/ https://tpb.hlj.gov.cn/ https://tpb.hlj.gov.cn/ https://tcm.hlj.gov.cn/ https://tcm.hlj.gov.cn/ https://tcm.hlj.gov.cn/ http://drc.gd.gov.cn/
75	黑龙江省工业和信息化厅	Department of Industry and Information of Technology of Heilongjiang	http://gxt.hlj.gov.cn/
8		Province	
9 0 <sup>6</sup>	黑龙江省民政厅	Department of Civil Affairs of Heilongjiang Province	https://mzt.hlj.gov.cn/
9 0 <sup>6</sup> 1 <sup>7</sup>	黑龙江省财政厅	Finance Bureau of Heilongjiang Province	https://czt.hlj.gov.cn/czt/index.shtml
2 <sub>8</sub> 3 4 <sup>9</sup>	黑龙江省人力资源和社会保障厅	Heilongjiang Resources and Social Security Bureau	http://hrss.hlj.gov.cn/
4 <sup>9</sup>	黑龙江省住房和城乡建设厅	Department of Housing and Urban-rural Development of Heilongjiang	https://zfcxjst.hlj.gov.cn/
510	黑龙江省农业农村厅	Department of Agriculture and Rural Affairs of Heilongjiang Province	https://nynct.hlj.gov.cn/nynct/index.shtml
6 <sub>11</sub> 7 8 <sup>12</sup>	黑龙江省卫生健康委员会	Health Commission of Heilongjiang Province	https://wsjkw.hlj.gov.cn/
<b>8</b> <sup>12</sup>	黑龙江省市场监督管理局	Administration for Market Regulation of Heilongjiang Province	https://amr.hlj.gov.cn/
<b>9</b> <sub>13</sub>	黑龙江省体育局	Heilongjiang Provincical Sports Bureau	https://tyj.hlj.gov.cn/
0 1 <sup>14</sup>	黑龙江省统计局	Heilongjiang Bureau of Statistics	https://tjj.hlj.gov.cn/
<b>2</b> 15	黑龙江省医疗保障局	Heilongjiang Province Healthcare Security Administration	https://ybj.hlj.gov.cn/
3 <sub>16</sub> 4	黑龙江省地方金融监督管理局	Heilongjiang Local Financial Supervision and Administration Bureau	https://dfjrjgj.hlj.gov.cn/
5 <sup>17</sup>	黑龙江省营商环境建设监督局	Heilongjiang Business Environment Construction Supervision Bureau	https://bec.hlj.gov.cn/?from=screen
<b>6</b> 18	黑龙江省乡村振兴局	Heilongjiang Provincial Rural Revitalization Bureau	https://fpb.hlj.gov.cn/fpb/index.shtml
7 <sub>19</sub> 8	黑龙江省粮食和物资储备局	Heilongjiang Provincial Food and Material Reserve Bureau	https://lsj.hlj.gov.cn/
9 <sup>20</sup>	黑龙江省药品监督管理局	Heilongjiang Provincical Durg Administration	https://mpa.hlj.gov.cn/
021	黑龙江省知识产权局	Heilongjiang Intellectual Property Administration	https://hlipa.hlj.gov.cn/
2 <sup>22</sup>	黑龙江省中医药管理局	Heilongjiang Provincial Administration of Traditional Chinese Medicine	https://tcm.hlj.gov.cn/
<b>3</b> 23	广东省人民政府	People's Government of Guangdong Province	http://www.gd.gov.cn/
4 <sub>24</sub>	广东省发展和改革委员会	Guangdong Provincial Development and Reform Commission	http://drc.gd.gov.cn/
6 <sup>25</sup>	广东省教育厅	Department of Education of Guangdong Province	
7 <sub>26</sub>	广东省科学技术厅	Department of Science and Technology of Guangdong Province	http://gdstc.gd.gov.cn/
8 9 <sup>27</sup>	广东省工业和信息化厅	Department of Industry and Information Technology of Guangdong Province	http://gdii.gd.gov.cn/
028	广东省民政厅	Department of Civil Affairs of Guangdong Province	http://smzt.gd.gov.cn/
1 2 <sup>29</sup>	广东省财政厅	Department of Finance Guangdong Province	http://czt.gd.gov.cn/
<b>2</b> <b>3</b> 30	广东省人力资源和社会保障厅	Human Resources and Social Security Department of Guangdong Province	http://gdstc.gd.gov.cn/         http://gdii.gd.gov.cn/         http://smzt.gd.gov.cn/         http://czt.gd.gov.cn/         http://hrss.gd.gov.cn/
4 <sub>31</sub> 5	广东省住房和城乡建设厅	Department of Housing and Urban-rural Development of Guangdong Province	http://zfcxjst.gd.gov.cn/
5 632	广东省农业农村厅	Department of Agriculture and Rural Affairs of Guangdong Province	http://dara.gd.gov.cn/
	广东省卫生健康委员会	Health Commission of Guangdong Province	http://wsjkw.gd.gov.cn/
7 <sub>33</sub> 8 9 <sup>34</sup>		Guangdong Administration for Market Regulation(Guangdong Intellectual	http://amr.gd.gov.cn/
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	广东省体育局	Guangdong Provincial Sports Bureau	http://tyj.gd.gov.cn/
6	广东省统计局	Guangdong Provincial Statistics Bureau	http://stats.gd.gov.cn/
7	广东省医疗保障局	Healthcare Security Administration of Guangdong Province	http://hsa.gd.gov.cn/
38	广东省地方金融监督管理局	Guangdong Financial Supervisory Authority	http://gdjr.gd.gov.cn/
39	广东省乡村振兴局	Rural Revitalization Administration of Guangdong Province	http://rural.gd.gov.cn/
40	广东省粮食和物资储备局	Food and Strategic Reserves Administration of Guangdong Province	http://gdgrain.gd.gov.cn/
41	广东省药品监督管理局	Guangdong Provincial Drug Administration	http://mpa.gd.gov.cn/
42	广东省中医药管理局	Traditional Chinese Medicine Bureau of Guangdong Province	http://szyyj.gd.gov.cn/

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#### Supplementary File 3 Search terms

In the search, we utilized the following Chinese-character keywords related to NCD[1-4]: "Man Xing Bing" (Chronic disease), and "Man Bing" (an abbreviation for NCDs in Chinese). To rule out major omissions of this search strategy, as the previous search strategies [5-7], we performed extensive searches on the same websites using the specific NCD-related terms: "Xin Zang Bing" (cardiovascular diseases), "Guan Xin Bing" (coronary heart disease), "Xin Ji Bing" (cardiomyopathy), "Xin Geng" (a shorthand for myocardial infarction in Chinese), "Gao Xin Bing" (hypertensive heart disease), "Fei Xin Bing" (pulmonary heart disease), "Gao Xue Ya" (hypertension), "Zhong Feng" (stroke), "Nao Chu Xue" (hemorrhagic stroke), "Nao Geng Si" (ischaemic stroke), "Nao Xue Shuan" (cerebral thrombosis), "Nao Shuan Sai" (cerebral embolism), "Ai Zheng" (cancer), "Zhong Liu" (tumor), "Man Zu Fei" (chronic obstructive pulmonary disease), "COPD" (the abbreviation for chronic obstructive pulmonary disease), "Xiao Chuan" (asthma), "Tang Niao Bing" (diabetes), "ji ceng" (a commom expression of "primary health care "in China), "treatment", "prevention". It is noteworthy that hypertension and diabetes are required to be managed under the National Basic Public Health Service Program in China.

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1 2 3 4 5 6 7 8 9		Supplementary file 4 The essenti	ial data items of Included Province-Level and co	rresponding N	National-Level Policy Docum	.097826 on 25 /
10 11 12	Serial number	Chinese title	English title	Time of realise	Releasing department	The BOS The BOS Control Control Cont
13 14 15			11th five-ye	ear plan (2009	9-2010)	ext and
16 17 18 19 20	H1	黑龙江省医药卫生体制改革近期 重点实施方案(2009-2011 年)	The Plan and Recommended Priorities on Deeping the Health System Reform in Heilongjiang Province Reform (2009-2011)	30-Nov-2009	People's Government of Heilongjiang Province	Plan and Recommended Priorities for the Health Care System (2009-2011) Commendations by the CPC Central Committee and the State Council on Deepening the Reform of the Medical and Health Care System
21 22 23	G1	广东省医药卫生体制五项重点改革 2010 年度主要工作安排	Work Arrangements of Guangdong Province for the Reform of the Medical and Health Care System in Five Key Aspects (2010)	24-Aug-2010	People's Government of Guangdong Province	Work Plans for the five Key Reforms of the Medical and Health System of 2010
24			12th five-	year plan (2011-2	2015)	
25 26	Н2	黑龙江省医药卫生体制五项重点	Work Arrangements of Heilongjiang Province for the	2-Apr-2011	People's Government of	Maje Work Plans for the Five Key Reforms of the Medical and Health
27 28		改革 2011 年度主要工作安排	Reform of the Medical and Health Care System in Five Key Aspects(2011)		Heilongjiang Province	Work Plans for the Five Key Reforms of the Medical and Health System of 2011
29 30	Н3	关于做好人社系统承担的 2011 年	Notice on Improving the Reform for the Medical and Health	17-Jun-2011	Heilongjiang Human Resources	Maier Work Plans for the Five Key Reforms of the Medical and Health
31		度医药卫生体制改革工作的通知	System of 2011 issued by Heilongjiang Provincial Leading		and Social Security Bureau	System of 2011 OS 25 Se State
32 33			Group for Deepening Reform of the Medical and Health			jies.
34-	H4		System Implementation Opinions of the People's Government of	20-Jun-2011	People's Government of	Some Opinions of the State Council on Supporting and Promoting the
35 36	11-7	进中医药事业发展的实施意见	Heilongjiang Province on Supporting and Promoting the		Heilongjiang Province	Development of the Traditional Chinese Medicine Industry
37		·······	Development of the Traditional Chinese Medicine Industry			
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3 4 5 H5 6 7 8	黑龙江省加强乡村医生队伍建设 实施方案	The Implementation Plan for Strengthening the Construction of the Rural Doctor Team in Heilongjiang Province	28-Sep-2011	People's Government of Heilongjiang Province	Stread thening the Construction of Rural Doctor Teams
9 H6 10 11	黑龙江省爱卫会关于加强健康教 育与健康促进工作的指导意见	Guidelines of the Heilongjiang Patriotic Health Campaign Committee on Strengthening Health Education and Health Promotion	23-Mar-2012	Heilongjiang Patriotic Health Campaign Committee	Sembards for the Essential Public Health Service Package-2011 version Generat
1 <u>2</u> 13 H7 14	黑龙江省人口发展"十二五"规划	The Twelfth Five-Year Plan for Population Development Plan in Heilongjiang Province	30-Sep-2012	People's Government of Heilongjiang Province	<b>The Second Seco</b>
15 н8 16 17 18 19	黑龙江省基层中医药服务能力提 升工程实施方案	The Implementation Plan of the Traditional Chinese Medicine Capacity Building Project at the Grassroots Level in Heilongjiang Province	13-Mar-2013	People's Government of Heilongjiang Province	Capacity Building Project at the Grassroots Level
20 21 H9 22 23	黑龙江省巩固完善基本药物制度 和基层机构运行新机制实施方案	The Implementation Plan on Improving the Essential Medicine System and the New Mechanism of Grassroots Operation in Heilongjiang Province	31-Dec-2013	People's Government of Heilongjiang Province	Dependence of the General Office of the State Council on Improving the Essectial Medicine System and the New Mechanism of Grassroots
24 25 4 27 28 29 30 31 32 33 34 35 36 37 38	关于城市公立医院改革试点指导意见	Guidelines on the pilot reform of urban public hospitals	16-Sep-2014	*Health Commission of Heilongjiang Province/*Establishment Committee of Heilongjiang Province/*Heilongjiang Development and Reform Commission/*Heilongjiang Human Resources and Social Security Bureau /*Finance Bureauo of Heilongjiang Province	Recommendations by the CPC Central Committee and the State     Scource if an Deepening the Reform of the Medical and Health Care     Source if the State Council on Issuing the 12th Five-Year Plan for     Deeparning Health System     Source Biblio     Source Biblio
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9		持民办养老产业发展的意见	of Heilongjiang Province on Supporting the Development of		Heilongjiang Province	TER a	by Service Industry
10 11			Private Pension Industry			nerr atec	y Service Industry on Further Improving the Work of Special Support for Planned
12	H13	关于进一步做好计划生育家庭特	Implementation Opinions on Further Improving the Work of	23-Oct-2014	*Health Commission of		e on Further Improving the Work of Special Support for Planned
13		别扶助工作的实施意见	Special Support for Planned Parenthood Families		Heilongjiang	e se	hood Families
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1 2 3						bmjopen-2024-097826 oppgons of the State Council on Further Strengthening Patriotic Health
5	H15	黑龙江省爱卫会关于进一步加强	Opinions of the Heilongjiang Patriotic Health Campaign	7-May-2015	Heilongjiang Patriotic Health	Dingons of the State Council on Further Strengthening Patriotic Health
6		新时期爱国卫生工作的实施意见	Committee on Further Strengthening Patriotic Health Work		Campaign Committee	Workin the New Period
7 8-			in the New Period			April Ens
9	H16	黑龙江省深化医药卫生体制改革	the key Work Arrangements on Deeping the Reform of the	10-Jun-2015	Heilongjiang Provincial Leading	we not summary in 2014 and key tasks in 2015 for Deepening the reform
10		2015年重点工作任务	Medical and Health System in Heilongjiang Province of		Group for Deepening Reform of	Beneficial and health system
11			2015		the Medical and Health System	
13	H17	黑龙江省全面推开县级公立医院	The Implementation Plan on Promoting Comprehensive	24-Aug-2015	People's Government of	Dementation Opinions of the General Office of the State Council on
14		综合改革实施方案	Reform of County-level Public Hospitals In Heilongjiang		Heilongjiang Province	A parameting Comprehensive Reform of County-level Public Hospitals
15			Province			deur dieur
17	H18	黑龙江省人民政府办公厅关于促	Implementation Opinions of the General Office People's	20-Jan-2016	People's Government of	Dependent Plan of Traditional Chinese Medicine Health Service
18		进中医药健康服务发展的实施意	Government of Heilongjiang Province on Promoting the		Heilongjiang Province	2020)
19		见	Development of Chinese Medicine Health Services			ing.
20	H19	关于促进黑龙江省社会办医加快	Several Measures to Promote the Accelerated Development	6-Feb-2016	People's Government of	Notice on Several Policy Measures to Promote the Accelerated
22		发展若干措施	of Social Medicine in Heilongjiang Province		Heilongjiang Province	Development of Socially-Run
23	G2	关于建立全科医生制度的实施意见	Guiding Opinions on Establishing General Practitioner System	20-Apr-2012	People's Government of	Guiding Opinions of the State Council on Establishing General Practitioner
24 25					Guangdong Province	a System
26	G3	广东省老龄事业发展"十二五"规划	The Twelfth Five-Year Plan for the Development of Aging	26-Apr-2012	People's Government of	The Revelfth Five-Year Plan for the Development of China's Aging Affairs
27			Affairs in Guangdong Province		Guangdong Province	mila
28 29	G4	转发卫生部办公厅关于落实 2012 年	Forwarded Notice of the General Office of the Ministry of	3-Aug-2012	Guangdong Provincial Health	Notian of the General Office of the Ministry of Health on the implementing
30		医改任务做好农村卫生服务有关工	Health on the implementing 2012 healthcare reform tasks to		Department	2012 realthcare reform tasks to improve rural health services
31		作的通知	improve rural health services			202
32 33	G5	广东省卫生事业发展"十二五"规划	The Twelfth Five-Year Plan for the Development of	13-Jul-2012	People's Government of	Recommendations by the CPC Central Committee and the State Council on
34		的通知	Health Services in Guangdong Province		Guangdong Province	Deer hing the Reform of the Medical and Health Care System
35 36	G6	广东省县级公立医院综合改革试点	The Implementation Plan on Comprehensive Reform of County-	30-Oct-2012	People's Government of	ON dice of the State Council on Issuing the 12th Five Year Plan for
36 37		实施意见	level Public Hospitals In Guangdong Province		Guangdong Province	Deepening Health System Reform
38						20 mions on the pilot comprehensive reform of county level public hospitals
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6		规划(2012-2015 年)	Guangdong Province (2012-2015)		Department/*Guangdong Provincial	l for	י ט ח	
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12	Notice on Issuing the 12th Five-Year Plan for Deepening Health	29-Dec-2012	People's Government of	<u>ଟି</u> ୍ଦ୍ୟ ହି	of the State Council on Issuing the 12th Five Year Plan for Deepening
14     体制改革实施方案       15     广东省巩固完善基本药物制度和基       16        17     G9       18	System Reform in Guangdong Province Opinions on Improving the Essential Medicine System and the New Mechanism of Grassroots Operation in Guangdong Province	5-Sep-2013	Guangdong Province People's Government of Guangdong Province		System Reform ns of the General Office of the State Council on Improving the ial Medicine System and the New Mechanism of Grassroots Operation
19     G10     广东省深化医药卫生体制改革近期       20     工作要点	The main points of work of Guangdong Province on Deeping the Health System Reform in recent times	22-Aug-2014	People's Government of Guangdong Province	<b>ng</b> Work	summary in 2014 and key tasks in 2015 for Deepening the reform of the and health system
22     广东省推进中医预防保健服务体系       23     24       24     G11       25     建设工作方案	The Work Plan for Promoting the Construction of Chinese Medicine Preventive Healthcare Service System in Guangdong Province	9-Sep-2014	Traditional Chinese Medicine Bureau Of Guangdong Province	ng Dev	Dpinions of the State Council on Supporting and Promoting the pment of the Traditional Chinese Medicine Industry
26 27 G12 转发国家卫生计生委 财政部 国家 中医药管理局关于做好 2014 年国家 30 基本公共卫生服务项目工作的通知 31 32 33 34	Notice on Implementing the National Essential Public Health Service Package in 2014 retrieved from National Health and Family Planning Commission Ministry of Finance State and Administration of Traditional Chinese Medicine	20-Oct-2014	*Health and Family Planning Commission of Guangdong Province *Department of Finance of Guangdong Province *Traditional Chinese Medicine Bureau Of Guangdong Province	nd similar technologies.	on Implementing the National Essential Public Health Service Package
35     G13     广东省人民政府办公厅关于大力发       36         37         38	Implementation Opinions of the General Office of the People's Government of Guangdong Province on Vigorously Developing Commercial Health Insurance	20-May-2015	People's Government of Guangdong Province	Opine Opine Deve	ns of the General Office of the State Council on Accelerating the pment of Commercial Health Insurance
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1 2 3 4						l by copyright, includ <u>i</u>	Work Plans for Deepening the Reforms of the Medical and Health
5 6	G14	广东省深化医药卫生体制改革近期	The main points of work of Guangdong Province on Deeping	14-Jul-2015	People's Government of	<b>B</b> Majo	Work Plans for Deepening the Reforms of the Medical and Health
7		工作要点	the Health System Reform in recent times		Guangdong Province	Syster Syster	of 2014
8			The Implementation Plan on Fully Deepening Comprehensive	11-Nov-2015		Ses	
9	G15	│ 广东省全面深化县级公立医院综合	Reform of County-level Public Hospitals In Guangdong		People's Government of	rela	mentation Opinions of the General Office of the State Council on nting Comprehensive Reform of County-level Public Hospitals
10 11		改革的若干意见	Province		Guangdong Province		nting Comprehensive Reform of County-level Public Hospitals
12	G16	广东省城市公立医院综合改革的实	Implementation Opinions on the Comprehensive Reform of	11-Nov-2015	People's Government of		ng Opinions of the General Office of the State Council on the Pilot
13		施意见	Urban Public Hospitals in Guangdong Province		Guangdong Province		ehensive Reform of Urban Public Hospitals
14				year plan (2016-2	2020)	perio t ang	
15 16	H20	关于推进医疗卫生与养老服务相	Implementation Opinions on Promoting the Integration of	30-Mar-2016	*Health Commission of	da	ng Opinions on Promoting the Integration of Medical Health and
17		结合实施意见	Medical Health and Elderly Services		Heilongjiang	aE∎a	ng Opinions on Promoting the Integration of Medical Health and y Services
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20       H22       黒龙江省人民政府办公厅关于促       Implementation Opinions of the General Office of People's       30-Sep-2016       People's Government of       Huingjiang Province         21       出医药产业健康发展的实施意见       Government of Heilongjiang Province on Promoting the Healthy Development of the Pharmaceutical Industry       Heilongjiang Province       People's Government of       Heilongjiang Province         22       H23       黒龙江省医疗卫生服务体系规划       Heilongjiang Province in Province       13-Oct-2016       People's Government of       Heilongjiang Province         24       H23       黒龙江省医疗卫生服务体系规划       Heilongjiang Province in Province       13-Oct-2016       People's Government of       Heilongjiang Province         26       (2016—2020 年)       Planning (2016-2020)       13-Oct-2016       People's Government of       Heilongjiang Province         27       H24       黒龙江省全民健身实施计划       The Thirteenth Five-Year Plan for the Development of Civil Affairs in Heilongjiang Province       3-Nov-2016       Heilongjiang Province       Heilongjiang Province         30       H25       黒龙江省全民健身实施计划       The National Fitness Implementation Plan of Heilongjiang Province       5-Dec-2016       People's Government of       Heilongjiang Province       Feople's Governme	18		2016年重点工作任务	Medical and Health System in Heilongjiang Province of		Heilongjiang Province	<b>B B F C C C C C C C C C C</b>
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6		医疗服务行动计划重点工作的通	Action Plan for Further Improvement of Medical Services		Heilongjiang Province	<b>Q</b> @Pr	gramme of key work for the in-depth implementation of the Action	
7 8		知			*Heilongjiang Provincial	No la do	or Further Improvement of Medical Services in 2017	
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10					Chinese Medicine	gner	For Further Improvement of Medical Services in 2017	
11 12	H29	关于建立城乡居民基本医疗保险	Guiding Opinions on the Establishment of the Basic	21-Apr-2017	*Heilongjiang Human Resources	63	ons of the State Council on Integrating the Dasie Methear Insurance	
13		制度的指导意见	Medical Insurance System for Urban and Rural Residents		and Social Security Bureau		n for Urban and Rural Residents	
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31	H30	黑龙江省慢性病综合防控示范区	The trial Implementation plan for the construction of model	1-Jun-2017	Health Commission of		teenth Five-Year Medicine and Health Plan	
32 33		建设实施方案(试行)	areas for comprehensive prevention and control of chronic		Heilongjiang Province			
34			diseases in Heilongjiang Province			chro	tional Chronic Disease Comprehensive Prevention and Control	
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6		进医疗联合体建设和发展的实施	Government of Heilongjiang Province on Promoting the		Heilongjiang Province	Prorting the Establishment and Development of Medical Alliance
7 8		意见	Establishment and Development of Medical Alliance			
9			Systems			
10	H32	黑龙江省深化医药卫生体制改革	The key Work Arrangements on Deeping the Reform of the	14-Jul-2017	People's Government of	Work Plans for Deepening the Reforms of the Medical and Health
11 12		2017年重点工作任务	Medical and Health System in Heilongjiang Province of		Heilongjiang Province	6 9 10 1017
13			2017			t Su
14	Н33	黑龙江省"十三五"促进民族地区	The 13th Five-Year Plan for Promoting the Development of	1-Aug-2017	People's Government of	Stree 3th Five-Year Plan for Promoting the Development of ethnic
15 16		和人口较少民族发展规划	ethnic regions and ethnic groups with a small		Heilongjiang Province	a going and ethnic groups with a small population
16 17			population in Heilongjiang Province			ata _ Om
18	H34	在我省建档立卡农村贫困人口中	The Implementation Plan on Strengthening the Contracting	27-Nov-2017	Health Commission of	on Implementing the Contracting Services for Chronic Disease
19 20		加强慢病签约和有关公共卫生服	of Chronic Disease and Related Public Health Services		Heilongjiang Province	Family Doctors of Poor Populations
20 21		务的实施方案	among the Rural Poor People with Recorded Cards in		Heilongjiang Provincial Leading	
22			Heilongjiang Province		Group of Poverty Alleviation and	open.bn
23					Development	
24 25	H35	黑龙江省防治慢性病中长期规划	Mid- and long-term plan for the prevention and treatment of	28-Nov-2017	People's Government of	Ching's mid- and long-term plan for the prevention and treatment of
26		(2017—2025年)	chronic diseases in Heilongjiang Province (2017-2025)		Heilongjiang Province	chronic diseases (2017-2025)
27	H36	黑龙江省人民政府办公厅关于进	Implementation Opinions of the General Office of the	28-Dec-2017	People's Government of	Guigelines of the General Office of the State Council on Further
28 29		一步深化基本医疗保险支付方式	People's Government of Heilongjiang Province on Further		Heilongjiang Province	Deen Ening the Reform of Basic Medical Insurance Payment Methods
30		改革的实施意见	Deepening the Reform of Basic Medical Insurance Payment			<sup>th</sup> , 1,
31			Methods			
32 33	H37	黑龙江省支持社会力量提供多层	The Implementation Plan on supporting social forces to	31-Dec-2017	People's Government of	The implementation Plan of the General Office of the State Council on
34		次多样化医疗服务发展健康产业	provide multilevel and diversified medical services to		Heilongjiang Province	supporting social forces to provide multilevel and diversified medical
35		实施方案	develop the health industry in Heilongjiang Province			serves to develop the health industry
36 37	H38	黑龙江省国民营养计划(2017—	National Nutrition Programme of Heilongjiang Province	30-May-2018	People's Government of	Natignal Nutrition Plan (2017-2030)
38_		2030年)	(2017-2030)		Heilongjiang Province	blio gra
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4 5 6 7	Н39	关于进一步做好农村贫困人口慢 病签约服务工作的通知	Notice on Further Implementing the Contracting Services for Chronic Diseases of the Rural Poor Population	26-Jul-2018	Health Commission of Heilongjiang Province	<b>Q</b> for o	Cocumented poor people	
8 9 10 11 12 13 14 15 16 17 18 20 21 22 23 24 25 26 27 28 29 30 31 32 34 35 36 37 38	H40	黑龙江省健康老龄化行动计划 (2018—2020年)	Action Plan for Healthy Ageing in Heilongjiang Province (2018-2020)	5-Dec-2018	<ul> <li>*Health Commission of</li> <li>Heilongjiang Province</li> <li>*Heilongjiang Development and</li> <li>Reform Commission</li> <li>*Education Department of</li> <li>Heilongjiang Province</li> <li>*Department of Industry and</li> <li>Information Technology of</li> <li>Heilongjiang Province</li> <li>*Heilongjiang Civil</li> <li>Administration Information Net</li> <li>*Finance Bureauo of</li> <li>Heilongjiang Province</li> <li>*Heilongjiang Human Resources</li> <li>and Social Security Bureau</li> <li>*Department of Nutural</li> <li>Resources of Heilongjiang</li> <li>*Department of Housing and</li> <li>Urban-rural Development of</li> <li>Heilongjiang Province</li> <li>*Heilongjiang Province</li> <li>*Heilongjiang Province</li> </ul>	grement Superieur (ABES) . Plated to text and data mining, Al training, and similar technologies.	Downloaded from http://bijopen.bij.com/ on June 11, 2025 at Agence Bibliog	
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27 H41 28 29	黑龙江省推进分级诊疗制度建设 实施方案	The Implementation Plan of Heilongjiang Province on Promoting the Establishment of a Tiered Diagnosis and Treatment System	31-Jan-2019	People's Government of Heilongjiang Province	Building Opinions of the General Office of the State Council on Promoting the Establishment of a Tiered Diagnosis and Treatment
30 31 H42 32 33 34	黑龙江省卫生健康委关于做好 2019 年家庭医生签约服务工作的 通知	Notice of the Health Commission of Heilongjiang Province on Implementing the Contracting Services for Family Doctors in 2019	15-May-2019	Health Commission of Heilongjiang Province	Notice of the General Office of the National Health Commission on Gramity Doctor Contracting Services in 2019
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6		关于完善国家基本药物制度的实	Provincial Health Commission and Eleven Other		Heilongjiang Province	<b>Q</b> National Basic Drug System
7 8		施意见	Departments on Improving the National Essential Medicine		*Department of Science and	April 2025. Downloaded from http://bmjopen.bmj.com/ on June 11, Enseignement Superieur (ABES) . uses related to text and data mining, Al training, and similar techno
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5 6 7 8 9					*Public Resources Trading Center of Heilongjiang	omjopen-2024-097826 on 25 April 2 by copyright, includ <u>ing for uses r</u>
9 10 11 12 13 14	H44	黑龙江省人民政府办公厅关于发 展"互联网+医疗"促进"看病不求 人"的实施意见	The Implementation Opinions of the General Office of the People's Government of Heilongjiang Province on Promoting the Development of "Internet + Medical " to access to health care"	8-Jul-2019	People's Government of Heilongjiang Province	e Group Construction Promoting the General Office of the State Council on Promoting the General Office of the General Office of the Genera
15 16 17 18 19 20 21	H45	关于做好 2019 年城乡居民基本医 疗保障工作的通知	Notice on Implementing the Basic Health Insurance Schemes for Urban and Rural Residents in 2019	17-Jul-2019	*Heilongjiang Province Healthcare Security Administration *Finance Bureau of Heilongjiang Province	A contraction of the Basic Health Insurance Schemes for Urban and Top Bural Residents in 2019 mining A contraction of the Basic Health Insurance Schemes for Urban and Top Bural Residents in 2019 mining A contraction of the Basic Health Insurance Schemes for Urban and Top Bural Residents in 2019 mining A contraction of the Basic Health Insurance Schemes for Urban and Top Bural Residents in 2019 mining A contraction of the Basic Health Insurance Schemes for Urban and Top Bural Residents in 2019 mining A contraction of the Basic Health Insurance Schemes for Urban and Top Bural Residents in 2019 mining A contraction of the Basic Health Insurance Schemes for Urban and Top Bural Residents in 2019 mining A contraction of the Basic Health Insurance Schemes for Urban and Top Bural Residents in 2019 mining A contraction of the Basic Health Insurance Schemes for Urban and Contraction of the Basic Health Insurance Schemes for Urban and Contraction of the Basic Health Insurance Schemes for Urban and Contraction of the Basic Health Insurance Schemes for Urban and Contraction of the Basic Health Insurance Schemes for Urban and Contraction of the Basic Health Insurance Schemes for Urban and Contraction of the Basic Health Insurance Schemes for Urban and Contraction of the Basic Health Insurance Schemes for Urban and Contraction of the Basic Health Insurance Schemes for Urban and Contraction of the Basic Health Insurance Schemes for Urban and Contraction of the Basic Health Insurance Schemes for Urban and Contraction of the Basic Health Insurance Schemes for Urban and Contraction of the Basic Health Insurance Schemes for Urban and Contraction of the Basic Health Insurance Schemes for Urban and Contraction of the Basic Health Insurance Schemes for Urban and Contraction of the Basic Health Insurance Schemes for Urban and Contraction of the Basic Health Insurance Schemes for Urban and Contraction of the Basic Health Insurance Schemes for Urban and Contraction of the Basic Health In
22 23 24 25 26 27	H46	关于进一步加强短缺药品监测预 警与统筹应对工作的通知	Notice on Further Strengthening the Monitoring, Early Warning and Coordinated Response to the Shortages of Medicines	23-Dec-2019	*Health Commission of Heilongjiang Province *Heilongjiang Provincial Administration of Traditional Chinese Medicine	The price of the General Office of the State Council on Further Improving the pork of Guaranteeing the Supply and Stabilising the Price of Showing Drugs
28 29 30	H47	健康龙江行动(2019—2030 年) 实施方案	The Implementation Plan of the Healthy Longjiang Action(2019-2030)	31-Dec-2019	People's Government of Heilongjiang Province	Topingons of the State Council on Implementing the Healthy China Action
31 32 33 34 35 36 37	H48	黑龙江省人民政府办公厅关于推 进养老服务发展的实施意见	Implementation Opinions of the General Office of People's Government of Heilongjiang Province on Promoting the Development of Elderly Services	9-May-2020	People's Government of Heilongjiang Province	© Shions of the State Council on promoting the Development of the Elderry Service Industry © Indetermentation Opinions of the Ministry of Civil Affairs on Further Expanding the Supply of Elderly Services and Promoting the Consemption of Elderly Services
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4 5	H49	中共黑龙江省委黑龙江省人民政	The Implementation Opinions of the Heilongjiang	1-Jun-2020	People's Government of	Copingons of the Central Committee of the Communist Party of China and
6		府关于促进中医药传承创新发展	Provincial Committee of the Communist Party of China and		Heilongijang Province	<b>O</b> the <b>State</b> Council on Promoting the Inheritance Innovation and
7 8		的实施意见	People's Government of Heilongjiang Province on			opment of Traditional Chinese Medicine
9			Promoting the Inheritance, Innovation and Development of			
10			Traditional Chinese Medicine			Construction of Traditional Chinese Medicine     Set 2022     Set 2022     Set 2022     Set 2022     Set 2022     Set 2022     Set 202     Set 20
11 12	H50	关于深入推进医养结合发展的实	Implementation Opinions on Further Promoting the	1-Jun-2020	*Health Commission of	San Series and Series
13		施意见	Development of Medical and Nursing Care Integration		Heilongjiang Province	wnooded from http://bmjopen.bmj.com/ on June 11, 2025 at tExperieur (ABES) . b fext and data mining, Al training, and similar technologies.
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11 12 13 14 15 16 17 18 19 20	H51	关于进一步规范医疗机构与养老 机构签约合作的实施意见	Implementation Opinions on Further Regulating the Contractual Cooperation between Medical Institutions and elderly care institutions	16-Jun-2020		Control Opinions on Further Promoting the Development of Healthcare Support and the second	;
21- 22 23 24 25 26 27 28 29 30 31 32 33 34	H52	关于做好 2020 年城乡居民基本医 疗保障工作的通知	Notice on Implementing the Basic Health Insurance Schemes for Urban and Rural Residents in 2020	28-Aug-2020	Chinese Medicine *Heilongjiang Province Healthcare Security Administration/*Finance Bureauo of Heilongjiang Province/*Heilongjiang Provincial Tax Service, State Taxation Administration/*Education Department of Heilongjiang Province	om/ on June 11, 2025 at A nd similar technologies.	1
35 36 37 38	Н53	黑龙江省合理膳食行动省部合作 项目实施方案	Implementation Programme of the Provincial-Ministerial Cooperation Project on Reasonable Dietary Action in Heilongjiang Province	16-Oct-2020	People's Government of Heilongjiang Province	"Headthy China 2030" blueprint	
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4 5	G17	_ 广东省加快推进分级诊疗制度建设	The Implementation Plan on Accelerating the Establishment of a	16-May-2016	People's Government of	dingGuid	and Opinions of the General Office of the State Council on Promoting the
6		实施方案	Tiered Diagnosis and Treatment System in Guangdong Province	5	Guangdong Province		shment of a Tiered Diagnosis and Treatment System
7 8	G18	广东省中医药健康服务发展规划	Development Plan of Traditional Chinese Medicine Health	30-Jun-2016	People's Government of	SDEA	oppment Plan of Traditional Chinese Medicine Health Service (2015-
9		(2016-2020年)	Service in Guangdong Province(2016-2020)		Guangdong Province	es rel	
10		广东省人民政府办公厅关于促进医	Guiding Opinions of the General Office of the People's	12-Jul-2016	People's Government of	ഭണ്ണം	g Opinions on Promoting the Integration of Medical Health and Elderly
11 12	G19	疗卫生与养老服务相结合的实施意	Government of Guangdong Province on Promoting the		Guangdong Province	ment Sup of to text	Des
13_		见	Integration of Medical Health and Elderly Services			te su	2
14		广东省促进医药产业健康发展实施	The Implementation Plan on Promoting the Healthy	14-Sep-2016	People's Government of	ല്പ്പ് മ്ല് മ്ല് മ്ല് മ്ല് മ്ല് മ്ല് മ്ല	lines of the General Office of the State Council on Promoting the
15 16	G20	方案	Development of the Pharmaceutical Industry in Guangdong		Guangdong Province	a da	by Development of the Pharmaceutical Industry
17_			Province			a A	
18	G21	关于控制公立医院医疗费用不合理	The Implementation Plan on Controlling Unreasonable	18-Sep-2016	*Health and Family Planning		on Controlling Unreasonable Increases in Medical Expenses in
19 20		增长的实施方案	Increases in Medical Expenses in Public Hospitals			F 1	Hospitals
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32 33	G22	广东省加快推进家庭医生签约服务	The Implementation Plan on Accelerating the promotion of	28-Oct-2016	*Medical Reform Office of	Guid	ing Opinions on Promoting Contracted Services of Family Doctors
34		制度的实施方案	Contracted Services System of Family Doctors in Guangdong		Guangdong Province/*Health and		
35			Province		Family Planning Commission of	190100	
36 37					Guangdong Province/*Guangdong		
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18	G23	关于开展健康城市健康村镇建设的	The Implementation Plan on the Development of Healthy Cities	1-Dec-2016	Guangdong Patriotic Health	Comparison on the Development of Healthy Cities and Healthy Villages
19		实施意见	and Healthy Villages and Towns		Campaign Committee	and Bwns
20 21	G24	广东省贯彻《中医药发展战略规划	The Implementation Plan on Outline of the Strategic Plan for the	30-Dec-2016	People's Government of	Dutline of the Strategic Plan for the Development of Traditional Chinese
22		纲要(2016-2030 年)》实施方案	Development of Traditional Chinese Medicine (2016-2030) in		Guangdong Province	Medoine (2016-2030)
23			Guangdong Province			Medicine (2016-2030)
24 25		广东省人民政府办公厅关于促进和	The Implementation Plan of the General Office of the People's	8-Feb-2017	People's Government of	Guiding Opinions of the General Office of the State Council on Promoting
26	G25	规范健康医疗大数据应用发展的实	Government of Guangdong Province on Promoting and		Guangdong Province	and Regulating the Development of Healthcare Big Data Applications <b>S</b> <b>C</b>
27		施意见	Regulating the Development of Healthcare Big Data			
28 29			Applications			
30	G26	广东省"十三五"深化医药卫生体制	The "13th Five-Year Plan" for deepening the reform of the	12-May-2017	People's Government of	The 13th Five-Year Plan" for deepening the reform of the medical and health
31		改革规划	medical and health system in Guangdong Province		Guangdong Province	<b>O</b> <sup>Systo</sup>
32 33		广东省推进医疗联合体建设和发展	The Implementation Plan on Promoting the Establishment and	30-Jun-2017	People's Government of	Guiding Opinions of the General Office of the State Council on Promoting
34	G27	的实施方案	Development of Medical Alliance Systems in Guangdong		Guangdong Province	the Brablishment and Development of Medical Alliance Systems
- 35			Province			enc
36 37	G28	广东省防治慢性病中长期规划	Mid- and long-term plan for the prevention and treatment of	30-Jun-2017	People's Government of	Chings mid- and long-term plan for the prevention and treatment of chronic
38		(2017 - 2025 年)	chronic diseases in Guangdong Province (2017-2025)		Guangdong Province	diseases (2017-2025)
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6		通使用政策实施方案	of Policies on the Production and Circulation of Medicines in		Guangdong Province	Reform and Improvement of Policies on the Production and Circulation of
7 8—			Guangdong Province			Reform and Improvement of Policies on the Production and Circulation of     Reform and Improvement of Policies on the Production and Circulation of     Section System Establishment Plan     Reform System Establishment Plan     Reform System Establishment Plan
9	G30	广东省促进老龄事业发展和养老体	The Implementation Plan on promoting the development of	3-Aug-2017	People's Government of	"Direction of the second secon
10		系建设实施方案	Aging Affairs Development and the constraction of Pension		Guangdong Province	Sign System Establishment Plan
11 12			System Establishment Plan			
13	G31	"十三五"广东省健康促进与教育工	"Thirteenth Five-Year Plan" of Guangdong Province for	21-Aug-2017	Health and Family Planning	Conteenth Five-Year Plan" for National Health Promotion and Education
14		作规划	Health Promotion and Education Work		Commission of Guangdong	t and nd
15 16-			· 0		Province	
17	G32	转发关于做好 2017 年国家基本公共	Forwarded Notice on Implementing the National Essential	28-Sep-2017	*Health and Family Planning	a c d a
18		卫生服务项目工作的通知	Public Health Service Package in 2017		Commission of Guangdong	A B C C C C C C C C C C C C C C C C C C
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24 25	G33	广东省改革完善短缺药品供应保障	The Implementation Plan on Reforming and Improving the	16-Nov-2017	*Health and Family Planning	mpignentation Opinions on Reforming and Improving the Mechanism for
26		机制实施方案	Mechanism for Shortage Drug Supply Guarantee		Commission of Guangdong	mplementation Opinions on Reforming and Improving the Mechanism for d Shore ge Drug Supply Guarantee milar technologies at
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21– 22 23 24	G37	广东省支持社会力量提供多层次多 样化医疗服务的实施方案	The Implementation Plan of the General Office of the State Council on supporting social forces to provide multilevel and diversified medical services to develop health industry	16-Jan-2018	People's Government of Guangdong Province	Dpingons of	the General Office of the State Council on supporting social ovide multilevel and diversified medical services to develop
25– 26 27	G38	广东省人口发展规划(2017-2030 年)	Population Development Plan of Guangdong Province(2017- 2030)	22-Feb-2018	People's Government of Guangdong Province		pulation Development Plan (2016-2030)
28 29 30	G39	+) 广东省促进"互联网+医疗健康"发展 行动计划(2018-2020年)	action plan of Guangdong Province on Promoting the Development of "Internet + Medical " Health	5-Jun-2018	People's Government of Guangdong Province	Deventopment	The General Office of the State Council on Promoting the nt of "Internet + Medical " Health
31 32 33 34 35	G40	广东省卫生和计划生育委员会关于 卫生计生新时期精准扶贫精准脱贫 三年攻坚的实施方案	The Implementation Plan of Guangdong Provincial Health and Family Planning Commission for the three-year program on precision poverty alleviation and poverty eradication in the new era of health planning	3-Apr-2021	Health and Family Planning Commission of Guangdong Province	bologies.	on the Implementation of Health Poverty Alleviation Project
36 37 38 39 40 41 42 43 44 45 46			For peer review only - http://bmj	jopen.bmj.co	n/site/about/guidelines.xhtr	e Bibliographique de	

