



BMJ Open is committed to open peer review. As part of this commitment we make the peer review history of every article we publish publicly available.

When an article is published we post the peer reviewers' comments and the authors' responses online. We also post the versions of the paper that were used during peer review. These are the versions that the peer review comments apply to.

The versions of the paper that follow are the versions that were submitted during the peer review process. They are not the versions of record or the final published versions. They should not be cited or distributed as the published version of this manuscript.

BMJ Open is an open access journal and the full, final, typeset and author-corrected version of record of the manuscript is available on our site with no access controls, subscription charges or pay-per-view fees (<http://bmjopen.bmj.com>).

If you have any questions on BMJ Open's open peer review process please email info.bmjopen@bmj.com

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

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2024-097826
Article Type:	Original research
Date Submitted by the Author:	12-Dec-2024
Complete List of Authors:	Jiang, Rui; Second Affiliated Hospital of Harbin Medical University, Chang, Guangming; Second Affiliated Hospital of Harbin Medical University, Nursing Teaching and Research Department Liu, Tingzhuo ; Harbin Medical University, School of Public Health Zhang, Xinyi ; Harbin Medical University, School of Public Health Xu, Lingling ; Second Affiliated Hospital of Harbin Medical University Zhou, Yuhua ; Second Affiliated Hospital of Harbin Medical University Wang, Yongchen ; Second Affiliated Hospital of Harbin Medical University,
Keywords:	Primary Care < Primary Health Care, Quality in health care < HEALTH SERVICES ADMINISTRATION & MANAGEMENT, Chronic Disease

SCHOLARONE™
Manuscripts



I, the Submitting Author has the right to grant and does grant on behalf of all authors of the Work (as defined in the below author licence), an exclusive licence and/or a non-exclusive licence for contributions from authors who are: i) UK Crown employees; ii) where BMJ has agreed a CC-BY licence shall apply, and/or iii) in accordance with the terms applicable for US Federal Government officers or employees acting as part of their official duties; on a worldwide, perpetual, irrevocable, royalty-free basis to BMJ Publishing Group Ltd ("BMJ") its licensees and where the relevant Journal is co-owned by BMJ to the co-owners of the Journal, to publish the Work in this journal and any other BMJ products and to exploit all rights, as set out in our [licence](#).

The Submitting Author accepts and understands that any supply made under these terms is made by BMJ to the Submitting Author unless you are acting as an employee on behalf of your employer or a postgraduate student of an affiliated institution which is paying any applicable article publishing charge ("APC") for Open Access articles. Where the Submitting Author wishes to make the Work available on an Open Access basis (and intends to pay the relevant APC), the terms of reuse of such Open Access shall be governed by a Creative Commons licence – details of these licences and which [Creative Commons](#) licence will apply to this Work are set out in our licence referred to above.

Other than as permitted in any relevant BMJ Author's Self Archiving Policies, I confirm this Work has not been accepted for publication elsewhere, is not being considered for publication elsewhere and does not duplicate material already published. I confirm all authors consent to publication of this Work and authorise the granting of this licence.

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies. Enseignement Supérieur (ABES).

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 Jiang¹, Guangming Chang², Tingzhuo Liu³, Xinyi Zhang³, Lingling Xu¹, Yuhang Zhou¹,
Yongchen Wang^{1*}

1. Department of General Practice, the Second Affiliated Hospital of Harbin Medical University, Harbin, 150001, China

2. Nursing Teaching and Research Department, the Second Affiliated Hospital of Harbin Medical University, Harbin, 150001, China

3. School of Public Health, Harbin Medical University, Harbin, China

***Corresponding author:**

Yongchen Wang, E-mail: yongchenwang@hrbmu.edu.cn

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

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies. Ensignement Supérieur (ABES).

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

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies. Ensignement Supérieur (ABES).

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 identified 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

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

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies. Ensignement Supérieur (ABES).

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

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 policies.

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies. Ensignement Supérieur (ABES).

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

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 the included policy documents were jointly released through multi-sectoral 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-sectoral 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 hinge 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

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies. Ensignement Supérieur (ABES).

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

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

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies. Ensignement Supérieur (ABES).

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.

Authors' contributions

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.

Funding

This research was partially supported by the National Natural Science Foundation of China (72074065), Heilongjiang Provincial Higher Education Teaching Reform Project.

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

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies. Enseignement Supérieur (ABES).

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.

References

1. Liu, S., et al., *Integrated multisectoral non-communicable disease prevention and control in China: A review of agencies and policies*. Journal of Global Health, 2020. **10**(2).

2. Jan, S., et al., *Action to address the household economic burden of non-communicable diseases*. The Lancet, 2018. **391**(10134): p. 2047-2058.

3. Hone, T., J. Macinko, and C. Millett, *Revisiting Alma-Ata: what is the role of primary health care in achieving the Sustainable Development Goals?* The Lancet, 2018. **392**(10156): p. 1461-1472.

4. Haque, M., et al., *Strengthening Primary Health-Care Services to Help Prevent and Control Long-Term (Chronic) Non-Communicable Diseases in Low- and Middle-Income Countries*. Risk Management and Healthcare Policy, 2020. **Volume 13**: p. 409-426.

5. Li, X., et al., *The primary health-care system in China*. The Lancet, 2017. **390**(10112): p. 2584-2594.

6. Shen, M., W. He, and L. Li, *Incentives to use primary care and their impact on healthcare utilization: Evidence using a public health insurance dataset in China*. Social Science & Medicine, 2020. **255**.

7. State Council, C., *Opinions of the CPC central committee and the state council on deepening the health care system reform (in Chinese)* . 2009, http://www.gov.cn/test/2009-04/08/content_1280069.htm.

8. WHO., *Healthy China 2030*, in

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies. Ensignement Supérieur (ABES).

<https://www.who.int/healthpromotion/conferences/9gchp/healthy-china/en/>.

9. Varghese, C.N., B; Onakpoya, I; et al., *Better health and wellbeing for a billion more people integrating non-communicable diseases in primary care*. BMJ, 2019. **2019-01-28;364:l327**.
10. Rule, J., et al., *Strengthening Primary Health Care in Low- and Middle-Income Countries*. Asia Pacific Journal of Public Health, 2013. **26**(4): p. 339-348.
11. Lu, J., et al., *Prevalence, awareness, treatment, and control of hypertension in China: data from 1.7 million adults in a population-based screening study (China PEACE Million Persons Project)*. The Lancet, 2017. **390**(10112): p. 2549-2558.
12. Xiong, S., et al., *Primary health care system responses to non-communicable disease prevention and control: a scoping review of national policies in Mainland China since the 2009 health reform*. The Lancet Regional Health - Western Pacific, 2023. **31**.
13. Wang, L., et al., *Prevalence and Treatment of Diabetes in China, 2013-2018*. Jama, 2021. **326**(24).
14. Tricco, A.C., et al., *PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation*. Annals of Internal Medicine, 2018. **169**(7): p. 467-473.
15. Organization, W.H., *Monitoring the building blocks of health systems a handbook of indicators and their measurement strategies*. 2010.
16. Watkins, D.A., et al., *NCD Countdown 2030: efficient pathways and strategic investments to accelerate progress towards the Sustainable Development Goal target 3.4 in low-income and middle-income countries*. The Lancet, 2022. **399**(10331): p. 1266-1278.

17. Ye, P., et al., *A Scoping Review of National Policies for Healthy Ageing in Mainland China from 2016 to 2020*. The Lancet Regional Health - Western Pacific, 2021. **12**.
18. *The State Council of China*. 2019; Available from: <http://www.gov.cn/guowuyuan/index.htm>.
19. WHO., *Monitoring the building blocks of health systems a handbook of indicators and their measurement strategies*. 2010.
20. Wei, X., et al., *Changes in the perceived quality of primary care in Shanghai and Shenzhen, China: a difference-in-difference analysis*. Bulletin of the World Health Organization, 2015. **93**(6): p. 407-416.
21. State Council, C., *China's State Council promulgated the Circular on China's Mid- and Long-term Plan of NCD Prevention and Treatment (2017-2025)*. (in Chinese). 2017: https://www.gov.cn/zhengce/content/2017-02/14/content_5167886.htm.
22. Chen, P., F. Li, and P. Harmer, *Healthy China 2030: moving from blueprint to action with a new focus on public health*. The Lancet Public Health, 2019. **4**(9).
23. Hu, J. and E. Mossialos, *Pharmaceutical pricing and reimbursement in China: When the whole is less than the sum of its parts*. Health Policy, 2016. **120**(5): p. 519-534.
24. Ministry of Finance, C., *Management of subsidy for implementation of national essential drug system in primary health care institutions*. . 2014.: http://www.mof.gov.cn/gkml/caizhengwengao/wg2014/wg2014010/201504/t20150401_1211569.htm (in Chinese) .
25. Xi Li*, H.M.K., Winnie Yip*, Kar Keung Cheng, Jan De Maeseneer, Qingyue Meng, Elias Mossialos, Chuang Li, Jiapeng Lu, Meng Su, , et al., *Quality of primary health*