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5	G41	广东省深化医药卫生体制改革近期	The Major Work Plans for Promoting the Construction of	26-Sep-2018	People's Government of	Maje Work Plans for Deepening the Reforms of the Medical and Health
6 7		重点工作任务	Chinese Medicine Preventive Healthcare Service System in		Guangdong Province	System of the latter half year of 2018
8_			Guangdong Province			S S S S S S S S S S S S S S S S S S S
9 10	G42	广东省改革完善仿制药供应保障及 ————————————————————————————————————	The Implementation Plan of the Guangdong Province on the	30-Oct-2018	People's Government of	Denions of the General Office of the State Council on the Reform and
11		使用政策实施方案	Reform and Improvement of the Policies on the Supply,		Guangdong Province	a movement of the Policies on the Supply, Security and Use of Generic
12-	G43		Security and Use of Generic Drugs The Implementation Plan of the Three-year action program on	20 D 2010	Health Commission of Guangdong	CTM Sector program on health promotion in poor areas
13 14	G45	」)示省贡困地区健康促进二中攻至 	health promotion in poor areas in Guangdong Province	30-Dec-2018	Province	
15			icanii promoton in poor areas in Gaangaong Province		Poverty Alleviation and	termyear action program on health promotion in poor areas and control of the second se
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19	G44		The Implementation Plan of Guangdong Province on the	28-Feb-2019	*People's Government of	Guidag Opinions of the General Office of the State Council on the Reform
20 21		监管制度实施方案	Reform and Improvement of the Comprehensive Supervision		Guangdong Province	And Baprovement of the Comprehensive Supervision System of the Medical
22			System of the Medical and Health Care Industry			and Realth Care Industry
23	G45	广东省促进护理服务业改革与发展	The Implementation Plan of Guangdong Province on promoting	26-Mar-2019	*Health Commission of Guangdong	Guidence on promoting the reform and development of the care service
24 25		实施方案	the reform and development of the care service industry		Province/*uangdong Provincial	mi.gom/ on June 11, 2025 at
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20 21 22 23 24 25	G46	广东省全面提升县级医院综合能力 实施方案(2019-2021 年)	The Implementation Plan of Guangdong Province for fully upgrading the comprehensive capacity of county hospitals (2019-2021)	3-Apr-2019	*Health Commission of Guangdong Province/*raditional Chinese Medicine Bureau of Guangdong Province	aposp	plans for fully upgrading the comprehensive capacity of county als (2018-2020)
26 27 28 29	G47	转发国家卫生健康委办公厅关于做 好 2019 年家庭医生签约服务工作的 通知	Forwarded Notice of the General Office of the National Health Commission on Family Doctor Contracting Services in 2019	13-May-2019	Health Commission of Guangdong Province	d Similar tec	of the General Office of the National Health Commission on Family Contracting Services in 2019
30 31 32 33 34 35 36 37 38	G48	关于贯彻落实国家基本药物制度的 实施意见	Opinions on fully implementing the National Basic Drug System	6-Jun-2019	*Health Commission of Guangdong Province/*uangdong Provincial Development and Reform Commission/*epartment of Industry and Information Technology of Guangdong Province/*epartment of Finance of Guangdong Province	nologies.	Prop System
39 40 41 42 43 44 45 46			For peer review only - http://bmj	jopen.bmj.coi	n/site/about/guidelines.xhtr	nl	Bibliographique de l

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5					/*ealthcare Security Administration	2 0	
6					of Guangdong Province/*uangdong	25 for	
7 8—					Provincial Drug Administration	n 25 April	
9	G49	广东省深化医药卫生体制改革 2019	Major Work Plan of Guangdond Province for Deepening the	18-Jul-2019	Medical Reform Office of	S ≕ MainoWork Plans for D	Deepening the Reforms of the Medical and Health
10		年重点工作任务	Reforms of the Medical and Health System of 2019		Guangdong Province	Set of 2019	
11 12		广东省建设"互联网+医疗健康"示范 省行动方案	Action Plans for the Construction of "Internet+Medical Health"	13-Nov-2019	*Health Commission of Guangdong	Dominant of "Intern Cont Symposed of the General Symposed of the General Symposed of the General Sympo	Deepening the Reforms of the Medical and Health
13 14		1100万条 	Demonstration Province of Guangdong Province		Province/*Department of Industry		
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16 17	G50		$\mathcal{O}_{\mathcal{O}}$		Guangdong Province/*Healthcare	fror ur (/	
17 18	630		Co		Security Administration of		
19					Guangdong Province/*Guangdong	S S S S S S S S S S S S S S S S S S S	
20					Provincial Government Services	> <u>B</u>	
21					Data Management Bureau	jope	
22 23					/*Traditional Chinese Medicine	n.b	
24					Bureau Of Guangdong Provinc	i i i i i i i i i i i i i i i i i i i	ouncil on Implementing the Healthy China Action
25	G51		Opinions of he People's Government of Guangdong Province on	28-Dec-2019	*People's Government of	Opinions of the State Co	ouncil on Implementing the Healthy China Action
26 27	001	行动的意见	Implementing the Healthy Guangdong Action	28-Dec-2019	Guangdong Province	S S	outen en implementang die riedaufy ennie rieden
28	G52		Action Plan for Guangdong Province on further promoting the	2-Jan-2020	*Guangdong Provincial Leading	The second further pro	moting the experience of Fujian Province and Sanming
29	0.52	为"不自定") 福建首和二切市 深 他区 药卫生体制改革经验行动方案	experience of Fujian Province and Sanming City in deepening	2-Jan-2020			form of the medical and health system
30 31			the reform of the medical and health system		Medical and Health System		res on further deepening the reform of the
32 33							Ithcare system through centralized procurement and
						use drugs as a breakt	
34 35	G53		The Implementation Plan of Guangdong Province on the	19-May-2020	*Health Commission of Guangdong		e Establishment and Improvement of a Health Service
36	-	体系实施方案	Establishment and Improvement of a Health Service System for	19-141uy-2020	Province /*Guangdong Provincial	System for the Elderly	
37			the Elderly		Development and Reform		
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20 21 22 23 24	G54	广东省紧密型县域医疗卫生共同体 慢病管理中心运行指南(试行)等 15 个指南	Guidelines for the Operation of Chronic Disease Management Centres in Close-knit County Medical and Health Communities in Guangdong Province (Trial) and 15 other guidelines	15-Jun-2020	*Health Commission of Guangdong	- Notic	c on promoting the construction of close-knit county medical and care communities on Implementing the Basic Health Insurance Schemes for Urban and
25- 26 27 28 29 30 31 32 33	G55	转发国家医保局 财政部 国家税务 总局关于做好 2020 年城乡居民基本 医疗保障工作的通知	Notice on Implementing the Basic Health Insurance Schemes for Urban and Rural Residents in 2020 which was transmitted from the Circular of the National Health Insurance 、 the Bureau Ministry of Finance and the State Administration of Taxation	18-Aug-2020	*Healthcare Security Administration of Guangdong Province/*Department of Finance of Guangdong Province/*Guangdong Provincial Tax Service, State Taxation Administration	nflar technologies.	PResidents in 2020
34 35 36 37 38 39	G56	关于加强我省医疗联合体中医药工 作的通知	Notice on the Effectively Strengthening Chinese Medicine work in the Construction of medical treatment combinations in Guangdong Province	31-Aug-2020	*Traditional Chinese Medicine Bureau of Guangdong Province	Cons	on the Effectively Strengthening Chinese Medicine work in the Effective Strengthening Chinese Medicine work in the Strengthening Chinese Medicine work in t
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5					/*Health Commission of	ding fo	
7					Guangdong Province		>
8	G57	广东省深化医药卫生体制改革近期	Major Work Plans for Deepening the Reforms of the Medical	27-Sep-2020	Medical Reform Office of	Ses Ses	Work Plans for Deepening the Reforms of the Medical and Health of the latter half year of 2020
9		重点工作任务	and Health System in Guangdong Province in Recent Times		Guangdong Province		on of the latter half year of 2020
10 11				year plan (2021-2		te en	<u>አ</u>
12	Н54	中共黑龙江省委黑龙江省人民政府	Implementing Opinions of the Heilongjiang Provincial	19-Mar-2021	People's Government of	~ ~ ~ ~	menting Opinions of the CPC Central Committee and the State Council
13		关于实现巩固拓展脱贫攻坚成果同	Committee of the Communist Party of China and the People's		Heilongjiang Province		nieving Effective Linkage between Consolidating and Expanding the
14 15		乡村振兴有效衔接的实施意见	Government of Heilongjiang Province on Achieving Effective			and	vements of Poverty Eradication and Rural Revitalization
16			Linkage between Consolidating and Expanding the			ur (	
17			Achievements of Poverty Eradication and Rural Revitalization				3
18 19	Н55	黑龙江省人民政府办公厅关于推动	Implementation Opinions of the General Office of the People's	28-Dec-2021	People's Government of	<u></u> =;∵≎ <mark></mark>	nentation Opinions of the General Office of the State Council on
20		公立医院高质量发展的实施意见 	Government of Heilongjiang Province on Promoting High-		Heilongjiang Province	<b>g</b> Prom A	ating High-Quality Development of Public Hospitals
21			Quality Development of Public Hospitals				5
22 23	Н56	黑龙江省人民政府办公厅关于建立	Implementation Opinions of the General Office of the People's	31-Dec-2021	People's Government of	E. 3	lines of the General Office of the State Council on Establishing and
24		健全职工基本医疗保险门诊共济保	Government of Heilongjiang Province on the Establishment and		Heilongjiang Province		ving the Outpatient Co-payment Guarantee Mechanism for Employees'
25 26		│ 障机制的实施意见 │	Improvement of Outpatient Co-payment Protection Mechanism			<u>م</u>	Medical Insurance
26 27			for Employees' Basic Medical Insurance	A1 D 4001		sim	mentation Opinions of the General Office of the State Council on
28	H57	黑龙江省人民政府办公厅关于健全	Implementation Opinions of the General Office of the People's	31-Dec-2021	People's Government of		
29		重特大疾病医疗保险和救助制度的 ————————————————————————————————————	Government of Heilongjiang Province on Improving the		Heilongjiang Province		ving the Medical Insurance and Relief System for Serious Diseases
30 31			Medical Insurance and Relief System for Serious Diseases			inol	
32	H58	黑龙江省全民健身实施计划	The National Fitness Implementation Plan of Heilongjiang	31-Dec-2021	People's Government of	<u> (0</u> N	pal Fitness Program (2016-2020)
33_		(2021—2025年)	Province (2021-2025)	21 D 2021	Heilongjiang Province	ies.	
34 35	Н59	黑龙江省"十四五"医疗保障事业发	Heilongjiang Provincial "14th Five-Year Plan" for the	31-Dec-2021	People's Government of	The	th Five-Year Plan for Universal Health Care Coverage
36		展规划	Development of Medical Protection Career		Heilongjiang Province		
<ul> <li>37</li> <li>38</li> <li>39</li> <li>40</li> <li>41</li> <li>42</li> <li>43</li> <li>44</li> <li>45</li> <li>46</li> </ul>			For peer review only - http://bmj	jopen.bmj.cor	n/site/about/guidelines.x	chtml -	