- care in China challenges and recommendations.pdf. Lancet 2020. 2020; 395: 1802–12.
26. Liu, W.-Y., et al., *Systematic Review of the Effect of a Zero-Markup Policy for Essential Drugs on Healthcare Costs and Utilization in China, 2015–2021*. Frontiers in Medicine, 2021. 8.
27. Fu, H., L. Li, and W. Yip, *Intended and unintended impacts of price changes for drugs and medical services: Evidence from China*. Social Science & Medicine, 2018. 211: p. 114-122.
28. Lu, X., Q. Wang, and D. Wei, *Do Health Insurance Schemes Heterogeneously Affect Income and Income Distribution? Evidence from Chinese Agricultural Migrants Survey*. International Journal of Environmental Research and Public Health, 2020. 17(9).
29. Dou, G., Q. Wang, and X. Ying, *Reducing the medical economic burden of health insurance in China: Achievements and challenges*. BioScience Trends, 2018. 12(3): p. 215-219.
30. State Council, C., *"Thirteenth-five year plan" for health system reform*. 2017: http://www.gov.cn/zhengce/content/2017-01/09/content_5158053.htm (in Chinese).
31. Feng, S., et al., *Effect of family doctor contract services on patient perceived quality of primary care in southern China*. BMC Family Practice, 2020. 21(1).
32. Jian JIN , J.W., Xiaoyi MA , *Yuding WANG , Renyong LI, *Equality of Medical Health Resource Allocation in China Based on the Gini Coefficient Method*. Iran J Public Health, 2015. Vol. 44, No.4, Apr 2015, pp.445-457.

33. Zhang, T., et al., *Inequality in the distribution of health resources and health services in China: hospitals versus primary care institutions*. International Journal for Equity in Health, 2017. **16**(1).

34. Wang HHX, W.J., Zhou ZH, Wang XW, Xu L, *General practice education and training in southern China recent development and ongoing challenges under the health care reform*. Malaysian Family Physician, 2013. **Volume 8, Number 3**.

35. Shi, L., et al., *Community health centers and primary care access and quality for chronically-ill patients – a case-comparison study of urban Guangdong Province, China*. International Journal for Equity in Health, 2015. **14**(1).

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies. Enseignement Supérieur (ABES).

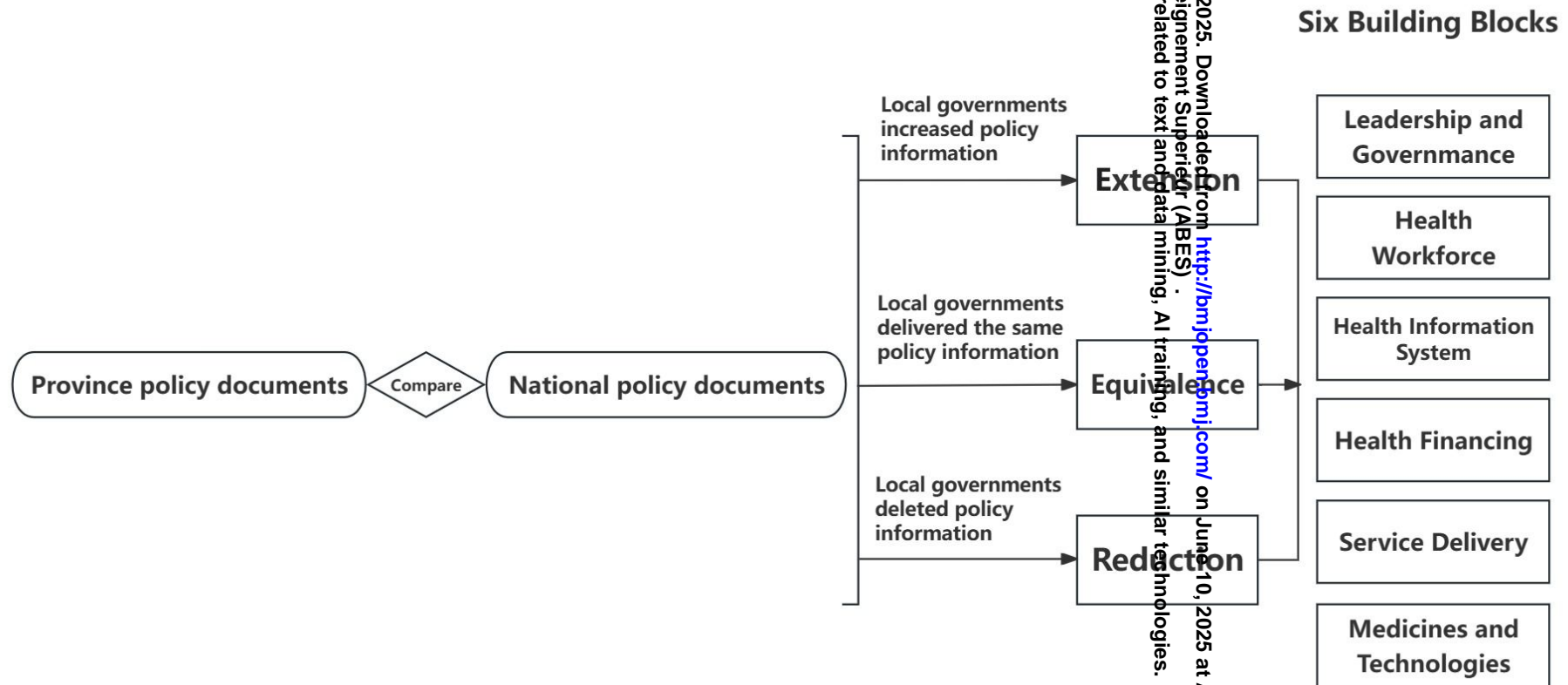


Figure 1. The analysis framework of methodology.