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5	H60	黑龙江省"十四五"中医药发展规划	The Fourteenth Five-Year Plan for the Development of Chinese	31-Dec-2021	People's Government of		nions of the Central Committee of the Communist Party of China and
6 7			Medicine Industry in Heilongjiang Province		Heilongjiang Province	Qihe S	te Council on Promoting the Inheritance, Innovation and Development
8						1Ses	ditional Chinese Medicine
9 10						seigner seigner srelate	ditional Chinese Medicine line of the Strategic Plan for the Development of Traditional Chinese ne (2016-2030)
11 12	H61	关于做好第六批国家组织药品集采	Notice on the Implementation of the Sixth Batch of Nationally	11-May-2022	*Heilongjiang Province Healthcare		on Improving the National Organization of Supporting Measures and
13		(胰岛素专项)落实工作的通知	Organised Collective Procurement of Drugs (Insulin Specific)		Security Administration/*Health	සි. ශි.මී	lised Band Purchasing of Medicines (Insulin Specific)
14					Commission of Heilongjiang	peri t an	
15 16-			· 0-		Province	uperieur ( xt and dat	
17	H62	关于做好 2022 年城乡居民基本医疗	Notice on Implementing the Basic Health Insurance Schemes	31-Aug-2022	*Heilongjiang Province Healthcare		on Implementing the Basic Health Insurance Schemes for Urban and
18		保障工作的通知	for Urban and Rural Residents in 2022		Security Administration/*Finance	ninii	Residents in 2022
19 20					Bureauo of Heilongjiang Province	://bmjopen.bmj.com ) . ing, Al training, and s	1
21			4		/*Education Department of	Al tr	
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26				00 D 0000	Administration	sim	Lines of the General Office of the State Council on Establishing and
27 28	Н63	黑龙江省省本级职工基本医疗保险	Implementation Measures of Outpatient Co-payment Protection	22-Dec-2022		Iffar Lu	lines of the General Office of the State Council on Establishing and
29		门诊共济保障机制实施办法 	Mechanism of Basic Medical Insurance for Employees at the		Security Administration /*Finance		ving the Outpatient Co-payment Guarantee Mechanism for Employees'
30			Provincial Level in Heilongjiang Province		Bureau of Heilongjiang Province	Basic.	Medical Insurance
31 32		│ │ 广东省加快医学教育创新发展实施	The Implementation Plan of Guangdong Province on	29-Jan-2021	People's Government of		g Opinions of the General Office of the State Council on Accelerating
33	G59	   方案	Accelerating the Innovative Development of Medical Education	29-3an-2021	Guangdong Province	is a	ovative Development of Medical Education
3 <del>4</del> 35	G60		The Work Plan of Guangdong Province on Accelerating the	23-Mar-2021			ice on Strengthening the Elderly Care Services
36		的工作方案	Development of the Elderly Care Services		*Health Commission of Guangdong	26 <b>9</b>	ding Opinions on the Establishment and Improvement of a Health
37					Province/*Traditional Chinese	Serv	e System for the Elderly
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5 6				Medicine Bureau Of Guangdong Province	ing fr
7 8 9 G61 10 11 12	中共广东省委 广东省人民政府关于 实现巩固拓展脱贫攻坚成果同乡村 振兴有效衔接的实施意见	Implementation Opinions of Communist Party of Guangdong Province and the People's Government of Guangdong Province on Achieving Effective Linkage between Consolidating and Expanding the Achievements of Poverty Eradication and Rural Revitalisation	31-Mar-2021	Guangdong Province	State Council State Council St
13 14 G62 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	广东省巩固拓展医疗保障脱贫攻坚 成果有效衔接乡村振兴战略实施方 案	The Implementation Plan of Guangdong Province on Consolidating and Expanding the Achievements of Medical Protection against Poverty Eradication and Effectively Linking the Rural Revitalisation Strategy	6-Jul-2021	*Healthcare Security Administration of Guangdong Province/*Department of Civil Affairs of Guangdong Province *Department of Finance of Guangdong Province/*Health Commission of Guangdong Province/*Rural Revitalization Administration of Guangdong Province/*Guangdong Provincial Tax Service, State Taxation Administration/*Guangdong Provincial Regulatory Bureau of China Banking and Insurance Regulatory Commission (CBIRC)	text and enclosed and the second and
3 <del>3</del> 34 G63 35 36		Major Work Plans for Deepening the Reforms of the Medical and Health System in Guangdong Province in Recent Times	4-Aug-2021	People's Government of Guangdong Province	A give Work Plans for Deepening the Reforms of the Medical and Health System of 2021
37 38 39 40 41 42 43 44 45 46		For peer review only - http://bm	jopen.bmj.cor	n/site/about/guidelines.xhtr	Bibliographique de

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5		广东省医疗保障局关于开展医保支	Guidelines of the Guangdong Provincial Health Protection	30-Sep-2021	Healthcare Security Administration		ns of the Central Committee of the Communist Party of China and the
6	G64	付改革促进中医药传承创新发展的	Bureau on Carrying Out Health Insurance Payment Reform to	-	of Guangdong Province		ouncil on Promoting the Inheritance, Innovation, and Development of
7 8		指导意见	Promote the Inheritance, Innovation, and Development of				onal Chinese Medicine
9			Chinese Medicine			17 9. N	
10	G65	广东省"十四五"时期医疗保障事业	The Implementation Plan for the High-quality Development of	25-Dec-2021	Healthcare Security Administration	later	th Five-Year Plan for Universal Health Care Coverage
11 12		高质量发展实施方案	Medical Security in Guangdong Province during the "14th Five-		of Guangdong Province	to an Q	
13			Year Plan" Period			te sup	
14 15	G66	广东省加快发展康复医疗服务工作	The Implementation Plan on Accelerating the Development of	4-Jan-2022	*Health Commission of Guangdong	and	ns on Accelerating the Development of Rehabilitation Medicine
16		的实施方案	Rehabilitation Medicine in Guangdong Province		Province/*Guangdong Provincial	d fro	
17			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Development and Reform		
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33	G67	广东省深入推广福建省三明市经验	The Implementation Plan of Guangdong Province on Deepening	20-Jan-2022	Guangdong Provincial Leading	.≓ ¥	nenting Opinions on Deepening the Reform of the Medical and Health
34		深化医药卫生体制改革实施方案	the Reform of the Medical and Health System by Further				by Further Promoting the Experience of Sanming City, Fujian
35 36			Promoting the Experience of Sanming City, Fujian Province		Medical and Health System	Province	ce
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6 7		立医院高质量发展的实施意见	Government of Guangdong Province of the State Council on			Proncting High-Quality Development of Public Hospitals
8			Promoting High-Quality Development of Public Hospitals			S Communist Party of China and the
9 G	69	广东省建设国家中医药综合改革示	The Implementation Plan for the Construction of National	14-Jun-2022	People's Government of Guangdong	<b>S</b> S == <b>C</b> Surprise of the Central Committee of the Communist Party of China and the <b>C</b> Surprise of the Central Committee of the Communist Party of China and the <b>C</b> S == <b>C</b> S ==
10		范区实施方案	Chinese Medicine Comprehensive Reform Demonstration Zone		Province	Reference on Promoting the Inheritance, Innovation and Development of
12			in Guangdong Province			The doional Chinese Medicine
13 G	70	广东省深化医药卫生体制改革近期	Major Work Plans for Deepening the Reforms of the Medical	7-Aug-2022	People's Government of	Work Plans for Deepening the Reforms of the Medical and Health
14		重点工作任务	and Health System in Guangdong Province in Recent Times		Guangdong Province	A state of the second s
15 G	71	转发国家医保局 财政部 国家税务	Notice on Implementing the Basic Health Insurance Schemes	15-Aug-2022	*Healthcare Security	A stick on Implementing the Basic Health Insurance Schemes for Urban and
17		总局关于做好 2022 年城乡居民基本	for Urban and Rural Residents in 2022 which was transmitted		Administration of Guangdong	Residents in 2022
18 19		医疗保障工作的通知	from the Circular of the National Health Insurance, the		Province/*Department of Finance	A Transformer on Implementing the Basic Health Insurance Schemes for Urban and Residents in 2022 <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Not:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Not:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Not:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Note:</b> <b>Not:</b>
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22 23					Tax Service, State	aini.
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25 <sup>G</sup>	72	广东省医疗卫生服务体系"十四五"	The 14th Five-Year Plan of Guangdong Medical and Healthcare	25-Aug-2022		Be Heathy China 2030" blueprint
25 <sup>G</sup> 26 27		规划	Service System		Province/*Guangdong Provincial	m/ on
27 28					Development and Reform	n/ on June
29					Commission	
30						11, 2025 at
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## Supplementary file 5

## Twelve Highly Cited Policy Initiatives and Their Associated Strategies and Actions from Thematic Analysis

Highly Referenced Policy	Number	Associated Strategies and Actions
Initiatives		
	81 (Heilongjiang) 148 (Guangdong)	①Reforming the Management Mechanism and Performance Evaluation
		<ul> <li>(1) Reforming the Management Mechanism and Performance Evaluation System of Public Hospitals and deepen the reform of personnel systems is public hospitals.</li> <li>(2) Implementing Government Incentive Policies for Public Hospitals, and establish a scientific compensation mechanism.</li> <li>(3) Promoting Pilot Reforms of the Salary System in Public Hospitals.</li> <li>(4) Improving the Internal Division of Labor and Collaboration</li> </ul>
	ò	②Implementing Government Incentive Policies for Public Hospitals, and
<b>Construction of Medical</b>	6	establish a scientific compensation mechanism.
Alliance Systems	0	③Promoting Pilot Reforms of the Salary System in Public Hospitals.
		(4) Improving the Internal Division of Labor and Collaboration
		Mechanisms within Medical Alliances and strengthening the construction of regional centers.
		Sclarifying the Functional Positioning of Hospitals at Various Levels
		and optimizing the allocation of medical resources.
		Mutual Recognition of Inspection and Test Results within Medical
		Alliances.
The Basic Health Insurance	189 (Heilongjiang) 176 (Guangdong)	<ul> <li>(a) Mutual Recognition of Inspection and Test Results within Medical Alliances.</li> <li>(b) Establishing a Unified Provincial Medical Security Service System.</li> <li>(c) Promoting Reforms in Compound Medical Insurance Payment Method and implementing comprehensive medical assistance policies.</li> <li>(c) Optimizing Direct Settlement Services for Cross-Regional Medical</li> </ul>
System		@Promoting Reforms in Compound Medical Insurance Payment Method
		and implementing comprehensive medical assistance policies.
		3 Optimizing Direct Settlement Services for Cross-Regional Medical
		Treatment.
		(4) Improving and Unifying the Supervision of the Medical Insurance Fun
		<ul> <li>③Optimizing Direct Settlement Services for Cross-Regional Medical Treatment.</li> <li>④Improving and Unifying the Supervision of the Medical Insurance Funand implementing management measures for designated medical institutions.</li> </ul>
		Standardizing Basic Medical Insurance Benefits and achieving unified
		medical insurance coordination within regions.

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2			
3 4			©Unifying the Directory and Standards for Chronic and Special Disease
5 6			Outpatient Services Province-wide.
7 8			⑦Advancing Reforms and Supervision of Medical Service Pricing in an
9 10			Orderly Manner.
11 12		50 (Heilongjiang) 77 (Guangdong)	①Exploring and Improving the Standardized Training System and
13 14			Guarantee Mechanism for Resident Physicians.
15 16			②Facilitating Registration and Management Mechanisms for Multi-site
17 18			Practice of Physicians.
19 § 20	Strengthen Primary Health Care Personnel	Ò,	③Establishing a Salary System Adapted to the Characteristics of the
21 22 23		10	<ul> <li>②Facilitating Registration and Management Mechanisms for Multi-site</li> <li>Practice of Physicians.</li> <li>③Establishing a Salary System Adapted to the Characteristics of the</li> <li>Healthcare Industry and improving performance evaluation and</li> <li>distribution mechanisms.</li> <li>④Strengthening the Construction of the Rural Doctor Workforce and</li> <li>formulating management measures for hiring, practicing activities,</li> <li>compensation, and retirement of rural doctors.</li> <li>⑤Providing Preferential Policies for Primary Health Technicians in</li> </ul>
24 25			(4) Strengthening the Construction of the Rural Doctor Workforce and
26 27		Ň.	formulating management measures for hiring, practicing activities,
28 29			compensation, and retirement of rural doctors.
30 31			© Providing Preferential Policies for Primary Health Technicians in
32			Promotion and Benefits and encourage medical students to work in ethnic
33 34			areas through favorable policies.
35 36			areas through favorable policies. (©Enhancing the Training and Team Building of Traditional Chinese Medicine and Ethnic Medicine Practitioners at the Grassroots Level
37 20			Medicine and Ethnic Medicine Practitioners at the Grassroots Level
3 <del>8</del> 39 40		40 (Heilongjiang) 25 (Guangdong)	①Implementing Support and Guidance Policies for Social Capital in
41 42			Medical Services.
42 43 44	Diversified Medical Service		<ul> <li>(1) Implementing Support and Guidance Policies for Social Capital in Medical Services.</li> <li>(2) Facilitating the Establishment of Private Medical Institutions and encouraging the participation of private capital.</li> </ul>
45 46	System		encouraging the participation of private capital.
47			③Enhancing the Regulatory System for Private Medical Institutions and
48 49 50			improving the service capabilities and quality of private hospitals.
50 51 52			<ul> <li>③Enhancing the Regulatory System for Private Medical Institutions and improving the service capabilities and quality of private hospitals.</li> <li>④Promoting the Development of Health Industry Clusters and fostering addiversified and competitive medical service system.</li> </ul>
53			diversified and competitive medical service system.
54 55 56	Traditional Chinese Medical (TMC) Service System	152(Heilongjiang) 89(Guangdong)	①Enhance Grassroots TCM Service Capacity and enrich the content of
50 57 58			grassroots TCM services and promote appropriate TCM techniques
59			
60-		1	1

1 2 3 4 5 6 7 8 9 10 11			<ul> <li>②Strengthen the TCM Talent Pool and improve the evaluation and incentive system for TCM talent.</li> <li>③Utilize TCM Advantages. Leverage TCM's unique strengths in disease prevention, diagnosis, and rehabilitation.</li> </ul>	-
12 13 14 15 16 17 18 19			<ul> <li>③Support the Development of TCM Health Services and actively support industries related to TCM health services.</li> <li>⑤Reform and Improve TCM Management Systems and enhance the management of ethnic medicine.</li> </ul>	Enseignement Enseignement Enseignement Enseignement
20 21 22 23		26 (Heilongjiang)	©Improve TCM Informatization and Infrastructure and enhance the application level of TCM informatization.	opyright, in
24 25 26 27		34 (Guangdong)	①Establish Standards for "Internet + Healthcare" and develop an integrated online and offline healthcare service model covering pre- diagnosis, diagnosis, and post-diagnosis.	cluding for u
28 29 30 31 32			②Use Informatization to Improve Hospital Management and Enhance hospital management and convenient services through information technology.	Enseignemei Ises related to
33 34 35 36			③Integrate and Improve the Information System for Medical Insurance	nt Superieur (ABE o text and data m
37 38 39 40 41	Digitalization Health System		(4) Promote the Informatization of Integrated Medical and Elderly Care	(ABES) . ta mining, Al t
42 43 44 45			③Build an Informatized Basic Public Health Service Platform and manage basic public health services through an informatized platform.	ES) . ining, Al training, and
46 47 48 49 50	Tiered Health Service Delivery	55(Heilongjiang) 116(Guangdong)	<ul> <li>(1) Progressively Promote the Tiered Diagnosis and Treatment System and implement bidirectional referrals.</li> <li>(2) Promote Balanced Distribution of High-Quality Medical Resources and ensure an equitable distribution of high-quality medical resources.</li> </ul>	∣ similar tech
51 52 53 54	System			nglogies.
55 56 57 58			③Strengthen Support Measures for Tiered Diagnosis and Treatment and improve and implement supporting policies for tiered diagnosis and treatment.	
59 60				

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2			
3 4 5	The Essential Medicine policy	75(Heilongjiang) 96(Guangdong)	①Strengthen Rational Use and Supervision of Basic Medicines in
5 6 7 8			Medical Institutions and improve the evaluation system for essential medicines.
9 10			②Establish a Comprehensive Drug Supply Security System and promote
10 11 12 13			the collective procurement and price management of medicines and consumables.
14 15			③Improve the Dynamic Adjustment of the Medical Insurance Drug List
16 17 18		~	and optimize the management system for the Medical Insurance Drug List.
19 20		Ò	(4) Improve Drug Safety Shortage Monitoring and Emergency Response
21 22 23		0	<ul> <li>③ Improve the Dynamic Adjustment of the Medical Insurance Drug List and optimize the management system for the Medical Insurance Drug List.</li> <li>④ Improve Drug Safety Shortage Monitoring and Emergency Response Mechanisms and enhance the monitoring and emergency response mechanisms for drug shortages.</li> <li>⑤ Reform and Improve Generic Drug Supply Policies and optimize policies for the supply of generic drugs.</li> </ul>
24 25		R	<ul> <li>mechanisms for drug shortages.</li> <li>(a) Reform and Improve Generic Drug Supply Policies and optimize policies for the supply of generic drugs.</li> <li>(b) Fully Implement Major Public Health Service Projects and consolidate and improve the equalization system for basic public health services.</li> <li>(c) Build a Comprehensive Chronic Disease Prevention and Control</li> </ul>
26 2 <u>7</u>		Ő,	policies for the supply of generic drugs.
28 29		34(Heilongjiang) 83(Guangdong)	<sup>1</sup> Fully Implement Major Public Health Service Projects and consolidate
30 31			and improve the equalization system for basic public health services.
32 33			②Build a Comprehensive Chronic Disease Prevention and Control
34 35			System, promote collaboration between medical treatment and prevention and establish chronic disease prevention and control demonstration areas. ③Strengthen Performance Evaluation of Basic Public Health Services in mining Grassroots Medical Institutions and improve performance evaluation and
36 37			and establish chronic disease prevention and control demonstration areas.
38	The Basic Public Health		(3) Strengthen Performance Evaluation of Basic Public Health Services in
39 40 41	Service Package		Grassroots Medical Institutions and improve performance evaluation and
42 43			Destablish a Funding Security Mechanism for Public Health Services in
44 45			Medical Institutions and secure funding for public health services.
46 47 48			<ul> <li>assessment mechanisms.</li> <li> <b>A</b> training œ Establish a Funding Security Mechanism for Public Health Services in Medical Institutions and secure funding for public health services.         </li> <li>             © Strengthen the Medical and Nursing Security System and develop a high-quality and efficient nursing service system.         </li> <li>             © mprove Elderly Healthcare and Promote the Development of the Elderly Health Industry and enhance elderly healthcare services.</li> </ul>
49			high-quality and efficient nursing service system.
50 51 52	Elderly medical care and security system	54 (Heilongjiang) 66(Guangdong)	(Improve Elderly Healthcare and Promote the Development of the
53			Elderly Health Industry and enhance elderly healthcare services.
54 55			②Establish and Improve a Universal, Regionally Coordinated, and
56 57 58			Integrated Pension Security System and develop a comprehensive pension security system.
59 6 <del>0</del> -			

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 Health Education and Promotion 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39	56 (Heilongjiang) 61 (Guangdong) 20 (Heilongjiang) 25 (Guangdong)	<ul> <li>③Promote the Development of the TCM Health and Elderly Care</li> <li>Industry and support the growth of the TCM health and elderly care industry.</li> <li>④Encourage the "Medical-Nursing Combined" Elderly Care Model and develop community-based integrated medical and elderly care services, including home-based palliative care.</li> <li>⑤Develop Talent Training and Team Building for Elderly Care Services and expand the workforce for integrated medical and elderly care services and expand the workforce for integrated medical and elderly care services and expand the workforce for integrated medical and elderly care services (OPromote Healthy Lifestyles Nationwide and implement personalized health interventions.</li> <li>③Create a Supportive Environment for Health, and improve policies that support health.</li> <li>③Conduct Nationwide Fitness Activities and promote community sports events and fitness activities for key populations.</li> <li>④Improve Nutrition Regulations and Standards and strengthen the construction of nutrition disciplines and professional teams.</li> <li>④Establish a Team of Health Science Experts and conduct widespread health education tours.</li> <li>①Standardize Contracted Service Projects and Funding Management and promote Family Doctor Contracting Services and improve related policies and supporting documents.</li> <li>③Optimize the Income Distribution and Incentive Mechanism for Family and the services and improve related policies and supporting documents.</li> </ul>	
		igh	
		②Create a Supportive Environment for Health, and improve policies that	
		support health	
		③Conduct Nationwide Fitness Activities and promote community sports 🛪	
27			
		events and fitness activities for key populations.	
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		construction of nutrition disciplines and professional teams.	
		©Establish a Team of Health Science Experts and conduct widespread	
		and a second and the	
		health education tours.	
		(1) Standardize Contracted Service Projects and Funding Management and	
<sup>39</sup> Family Doctor Contrasting	25 (Guangdong)		
40 Service		regulate the implementation and funding of contracted services. $\mathbf{G}$ .	
41 42		②Implement and Promote Family Doctor Contracting Services and	
43		improve related policies and supporting documents	
44 45		improve related poncies and supporting documents.	
45 46		③Optimize the Income Distribution and Incentive Mechanism for Family	
47		Doctor Teams and enhance the motivation and remuneration for family doctors.	
48 49		doctors.	
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14	The Pattern of Extension Policies	Extention	Province	Nation
15 16 17 18 19 20 21 22 23 24 25 26 27 28	Increase Scope of Application	Provincial governments, when formulating local policies, may expand the scope of application to include a broader population within their jurisdiction.	traditional Chinese medicine (TCM) institution allowing qualified TCM professionals, espective renowned TCM practitioners, to establish CM clinics or practice individually. This includes the policy on promoting "Internet + Healthcare" to facilitate easier access to medical services (Implementation Opinions on Promoting "Internet + Healthcare" for Easier Access to Medical Services July 8, 2019).	Council on Promoting the Development of "Internet + Healthcare").
29 30 31 32 33 34 35 36 37 38	Concretize Goals	Whenformulatingspecificpolicies,provincial governmentsmay further specify themacroobjectivesofnationalpolicies,clarifyingtheimplementationgoals	Enhancing grassroots TCM service capabilities by encouraging TCM hospitals to lead the construction of medical consortia. By 2020, each county should establish a TCM appropriate technology promotion center, train at least 10 county-level instructors, and promote the use of no less than 45 TCM appropriate technologies. By 2022, all community health service centers and township health centers should be able to	formation of medical consortia (Opinions of the Central Committee of the Communist Party of China and the State Council on Promoting the Inheritance and Innovative Development of TCM [2019] No. 43).
39 40 41 42 43 44	Fo	or peer review only - http://	/bmjopen.bmj.com/site/about/guidelines.xhtml	

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	and requirements within	provide more than six types of stan	ndardized	
	their region to better	appropriate technologies, and 75% of	of village h	
	guide implementation.	stations should be able to provide r		
		types (Implementation Opinions of th	he Heilong	
		Provincial Committee of the Comm	nunist Par	2
		China and Heilongjiang Provincial C	2 - 2	
	n.	Promoting the Inheritance and	<u> </u>	-
		Development of TCM, June 1, 2020).	). an	
<b>Refine the Measures</b>	Based on local			Strengthening the management of fixed-point
	conditions, provincial		5 0	service agreements, establishing and improving
	governments may			assessment and evaluation mechanisms, and
	develop specific		- • •	creating dynamic access and exit mechanisms
	implementation plans,	obligations, and controlling	🛨 💆	(Opinions of the State Council on Integrating the
	operational steps, or			Urban and Rural Residents Basic Medical
	timelines for measures		<u>-</u>	
	proposed in national	inpatient medical expenses within pol	· Z O	
	policies.	around 75%. Cross-city medical treatment	= 0	
		province should be managed throu	<u> </u>	
		hospitals, with agreements signed bet	y e	
		medical institutions, and announced t		
		a timely manner. Medical expense	(Õ N	5
		insured residents at designated medic		
		payable by the urban and rural resi	Q	2
		insurance fund, should be adva	· · · · · · · · · · · · · · · · · · ·	
		designated medical institutions, wi	- 0	9
		settlement between the medical ins	surance agency	4
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4 5 6 7			and the medical institution as per the agreent Out-of-pocket expenses should be settled between	5 05 c
8			the individual and the designated medical institution of for insured residents hospitalized across cale	3.
9 10			years, medical expenses should be accumu	
11			continuously, with annual medical insurarge	
12			benefits applied based on the discharge diage	5
13 14		) h	(Guiding Opinions on Establishing the Urbanage	
15		5	Rural Residents Basic Medical Insurance System	
16			April 21, 2017).	
17 18	Strengthen Enforcement	To ensure the effective		Improving hospital financial and accounting
19	Strengthen Emorcement	implementation of	systems by establishing and implementing a contract	
20		national policies in their	accountant system in tertiary public hosp als.	
21		-		
22 23		regions, provincial	improving financial analysis and reporting syse	
23		governments may	and strengthening economic operation analysigand	3
25		develop stricter	monitoring to supervise hospital economic	
26		enforcement measures,	operations and financial activities (Guiding	
27		including enhancing	Opinions on the Pilot Reform of Urban P	
28 29		supervision, improving	Hospitals by the Heilongjiang Provincial Health and	
30		implementation	Family Planning Commission and generation	
31		efficiency, and	Family Planning Commission and departments, September 16, 2014).	20225
32		increasing the	yies	
33 34		supervisory capacity of		
35		functional departments.		
36		These measures help		
37		ensure the smooth		
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	implementation of policies and the achievement of their	BMJ Open BMJ Open BMJ Open	
	goals.	related	
The Pattern of Reduction Policies	Extention	Province of the	Nation
Decrease Scope of Application	When formulating local policies, provincial	Actively conducting pilot projects for multiple practice of licensed physicians (Notification of the projects)	
	governments may	Main Work Arrangements for the Five Key Ref	
	narrow the scope of	of the Medical and Health System in Heilong	
	application to specific		scope to all qualified cities (Notification on t
	areas or populations	ng, .	Main Work Arrangements for the Five K
	within their jurisdiction.	Al traini	Reforms of the Medical and Health System
	·	aini	2011 [State Office [2011] No. 8]).
Lower the Goal	In some cases,	Conducting hierarchical diagnosis and treatment	Accelerating the promotion of hierarchi
	provincial governments	pilot projects in public hospital comprehezive	diagnosis and treatment, focusing
	may lower the standards	reform pilot cities (Notification on the Key Tasl for	comprehensive reform pilot provinces and pub
	of national policies due	Deepening Medical and Health System Reforming	hospital comprehensive reform pilot cities, a
	to local conditions being	Heilongjiang Province in 2016, July 14, 2016).	conducting pilot projects in about 70%
	unable to meet national	Heilongjiang Province in 2016, July 14, 2016). Et in 1, 2016	prefecture-level cities (Notification on the K
	standards or to better	pologi c202	Tasks for Deepening Medical and Health Syste
	balance resource	es. ar	Reform in 2016 [State Office [2016] No. 26]).
	allocation and policy	Agence	
	implementation effects.		

ge 75 of 76		BMJ Open	bmjope d by cop	
			n-2024-0978 >yright, inclu	Accelerating the construction of TCM evidence-
Directly Delete the Content	When formulating local policies, provincial governments may selectively reduce content from national policies if they believe certain content is not applicable locally or if resources are limited and cannot fully implement all aspects of the national policies.	clinical research bases, key TCM ho inheritance and innovation project, TCM (specialty) diagnosis and treat (Implementation Opinions of the Provincial Committee of the Commi China and Heilongjiang Provincial Go Promoting the Inheritance and	spitals in the April and regression of the spitals ment centres of the spital ment cent centres of the spital ment centres of the	Accelerating the construction of TCM evidence- based medicine centers, screening 50 advantageous TCM disease treatments, 100 appropriate techniques, and 100 unique TCM formulations within approximately three years, and promptly announcing them to the public. Focusing on issues such as cancer, cardiovascular and cerebrovascular diseases, diabetes, infectious diseases, Alzheimer's disease, and antibiotic resistance, conducting collaborative research between Chinese and Western medicine, and forming and promoting about 50 integrated Chinese-Western medicine diagnosis and treatment plans by 2022 (Opinions of the Central Committee of the Communist Party of China and the State Council on Promoting the Inheritance and Innovative Development of TCM [2019] No. 43).



Reference       1. Organization, W.H. Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low, See Settings, 2010.       2. Organization, W.H. Regional action framework for noncommunicable disease prevention and control in the Western Pacific Set m PLon for the Prevention and Ireatment of Chronic Diseases (2017-2025), 2017.         4. Zhou, M., et al., Moraldy, morbidity, and risk factures in China and its provinces, 1990-2017: a systematic analysis for the Greened Uplice of the State Council to Privacy Health Care in Low, Set Market Care in Low, 2019, 394(10204); p. 1145-1158.         S. Xing, S., et al., A rimary health care system reports to non-communicable disease prevention and control: a scopping review of mational policies in Mainland China since the 2009 health reform. The Lancet Regional Health - Western Pacific, 2021. 12.         S. Yung, S., et al., A Scopping Review of National Policies for Healthy Ageing in Mainland China Trom 2016 to 2020. The Lancet Regional Health - Western Pacific, 2021. 12.         7. Jun, Y., et al., A scopping review of national policies for child road injury in China. The Lancet Regional Health - Western Pacific, 2021. 12.         7. Jun, Y., et al., A scopping review of national policies for child road injury in China. The Lancet Regional Health - Western Pacific, 2021. 12.         7. Jun, Y., et al., A scopping review of national policies for child road injury in China. The Lancet Regional Health - Western Pacific, 2021. 12.         7. Jun, Y., et al., A scopping review of national policies for child road injury in China. The Lancet Regional Health - Western Pacific, 2021. 146.	Page 77 of 76	BMJ Open e g
	$     \begin{array}{r}       1 \\       2 \\       3 \\       4 \\       5 \\       6 \\       7 \\       8 \\       9 \\       10 \\       11 \\       12 \\       13 \\       14 \\       15 \\       16 \\       17 \\       18 \\       19 \\       20 \\       21 \\       22 \\       23 \\       24 \\       25 \\       26 \\       27 \\       28 \\       29 \\       30 \\       31 \\       32 \\       33 \\       34 \\       35 \\       36 \\       37 \\       \end{array} $	Reference       1. Organization, W.H. Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low Greece Settings. 2010.       2. Organization, W.H., Regional action framework for noncommunicable disease prevention and control in the Western Pacific Biology.       3. State Council, C., Circular of the General Office of the State Council on Printing and Distributing China's Medium- and Low Greene Biology.       3. State Council, C., Circular of the General Office of the State Council on Printing and Distributing China's Medium- and Low Greene Biology.         4. Zhou, M., et al., Mortality, morbidity, and risk factors in China and its provinces, 1990-2017: a systematic analysis for the General of Disease Study 2017. The Lancet, 2010.       3. State Council, C., Circular of the General Office of the State Council on Printing and Distributing China's Medium- and Low Greene Biology 2017. The Lancet, 2010.         4. Zhou, M., et al., Mortality, morbidity, morbidity, and risk factors in China and its provinces, 1990-2017: a systematic analysis for the General Office of the State Council on Printing and China's Medium- and Low Greene Biology 2017. The Lancet, 2010.         5. Xiong, S., et al., Primary health care system responses to non-communicable disease prevention and control: a scoping reviewed prational policies for Healthy Ageing in Mainfand China from 2016 to 2020. The Lancet Biology 2017. The Lancet Regional Health - Western Pacific, 2021. 12.         6. Ye, P., et al., A Scoping Review of National Policies for child road injury in China. The Lancet Regional Health - Western Pacific, 2021. 46.       Yung Yung Yung Yung Yung Yung Yung Yung
	38 39 40 41 42	For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml

# **BMJ Open**

### National and province-level primary health care policies for the prevention and control of non-communicable diseases in China from 2009 to 2023: a scoping review

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Secondary Subject Heading:	Public health
Keywords:	Primary Care < Primary Health Care, Quality in health care < HEALTH SERVICES ADMINISTRATION & MANAGEMENT, Chronic Disease





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1 National and province-level primary health care policies for the prevention and control

2 of non-communicable diseases in China from 2009 to 2023: a scoping review

Abstract

**Objectives** This study systematically characterizes policies related to the prevention and 6 control of non-communicable diseases (NCDs) at the provincial primary healthcare (PHC) 7 level, identifying key characteristics and potential gaps compared with national policies.

**Study Design** Policy review and thematic content analysis.

9 Methods Policy documents from Guangdong and Heilongjiang provinces (2009–2023) were 10 analyzed using the WHO's six building blocks framework. A total of 135 eligible documents 11 were included, with thematic analysis conducted to categorize policies as "extension" or 12 "reduction" based on their alignment with national directives

Results Twelve major policy initiatives were identified, with most themes reflecting provincial adaptations ("extension") of national strategies. Leadership and governance, medicines and technologies, and service delivery received robust policy support, while health information systems lagged. Provincial policies demonstrated significant multi-sectoral collaboration, though gaps in health financing and workforce capacity persisted.

**Conclusions** To strengthen PHC-based NCD control, future reforms must prioritize 19 multisectoral collaboration, interoperable digital health systems, and tailored health 20 education. Addressing regional disparities in policy implementation is critical for equitable 21 outcomes.

Keywords: primary health care; health care reform; non-communicable disease; policy
analysis; China

### 26 Strengths and limitations of this study

- 27 1.Utilized a scoping review and qualitative policy analysis to interpretively assess policy
- 28 content, structure, and provincial adaptations.
- 29 2.Thematic data analysis applied the WHO six building blocks framework through deductive30 and inductive cycles.
- 31 3.Focused on policy document analysis in Heilongjiang and Guangdong provinces to reflect
- 32 regional economic and health resource disparities.
- 33 4.Limited to two provinces, restricting broader geographic or contextual generalizability.
- 34 5.Relied solely on formal policy documents, potentially omitting informal policies or
- 35 implementation dynamics.

#### 38 Introduction

The growing burden of Non-communicable Diseases (NCDs), driven by urbanization, population aging, and lifestyle changes, imposes significant health and economic challenges globally[1]. NCDs like hypertension and diabetes account for 68% of global deaths, reducing workforce productivity, lowering quality of life, and increasing healthcare costs[2]. Primary healthcare (PHC) is critical for addressing population health needs, with evidence highlighting its positive effects on health outcomes and overall system efficiency[3-5]. In China, various policies have been implemented to establish an integrated PHC-based system to prevent and manage NCDs, ensuring equitable access to quality healthcare[4, 6]. 

Since the 1950s, China's PHC system has undergone three phases: the "barefoot doctors" era (1949–1978), characterized by rural non-formal medical personnel; marketization and hospital privatization with diminished PHC investment (1978–2008); and the current reform period since 2009, which prioritizes PHC to achieve an efficient and equitable health system[7]. This political commitment aimed to establish an accessible, equitable, affordable, and efficient health system to cover all people by 2020[8]. A high-quality and efficient health system is crucial for China's goal of prioritizing population health and shifting to a new development model[9, 10]. Despite reforms, challenges persist-almost half of Chinese adults aged 35–75 have hypertension, yet awareness, treatment, and control rates remain low[11].

Gaps in PHC-based NCD prevention and control include insufficient multi-sectoral collaboration, underutilization of non-health professionals, and a lack of quality-oriented service evaluation[12]. NCD prevalence continues to rise without significant improvement in treatment adequacy[13]. To guide the analysis of PHC policies for NCD prevention and control in China, this study applies the WHO health system framework, which provides a structured approach to assessing health policies based on six building blocks [14]. The framework provides a structured approach to assessing key policy dimensions, identifying gaps in implementation, and evaluating the alignment of China's PHC policies with global best practices.

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Therefore, the primary goal of this study is to systematically map out the policy landscape of the local implementation and translation of NCD prevention and control. Key factors influencing the implementation and adaptation of national policies at the local level are regional economic differences, low financial resources, lack of tailored policy design, and absence of prioritization. The implementation and translation of policies at the province level have presented central issues and difficulties. As yet though, there is limited literature examining policy gaps from national to province levels, making it unclear what progress and potential gaps remain. This study has three specific objectives: First, to map the volume and variety of policies in preventing NCDs since 2009 in selected provinces; Second, to identify key policy areas, themes, strengths, and potential gaps these policies using the WHO

75 framework; Third, to demonstrate the evolution of national-to-provincial policies to provide

76 tailored recommendations for implementation.

### 77 Methods

### 78 Study Design

This study reviewed province-level policy documents related to NCD prevention and control since 2009, aiming to assess their role in advancing China's health system reform. The protocol adheres to the Preferred Reporting Items for Systematic Reviews and Meta-analysis extension for Scoping Reviews (PRSIMA-ScR) Checklist[15]. The PRISMA-ScR checklist is provided in the supplementary material (**supplementary file 1**). The study protocol has been registered on the Open Science Framework platform (https://osf.io/jh3gn).

### 85 Analytical Framework

The analysis employed the WHO's six building blocks framework: service delivery, health workforce, health information, health financing, medicines and technologies, and leadership and governance[14]. This framework provides a systematic approach to evaluating health systems and is widely used for international research.

#### 90 Data Sources and Selection

The development and outcomes of NCDs are closely tied to health systems, policies, and socioeconomic conditions[16]. Provinces in China have imbalanced progress in socioeconomic and health development, such as the basic healthcare and urbanization ratio among regions. To analyze regional variations, the study focused on two provinces with contrasting economic conditions: Heilongjiang (northern, less developed) and Guangdong (southern, economically advanced). Heilongjiang, China's northernmost province, has 30.99 million residents, spans 473,000 square kilometers, and has a GDP per capita of 15,901 RMB. Guangdong, the most populous province, has over 100 million residents, covers 179,800 square kilometers, and boasts a GDP per capita of 129,118 RMB. Following search strategies from prior policy reviews [12, 17], we retrieved relevant policy documents from the official websites of provincial governments and affiliated ministries (e.g., Provincial Health Commission, Provincial Medical Security Bureau) from March 17, 2009, to April 17, 2023. The search also included ministries influencing health-related issues, such as the Provincial Department of Education (supplementary file 2).

### 105 Search Strategy and Selection Criteria

Due to limitations in the search functionality of provincial government websites, we used
Chinese-character keywords such as "Man Xing Bing" (chronic disease) and "Man Bing" (an
abbreviation for NCDs) to retrieve documents, as detailed in **supplementary file 3.** Searching
for "primary health care" (Ji Ceng Wei Sheng Bao Jian/Ji Ceng Yi Liao) was restricted by its

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length, so primary health care was instead prioritized during screening and data extraction.
Boolean operators (e.g., AND, OR) were not permitted, so keywords were used individually.
The snowball method was employed to identify additional relevant policies by reviewing
references within retrieved records. Input from policy experts at the Chinese Center for
Disease Control and Prevention and academic specialists further ensured no significant
omissions.

Two authors (JR, PY) independently reviewed the titles and full text of identified records. Disagreements were resolved by consensus or with input from a third reviewer (LX). The inclusion criteria required documents to: (1) focus on NCD prevention and management through a PHC approach, and (2) issued by designated provincial ministries since the 2009 health reform[7]. The review began with the March 17, 2009 release of the "Recommendations by the Chinese Communist Party Central Committee and the State Council on Deepening the Health Care System Reform" and concluded on April 17, 2023(The selected timeframe spans China's healthcare reform trajectory, from its national systemic restructuring launch to the completion of provincial adaptations of subsequent strategies. This 14-year scope accommodates policy diffusion delays while tracking phased adjustments between central mandates and regional execution, systematically revealing central-local dynamics).

The exclusion criteria comprised: (1) National-level policies, and (2) Program-or campaign-specific documents (e.g., announcements, activity reports), and (3) Government responses or interpretations of previous regulations, and (4) Clinical or pharmaceutical guidelines A comprehensive outline of the policy exclusion criteria, including specific document types and their rationale for exclusion, can be found in **Supplementary File 4**..

#### 133 Data Extraction

For each policy document analyzed, we extracted the title, ministry, and release date, grouping them into the corresponding five-year plan of the Chinese central government (**supplementary file 5**). Policy papers were categorized as individual or joint releases (issued by one or multiple provincial government departments), and the frequency of joint releases was used to assess multi-sectoral collaboration in policy development.

In China's policy-making context, national policies for PHC-focused NCD management are prospectively formulated by the State Council and its affiliated ministries[17]. These policies are disseminated to provincial governments, which adapt and issue relevant documents based on local conditions. Building on prior research on PHC system responses to national NCD prevention and control policies in Mainland China, this study extends the analysis to the provincial level[12]. National-level documents referenced in provincial policies were also obtained to facilitate a comparative analysis of their alignment and adaptation.

#### **Policy Content Analysis**

After policy screening, three researchers (RJ, YP, and LX) applied the WHO's six building blocks framework to extract concrete policy themes and understand strategies for PHC-focused NCD prevention and control, using both deductive and inductive coding methods.

Data synthesis involved four steps. First, cited national-level documents in the provincial policies were extracted, tabulated, and summarized. Provincial documents were categorized into four periods based on China's five-year plans. Second, we examined how each policy addressed the key components of the PHC system in NCD prevention and control. Policies were categorized as "extension" or "reduction" based on their alignment with national policy, indicating how local governments adapted national strategies. Although "equivalence" was noted, it was not the primary focus of this study. Third, using a deductive coding approach, each policy was assigned to one of the WHO's six building blocks to assess how it addressed critical PHC components related to NCD prevention and control at both provincial and national levels. Finally, to identify key planning and implementation strategies, we first extracted specific strategies or action items from the policy documents (e.g., "improve the standardized training system for resident doctors" or "attract medical technology talent to primary care"). These were coded as "sub-themes." We then synthesized these sub-themes into higher-level "major themes" (e.g., "strengthening primary health care personnel"), which represented the core strategies for strengthening PHC in NCD prevention and control. Each major policy initiative consisted of various related sub-themes. All coding was performed using NVivo 12(QSR International) software. The analysis framework of methodology is in Figure 1.

#### Results

#### **Policy Document Retrieval**

The initial search yielded 13,645 records from Heilongjiang and Guangdong provincial governments and their 22 affiliated ministries. After applying inclusion criteria, 4,714 records remained with 135 eligible policy documents (63 from Heilongjiang and 72 from Guangdong) ultimately included in the final analysis (Figure 2). These documents were analyzed to understand the ongoing provincial-level policies related to PHC-focused NCD prevention and control since March 2009.

### **Policy Promulgation by Government Departments**

Between March 2009 and April 2023, provincial governments and their affiliated ministries issued continuous policies related to PHC-focused NCD prevention and control. Heilongjiang issued 36 independent documents and 41 jointly with other ministries, while Guangdong issued 38 independent documents and 35 jointly. The most active departments were the People's Government of the Province (34 documents in both provinces), followed by the Page 7 of 75

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Provincial Health Commission (Heilongjiang N=17; Guangdong N=24), and the Traditional Chinese Medicine Bureau of Guangdong (N=15). **Figure 3** presents the interrelationships of the provincial governments and their affiliated ministries. Eighteen policy documents in Heilongjiang (28.12%) and 22 in Guangdong (30.56%) were developed by multiple ministries, with the maximum number of ministries involved being 17 in Heilongjiang and 16 in Guangdong. The majority of policy documents (Heilongjiang N=37; Guangdong N=41) were issued during the 13th Five-Year Plan period.

### 190 Thematic Framework of Policy Strategies

Using the WHO's six building blocks framework, we identified 12 major policy themes (Figure 4), with detailed policy strategies provided in **Supplementary File 6**. In both provinces, the majority of policies represented adaptations ("extensions") of national strategies, with Guangdong exhibiting a higher proportion of such extensions (67.9%) compared to Heilongjiang (61.1%). The most emphasized theme in both Guangdong and Heilongjiang was basic medical insurance schemes, with Guangdong focusing on the medical alliance system (N=192, 17.88%) and strengthening primary healthcare personnel (N=115, 10.71%), while Heilongjiang prioritized traditional Chinese medicine medical service systems (N=134, 16.81%) and the digitalization of health systems (N=70, 8.78%).

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#### 200 Concepts of Extension and Reduction

To understand how local governments implement and transform national-level policies, we defined three concepts: extension, reduction, and equivalence. In this study, "extension" refers to provincial governments adapting and expanding national policy strategies and action items tailored to local conditions (e.g. "Health management departments should support qualified old-age institutions in setting up medical institutions" in national-level policy has been extended to "Actively promote the combination of medical and health care and elderly care services, and promote the entry of medical and health resources into elderly care institutions, communities, and residents' families. Encourage and support social forces to focus on integrating medical and elderly care, mainly adopting disabled, semi-disabled, and dementia elderly people, and providing long-term care services" in province-level policy). "Reduction" refers to the adapting national policy strategies to local contexts by streamlining certain aspects (e.g. "Further extension the scope of designated production of drugs in short supply, and support the construction of centralized production bases for small varieties of drugs. Establish and complete systems for monitoring, early warning, and tiered response to drug shortages" in national-level policy has been reduced to "Establish and complete systems for monitoring, early warning, and tiered response to drug shortages" in province-level policy). Equivalence refers to the direct adoption of national-level policy strategies by local governments.

5960 218 Volume and variety of extension and reduction of include policies

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In Heilongjiang, the top three themes with the highest proportion of expansion were The essential public health service package (100%), Tiered healthcare service delivery system (80.0%), and Family doctor contracting initiative (77.3%). In Guangdong, the top themes were Tiered healthcare service delivery system (84.3%), Health education and promotion (81.3%), Strengthening primary health care personnel (79.1%). Figure 5 shows that most policy themes were extended in both provinces, with all major themes extended in Guangdong Province by more than 50%. The only theme with less than 50 % expansion in Heilongjiang Province was *Health education and promotion* (47.2%).

#### 227 Categories and Justification of Policy Adaptation

Policy extension and reduction are key adaptation mechanisms that allow provincial governments to adjust national policies to local healthcare realities. These adaptations are influenced by economic conditions, healthcare infrastructure, disease burden, and local governance capacity A total of 1,216 extension policies (487 in Heilongjiang, 729 in Guangdong) were identified in policies related to PHC-focused NCD prevention and control, comprising four main categories: (i) Increasing scope (e.g., Expanding family doctor contract services to rural populations in Guangdong); (ii) concretize goals (e.g., Guangdong set explicit digital health targets in its PHC strategy, aligning with national smart healthcare goals); (iii) Refining implementation (e.g., Enhancing PHC workforce training programs to meet local healthcare demands); (iv) Strengthening enforcement (e.g., Establishing incentive structures for PHC providers to enhance service delivery). Similarly, 655 reduction policies (310 in Heilongjiang, 345 in Guangdong) mainly included three categories: (i) Limiting application (e.g., Reducing subsidy coverage for specific treatments in Heilongjiang due to fiscal limitations); (ii) Streamlining content (e.g., Heilongjiang removing secondary-tier referral requirements in rural PHC models); (iii) Lowering implementation thresholds (e.g., Simplifying provider accreditation criteria in Heilongjiang to address workforce shortages). This context-driven policy adaptation framework ensures that provinces maintain policy relevance and feasibility while balancing financial sustainability and healthcare priorities. These variations highlight the need for flexible national policy frameworks that allow for evidence-based local modifications. The pattern and content of extension and reduction of include policies are described in supplementary file 7. 

#### 49 248

#### 248 Distribution of Key Policy Areas in Six Building Blocks

Using WHO's six building blocks framework, we categorized policy measures into six components[18]. Leadership and governance received the most policy attention (Heilongjiang N=199, Guangdong N=332), followed by medicines and technologies (Heilongjiang N=153, Guangdong N=199), and service delivery (Heilongjiang N=148, Guangdong N=186). Health information systems were least addressed, with only 54 policy initiatives on digitalization in Heilongjiang and 92 in Guangdong. In Guangdong, different key policy areas were more evenly addressed. 

 This study thoroughly examined the implementation and translation of national policies related to PHC-focused NCD prevention and control at the provincial level since China's 2009 health reform. The reform, in line with the 2009 State Council's roadmap, established a framework for an integrated PHC-based delivery system aimed at preventing and managing NCDs[19]. Significant public funding has made PHC central to rebuilding China's public health system, and the Healthy China 2030 plan underscores PHC's role in strengthening healthcare infrastructure[8]. However, the top-down policy approach, while providing structure, has also created challenges in translating national directives into effective, localized actions. There is a need to reassess PHC reform priorities to empower local implementation and address these systemic challenges.

Our findings reveal substantial multi-sectoral collaboration in policy development, with approximately half of the policy documents (48.44% in Heilongjiang, 47.22% in Guangdong) co-released by multiple ministries. Consistent with the previous national policy review on PHC for NCD prevention and management in China, one-quarter of the included policy documents were jointly released through multi-sectorial collaborations[12]. This collaboration reflects the cross-cutting nature of NCD prevention and control. The Chinese State Council's emphasis on coordinated efforts across sectors in its 2017-2025 NCD prevention plan aligns with this trend[20], emphasizing coordinated efforts across all sectors, health education and promotion, and effective prevention and control. Similar circulars for 2012-2015 were issued by 15 government ministries and commissions [1, 21]. These policy documents have been implemented in Heilongjiang and Guangdong provinces according to their respective local conditions. However, despite the increased collaboration, there remain significant gaps, especially in health insurance coverage, where limited reimbursement caps still hinder PHC institutions from acting as effective gatekeepers, forcing patients toward higher-cost hospital services[22, 23]. Strengthening cross-ministry cooperation, particularly between Health, Finance, and Civil Affairs, could address these limitations more effectively.

The WHO's six building blocks of health systems, particularly leadership and governance, were pivotal in shaping policy directions[14]. From a health system perspective, a significant advantage of China's national policies related to PHC-focused NCD prevention and control is the great importance attached to leadership and governance. These policies hing upon a clear and common "top-down" policy formulation pathway from the State Council to the ministries in China. This can be explained by China's political system, where the central government has the power to set goals and directions through a top-down approach. Like previous policy reviews on PHC and healthy aging in China[12, 17], our study found dispersed and least-addressed policies and key strategies related to health information systems. For instance, no information system is yet available to systematically integrate multi-dimensional data in 

governing residents' medical, medical insurance information, and health services information. Health information systems, addressed gradually during the 13th Five-Year Plan, need further attention to enable better service delivery and policy impact [5, 24]. Despite improvements in health financing, challenges such as workforce shortages and limited health financing persist, which current policies fail to fully address.

 The Chinese government implemented the zero-markup policy for essential drugs in 2009, eliminating markup retention from medication bills and replacing the original 15% markup with a 10% fiscal allowance[25]. Behavioral economic studies suggest that increasing medical service prices may compensate for revenue losses in most public hospitals, impacting PHC in China[26]. Despite reducing care costs for patients through the essential drug system, the reform of inpatient and outpatient structures revealed limitations in current policies and technology systems. Consequently, the implementation of medicines and technology in the provinces is being extended and strengthened according to local conditions. 

Since 2009, China has issued numerous PHC-focused NCD prevention and control policies, but there is an imbalance in the distribution of the 12 major strategies identified in the review. Regarding health financing, the central government has long worked on establishing basic health insurance schemes, with consistent implementation in Heilongjiang and Guangdong. The basic health insurance influences income by improving health status and reducing the unpredictability of healthcare expenditure. Recent studies show health insurance has been a primary focus of efforts to provide financial protection from illness-related costs for the Chinese population[27, 28]. For instance, in 2008, the government provided 80 RMB/person/year to each participant in Urban Employees Basic Medical Insurance, which rose to 520 RMB/person/year in 2019[30]. Accordingly, benefits under the insurance schemes were significantly increased. 

The findings highlight how regional economic conditions, demographic profiles, and healthcare system capacities shape distinct strategies for PHC-based NCD prevention and control. Guangdong and Heilongjiang's policy adaptations are driven by differing fiscal capacities, population health needs, and institutional strengths, resulting in variations in policy priorities and implementation approaches. China's large economy exhibits notable regional development imbalances, leading to significant disparities in healthcare resource distribution. Some provinces face scarcity of medical resources, while others experience over-concentration, creating challenges in achieving equitable healthcare access.[29]. Despite these regional disparities, effective national leadership and coordinated governance have allowed provinces to adapt and implement national policies based on local conditions, shaping distinct approaches to PHC-centered NCD prevention and control. Guangdong, with its rapidly growing economy and robust primary care infrastructure, has leveraged its financial strength to develop innovative healthcare policies[30, 31]. The province benefits Page 11 of 75

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from a decentralized budget allocation, allowing wealthier regions to invest more in PHC service expansion, workforce development, and digital health integration. Guangdong's emphasis on tiered healthcare delivery and medical alliances has facilitated better service coordination, improved NCD management, and enhanced patient outcomes, while its higher population density and larger healthcare workforce contribute to relatively lower per capita PHC costs. Additionally, the province has prioritized health education policies and the expansion of primary healthcare personnel, further integrating preventive and curative services. These strategic investments make Guangdong an ideal case study for tiered healthcare delivery and service integration.