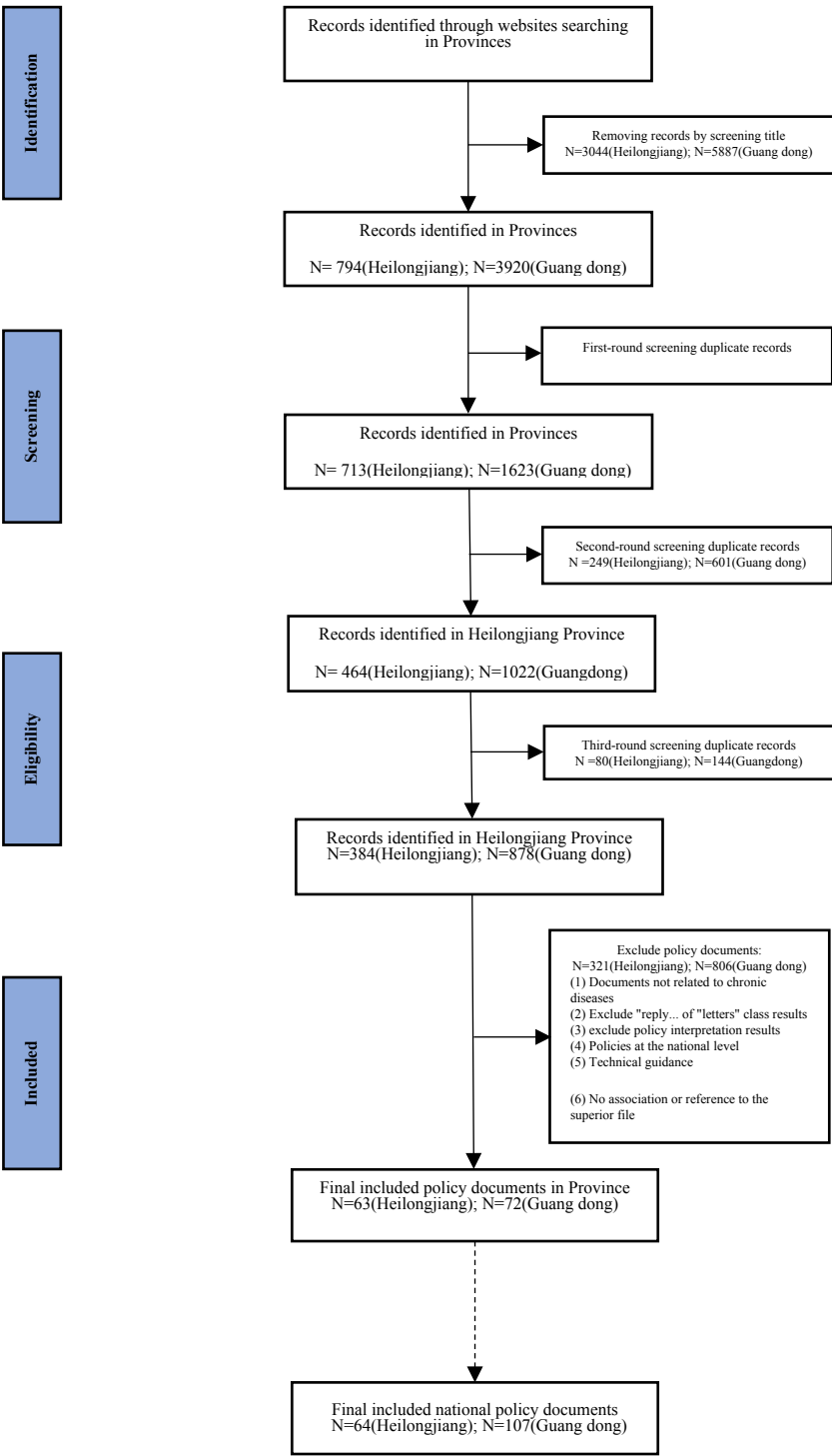


Figure 2. The flow chart of policy identification and search

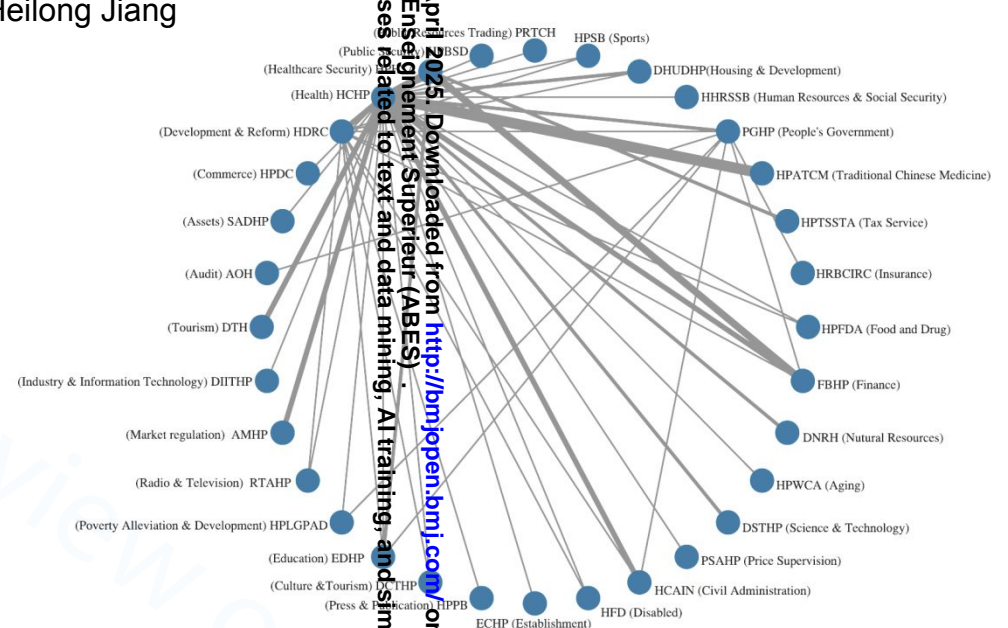
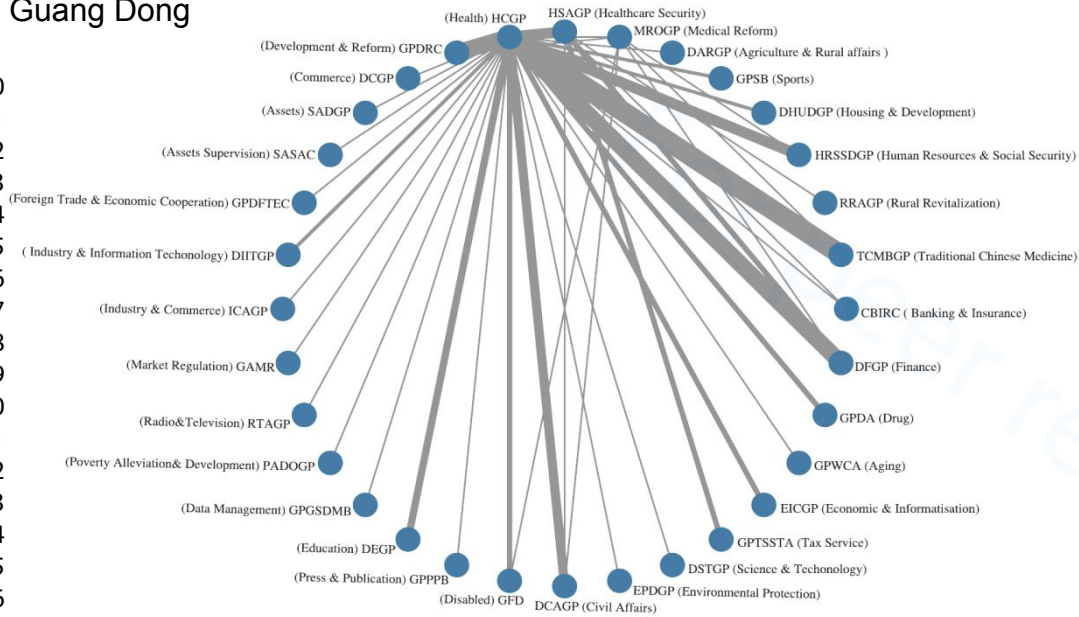