In contrast, Heilongjiang, with a less developed economy and a net outflow of population, faces persistent challenges in healthcare accessibility due to uneven resource distribution. The province experiences a higher burden of aging-related diseases and chronic conditions, necessitating stronger financial protection mechanisms through basic public health service expansion and family doctor contracting initiatives. Unlike Guangdong's infrastructure-driven approach, Heilongjiang has relied on cost-effective policy adaptations, such as strengthening basic health insurance coverage and integrating TCM into PHC to address population health needs within financial constraints. These contrasting regional approaches underscore the importance of tailoring national policies to local realities. While Guangdong exemplifies a high-investment, system-integration model, Heilongjiang demonstrates a resource-efficient, insurance-supported strategy to ensure basic healthcare accessibility for vulnerable populations. These economic and systemic differences create distinct ementation capacities, with Guangdong's model reflecting a resource-intensive, infrastructure-driven approach, while Heilongjiang's strategy emphasizes financial protection and alternative care models. While both approaches address local needs, they also highlight broader challenges in achieving equitable PHC access nationwide. Addressing these disparities requires a more flexible policy framework, increased financial support for underdeveloped regions, and strengthened cross-provincial collaboration to ensure equitable health outcomes. Both provinces, however, face common challenges, including workforce shortages, sustainable financing, and digital health system integration, which require enhanced multi-sectoral collaboration and flexible policy implementation frameworks to strengthen PHC-centered NCD prevention and control. 

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Local governments can tailor strategies to their unique conditions and strengths, aligning policies with regional needs to enhance relevance and effectiveness. This approach fosters local economic and social development, increases employment opportunities, and improves public welfare. Tailored policies, better suited to local realities, can also reduce administrative burdens, stimulate innovation, and allow for more agile responses to challenges. However, there are potential drawbacks to these policy adaptations. Expanding policies may require significant financial investment, which could burden provincial governments. Overly broad or complex policies may encounter implementation difficulties, diminishing their impact. A "one-size-fits-all" approach risks ignoring regional differences and may undermine long-term planning. On the other hand, reducing policies can weaken their effectiveness, particularly when key components are scaled back, potentially undermining national policy consistency and causing confusion during implementation. Reducing resources for specific regions could lead to public distrust, and even when policies are scaled back, provincial governments may struggle with aligning them to local realities.

#### 375 Strengths and limitations

In contrast to previous studies, which often focus on health system readiness across both primary and secondary healthcare levels[31], our study specifically emphasizes the content related to primary healthcare services as outlined in policy documents. By focusing on the policy frameworks that govern primary healthcare delivery, this research offers a unique perspective on how policy decisions shape the readiness and effectiveness of primary healthcare systems in managing chronic diseases. This focus on policy provides valuable insights into the influence of policy on the functioning of primary healthcare services and identifies critical areas for targeted improvement. The document search on government websites had some limitations, such as the inability to use Boolean operators and restrictions on keywords to three Chinese characters. Despite these challenges, this study represents the first comprehensive analysis of how national policies are translated into local contexts across different jurisdictional levels and explores local government innovations in policy-making. A major strength of this study is the qualitative methodology used to guide the content analysis of policy documents, providing a deep and nuanced understanding of the policies analyzed. Furthermore, the study offers valuable insights into the implementation and transformation of national policies on PHC responses to NCD prevention and control at the provincial level since the commencement of the current health reform phase.

However, there are several limitations. The study was focused on two regions: Heilongjiang and Guangdong, which may limit the generalizability of the findings to other Chinese provinces. Future studies should incorporate primary quantitative and qualitative data collection to better understand how the implementation and translation of national policies on PHC-focused NCD prevention and control vary across different local contexts. The methodology developed in this study could be applied to future policy reviews in other regions of China. Additionally, data collection was restricted to publicly available documents, meaning that unpublished policies were not included in the analysis. The screening process was also constrained by the limitations of government search engines, such as the restriction on the length of Chinese characters. To address these issues, future research could include qualitative interviews with stakeholders, such as PHC facility surveys and discussions with

health administrators and PHC providers.

#### **Recommendations and Conclusions**

Since 2009, China has implemented PHC reforms to increase primary care utilization and improve the health of individuals with NCDs. Although progress has been made, several barriers prevent optimal PHC system responses to NCD prevention and control. Our research identified three key areas for further investigation and potential interventions. Firstly, we recommend encouraging and supporting collaboration among provincial government ministries for effective policy-making and execution. Secondly, we recommend harmonizing digital health information systems to establish interprovincial compatibility. This can be achieved by developing unified national standards for data collection and exchange, adopting interoperable technical frameworks, and integrating standardized patient identifiers. A central coordinating body could oversee these efforts, with pilot programs used to refine systems before nationwide implementation. Regular evaluations will ensure the effectiveness and sustainability of these systems. Thirdly, we will explore mechanisms for monitoring and incentivizing multi-sectoral collaboration, such as performance evaluation frameworks, outcome-based incentives, and the integration of shared accountability mechanisms. In summary, policymakers and stakeholders in LMIC should focus improvement efforts on evic PHC.

#### **Author statements**

#### Data availability statement

The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

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#### **Ethical approval**

Ethical approval was not applicable to this study, as it exclusively analyzed publicly accessible policy documents and did not involve human or animal subjects, primary data collection, or sensitive information.

#### **Patient and Public Involvement**

Patients or the public were not involved in the design, or conduct, or reporting, or dissemination plans of our research.

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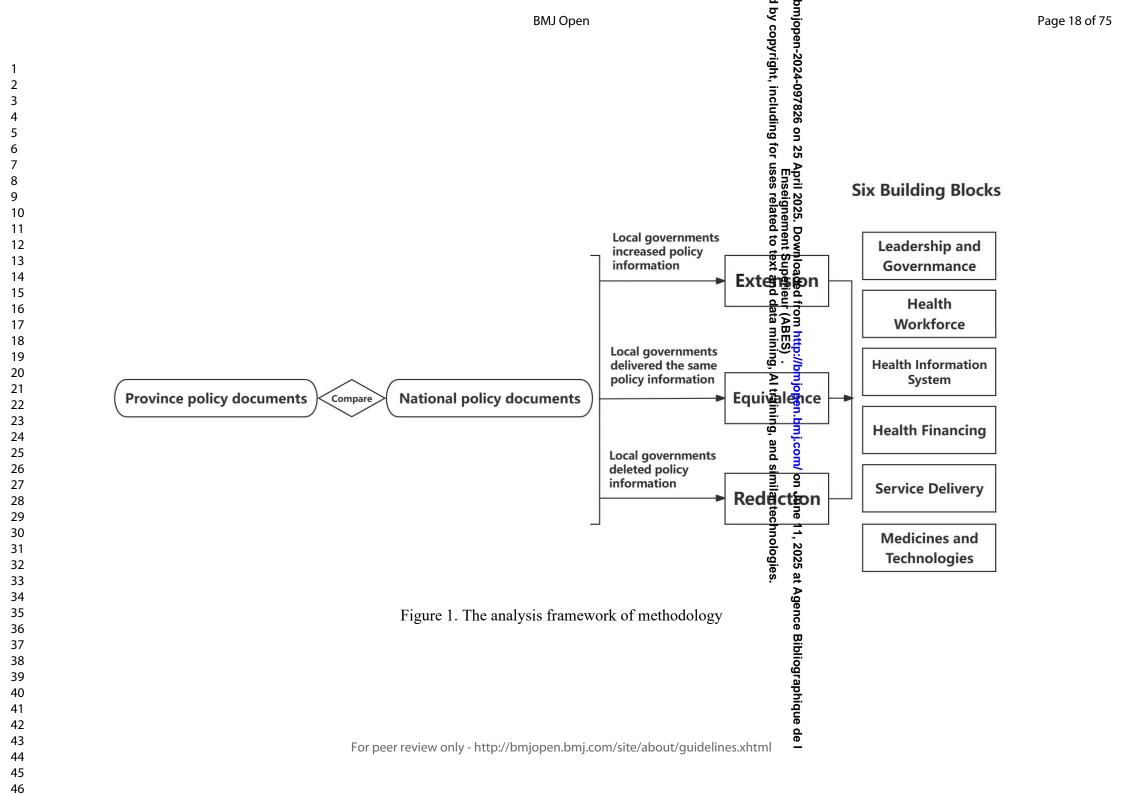
440	Competing interests
441	The authors declare no conflict of interest for this study.
442	Authors' contributions
443	RJ led the conception of this study. GC and TL provided critical suggestions for the protocol
444	of this study. RJ and LX conducted the policy documents search. RJ, XZ, and YZ conducted
445	data extraction and thematic analysis. RJ completed the draft of this paper, YW provided
446	critical suggestions for the writing of this paper. Yongchen Wang are the guarantor.
447	
448	Figure legend
449	Figure 1. The analysis framework of methodology.
450	Figure 2. The flow chart of policy identification and search.
451	Figure 3. The network plot of ministries that collaborated to develop policies from 2009 to
452	2023.
453	Figure 4. Major Policy Initiatives have been focused on PHC-focused NCD Control during
454	both provinces.
455	Figure 5. Stacked diagram of extension and reduction in the thematic framework.
456	
457	Supplementary File 1: Preferred Reporting Items for Systematic reviews and Meta-Analyses
458	extension for Scoping Reviews (PRISMA-ScR) Checklist
459	Supplementary File 2: The essential data items of Included Province-Level and corresponding
460	National-Level Policy Documents.
461	Supplementary File 3: Search terms
462	Supplementary File 4: Clarification of Exclusion Criteria
463	Supplementary File 5: The essential data items of Included Province-Level and corresponding
464	National-Level Policy Documents.
465	Supplementary File 6: Twelve Highly Cited Policy Initiatives and Their Associated Strategies
466	and Actions from Thematic Analysis.
467	Supplementary File 7: The pattern and content of extension and reduction of selected
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51 52	557		health services in China: hospitals versus primary care institutions. International
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**BMJ** Open

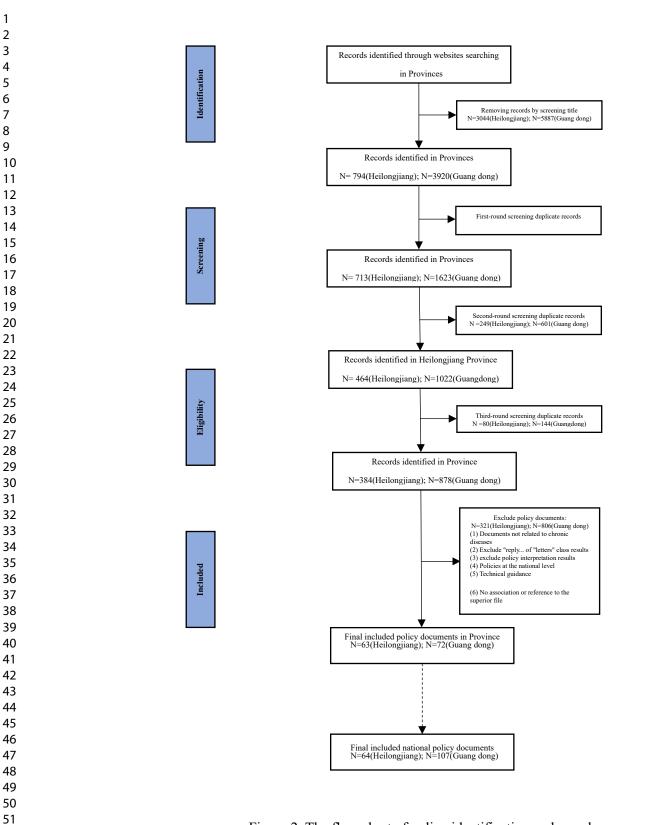
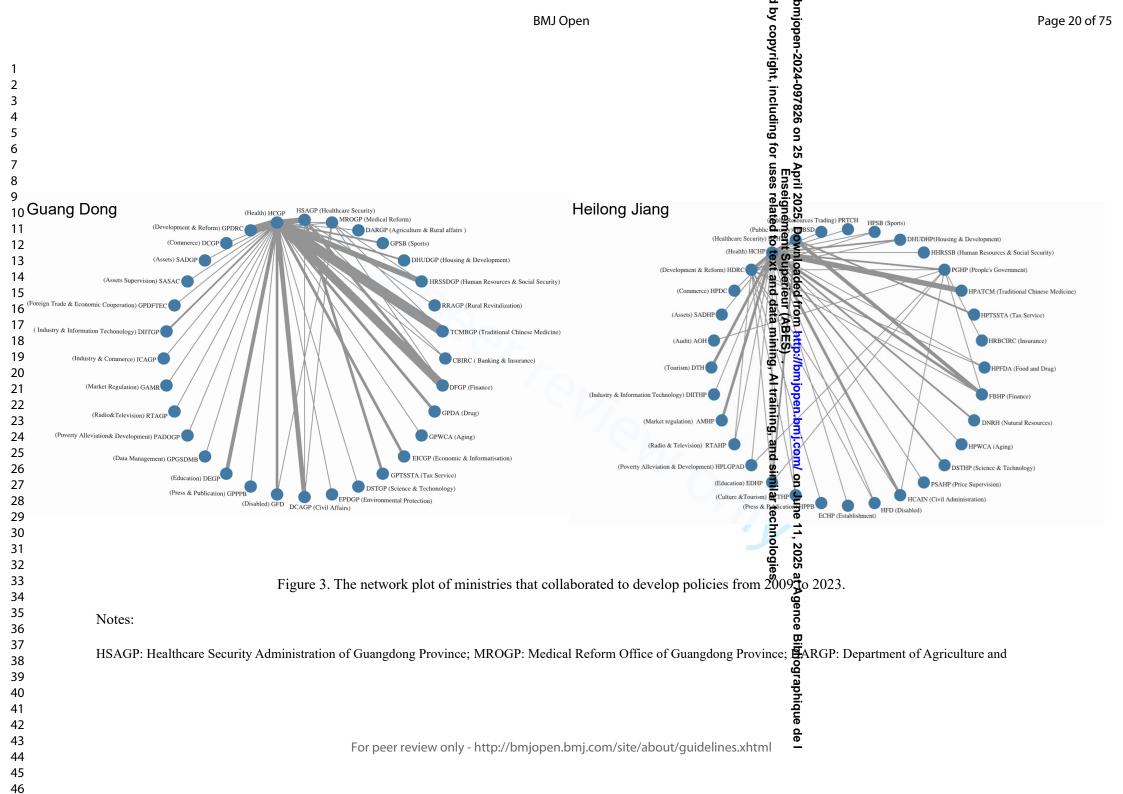


Figure 2. The flow chart of policy identification and search



d by copyright, includ bmjopen-2024-097826 Rural Affairs of Guangdong Province; GPSB: Guangdong Provincial Sports Bureau; DHUDGP: Department of Housing and Ebag-rural Development of Guangdong Province; HRSSDGP: Human Resources and Social Security Department of Guangdong Province; RRAGP: Rural Revitalization Administration of Guangdong Province; TCMBGP: Traditional Chinese Medicine Bureau of Guangdong Province; CBIRC: Guangdong Provincial Regulatory Bureau 🖁 🛱 Lina Banking and Insurance Regulatory Commission; DFGP: Department of Finance of Guangdong Province; GPDA: Guangdong Provincial Drug Administration; G Committee on Aging; EICGP: Economic and Information Commission of Guangdong Province; GPTSSTA: Guangdong Province Taxation Administration; DSTGP: Department of Science and Technology of Guangdong Province; EPDGP: Environmental Protection Province; DCAGP: Department of Civil Affairs of Guangdong Province; GFD: Guangdong Federation of the Disabled; GPPPB: Guangdong Province and Publication Bureau; DEGP: Department of Education of Guangdong Province; GPGSDMB: Guangdong Provincial Government Services Data Management Bueau; PADOGP: Poverty Alleviation and Development Office of Guangdong Province; RTAGP: Radio and Television Administration of Guangdong Province; GAMR: Charles and Comparison of Co Regulation; ICAGP: Industry and Commerce Administration of Guangdong Province; DIITGP: Department of Industry and Industry and Industry and Commerce Administration of Guangdong Province; GPDFTEC: Guangdong Provincial Department of Foreign Trade and Economic Cooperation; SASAC: State-owned Assets Supervision and Administration Commission; SADGP: State-owned Assets Department of Guangdong Province; DCGP: Department of Commerce of Guangdong Province GPBRC: Guangdong Provincial Development ning, and and Reform Commission; HCGP: Health Commission of Guangdong Province;

#### Notes:

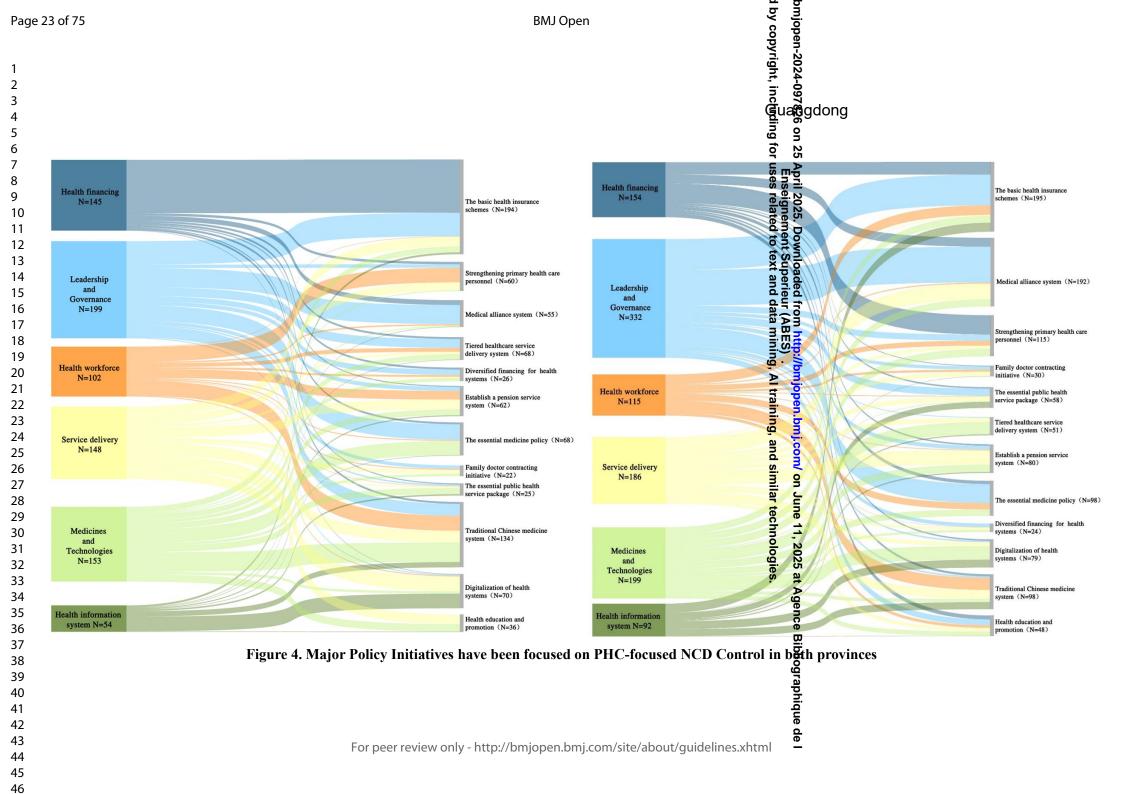
PRCTH: Public Resources Trading Center of Heilongjiang; HPSB: Heilongjiang Provincial Sports Bureau; DHUDHP: Department of Housing and Urban-rural Development of Heilongjiang Province; HHRSSB: Heilongjiang Human Resources and Social Security Bureau; PGHP: People's Government of Heilongjiang Province; HPATCM: Heilongjiang Provincial Administration of Traditional Chinese Medicine; HPTSSTA: Heilongjiang Provincial Tax Service, State Taxation Administration; HRBCIRC: Heilongjiang Regulatory Bureau of China Insurance Regulatory Commission; HPFDA: Heilongjiang Provincial Food and Dre Aministration; FBHP: Finance Bureau of Heilongjiang Province; DNRH: Department of Natural Resources of Heilongjiang; HPWCA: Heilongjiang Provincial Working Committee on Aging; DSTHP: Department of Science and Technology of Heilongjiang Province; PSAHP: Price Supervision and Administration of Heilongjiang Province; HCA N: Heilongjiang Civil Administration Information Net; HFD: Heilongjiang Federation of the Disabled; ECHP: Establishment Committee of Heilongjiang Province; HPPB: Heilongjiang Press and Publication Bureau; DCTHP: Department of Culture and Tourism of Heilongjiang Province; EDHP: Education Department of Heilongjiang Prevince; HPLGPAD: Heilongjiang

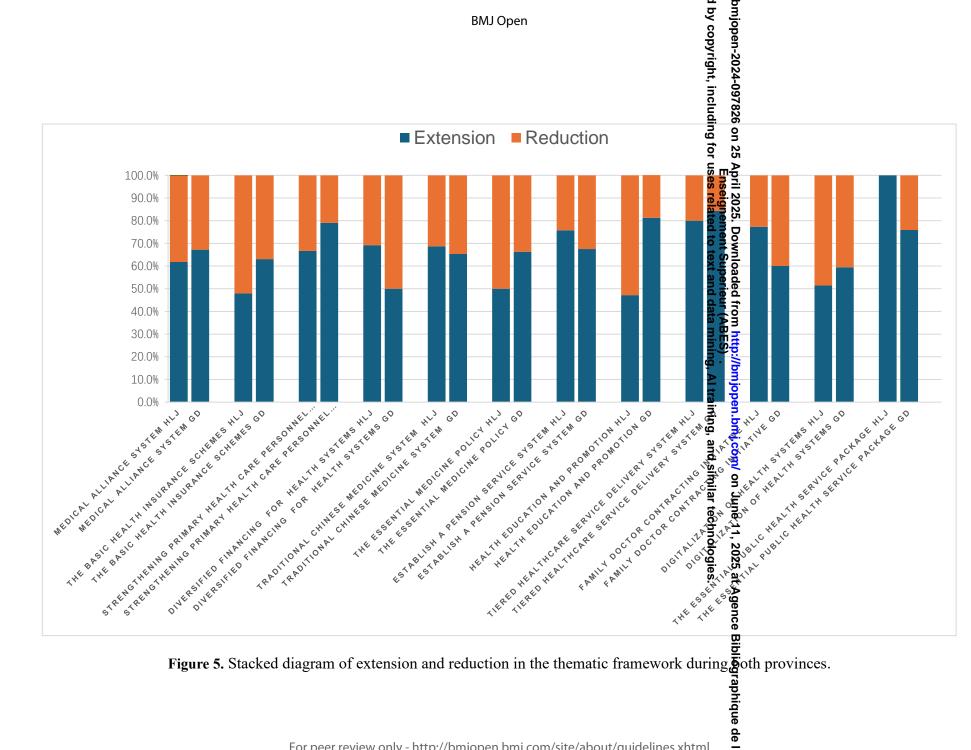
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BMJ Open Provincial Leading Group of Poverty Alleviation and Development; RTAHP: Radio and Television Administration of Heilong angle Province; AMHP: Administration for Market regulation of Heilongjiang Province; DIITHP: Department of Industry and Information Technology of Heilongjiang Province; DTH: Department of Tourism of Heilongjiang; AOH: Audit Office of Heilongjiang; SADHP: State-owned Assets Department of Heilongjiang Province; HPDC Commerce; HCHP: Health Commission of Heilongjiang Province; HPHSA: Heilongjiang Province Healthcare Security Administration of Heilongjiang Province Public Security Department; PRTCH: Public Resources Trading Center of Heilongjiang

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Supplementary File 1

#### Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

SECTION	ITEM	PRISMA-SCR CHECKLIST ITEM	REPORTED ON PAGE #
FITLE			UTTTTOL #
Title	1	Identify the report as a scoping review.	1
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	2
NTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	3
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	3-4
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	4
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	5
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	5
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	5-6
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	6
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	6-7
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	7
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	Not applicat
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	7

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SECTION	ITEM	PRISMA-SCR CHECKLIST ITEM	REPORTED ON PAGE #
RESULTS			•
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	8-9
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	8-9
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	Not applicable
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	10
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	10-13
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	10-13
Limitations	20	Discuss the limitations of the scoping review process.	13
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	14
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	15

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

\* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g.,

quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review

as opposed to only studies. This is not to be confused with information sources (see first footnote).

The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the

process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used

in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

From: Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews

(PRISMAScR): Checklist and Explanation. Ann Intern Med. 2018;169:467-473. doi: 10.7326/M18-0850.