Figure 3. The network plot of ministries that collaborated to develop policies from 2009 to 2023.

Notes:

HSAGP: Healthcare Security Administration of Guangdong Province; MROGP: Medical Reform Office of Guangdong Province; MARGP: Department of Agriculture and Rural Affairs of Guangdong Province; GPSB: Guangdong Provincial Sports Bureau; DHUDGP: Department of Housing and Urban Rural Development of Guangdong Province; HRSSDGP: Human Resources and Social Security Department of Guangdong Province; RRAGP: Rural Revitalization Administration of Guangdong Province;

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
38
39
40
41
42
43
44
45
46

TCMBGP: Traditional Chinese Medicine Bureau of Guangdong Province; CBIRC: Guangdong Provincial Regulatory Bureau of China Banking and Insurance Regulatory Commission; DFGP: Department of Finance of Guangdong Province; GPDA: Guangdong Provincial Drug Administration; GWPWA: Guangdong Provincial Working Committee on Aging; EICGP: Economic and Information Commission of Guangdong Province; GPTSSTA: Guangdong Provincial Tax Service, State Taxation Administration; DSTGP: Department of Science and Technology of Guangdong Province; EPDGP: Environmental Protection Department of Guangdong Province; DCAGP: Department of Civil Affairs of Guangdong Province; GFD: Guangdong Federation of the Disabled; GPPPB: Guangdong Provincial Press and Publication Bureau; DEGP: Department of Education of Guangdong Province; GPGSDMB: Guangdong Provincial Government Services Data Management Bureau; PADOGP: Poverty Alleviation and Development Office of Guangdong Province; RTAGP: Radio and Television Administration of Guangdong Province; GAMR: Guangdong Administration for Market Regulation; ICAGP: Industry and Commerce Administration of Guangdong Province; DIITGP: Department of Industry and Information Technology 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; PDCRC: Guangdong Provincial Development and Reform Commission; HCGP: Health Commission of Guangdong Province;