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### Supplementary file 2

## The policy source of departments affiliated with the province government website (Heilongjiang and Guangdong)

ID	Name in Chinese	Government administration	URL of website
1	黑龙江省政府办公厅	People's Government of Heilongjiang Province	https://www.hlj.gov.cn/index.shtml
2	黑龙江省发展和改革委员会	Heilongjiang Development and Reform Commission	https://drc.hlj.gov.cn/
3	黑龙江省教育厅	Education Department of Heilongjiang Province	https://jyt.hlj.gov.cn/
4	黑龙江省科学技术厅	Department of Science and Technology of Heilongjiang Province	https://kjt.hlj.gov.cn/
5	黑龙江省工业和信息化厅	Department of Industry and Information of Technology of Heilongjiang Province	http://gxt.hlj.gov.cn/
	黑龙江省民政厅	Department of Civil Affairs of Heilongjiang Province	https://mzt.hlj.gov.cn/
	黑龙江省财政厅	Finance Bureau of Heilongjiang Province	https://czt.hlj.gov.cn/czt/index.shtml
	黑龙江省人力资源和社会保障厅	Heilongjiang Resources and Social Security Bureau	http://hrss.hlj.gov.cn/
	黑龙江省住房和城乡建设厅	Department of Housing and Urban-rural Development of Heilongjiang	https://zfcxjst.hlj.gov.cn/
0	黑龙江省农业农村厅	Department of Agriculture and Rural Affairs of Heilongjiang Province	https://nynct.hlj.gov.cn/nynct/index.shtml
1	黑龙江省卫生健康委员会	Health Commission of Heilongjiang Province	https://wsjkw.hlj.gov.cn/
2	黑龙江省市场监督管理局	Administration for Market Regulation of Heilongjiang Province	https://amr.hlj.gov.cn/
3	黑龙江省体育局	Heilongjiang Provincical Sports Bureau	https://tyj.hlj.gov.cn/
4	黑龙江省统计局	Heilongjiang Bureau of Statistics	https://tjj.hlj.gov.cn/
5	黑龙江省医疗保障局	Heilongjiang Province Healthcare Security Administration	https://ybj.hlj.gov.cn/
5	黑龙江省地方金融监督管理局	Heilongjiang Local Financial Supervision and Administration Bureau	https://dfjrjgj.hlj.gov.cn/
7	黑龙江省营商环境建设监督局	Heilongjiang Business Environment Construction Supervision Bureau	https://bec.hlj.gov.cn/?from=screen
3	黑龙江省乡村振兴局	Heilongjiang Provincial Rural Revitalization Bureau	https://fpb.hlj.gov.cn/fpb/index.shtml
,	黑龙江省粮食和物资储备局	Heilongjiang Provincial Food and Material Reserve Bureau	https://lsj.hlj.gov.cn/
)	黑龙江省药品监督管理局	Heilongjiang Provincical Durg Administration	https://mpa.hlj.gov.cn/
	黑龙江省知识产权局	Heilongjiang Intellectual Property Administration	https://hlipa.hlj.gov.cn/
2	黑龙江省中医药管理局	Heilongjiang Provincial Administration of Traditional Chinese Medicine	https://tcm.hlj.gov.cn/
3	广东省人民政府	People's Government of Guangdong Province	http://www.gd.gov.cn/
4	广东省发展和改革委员会	Guangdong Provincial Development and Reform Commission	http://drc.gd.gov.cn/
5	广东省教育厅	Department of Education of Guangdong Province	http://edu.gd.gov.cn/
6	广东省科学技术厅	Department of Science and Technology of Guangdong Province	http://gdstc.gd.gov.cn/
7	广东省工业和信息化厅	Department of Industry and Information Technology of Guangdong Province	http://gdii.gd.gov.cn/
3	广东省民政厅	Department of Civil Affairs of Guangdong Province	http://smzt.gd.gov.cn/
9	广东省财政厅	Department of Finance Guangdong Province	http://czt.gd.gov.cn/
)	广东省人力资源和社会保障厅	Human Resources and Social Security Department of Guangdong Province	http://hrss.gd.gov.cn/
1	广东省住房和城乡建设厅	Department of Housing and Urban-rural Development of Guangdong Province	http://zfcxjst.gd.gov.cn/
2		Department of Agriculture and Rural Affairs of Guangdong Province	http://dara.gd.gov.cn/
3		Health Commission of Guangdong Province	http://wsjkw.gd.gov.cn/
1		Guangdong Administration for Market Regulation(Guangdong Intellectual	http://amr.gd.gov.cn/
4	) 宗省巾场监督官理局(知识广 权局)	Property Administration)	http://ann.gu.gov.on/

	广东省体育局	Guangdong Provincial Sports Bureau	http://tyj.gd.gov.cn/
6	广东省统计局	Guangdong Provincial Statistics Bureau	http://stats.gd.gov.cn/
7	广东省医疗保障局	Healthcare Security Administration of Guangdong Province	http://hsa.gd.gov.cn/
38	广东省地方金融监督管理局	Guangdong Financial Supervisory Authority	http://gdjr.gd.gov.cn/
9	广东省乡村振兴局	Rural Revitalization Administration of Guangdong Province	http://rural.gd.gov.cn/
0	广东省粮食和物资储备局	Food and Strategic Reserves Administration of Guangdong Province	http://gdgrain.gd.gov.cn/
1	广东省药品监督管理局	Guangdong Provincial Drug Administration	http://mpa.gd.gov.cn/
2	广东省中医药管理局	Traditional Chinese Medicine Bureau of Guangdong Province	http://szyyj.gd.gov.cn/

### **Supplementary File 3**

#### Search terms

In the search, we utilized the following Chinese-character keywords related to NCD[1-4]: "Man Xing Bing" (Chronic disease), and "Man Bing" (an abbreviation for NCDs in Chinese). To rule out major omissions of this search strategy, as the previous search strategies [5-7], we performed extensive searches on the same websites using the specific NCD-related terms: "Xin Zang Bing" (cardiovascular diseases), "Guan Xin Bing" (coronary heart disease), "Xin Ji Bing" (cardiomyopathy), "Xin Geng" (a shorthand for myocardial infarction in Chinese), "Gao Xin Bing" (hypertensive heart disease), "Fei Xin Bing" (pulmonary heart disease), "Gao Xue Ya" (hypertension), "Zhong Feng" (stroke), "Nao Chu Xue" (hemorrhagic stroke), "Nao Geng Si" (ischaemic stroke), "Nao Xue Shuan" (cerebral thrombosis), "Nao Shuan Sai" (cerebral embolism), "Ai Zheng" (cancer), "Zhong Liu" (tumor), "Man Zu Fei" (chronic obstructive pulmonary disease), "COPD" (the abbreviation for chronic obstructive pulmonary disease), "Xiao Chuan" (asthma), "Tang Niao Bing" (diabetes), "ji ceng" (a commom expression of "primary health care "in China), "treatment", "prevention". It is noteworthy that hypertension and diabetes are required to be managed under the National Basic Public Health Service Program in China. 

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## **Supplementary file 4**

## **Clarification of Exclusion Criteria**

**National-Level Policies:** We excluded national-level policies because the primary focus of this study is to examine how provincial governments interpret, adapt, and implement national directives, rather than assessing national policy formulation itself. National policies typically provide broad strategic frameworks with overarching objectives but lack specific provincial implementation details, which are the core focus of our analysis. Given the variability in local policy adaptation, analyzing provincial-level documents enables a more precise evaluation of context-specific policy modifications and their implications for PHC-focused NCD prevention and control.

**Clinical and Pharmaceutical Guidelines:** Clinical guidelines are technical documents that primarily serve to standardize medical practice and treatment protocols, rather than acting as policy instruments that dictate governance, resource allocation, or system-wide health policy adjustments. As our study aims to assess policy frameworks, governance structures, and health system adaptation, clinical and pharmaceutical guidelines do not align with the study's objectives and were therefore excluded.

**Government Announcements and Interpretative Documents:** Some government-issued documents, such as announcements or interpretations of prior regulations, were excluded because they do not introduce new policies but rather explain or reaffirm existing directives. To maintain analytical consistency, we focused exclusively on primary policy documents that actively shape health system governance, financing, service delivery, and workforce organization.

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1 2 3 4 5 6 7 8 9		Supplementary file 5	The essential data items of Included Province-I	Level and cor	responding National-Level	-097826 on 25 , including for 1
10 11 12	Serial number	Chinese title	English title	Time of realise	Releasing department	Referenced National-Level Policy Documents
13 14 14	5 		11th five-ye	ear plan (2009	9-2010)	ext and
16 17 18 19 20	, 3	黑龙江省医药卫生体制改革近期 重点实施方案(2009-2011 年)	The Plan and Recommended Priorities on Deeping the Health System Reform in Heilongjiang Province Reform (2009-2011)	30-Nov-2009	People's Government of Heilongjiang Province	Plan and Recommended Priorities for the Health Care System (2009-2011) Commendations by the CPC Central Committee and the State Council on Deepening the Reform of the Medical and Health Care System
21 22 23		广东省医药卫生体制五项重点改革 2010 年度主要工作安排	Work Arrangements of Guangdong Province for the Reform of the Medical and Health Care System in Five Key Aspects (2010)	24-Aug-2010	People's Government of Guangdong Province	Work Plans for the five Key Reforms of the Medical and Health
24	ļ		12th five-	year plan (2011-2	2015)	a c
25 26	H2	黑龙江省医药卫生体制五项重点	Work Arrangements of Heilongjiang Province for the	2-Apr-2011	People's Government of	Waje Work Plans for the Five Key Reforms of the Medical and Health
27 28	,	改革 2011 年度主要工作安排	Reform of the Medical and Health Care System in Five Key Aspects(2011)		Heilongjiang Province	Work Plans for the Five Key Reforms of the Medical and Health System of 2011
29 30	НЗ	关于做好人社系统承担的 2011 年	Notice on Improving the Reform for the Medical and Health	17-Jun-2011	Heilongjiang Human Resources	Majer Work Plans for the Five Key Reforms of the Medical and Health
31		度医药卫生体制改革工作的通知	System of 2011 issued by Heilongjiang Provincial Leading		and Social Security Bureau	System of 2011 Gives an
32 33			Group for Deepening Reform of the Medical and Health			jies.
34			System Implementation Opinions of the People's Government of	20-Jun-2011	People's Government of	Song Opinions of the State Council on Supporting and Promoting the
35 36		进中医药事业发展的实施意见	Heilongjiang Province on Supporting and Promoting the		Heilongjiang Province	Development of the Traditional Chinese Medicine Industry
37	,		Development of the Traditional Chinese Medicine Industry			
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4 5	Н5	黑龙江省加强乡村医生队伍建设	The Implementation Plan for Strengthening the	28-Sep-2011	People's Government of	Luci 826 Guigelines of the Genera	al Office of the State Council on Further
6		实施方案	Construction of the Rural Doctor Team in Heilongjiang		Heilongjiang Province	Strekthening the Const	ruction of Rural Doctor Teams
7 8—			Province			Apr En	
9	H6	黑龙江省爱卫会关于加强健康教	Guidelines of the Heilongjiang Patriotic Health Campaign	23-Mar-2012	Heilongjiang Patriotic Health	Sundards for the Essent	ial Public Health Service Package-2011 version
10 11		育与健康促进工作的指导意见	Committee on Strengthening Health Education and Health		Campaign Committee	)25. I Jnerr latec	ial Public Health Service Package-2011 version
12			Promotion			Lient	
13	H7	黑龙江省人口发展"十二五"规划	The Twelfth Five-Year Plan for Population Development	30-Sep-2012	People's Government of	$\mathbf{A} \subseteq \mathbf{O}$	for National Population Development
14 15			Plan in Heilongjiang Province		Heilongjiang Province	adec	
16	H8	黑龙江省基层中医药服务能力提	The Implementation Plan of the Traditional Chinese	13-Mar-2013	People's Government of	of pinions on the Tradi	tional Chinese Medicine Capacity Building
17		升工程实施方案  	Medicine Capacity Building Project at the Grassroots Level		Heilongjiang Province	$\mathbf{A} = \mathbf{A}$	level
18 19			in Heilongjiang Province				Plan of the Traditional Chinese Medicine
20-						Capacity Building Proje	
21	Н9	黑龙江省巩固完善基本药物制度	The Implementation Plan on Improving the Essential	31-Dec-2013	People's Government of		Office of the State Council on Improving the
22 23		和基层机构运行新机制实施方案	Medicine System and the New Mechanism of Grassroots		Heilongjiang Province		em and the New Mechanism of Grassroots
23 24			Operation in Heilongjiang Province			Ope	
25	H10	关于城市公立医院改革试点指导	Guidelines on the pilot reform of urban public hospitals	16-Sep-2014	*Health Commission of		the CPC Central Committee and the State
26 27		意见			Heilongjiang		ne Reform of the Medical and Health Care
27 28					Province/*Establishment	m Mar Ju	
29					Committee of Heilongjiang	0 *	ouncil on Issuing the 12th Five-Year Plan for
30					Province/*Heilongjiang	Deepening Health Syste	
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3 4 5 6 7 8 9 H11 黑龙江省基本公共 9 H11 黑龙江省基本公共 10 实施方案 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39	服务体系建设 The Implementation Plan of Establishing Basic Public Service Systems in Heilongjiang Province	Admin Provin 22-Sep-2014 *Heiko Reform Depar Provin Admin /*Fina Heilor Provin Resou Burea and U Heilor Provin of Hei Comm Provin of Hei Comm Provin Heilor Provin d Heilor Provin frovin Provi	ee Supervision and nistration of Heilongjiang nce ongjiang Development and m Commission/*Education rtment of Heilongjiang nce/*Heilongjiang Civil nistration Information Net ance Bureauo of ngjiang nce/*Heilongjiang Human irces and Social Security uv/Department of Housing Irban-rural Development of ngjiang nce/*Department of Culture ilongjiang/*Health nission of Heilongjiang nce/*Heilongjiang nce/*Heilongjiang nce/*Heilongjiang nce/*Heilongjiang ncial Food and Drug nistration/*Radio and ision Administration of ngjiang nce/*Heilongjiang ncial Sports uv/*Heilongjiang Press and	binjopen-2024-097826 on 25 April h Five-Year Plan for National Basic Public Service Systems The Superior Complete Transform Superior (International Complete Systems Superior Complete Transform) on June 11, 2025 at Agence Bibliographique
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7	H12		Opinions of the General Office of the People's Government	17-Oct-2014	People's Government of	Com-	Pons of the State Council on Accelerating the Development of the
8 9		持民办养老产业发展的意见	of Heilongjiang Province on Supporting the Development of		Heilongjiang Province	LE B B B B B B B B B B B B B B B B B B B	Service Industry
10			Private Pension Industry			gne	by Service Industry Service I
1	Н13	关于进一步做好计划生育家庭特	Implementation Opinions on Further Improving the Work of	23-Oct-2014	*Health Commission of		on Further Improving the Work of Special Support for Planned
12 13		别扶助工作的实施意见	Special Support for Planned Parenthood Families		Heilongjiang	φ φ	on Further Improving the Work of Special Support for Planned
14					Province/*Heilongjiang Civil	tan	
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31	H14	黑龙江省医疗机构进一步改善医	The Implementation Plan of Heilongjiang Province on	10-Mar-2015	*Health Commission of	o Acti	Plan for Further Improvement of Medical Services
32 33		疗服务行动实施方案	Further Improvement of Medical Service Action in Medical		Heilongjiang	jies	2 2
35 34			Institutions		Province/*Heilongjiang		
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5	H15	黑龙江省爱卫会关于进一步加强	Opinions of the Heilongjiang Patriotic Health Campaign	7-May-2015	Heilongjiang Patriotic Health	Dipingons of the State Council on Further Strengthening Patriotic Health
6		新时期爱国卫生工作的实施意见	Committee on Further Strengthening Patriotic Health Work		Campaign Committee	Work in the New Period
7 8—			in the New Period			us esperation and the second s
9	H16	黑龙江省深化医药卫生体制改革	the key Work Arrangements on Deeping the Reform of the	10-Jun-2015	Heilongjiang Provincial Leading	Werk summary in 2014 and key tasks in 2015 for Deepening the reform
10		2015 年重点工作任务	Medical and Health System in Heilongjiang Province of		Group for Deepening Reform of	Ben Bernedical and health system
11 12			2015		the Medical and Health System	d to
13	H17	黑龙江省全面推开县级公立医院	The Implementation Plan on Promoting Comprehensive	24-Aug-2015	People's Government of	Demonstration Opinions of the General Office of the State Council on
14		综合改革实施方案	Reform of County-level Public Hospitals In Heilongjiang		Heilongjiang Province	approximating Comprehensive Reform of County-level Public Hospitals
15 16-			Province			
17	H18	黑龙江省人民政府办公厅关于促	Implementation Opinions of the General Office People's	20-Jan-2016	People's Government of	popment Plan of Traditional Chinese Medicine Health Service
18		进中医药健康服务发展的实施意	Government of Heilongjiang Province on Promoting the		Heilongjiang Province	
19 26		见	Development of Chinese Medicine Health Services			ng,
20- 21	H19	关于促进黑龙江省社会办医加快	Several Measures to Promote the Accelerated Development	6-Feb-2016	People's Government of	Notice on Several Policy Measures to Promote the Accelerated
22		发展若干措施	of Social Medicine in Heilongjiang Province		Heilongjiang Province	Development of Socially-Run
23	G2	关于建立全科医生制度的实施意见	Guiding Opinions on Establishing General Practitioner System	20-Apr-2012	People's Government of	Guiding Opinions of the State Council on Establishing General Practitioner
24 25					Guangdong Province	System
26	G3	广东省老龄事业发展"十二五"规划	The Twelfth Five-Year Plan for the Development of Aging	26-Apr-2012	People's Government of	The welfth Five-Year Plan for the Development of China's Aging Affairs
27			Affairs in Guangdong Province		Guangdong Province	nila J
28 29	G4	转发卫生部办公厅关于落实 2012 年	Forwarded Notice of the General Office of the Ministry of	3-Aug-2012	Guangdong Provincial Health	Notia of the General Office of the Ministry of Health on the implementing
30		医改任务做好农村卫生服务有关工	Health on the implementing 2012 healthcare reform tasks to		Department	2012 realthcare reform tasks to improve rural health services
31		作的通知	improve rural health services			202
32 33	G5	广东省卫生事业发展"十二五"规划	The Twelfth Five-Year Plan for the Development of	13-Jul-2012	People's Government of	Recommendations by the CPC Central Committee and the State Council on
34		的通知	Health Services in Guangdong Province		Guangdong Province	Deer hing the Reform of the Medical and Health Care System
35	G6	广东省县级公立医院综合改革试点	The Implementation Plan on Comprehensive Reform of County-	30-Oct-2012	People's Government of	<sup>(1)</sup> Net of the State Council on Issuing the 12th Five Year Plan for
36 37		实施意见	level Public Hospitals In Guangdong Province		Guangdong Province	Deepering Health System Reform
38						(2) Ognions on the pilot comprehensive reform of county level public hospitals
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6		规划(2012-2015年)	Guangdong Province (2012-2015)		Department/*Guangdong Provincial	for	о л	
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12 13 G8 广东省"十二五"期间深化医药卫生	Notice on Issuing the 12th Five-Year Plan for Deepening Health	29-Dec-2012	People's Government of	<u>6</u> 00	of the State Council on Issuing the 12th Five Year Plan for Deepening
14     体制改革实施方案       15     广东省巩固完善基本药物制度和基       16        17     G9       18	System Reform in Guangdong Province Opinions on Improving the Essential Medicine System and the New Mechanism of Grassroots Operation in Guangdong Province	5-Sep-2013	Guangdong Province People's Government of Guangdong Province	d de nu	System Reform ins of the General Office of the State Council on Improving the ial Medicine System and the New Mechanism of Grassroots Operation
19     G10     广东省深化医药卫生体制改革近期       20     工作要点	The main points of work of Guangdong Province on Deeping the Health System Reform in recent times	22-Aug-2014	People's Government of Guangdong Province	ng.	summary in 2014 and key tasks in 2015 for Deepening the reform of the al and health system
22     广东省推进中医预防保健服务体系       23     24       24     G11       25     建设工作方案	The Work Plan for Promoting the Construction of Chinese Medicine Preventive Healthcare Service System in Guangdong Province	9-Sep-2014	Traditional Chinese Medicine Bureau Of Guangdong Province	ng. Devel	Opinions of the State Council on Supporting and Promoting the opment of the Traditional Chinese Medicine Industry
26 27 G12 转发国家卫生计生委 财政部 国家 28 29 30 基本公共卫生服务项目工作的通知 31 32 33 34	Notice on Implementing the National Essential Public Health Service Package in 2014 retrieved from National Health and Family Planning Commission Ministry of Finance State and Administration of Traditional Chinese Medicine	20-Oct-2014	*Health and Family Planning Commission of Guangdong Province *Department of Finance of Guangdong Province *Traditional Chinese Medicine Bureau Of Guangdong Province	nd similar technologies.	
35     G13     广东省人民政府办公厅关于大力发       36        37        38	Implementation Opinions of the General Office of the People's Government of Guangdong Province on Vigorously Developing Commercial Health Insurance	20-May-2015	People's Government of Guangdong Province	Opin <b>X</b> Opin <b>X</b> Devent	ons of the General Office of the State Council on Accelerating the pment of Commercial Health Insurance
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3 4 5	G14	广东省深化医药卫生体制改革近期	The main points of work of Guangdong Province on Deeping	14-Jul-2015	People's Government of	<b>B</b> Majo	Work Plans for Deepening the Reforms of the Medical and Health
6 7 8	C15	工作要点	the Health System Reform in recent times The Implementation Plan on Fully Deepening Comprehensive	11-Nov-2015	Guangdong Province		n of 2014 Expentation Opinions of the General Office of the State Council on County-level Public Hospitals
9 10	G15	广东省全面深化县级公立医院综合 改革的若干意见	Reform of County-level Public Hospitals In Guangdong Province		People's Government of Guangdong Province	agne Rigne relate	nting Comprehensive Reform of County-level Public Hospitals
11 12	G16	广东省城市公立医院综合改革的实 	Implementation Opinions on the Comprehensive Reform of	11-Nov-2015	People's Government of	<u>_</u> 0	ng Opinions of the General Office of the State Council on the Pilot
13 14		施意见	Urban Public Hospitals in Guangdong Province	1 (2016)	Guangdong Province	Sup	Tehensive Reform of Urban Public Hospitals
15	H20	关于推进医疗卫生与养老服务相	Inplementation Opinions on Promoting the Integration of	<b>ear plan (2016-2</b> 30-Mar-2016		periei	
16 17	П20	关于推进运行卫生与乔老服务相 结合实施意见	Medical Health and Elderly Services	50-Wai-2010	Heilongjiang	ata r	ng Opinions on Promoting the Integration of Medical Health and y Services
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17	H21	黑龙江省深化医药卫生体制改革	The key Work Arrangements on Deeping the Reform of the	14-Jul-2016	People's Government of	Work Plans for Deepening the Reforms of the Medical and Health
18		2016年重点工作任务	Medical and Health System in Heilongjiang Province of		Heilongjiang Province	B S S S S S S S S S S S S S S S S S S S
19 20-			2016			
20	H22	黑龙江省人民政府办公厅关于促	Implementation Opinions of the General Office of People's	30-Sep-2016	People's Government of	Suizelines of the General Office of the State Council on Promoting the
22		进医药产业健康发展的实施意见	Government of Heilongjiang Province on Promoting the		Heilongjiang Province	Hearing Development of the Pharmaceutical Industry
23 24			Healthy Development of the Pharmaceutical Industry			
2 <del>4</del> 25	H23	黑龙江省医疗卫生服务体系规划	Heilongjiang Provincial Healthcare Service System	13-Oct-2016	People's Government of	National Medical and Health Service System Planning Outline (2015-
26		(2016—2020年)	Planning (2016-2020)		Heilongjiang Province	
27 28	H24	黑龙江省民政事业"十三五"发展	The Thirteenth Five-Year Plan for the Development of Civil	3-Nov-2016	Heilongjiang Civil	Fhirteenth Five-Year Plan for the Development of Civil Affairs
20 29		规划	Affairs in Heilongjiang Province		Administration Information Net	
30	H25	黑龙江省全民健身实施计划	The National Fitness Implementation Plan of Heilongjiang	5-Dec-2016	People's Government of	National Fitness Program (2016-2020)
31 32		(2016-2020年)	Province (2016-2020)		Heilongjiang Province	
33	H26	黑龙江省中医药发展"十三五"规	The Thirteenth Five-Year Plan for the Development of	11-Jan-2017	People's Government of	Outline of the Strategic Plan for the Development of Traditional Chinese
34		划	Chinese Medicine Industry in Heilongjiang Province		Heilongjiang Province	Meditine (2016-2030)
35 36	H27	2017年全省中医药工作要点	The key department on Chinese Medicine work in	17-Feb-2017	Heilongjiang Provincial	Outle of the Strategic Plan for the Development of Traditional Chinese
37			Heilongjiang Province of 2017		Administration of Traditional	Medigine (2016-2030)
38_					Chinese Medicine	
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4 5 7 8 9 10	H28	关于深入推进 2017 年进一步改善 医疗服务行动计划重点工作的通 知	Notice on Further Promoting the Priorities of the 2017 Action Plan for Further Improvement of Medical Services	31-Mar-2017	*Health Commission of Heilongjiang Province *Heilongjiang Provincial Administration of Traditional Chinese Medicine	<b>9</b> 20Pr	Gion Plan for Further Improvement of Medical Services Gramme of key work for the in-depth implementation of the Action For Further Improvement of Medical Services in 2017
11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	H29	关于建立城乡居民基本医疗保险制度的指导意见	Guiding Opinions on the Establishment of the Basic Medical Insurance System for Urban and Rural Residents	21-Apr-2017	<ul> <li>Chinese Medicine</li> <li>*Heilongjiang Human Resources         <ul> <li>and Social Security Bureau</li> <li>*Finance Bureau of Heilongjiang</li> <li>Province</li> <li>*Heilongjiang Civil</li> <li>Administration Information Net</li> <li>*Audit Office of Heilongjiang</li> <li>*Education Department of</li> <li>Heilongjiang Province</li> <li>*Heilongjiang Provincial Leading</li> <li>Group of Poverty Alleviation and</li> <li>Development</li> <li>*Heilongjiang Regulatory Bureau</li> <li>of China Insurance Regulatory</li> </ul> </li> </ul>	nt Superieur (ABES) . to text and data mining, Al trai	ons of the State Council on Integrating the Basic Medical Insurance on for Urban and Rural Residents
30 31 32 33 34 35 36 37	H30	黑龙江省慢性病综合防控示范区 建设实施方案(试行)	The trial Implementation plan for the construction of model areas for comprehensive prevention and control of chronic diseases in Heilongjiang Province	1-Jun-2017	Health Commission of Heilongjiang Province	o o g e c hro 3 N	The teenth Five-Year Medicine and Health Plan The smid- and long-term plan for the prevention and treatment of the diseases (2017-2025) The term of the prevention and Control The term of the prevention and Control The term of the term of term
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6		进医疗联合体建设和发展的实施	Government of Heilongjiang Province on Promoting the		Heilongjiang Province	Pront ting the Establishment and Development of Medical Alliance
7 8		意见	Establishment and Development of Medical Alliance			
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10	Н32	黑龙江省深化医药卫生体制改革	The key Work Arrangements on Deeping the Reform of the	14-Jul-2017	People's Government of	Work Plans for Deepening the Reforms of the Medical and Health
1 <b>1</b> 12		2017年重点工作任务	Medical and Health System in Heilongjiang Province of		Heilongjiang Province	Set on of 2017
13			2017			) texnld
14	Н33	黑龙江省"十三五"促进民族地区	The 13th Five-Year Plan for Promoting the Development of	1-Aug-2017	People's Government of	Bree disth Five-Year Plan for Promoting the Development of ethnic
15		和人口较少民族发展规划	ethnic regions and ethnic groups with a small		Heilongjiang Province	a contract of the second secon
16 17			population in Heilongjiang Province			
18	H34	在我省建档立卡农村贫困人口中	The Implementation Plan on Strengthening the Contracting	27-Nov-2017	Health Commission of	on Implementing the Contracting Services for Chronic Disease
19		加强慢病签约和有关公共卫生服	of Chronic Disease and Related Public Health Services		Heilongjiang Province	Fame Doctors of Poor Populations
20 21		务的实施方案	among the Rural Poor People with Recorded Cards in		Heilongjiang Provincial Leading	Alt
22			Heilongjiang Province		Group of Poverty Alleviation and	training
23					Development	ing.
24 25	Н35	黑龙江省防治慢性病中长期规划	Mid- and long-term plan for the prevention and treatment of	28-Nov-2017	People's Government of	Ching's mid- and long-term plan for the prevention and treatment of
26		(2017—2025年)	chronic diseases in Heilongjiang Province (2017-2025)		Heilongjiang Province	chronic diseases (2017-2025)
27	H36	黑龙江省人民政府办公厅关于进	Implementation Opinions of the General Office of the	28-Dec-2017	People's Government of	Guidelines of the General Office of the State Council on Further
28 29		一步深化基本医疗保险支付方式	People's Government of Heilongjiang Province on Further		Heilongjiang Province	Dee Ening the Reform of Basic Medical Insurance Payment Methods
30		改革的实施意见	Deepening the Reform of Basic Medical Insurance Payment			shna 11,
31			Methods			202
32 33	H37	黑龙江省支持社会力量提供多层	The Implementation Plan on supporting social forces to	31-Dec-2017	People's Government of	The implementation Plan of the General Office of the State Council on
34		次多样化医疗服务发展健康产业	provide multilevel and diversified medical services to		Heilongjiang Province	supporting social forces to provide multilevel and diversified medical
35		实施方案	develop the health industry in Heilongjiang Province			serves to develop the health industry
36 37	H38	黑龙江省国民营养计划(2017—	National Nutrition Programme of Heilongjiang Province	30-May-2018	People's Government of	Natignal Nutrition Plan (2017-2030)
38		2030年)	(2017-2030)		Heilongjiang Province	blio gra
<ul> <li>39</li> <li>40</li> <li>41</li> <li>42</li> <li>43</li> <li>44</li> <li>45</li> <li>46</li> </ul>			For peer review only - http://bmj	jopen.bmj.cor	n/site/about/guidelines.xhtr	phique de

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4 5 6 7	Н39	关于进一步做好农村贫困人口慢 病签约服务工作的通知	Notice on Further Implementing the Contracting Services for Chronic Diseases of the Rural Poor Population	26-Jul-2018	Heilongijang Province	⊡for d	cumented poor people
7       8         9       10         11       12         13       14         15       16         17       18         20       21         22       23         24       25         27       28         29       30         32       34         35       36         37       38         39       40	H40	黑龙江省健康老龄化行动计划 (2018—2020年)	Action Plan for Healthy Ageing in Heilongjiang Province (2018-2020)	5-Dec-2018	*Health Commission ofHeilongjiang Province*Heilongjiang Development andReform Commission*Education Department ofHeilongjiang Province*Department of Industry andInformation Technology ofHeilongjiang Province*Heilongjiang CivilAdministration Information Net*Finance Bureauo ofHeilongjiang Province*Heilongjiang Human Resourcesand Social Security Bureau*Department of NuturalResources of Heilongjiang*Department of Housing andUrban-rural Development ofHeilongjiang Province*Heilongjiang Province	Engeiggement Superieur (ABES) . Engeiggement Superieur (ABES) . uses related to text and data mining, Al training, and similar technologies.	
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4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19		Kor Deer		<ul> <li>*Heilongjiang Provincial</li> <li>Administration of Traditional</li> <li>Chinese Medicine</li> <li>*Heilongjiang Province</li> <li>Healthcare Security</li> <li>Administration</li> <li>*Department of Science and</li> <li>Technology of Heilongjiang</li> <li>Province</li> <li>*Department of Culture and</li> <li>Tourism of Heilongjiang</li> <li>Province</li> </ul>	bmjopen-2024-097826 on 25 April 2025. Downloaded from http://bmjopen.bmj.com Enseignement Superieur (ABES) . 4 by copyright, including for uses related to text and data mining, Al training, and s
20 21 22 23 24 25 26				*Administration for Market regulation of Heilongjiang Province *Heilongjiang Federation of the Disabled	
27 H41 28 29	黑龙江省推进分级诊疗制度建设 实施方案	The Implementation Plan of Heilongjiang Province on Promoting the Establishment of a Tiered Diagnosis and Treatment System	31-Jan-2019	People's Government of Heilongjiang Province	Building Opinions of the General Office of the State Council on Promoting the Establishment of a Tiered Diagnosis and Treatment System
30 31 H42 32 33 34	<ul> <li>黑龙江省卫生健康委关于做好</li> <li>2019 年家庭医生签约服务工作的</li> <li>通知</li> </ul>	Notice of the Health Commission of Heilongjiang Province on Implementing the Contracting Services for Family Doctors in 2019	15-May-2019	Health Commission of Heilongjiang Province	Notice of the General Office of the National Health Commission on
35 36 37 38 39 40 41 42 43 44 45 46		For peer review only - http://bmj	jopen.bmj.cor	n/site/about/guidelines.xht	gence Bibliographique de I

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9_ 10 11 12 13 14	H44	黑龙江省人民政府办公厅关于发 展"互联网+医疗"促进"看病不求 人"的实施意见	The Implementation Opinions of the General Office of the People's Government of Heilongjiang Province on Promoting the Development of "Internet + Medical " to access to health care"	8-Jul-2019	People's Government of Heilongjiang Province	The Good State Council on Promoting the General Office of the State Council on Promoting the Good Stat
15 16 17 18 19 20 21	H45	关于做好 2019 年城乡居民基本医 疗保障工作的通知	Notice on Implementing the Basic Health Insurance Schemes for Urban and Rural Residents in 2019	17-Jul-2019	*Heilongjiang Province Healthcare Security Administration *Finance Bureau of Heilongjiang Province	The contraction of the matter
22 23 24 25 26 27	H46	关于进一步加强短缺药品监测预 警与统筹应对工作的通知	Notice on Further Strengthening the Monitoring, Early Warning and Coordinated Response to the Shortages of Medicines	23-Dec-2019	*Health Commission of Heilongjiang Province *Heilongjiang Provincial Administration of Traditional Chinese Medicine	The Depindence of the General Office of the State Council on Further Improving the Book of Guaranteeing the Supply and Stabilising the Price of Showage Drugs Showage Drugs
28 29 30	H47	健康龙江行动(2019—2030 年) 实施方案	The Implementation Plan of the Healthy Longjiang Action(2019-2030)	31-Dec-2019	People's Government of Heilongjiang Province	<b>B</b> Opingons of the State Council on Implementing the Healthy China Action
31 32 33 34 35 36	H48	黑龙江省人民政府办公厅关于推 进养老服务发展的实施意见	Implementation Opinions of the General Office of People's Government of Heilongjiang Province on Promoting the Development of Elderly Services	9-May-2020	People's Government of Heilongjiang Province	© Opinions of the State Council on promoting the Development of the Elderly Service Industry © Independent of the Ministry of Civil Affairs on Further Expending the Supply of Elderly Services and Promoting the Consumption of Elderly Services
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4 5	H49	中共黑龙江省委黑龙江省人民政	The Implementation Opinions of the Heilongjiang	1-Jun-2020	People's Government of	Dpingons of the Central Committee of the Communist Party of China and
6		府关于促进中医药传承创新发展	Provincial Committee of the Communist Party of China and			
7 8		的实施意见	People's Government of Heilongjiang Province on			opment of Traditional Chinese Medicine
8 9			Promoting the Inheritance, Innovation and Development of			
10			Traditional Chinese Medicine			D25.
11 12	H50	关于深入推进医养结合发展的实	Implementation Opinions on Further Promoting the	1-Jun-2020	*Health Commission of	Sine State Council on Promoting the Inneritance, Innovation and Composition Sine Section Sine Sec
13		施意见	Development of Medical and Nursing Care Integration		Heilongjiang Province	rext and data mining, AI training, and similar technologies.
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15					Administration Information Net	
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18					Reform Commission	
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20 21			4		Heilongjiang Province	
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28 29					Resources of Heilongjiang	
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11 12- 13 14 15	H51	关于进一步规范医疗机构与养老 机构签约合作的实施意见	Implementation Opinions on Further Regulating the Contractual Cooperation between Medical Institutions and elderly care institutions	16-Jun-2020	Traditional Chinese Medicine *Health Commission of Heilongjiang Province /*Heilongjiang Civil	Control of the contro
16 17 18 19 20 21			elderly care institutions		Administration Information Net /*Heilongjiang Provincial Administration of Traditional Chinese Medicine	d from http://bmjg eur (ABES) . d data mining, AI
2 - 22 23 24 25 26 27 28 29 30 31 32 31 32 33 34	Н52	关于做好 2020 年城乡居民基本医 疗保障工作的通知	Notice on Implementing the Basic Health Insurance Schemes for Urban and Rural Residents in 2020	28-Aug-2020	*Heilongjiang Province Healthcare Security Administration/*Finance Bureauo of Heilongjiang Province/*Heilongjiang Provincial Tax Service, State Taxation Administration/*Education Department of Heilongjiang Province	om/ on June 11, 2025 at A nd similar technologies.
35 36 37 38	Н53	黑龙江省合理膳食行动省部合作 项目实施方案	Implementation Programme of the Provincial-Ministerial Cooperation Project on Reasonable Dietary Action in Heilongjiang Province	16-Oct-2020	People's Government of Heilongjiang Province	"Heathy China 2030" blueprint
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6 7		实施方案	Tiered Diagnosis and Treatment System in Guangdong Province		Guangdong Province	<b>Q</b> Esta	shment of a Tiered Diagnosis and Treatment System	
8	G18	广东省中医药健康服务发展规划	Development Plan of Traditional Chinese Medicine Health	30-Jun-2016	People's Government of	SDER	appment Plan of Traditional Chinese Medicine Health Service (2015-	
9		(2016-2020年)	Service in Guangdong Province(2016-2020)		Guangdong Province			
10		广东省人民政府办公厅关于促进医	Guiding Opinions of the General Office of the People's	12-Jul-2016	People's Government of	næn atec	ng Opinions on Promoting the Integration of Medical Health and Elderly	
11 12	G19	疗卫生与养老服务相结合的实施意	Government of Guangdong Province on Promoting the		Guangdong Province	lo Bran	Des .	
13		见	Integration of Medical Health and Elderly Services			Su	3	
14		广东省促进医药产业健康发展实施	The Implementation Plan on Promoting the Healthy	14-Sep-2016	People's Government of	<b>G</b> e	lines of the General Office of the State Council on Promoting the	
15 16	G20	方案	Development of the Pharmaceutical Industry in Guangdong		Guangdong Province	d da	by Development of the Pharmaceutical Industry	
17			Province			(AB		
18	G21	关于控制公立医院医疗费用不合理	The Implementation Plan on Controlling Unreasonable	18-Sep-2016	*Health and Family Planning		ns on Controlling Unreasonable Increases in Medical Expenses in	
19 20		增长的实施方案	Increases in Medical Expenses in Public Hospitals			1.	Hospitals	
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32 33	G22	广东省加快推进家庭医生签约服务	The Implementation Plan on Accelerating the promotion of	28-Oct-2016	*Medical Reform Office of	Guid	ng Opinions on Promoting Contracted Services of Family Doctors	
34 34		制度的实施方案	Contracted Services System of Family Doctors in Guangdong		Guangdong Province/*Health and	נ		
35 36			Province		Family Planning Commission of			
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18	G23	关于开展健康城市健康村镇建设的	The Implementation Plan on the Development of Healthy Cities	1-Dec-2016	Guangdong Patriotic Health	Comparison on the Development of Healthy Cities and Healthy Villages
19		实施意见	and Healthy Villages and Towns		Campaign Committee	and Bwns
20 21	G24	广东省贯彻《中医药发展战略规划	The Implementation Plan on Outline of the Strategic Plan for the	30-Dec-2016	People's Government of	Dutine of the Strategic Plan for the Development of Traditional Chinese
22		纲要(2016-2030 年)》实施方案	Development of Traditional Chinese Medicine (2016-2030) in		Guangdong Province	Medine (2016-2030)
23			Guangdong Province			Medicine (2016-2030)
24 25		广东省人民政府办公厅关于促进和	The Implementation Plan of the General Office of the People's	8-Feb-2017	People's Government of	Guiding Opinions of the General Office of the State Council on Promoting
26	G25	规范健康医疗大数据应用发展的实	Government of Guangdong Province on Promoting and		Guangdong Province	and Regulating the Development of Healthcare Big Data Applications <b>S</b> <b>C</b> <b>C</b>
27		施意见	Regulating the Development of Healthcare Big Data			
28 29			Applications			
30	G26	广东省"十三五"深化医药卫生体制	The "13th Five-Year Plan" for deepening the reform of the	12-May-2017	People's Government of	The 13th Five-Year Plan" for deepening the reform of the medical and health
31		改革规划	medical and health system in Guangdong Province		Guangdong Province	<u>o</u> gyste
32 33		广东省推进医疗联合体建设和发展	The Implementation Plan on Promoting the Establishment and	30-Jun-2017	People's Government of	Guiding Opinions of the General Office of the State Council on Promoting
34	G27	的实施方案	Development of Medical Alliance Systems in Guangdong		Guangdong Province	the Brablishment and Development of Medical Alliance Systems
35			Province			enc
36 37	G28	广东省防治慢性病中长期规划	Mid- and long-term plan for the prevention and treatment of	30-Jun-2017	People's Government of	Ching mid- and long-term plan for the prevention and treatment of chronic
38		(2017-2025年)	chronic diseases in Guangdong Province (2017-2025)		Guangdong Province	disezes (2017-2025)
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3 4 5 6 7 8 9	G29 G30	广东省进一步改革完善药品生产流 通使用政策实施方案 广东省促进老龄事业发展和养老体	The Implementation Plan on Further Reform and Improvement of Policies on the Production and Circulation of Medicines in Guangdong Province The Implementation Plan on promoting the development of	14-Jul-2017 3-Aug-2017	People's Government of Guangdong Province People's Government of	Seven and Improvement of Policies on the Production and Circulation of
10 11 12 13	G31	系建设实施方案 "十三五"广东省健康促进与教育工	Aging Affairs Development and the constraction of Pension System Establishment Plan "Thirteenth Five-Year Plan" of Guangdong Province for	21-Aug-2017		"Wittergines     "Diventh Five-Year Plan" for National Aging Affairs Development and     "Diventh Five-Year Plan" for National Aging Affairs Development and     "Diventh Five-Year Plan" for National Health Promotion and Education     "Diventh Five-Year Plan" for National Health Promotion and Education
14 15 16– 17	G32	作规划 转发关于做好 2017 年国家基本公共	Health Promotion and Education Work Forwarded Notice on Implementing the National Essential	28-Sep-2017	Commission of Guangdong Province *Health and Family Planning	A contract of the transformation and between the transformatio
18 19 20 21 22 23		卫生服务项目工作的通知	Public Health Service Package in 2017		Commission of Guangdong Province /*Department of Finance of Guangdong Province /*Traditional Chinese Medicine Bureau of Guangdong Province	A Honor A Hono
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38	G33	广东省改革完善短缺药品供应保障 机制实施方案	The Implementation Plan on Reforming and Improving the Mechanism for Shortage Drug Supply Guarantee	16-Nov-2017	*Health and Family Planning Commission of Guangdong Province/*Guangdong Provincial Development and Reform Commission/*Economic and Informatisation Commission of Guangdong Province/*Department of Finance of Guangdong Province /*Human Resources and Social Security/*Department of Guangdong Province/*Department	And Supply Guarantee Minimum of Supply Guara
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4       5       6         6       7       8         9       10       11         12       13       14         15       G34       广东省进一步深化基本医 付方式改革实施方案         16       17       15         17       635       广东省国民营养计划(20)         20       年)实施方案       20)         21       G36       广东省"十三五"健康老龄         23       24       25         26       27       28         29       30       31         32       33       33	Deepening the Reform of Basic Medical Insurance Payment Methods in Guangdong Province 17—2030 National Nutrition Plan in Guangdong Province(2017-2030)	17-Nov-2017           5-Dec-2017           25-Dec-2017	People's Government of Guangdong Province	by copyright, including for uses related to text and data mining. All transmission on June 11, 2025 at A transmission of
34 35 36 37 38 39 40 41			Affairs of Guangdong Province /*Department of Finance of Guangdong Province	. Agence Bibliographique de l
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21– 22 23 24	G37	广东省支持社会力量提供多层次多 样化医疗服务的实施方案	The Implementation Plan of the General Office of the State Council on supporting social forces to provide multilevel and diversified medical services to develop health industry	16-Jan-2018	People's Government of Guangdong Province	Dpingons of	the General Office of the State Council on supporting social vide multilevel and diversified medical services to develop
25– 26 27	G38	广东省人口发展规划(2017-2030 年)	Population Development Plan of Guangdong Province(2017- 2030)	22-Feb-2018	People's Government of Guangdong Province		pulation Development Plan (2016-2030)
28 29 30	G39	+) 广东省促进"互联网+医疗健康"发展 行动计划(2018-2020年)	action plan of Guangdong Province on Promoting the Development of "Internet + Medical " Health	5-Jun-2018	People's Government of Guangdong Province	Devenopmen	the General Office of the State Council on Promoting the t of "Internet + Medical " Health
31 32 33 34 35	G40	广东省卫生和计划生育委员会关于 卫生计生新时期精准扶贫精准脱贫 三年攻坚的实施方案	The Implementation Plan of Guangdong Provincial Health and Family Planning Commission for the three-year program on precision poverty alleviation and poverty eradication in the new era of health planning	3-Apr-2021	Health and Family Planning Commission of Guangdong Province	, 20025 at Agenc	n the Implementation of Health Poverty Alleviation Project
36 37 38 39 40 41 42 43 44 45 46			For peer review only - http://bmj	jopen.bmj.co	n/site/about/guidelines.xhtr	e Bibliographique de	

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5	G41	广东省深化医药卫生体制改革近期	The Major Work Plans for Promoting the Construction of	26-Sep-2018	People's Government of	Major Work Plans for Deepening the Reforms of the Medical and Health
6 7		重点工作任务	Chinese Medicine Preventive Healthcare Service System in		Guangdong Province	System of the latter half year of 2018
8_			Guangdong Province			S S S S S S S S S S S S S S S S S S S
9	G42	广东省改革完善仿制药供应保障及	The Implementation Plan of the Guangdong Province on the	30-Oct-2018	People's Government of	Opinions of the General Office of the State Council on the Reform and
10 11		使用政策实施方案	Reform and Improvement of the Policies on the Supply,		Guangdong Province	The state Council on the Reform and the
12-	642		Security and Use of Generic Drugs		Hall Commission of Country	
13 14	G43	广东省贫困地区健康促进三年攻坚 行动实施工室	The Implementation Plan of the Three-year action program on	30-Dec-2018	Health Commission of Guangdong Province	S C C C C C C C C C C C C C C C C C C C
15		行动实施方案	health promotion in poor areas in Guangdong Province		Province Poverty Alleviation and	ter year action program on health promotion in poor areas and cered
16			$\mathcal{N}_{\mathcal{D}}$		Development Office of Guangdong	data
17 18			Co.		Province	I from http vur (ABES)
19	G44		The Implementation Plan of Guangdong Province on the	28-Feb-2019	*People's Government of	Guidag Opinions of the General Office of the State Council on the Reform
20 21		   监管制度实施方案	Reform and Improvement of the Comprehensive Supervision	20100 2017	Guangdong Province	And sprovement of the Comprehensive Supervision System of the Medical
22			System of the Medical and Health Care Industry			and realth Care Industry
23	G45	广东省促进护理服务业改革与发展	The Implementation Plan of Guangdong Province on promoting	26-Mar-2019		Guidence on promoting the reform and development of the care service
24 25		实施方案	the reform and development of the care service industry		*Health Commission of Guangdong Province/*uangdong Provincial	nj.gry andugry and similar technologies.
26					Development and Reform	
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20 21 22 23 24 25	G46	广东省全面提升县级医院综合能力 实施方案(2019-2021 年)	The Implementation Plan of Guangdong Province for fully upgrading the comprehensive capacity of county hospitals (2019-2021)	3-Apr-2019	*Health Commission of Guangdong Province/*raditional Chinese Medicine Bureau of Guangdong Province	<b>a</b> hosp	plans for fully upgrading the comprehensive capacity of county als (2018-2020)
26 27 28 29	G47	转发国家卫生健康委办公厅关于做 好 2019 年家庭医生签约服务工作的 通知	Forwarded Notice of the General Office of the National Health Commission on Family Doctor Contracting Services in 2019	13-May-2019	Health Commission of Guangdong Province	d Similar tec	of the General Office of the National Health Commission on Family Contracting Services in 2019
30 31 32 33 34 35 36 37 38	G48	关于贯彻落实国家基本药物制度的 实施意见	Opinions on fully implementing the National Basic Drug System	6-Jun-2019	*Health Commission of Guangdong Province/*uangdong Provincial Development and Reform Commission/*epartment of Industry and Information Technology of Guangdong Province/*epartment of Finance of Guangdong Province	nopin logies.	Bons of the General Office of the State Council on Improving the National Porug System Sat Agence
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7 8—					Provincial Drug Administration	n 25 April
9	G49	广东省深化医药卫生体制改革 2019	Major Work Plan of Guangdond Province for Deepening the	18-Jul-2019	Medical Reform Office of	S S == S S S S S S S S S S S S S S S S S S S
10		年重点工作任务	Reforms of the Medical and Health System of 2019		Guangdong Province	a of 2019
11 12 13		广东省建设"互联网+医疗健康"示范 省行动方案	Action Plans for the Construction of "Internet+Medical Health" Demonstration Province of Guangdong Province	13-Nov-2019	*Health Commission of Guangdong	Solution of the state Council on Promoting the Medical and Health as the state of 2019 To an the General Office of the State Council on Promoting the to an the state Council on Promoting the the state Council on
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16 17	G50				Guangdong Province/*Healthcare	iron Iata
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20					Provincial Government Services	
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24					Bureau Of Guangdong Provinc	
25— 26	G51		Opinions of he People's Government of Guangdong Province on	28-Dec-2019	*People's Government of	g. Dr. John State Council on Implementing the Healthy China Action
27		行动的意见	Implementing the Healthy Guangdong Action		Guangdong Province	
28	G52		Action Plan for Guangdong Province on further promoting the	2-Jan-2020	*Guangdong Provincial Leading	The second secon
29 30		药卫生体制改革经验行动方案	experience of Fujian Province and Sanming City in deepening		Group for Deepening Reform of the	Sity to deepening the reform of the medical and health system
31			the reform of the medical and health system		Medical and Health System	Several policy measures on further deepening the reform of the
32 33						gharmaceutical and healthcare system through centralized procurement and
33 34						use <b>OP</b> drugs as a breakthrough
35	G53	广东省关于建立完善老年健康服务	The Implementation Plan of Guangdong Province on the	19-May-2020	*Health Commission of Guangdong	Guice g Opinions on the Establishment and Improvement of a Health Service
36		体系实施方案	Establishment and Improvement of a Health Service System for	-	Province /*Guangdong Provincial	System for the Elderly
37 38			the Elderly		Development and Reform	
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20 21 22 23 24	G54	广东省紧密型县域医疗卫生共同体 慢病管理中心运行指南(试行)等 15 个指南	Guidelines for the Operation of Chronic Disease Management Centres in Close-knit County Medical and Health Communities in Guangdong Province (Trial) and 15 other guidelines	15-Jun-2020	*Health Commission of Guangdong Province/*Traditional Chinese Medicine Bureau Of Guangdong Province	- Noti	on promoting the construction of close-knit county medical and care communities on Implementing the Basic Health Insurance Schemes for Urban and
25- 26 27 28 29 30 31 32 33	G55	转发国家医保局 财政部 国家税务 总局关于做好 2020 年城乡居民基本 医疗保障工作的通知	Notice on Implementing the Basic Health Insurance Schemes for Urban and Rural Residents in 2020 which was transmitted from the Circular of the National Health Insurance 、 the Bureau Ministry of Finance and the State Administration of Taxation	18-Aug-2020	*Healthcare Security Administration of Guangdong Province/*Department of Finance of Guangdong Province/*Guangdong Provincial Tax Service, State Taxation Administration	mflar technologies.	PResidents in 2020
34 35 36 37 38	G56	关于加强我省医疗联合体中医药工 作的通知	Notice on the Effectively Strengthening Chinese Medicine work in the Construction of medical treatment combinations in Guangdong Province	31-Aug-2020	*Traditional Chinese Medicine Bureau of Guangdong Province	Cons	on the Effectively Strengthening Chinese Medicine work in the muction of medical treatment combination
39 40 41 42 43 44 45 46			For peer review only - http://bmj	open.bmj.cor	n/site/about/guidelines.xhtn	5	