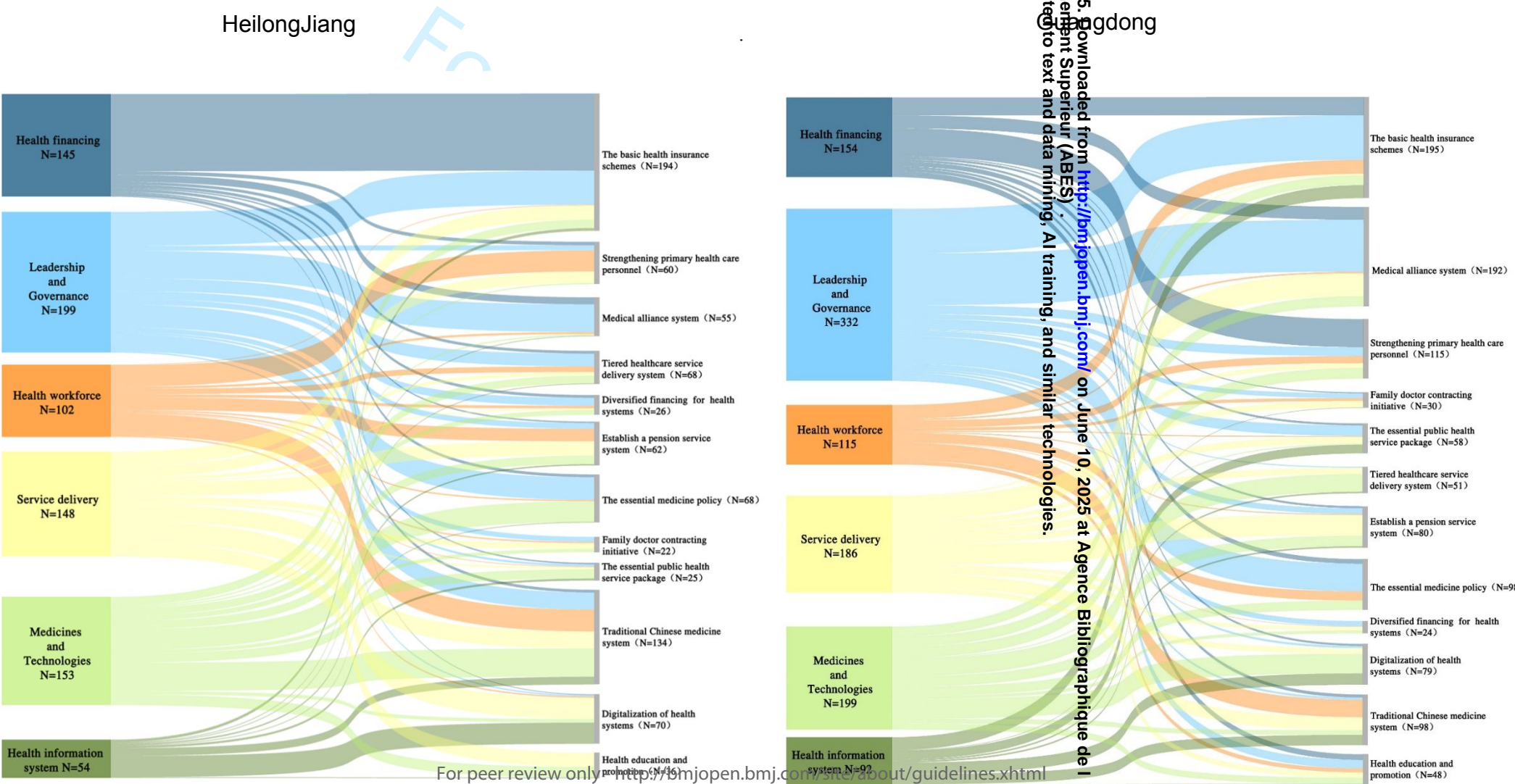
Notes:

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 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; CCAN: 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 Province; HPLGPAD: Heilongjiang Provincial Leading Group of Poverty Alleviation and Development; RTAHP: Radio and Television Administration of Heilongjiang Province; AMHP: Administration for Market regulation of Heilongjiang Province; DIITHP: Department of Industry and Information Technology of Heilongjiang Province; DTH: Department of Tourism of

BMJ Open: first published as 10.1136/bmjopen-2024-097826 on 25 April 2025. Downloaded from <http://bmjopen.bmj.com/> on June 10, 2025 at Agency Bibliographique de l'Enseignement Supérieur (ABES) .
All rights reserved. No reuse allowed without permission. See <http://bmjopen.bmj.com/> for guidelines on re-use. AI training, and similar technologies, are not permitted. For more information, see <http://bmjopen.bmj.com/>.