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6					Guangdong Province	-	ол л
8	G57	广东省深化医药卫生体制改革近期	Major Work Plans for Deepening the Reforms of the Medical	27-Sep-2020	Medical Reform Office of	ISME Ses	Work Plans for Deepening the Reforms of the Medical and Health
9		重点工作任务	and Health System in Guangdong Province in Recent Times		Guangdong Province		on of the latter half year of 2020
10		I	14th five-y	year plan (2021-2	.025 )		
12	H54	中共黑龙江省委黑龙江省人民政府	Implementing Opinions of the Heilongjiang Provincial	19-Mar-2021	People's Government of		menting Opinions of the CPC Central Committee and the State Council
13		关于实现巩固拓展脱贫攻坚成果同	Committee of the Communist Party of China and the People's		Heilongjiang Province		hieving Effective Linkage between Consolidating and Expanding the
14 15		乡村振兴有效衔接的实施意见	Government of Heilongjiang Province on Achieving Effective			and	evenents of Poverty Eradication and Rural Revitalization
16			Linkage between Consolidating and Expanding the			ur (	5
17			Achievements of Poverty Eradication and Rural Revitalization			a A B B B	3
18 19	Н55	黑龙江省人民政府办公厅关于推动	Implementation Opinions of the General Office of the People's	28-Dec-2021	People's Government of		nentation Opinions of the General Office of the State Council on
20		公立医院高质量发展的实施意见	Government of Heilongjiang Province on Promoting High-		Heilongjiang Province		ning High-Quality Development of Public Hospitals
21			Quality Development of Public Hospitals			Altra	
22 23	H56	黑龙江省人民政府办公厅关于建立	Implementation Opinions of the General Office of the People's	31-Dec-2021	People's Government of	=	lines of the General Office of the State Council on Establishing and
23 24		健全职工基本医疗保险门诊共济保	Government of Heilongjiang Province on the Establishment and		Heilongjiang Province	· · -	ving the Outpatient Co-payment Guarantee Mechanism for Employees'
25 26		障机制的实施意见	Improvement of Outpatient Co-payment Protection Mechanism				Medical Insurance
26			for Employees' Basic Medical Insurance				mentation Opinions of the General Office of the State Council on
27 28	H57	黑龙江省人民政府办公厅关于健全	Implementation Opinions of the General Office of the People's	31-Dec-2021	People's Government of		
29		重特大疾病医疗保险和救助制度的	Government of Heilongjiang Province on Improving the		Heilongjiang Province	<b>e</b> tmpr	ving the Medical Insurance and Relief System for Serious Diseases
30		实施意见	Medical Insurance and Relief System for Serious Diseases				
31 32	H58	黑龙江省全民健身实施计划	The National Fitness Implementation Plan of Heilongjiang	31-Dec-2021	People's Government of	<u> </u>	Bal Fitness Program (2016-2020)
33_		(2021—2025年)	Province (2021-2025)		Heilongjiang Province	ies.	<u> </u>
34 26	Н59	黑龙江省"十四五"医疗保障事业发	Heilongjiang Provincial "14th Five-Year Plan" for the	31-Dec-2021	People's Government of	The	th Five-Year Plan for Universal Health Care Coverage
35 36		展规划	Development of Medical Protection Career		Heilongjiang Province		
37 38 39 40 41 42 43 44 45 46			For peer review only - http://bmj	jopen.bmj.cor	n/site/about/guidelines.xł	5	

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5	H60	黑龙江省"十四五"中医药发展规划	The Fourteenth Five-Year Plan for the Development of Chinese	31-Dec-2021	People's Government of		nions of the Central Committee of the Communist Party of China and
6 7			Medicine Industry in Heilongjiang Province		Heilongjiang Province	Qthe S	te Council on Promoting the Inheritance, Innovation and Development
8						Ses Ses	ditional Chinese Medicine
9 10						gigner relate	ditional Chinese Medicine ine of the Strategic Plan for the Development of Traditional Chinese ine (2016-2030)
11 12	H61	关于做好第六批国家组织药品集采	Notice on the Implementation of the Sixth Batch of Nationally	11-May-2022	*Heilongjiang Province Healthcare	d to	on Improving the National Organization of Supporting Measures and
13		(胰岛素专项)落实工作的通知	Organised Collective Procurement of Drugs (Insulin Specific)		Security Administration/*Health		lised Band Purchasing of Medicines (Insulin Specific)
14					Commission of Heilongjiang	perie t and	-
15 16-			· 0_		Province	응드로	- 
17	H62	关于做好 2022 年城乡居民基本医疗	Notice on Implementing the Basic Health Insurance Schemes	31-Aug-2022	*Heilongjiang Province Healthcare		on Implementing the Basic Health Insurance Schemes for Urban and
18		保障工作的通知	for Urban and Rural Residents in 2022		Security Administration/*Finance		Residents in 2022
19 20					Bureauo of Heilongjiang Province	://pmjopen.bmj.com  ng, Al training, and s	
21			4		/*Education Department of	Altr	
22					Heilongjiang Province	aini	
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26					Administration	sim O	lines of the General Office of the State Council on Establishing and
27 28	Н63	黑龙江省省本级职工基本医疗保险	Implementation Measures of Outpatient Co-payment Protection	22-Dec-2022		ff Guide	lines of the General Office of the State Council on Establishing and
29		门诊共济保障机制实施办法 	Mechanism of Basic Medical Insurance for Employees at the		Security Administration /*Finance	2 0	ving the Outpatient Co-payment Guarantee Mechanism for Employees'
30			Provincial Level in Heilongjiang Province		Bureau of Heilongjiang Province	Basic.	Medical Insurance g Opinions of the General Office of the State Council on Accelerating
31 32		   广东省加快医学教育创新发展实施	The Implementation Plan of Guangdong Province on	29-Jan-2021	People's Government of		g Opinions of the General Office of the State Council on Accelerating
33	G59	   方案	Accelerating the Innovative Development of Medical Education	2) Juli 2021	Guangdong Province	ດ 	ovative Development of Medical Education
3 <del>4</del> 35	G60	广东省关于加快发展老年护理服务	The Work Plan of Guangdong Province on Accelerating the	23-Mar-2021		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ice on Strengthening the Elderly Care Services
36		的工作方案	Development of the Elderly Care Services		*Health Commission of Guangdong	@G <b>@</b>	ding Opinions on the Establishment and Improvement of a Health
37					Province/*Traditional Chinese	Serve	e System for the Elderly
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5				Medicine Bureau Of Guangdong Province	ing fr
7 8 9 G61 10 11 12	中共广东省委 广东省人民政府关于 实现巩固拓展脱贫攻坚成果同乡村 振兴有效衔接的实施意见	Implementation Opinions of Communist Party of Guangdong Province and the People's Government of Guangdong Province on Achieving Effective Linkage between Consolidating and Expanding the Achievements of Poverty Eradication and Rural Revitalisation	31-Mar-2021	Guangdong Province	State Council State Council St
13 14 G62 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	广东省巩固拓展医疗保障脱贫攻坚 成果有效衔接乡村振兴战略实施方 案	The Implementation Plan of Guangdong Province on Consolidating and Expanding the Achievements of Medical Protection against Poverty Eradication and Effectively Linking the Rural Revitalisation Strategy	6-Jul-2021	*Healthcare Security Administration of Guangdong Province/*Department of Civil Affairs of Guangdong Province *Department of Finance of Guangdong Province/*Health Commission of Guangdong Province/*Rural Revitalization Administration of Guangdong Province/*Guangdong Provincial Tax Service, State Taxation Administration/*Guangdong Provincial Regulatory Bureau of China Banking and Insurance Regulatory Commission (CBIRC)	text and enclosed and the second and
3 <del>3</del> 34 G63 35 36	广东省深化医药卫生体制改革近期 重点工作任务	Major Work Plans for Deepening the Reforms of the Medical and Health System in Guangdong Province in Recent Times	4-Aug-2021	People's Government of Guangdong Province	A give Work Plans for Deepening the Reforms of the Medical and Health System of 2021
37 38 39 40 41 42 43 44 45 46		For peer review only - http://bmj	jopen.bmj.cor	n/site/about/guidelines.xhtr	Bibliographique de l

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5		广东省医疗保障局关于开展医保支	Guidelines of the Guangdong Provincial Health Protection	30-Sep-2021	Healthcare Security Administration	<b>B</b> Opin <b>P</b> on	is of the Central Committee of the Communist Party of China and the
6	G64	付改革促进中医药传承创新发展的	Bureau on Carrying Out Health Insurance Payment Reform to	_	of Guangdong Province		buncil on Promoting the Inheritance, Innovation, and Development of
7 8		指导意见	Promote the Inheritance, Innovation, and Development of				nal Chinese Medicine
9			Chinese Medicine			il 20 seiç s re	nal Chinese Medicine
10	G65	广东省"十四五"时期医疗保障事业	The Implementation Plan for the High-quality Development of	25-Dec-2021	Healthcare Security Administration	laten	h Five-Year Plan for Universal Health Care Coverage
11 12		高质量发展实施方案	Medical Security in Guangdong Province during the "14th Five-		of Guangdong Province	nen d to	
13			Year Plan" Period				
14	G66	广东省加快发展康复医疗服务工作	The Implementation Plan on Accelerating the Development of	4-Jan-2022	*Health Commission of Guangdong	peri tan	is on Accelerating the Development of Rehabilitation Medicine
15 16		的实施方案	Rehabilitation Medicine in Guangdong Province		Province/*Guangdong Provincial	d fr d da	
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32 33	G67	广东省深入推广福建省三明市经验	The Implementation Plan of Guangdong Province on Deepening	20-Jan-2022	Guangdong Provincial Leading	ieimplem S.	enting Opinions on Deepening the Reform of the Medical and Health
34		深化医药卫生体制改革实施方案	the Reform of the Medical and Health System by Further		Group for Deepening Reform of the		by Further Promoting the Experience of Sanming City, Fujian
35			Promoting the Experience of Sanming City, Fujian Province		Medical and Health System	Provec	e
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5	G68	广东省人民政府办公厅关于推动公	Implementation Opinions of the General Office of the People's	10-Feb-2022	People's Government of Guangdong		generation Opinions of the General Office of the State Council on
6 7		立医院高质量发展的实施意见	Government of Guangdong Province of the State Council on		Province		ting High-Quality Development of Public Hospitals
8_	G69		Promoting High-Quality Development of Public Hospitals The Implementation Plan for the Construction of National	14 Jun 2022	People's Government of Guangdong	Ense uses r	is on sof the Central Committee of the Communist Party of China and the
9 10	00)	「小自建设国家中区约综合设革小     范区实施方案	Chinese Medicine Comprehensive Reform Demonstration Zone	14-Jun-2022	Province	elat	Source of the Communities of the Community of China and the
11			in Guangdong Province				Council on Promoting the Inheritance, Innovation and Development of
1 <u>2</u> 13	G70	│ │ │ 广东省深化医药卫生体制改革近期	Major Work Plans for Deepening the Reforms of the Medical	<b>.</b>	People's Government of	<b>@√</b> Ω	Work Plans for Deepening the Reforms of the Medical and Health
14		重点工作任务	and Health System in Guangdong Province in Recent Times	7-Aug-2022	Guangdong Province		on Implementing the Basic Health Insurance Schemes for Urban and
15 16	G71	转发国家医保局 财政部 国家税务	Notice on Implementing the Basic Health Insurance Schemes	15-Aug-2022	*Healthcare Security	d da	on Implementing the Basic Health Insurance Schemes for Urban and
17		总局关于做好 2022 年城乡居民基本	for Urban and Rural Residents in 2022 which was transmitted		Administration of Guangdong		Residents in 2022
18		医疗保障工作的通知	from the Circular of the National Health Insurance , the		Province/*Department of Finance	ninii	http
19 20			Bureau Ministry of Finance and the State Administration of		of Guangdong Province	ng, /	
21			Taxation		/*Guangdong Provincial	Al training	
22					Tax Service, State	aini	en.
23 24					Taxation Administration	<u>19</u> ,	3
25	G72	广东省医疗卫生服务体系"十四五"	The 14th Five-Year Plan of Guangdong Medical and Healthcare	25-Aug-2022	*Health Commission of Guangdong	and d	Bhy China 2030" blueprint
26 27		规划	Service System		Province/*Guangdong Provincial	sim	√ 01
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## Supplementary file 6

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Twelve Highly Cited Policy Initiatives and Their Associated Strategies	and Actions from Thomatic Analysis

Highly Referenced Policy	Number	Associated Strategies and Actions					
Initiatives		at Stranger					
Construction of Medical Alliance Systems	81 (Heilongjiang) 148 (Guangdong)	<ul> <li>(1) Reforming the Management Mechanism and the formance Evaluation System of Public Hospitals and deepen the reform of personnee forms in public hospitals.</li> <li>(2) Implementing Government Incentive Policities for Public Hospitals, and establish a scientific compensation mechanism.</li> <li>(3) Promoting Pilot Reforms of the Salary System on Public Hospitals.</li> <li>(4) Improving the Internal Division of Labor and Collaboration Mechanisms within Medical Alliances and strengthening the construction of regional centers.</li> <li>(5) Clarifying the Functional Positioning of Hospitals at Various Levels and optimizing the allocation of medical resources.</li> </ul>					
The Basic Health Insurance System	189 (Heilongjiang) 176 (Guangdong)	<ul> <li>              Signature              Signature              Signature              Signature              Signature                 Signature</li></ul>					
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3 4			7826
5 6		②Promoting Reforms in Compound Medication	strance Payment Methods and
7 8		implementing comprehensive medical assist	Policies.
9 10		③Optimizing Direct Settlement Services for	- Regional Medical Treatment.
11 12		④Improving and Unifying the Supervision of	Medical Insurance Fund and
13 14	lor Deer	implementing management measures for design	and medical institutions.
15 16		Standardizing Basic Medical Insurance Basic Control Insurance Basic Contr	a and achieving unified medical insurance
17 18	664	coordination within regions.	
19 20 21		©Unifying the Directory and Standards for Shi	of ic and Special Disease Outpatient
21 22		Services Province-wide.	open.
23 24		⑦Advancing Reforms and Supervision of Med	Service Pricing in an Orderly Manner.
25 26		nd similar technologies.	com/ on June 11, 2025
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		BMJ Open BMJ Open BMJ Open-2024-09782
	50 (Heilongjiang) 77 (Guangdong)	①Exploring and Improving the Standardized Trapping System and Guarantee Mechanism
		for Resident Physicians.
		②Facilitating Registration and Management
		Physicians.
Strengthen Primary Health Care Personnel	0r	③Establishing a Salary System Adapted to the Baracteristics of the Healthcare Industry
	or peo	and improving performance evaluation and distribution mechanisms.
	60.	اللَّ الْحَكْمَ عَلَيْهُمْ اللَّهُ اللَّهُ الْحَكَمَ عَلَيْهُمْ عَلَيْهُمْ اللَّهُ عَلَيْهُمْ عَلَيْهُمْ عَلَيْهُمْ عَلَيْهُمْ اللَّعَامَ (@Strengthening the Construction of the Rur
		management measures for hiring, practicing activities, compensation, and retirement of
		rural doctors.
		SProviding Preferential Policies for Primar Heath Technicians in Promotion and Benefit
		and encourage medical students to work in eganicareas through favorable policies.
		©Enhancing the Training and Team Building of graditional Chinese Medicine and Ethnic
		Medicine Practitioners at the Grassroots Level
Diversified Medical Service System	40 (Heilongjiang) 25 (Guangdong)	①Implementing Support and Guidance Polices for Social Capital in Medical Services.
		@ . گُرُ @Facilitating the Establishment of Private Medical Institutions and encouraging the
		participation of private capital.
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5 6			③Enhancing the Regulatory System for Private Medical Institutions and improving the
7 8			service capabilities and quality of private ho
9 10			(a) Promoting the Development of Health Ind
11 12			competitive medical service system.
13 14		152(Heilongjiang) 89(Guangdong)	The service Capacity and enrich the content of grassroots TCM
15 16			services and promote appropriate TCM techniques.
17 18			@Strengthen the TCM Talent Pool and improve the evaluation and incentive system for
19 20			TCM talent.
20 21 22	Traditional Chinese Medical (TMC) Service System		③Utilize TCM Advantages. Leverage TCM 🚡 ungue strengths in disease prevention,
23	Service System		diagnosis, and rehabilitation.
24 25			(a) Support the Development of TCM Health dervices and actively support industries related
26 27 28			to TCM health services.
29 30			©Reform and Improve TCM Management systems and enhance the management of ethnic
31			medicine.
32 33			©Improve TCM Informatization and Infrastfucture and enhance the application level of
34 35			TCM informatization.
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	26 (Heilongjiang) 34 (Guangdong)	The stablish Standards for "Internet + Healtheare" Standards for "Internet + Healtheare" Stand develop an integrated online and	
		offline healthcare service model covering produce and post-diagnosis.	
		②Use Informatization to Improve Hospital	
Digitalization Health System		and convenient services through information	
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	0	the information system for medical insurance then as	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	@Promote the Informatization of Integrated المجرع @Promote the Informatization of Integrated المجرع @Promote the Informatization of Integrated المجرع المحافظ المحافظ محافظ المحافظ	
		technology to develop intelligent TCM healter and elderly care services.	
		⑤Build an Informatized Basic Public Health Service Platform and manage basic public	
		health services through an informatized platterm	
	55(Heilongjiang) 116(Guangdong)	<sup>(1)</sup> Progressively Promote the Tiered Diagnose and Treatment System and implement	
	110(Guanguong)	bidirectional referrals.	
Tiered Health Service Delivery System		@Promote Balanced Distribution of High-Q ality Medical Resources and ensure an	
		equitable distribution of high-quality medicatives.	
		ত্র সি ③ Strengthen Support Measures for Tiered D'agnessis and Treatment and improve and	
		implement supporting policies for tiered diagnosis and treatment.	
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The Essential Medicine policy	75(Heilongjiang) 96(Guangdong)	① Strengthen Rational Use and Supervision of Basic Medicines in Medical Institutions
		improve the evaluation system for essential in the second system for essential in the second system for essential in the second system is a second system for essential in the second system is a second system for essential in the second system is a second syste
		②Establish a Comprehensive Drug Supply
		procurement and price management of medie sound consumables.
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	Do 1	management system for the Medical Insurance Dig List.
	200	@Improve Drug Safety Shortage Monitoring and Emergency Response Mechanisms as
	-6	enhance the monitoring and emergency respense pechanisms for drug shortages.
		Seform and Improve Generic Drug Suppl Process and optimize policies for the supplementation of the supplementa
		of generic drugs.
The Basic Public Health Service	34(Heilongjiang)	①Fully Implement Major Public Health Service Projects and consolidate and improve
Package	83(Guangdong)	equalization system for basic public health savices.
		<sup>(2)</sup> Build a Comprehensive Chronic Disease Revention and Control System, promote
		collaboration between medical treatment and prevention and control demonstration areas.
		③Strengthen Performance Evaluation of Basic Performance Evalua
		Medical Institutions and improve performance evaluation and assessment mechanisms.
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		@Establish a Funding Security Mechanism for Public Health Services in Medical
		Institutions and secure funding for public head the secure function of the secure functio
		Strengthen the Medical and Nursing Security Stem and develop a high-quality and
		efficient nursing service system.
	54 (Heilongjiang) 66(Guangdong)	ල් ගුවී (Improve Elderly Healthcare and Promote the Solution of the Elderly Health Indust
		and enhance elderly healthcare services.
Elderly medical care and security	09	ت کی تعلقہ (@Establish and Improve a Universal, Region Region Coordinated, and Integrated Pension
system		Security System and develop a comprehension person security system.
		③ Promote the Development of the TCM Herath and Elderly Care Industry and support the second support the se
		growth of the TCM health and elderly care is usery.
		(a) Encourage the "Medical-Nursing Combined" Bederly Care Model and develop
		community-based integrated medical and elderly are services, including home-based
		palliative care.
		(5) Develop Talent Training and Team Building $f \vec{q}$ Elderly Care Services and expand the
		workforce for integrated medical and elderly grade services.
Health Education and Promotion	56 (Heilongjiang) 61 (Guangdong)	<sup>9</sup> The second s
		②Create a Supportive Environment for Health, and improve policies that support health.
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5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 22	Family Doctor Contrasting Service	20 (Heilongjiang) 25 (Guangdong)	<ul> <li>③Conduct Nationwide Fitness Activities and proportion of community sports events and fitness activities for key populations.</li> <li>④Improve Nutrition Regulations and Standardine and professional teams.</li> <li>⑥Establish a Team of Health Science Experiment Superior conduct widespread health education tours.</li> <li>①Standardize Contracted Service Projects and the superior of the implementation and funding of contracted service.</li> <li>②Implement and Promote Family Doctor Contracting Services and improve related in the superior of th</li></ul>
23 24 25 26 27 28			golicies and supporting documents.         Image: Solution of the second secon
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Increase Scope of Application	Provincial governments, when	Encouraging the development of non-	vely promoting the development of non-
	formulating local policies, may expand	public traditional Chinese medicine	TCM institutions (Opinions of the State
	the scope of application to include a		Gooncil on Promoting the Development of
	broader population within their	TCM professionals, especially	e'jeneernet + Healthcare").
	jurisdiction.	renowned TCM practitioners, to	rom r (A
		establish TCM clinics or practice	
		individually. This includes the policy	() () () () () () () () () () () () () (
		on promoting "Internet + Healthcare" to	A mja
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0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0	Concretize Goals	When formulating specific policies, provincial governments may further specify the macro objectives of national policies, clarifying the implementation goals and requirements within their region to better guide implementation.	Enhancing grassroots TCM service <b>B</b> Sugporting TCM hospitals in leading the capabilities by encouraging TCM <b>Fortbation</b> of medical consortia (Opinions of the hospitals to lead the construction of <b>Fortbation</b> of medical consortia (Opinions of the hospitals to lead the construction of <b>Fortbation</b> of medical consortia (Opinions of the hospitals to lead the construction of <b>Fortbation</b> of medical consortia (Opinions of the hospitals to lead the construction of <b>Fortbation</b> of medical consortia (Opinions of the hospitals to lead the construction of <b>Fortbation</b> and the State Council on Promoting the county should establish a TCM <b>Fortbation</b> and the State Council on Promoting the county should establish a TCM <b>Fortbation</b> and the State Council on Promoting the use of no appropriate technology promotion <b>Fortbation Fortbation Fortbation</b>	
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D.C. d. Marrie	Develop had an distance and in the	TT-14.	t, includin	4-097826 0	
Refine the Measures	Based on local conditions, provincial governments may develop specific	Health insurance agencies at all levels	ස් Sti සිංංං	rengthening the management of fixed-point	t
	implementation plans, operational			$\mathbf{s}_{\mathbf{s}}$ ssment and evaluation mechanisms, and	-
	steps, or timelines for measures	medical institutions, clarifying mutual	es r	Solution and evaluation mechanisms, and Estimation access and exit mechanisms	s
	proposed in national policies.			Priors of the State Council on Integrating	
			<b>K D</b>	Urban and Rural Residents Basic Medical	
	Por Deer	expenditures through contract		strance System [2016] No. 3).	
		management. This aims to maintain the	uper tt an	bade	
		management. This aims to maintain the reimbursement ratio for inpatient medical expenses within policy	ieur d da	rd fr	
		medical expenses within policy	ata n		
	Cr.	coverage at around 75%. Cross-city	ninii	http	
		medical treatment within the province	ġ.	://bmjopen.bmj.com/ on June 11, 2025 at	
		should be managed through designated hospitals, with agreements signed between cities and medical institutions,	Altr		
		hospitals, with agreements signed	aini	ven.	
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		and announced to the public in a timely	and	ŝ	
		manner. Medical expenses incurred by	sin	2 o	
		insured residents at designated medical	ilar	ה ה	
		institutions, payable by the urban and	tec	Ine .	
		rural residents' medical insurance fund,	hno		
		and announced to the public in a timely manner. Medical expenses incurred by insured residents at designated medical institutions, payable by the urban and rural residents' medical insurance fund, should be advanced by the designated medical institutions, with subsequent	logi	2025	
		settlement between the medical	es.		
		insurance agency and the medical		Age	
		institution as per the agreement. Out-of-		gence	
		pocket expenses should be settled		Bibl	
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5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39	Strengthen Enforcement	To ensure the effective implementation of national policies in their regions, provincial governments may develop stricter enforcement measures, including enhancing supervision, improving implementation efficiency, and increasing the supervisory capacity of functional departments. These measures help ensure the smooth implementation of policies and the achievement of their goals.	between the individual and the individual medical insurance benefits applied based on the discharge date (Guiding Opinions on Establishing the Urban and Rural Residents Basic data Insurance System, April 21, 2017). Strictly enforcing hospital financial financial financial and accounting accounting systems by establishing and implementing a chief accountant individual analysis and reporting systems, and strengthening similar technologies and the individual analysis and monitoring to supervise hospital technologies by the Heilongjiang Provincial Health and Family Planning Commission and other departments, September 16, 2014).	e
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When formulating local policies, provincial governments may narrow the scope of application to specific areas or populations within their jurisdiction.	multi-site practice of licensed physicians (Notification on the Main	nses te ସ୍ଥାର୍ଶ୍ୱର୍ଭ	practice of licensed physicians, relaxing the ditions for pilot projects, increasing the
Forb	Reforms of the Medical and Health System in Heilongjiang Province in 2011).	nent Superieg	k scope to all qualified cities (Notification he Main Work Arrangements for the Five Reforms of the Medical and Health System [11] [State Office [2011] No. 8]).
eer,	treatment pilot projects in public hospital comprehensive reform pilot	r(ABES) con	elerating the promotion of hierarchical nosis and treatment, focusing on prehensive reform pilot provinces and
In some cases, provincial governments	for Deepening Medical and Health	a citi	s, and conducting pilot projects in about
policies due to local conditions being	Province in 2016, July 14, 2016).	anthe	Key Tasks for Deepening Medical and th System Reform in 2016 [State Office
better balance resource allocation and policy implementation effects.	· On	<u></u> [202	[6] No. 26]).
		chnologies.	
	When formulating local policies, provincial governments may narrow the scope of application to specific areas or populations within their jurisdiction.	When formulating local policies, provincial governments may narrow the scope of application to specific areas or populations within their jurisdiction.Actively conducting pilot projects for multi-site practice of licensed physicians (Notification on the Main Work Arrangements for the Five Key Reforms of the Medical and Health System in Heilongjiang Province in 2011).In some cases, provincial governments may lower the standards of national policies due to local conditions being unable to meet national standards or to better balance resource allocation andConducting hierarchical diagnosis and treatment pilot projects in public hospital comprehensive reform pilot cities (Notification on the Key Tasks for Deepening Medical and Health System Reform in Heilongjiang Province in 2016, July 14, 2016).	ExtentionProvinceWhen formulating local policies, provincial governments may narrow the scope of application to specific areas or populations within their jurisdiction.Actively conducting pilot projects for multi-site practice of licensed physicians (Notification on the Main Work Arrangements for the Five Key Reforms of the Medical and Health System in Heilongjiang Province in 2011).In some cases, provincial governments may lower the standards of national policies due to local conditions being unable to meet national standards or to better balance resource allocation and policy implementation effects.Conducting hierarchical diagnosis and treatment pilot projects in public cities (Notification on the Key Tasks for Deepening Medical and Health System Reform in Heilongjiang Province in 2016, July 14, 2016).

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0 1 2 3 4 5 5 7 3 9 0 1 2 3 4 5 5 7 3	Directly Delete the Content	When formulating local policies, provincial governments may selectively reduce content from national policies if they believe certain content is not applicable locally or if resources are limited and cannot fully implement all aspects of the national policies.	national TCM clinical research bases, key TCM hospitals in the inheritance and innovation project, and regional TCM (specialty) diagnosis and treatment centers (Implementation Opinions of the Heilongjiang Provincial Committee of the Communist Party of China and Heilongjiang Provincial Government on Promoting the Inheritance and	Acgelerating the construction of TCM evidence-based medicine centers, screening 50 and prime promptly disease treatments, 100 and promptly announcing them to the public. The promptly announcing the scale of the scale
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