Heilongjiang; AOH: Audit Office of Heilongjiang; SADHP: State-owned Assets Department of Heilongjiang Province; HPDC: Heilongjiang Province Department of Commerce; HCHP: Health Commission of Heilongjiang Province; HPHSA: Heilongjiang Province Healthcare Security Administration; HPBSD: Heilongjiang Province Public Security Department; PRTCH: Public Resources Trading Center of Heilongjiang

Figure 4. Major Policy Initiatives have been focused on PHC-focused NCD Control in both provinces



Downloaded from <http://bmjopen.bmj.com/> on June 10, 2025 at Agence Bibliographique de l'Enseignement Supérieur (ABES)

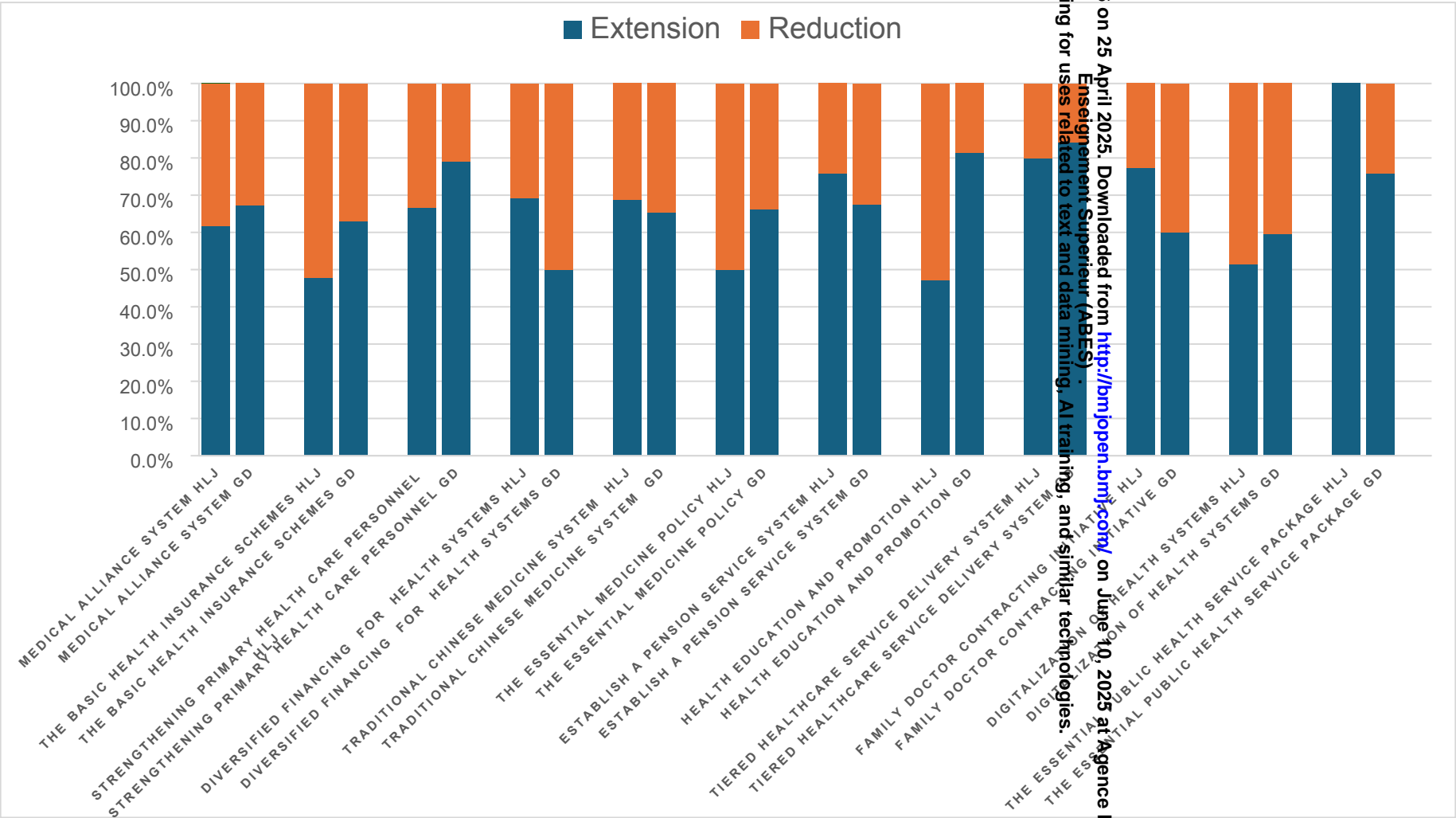


Figure 5. Stacked diagram of extension and reduction in the thematic framework during both provinces.

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
INTRODUCTION			
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 applicable
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 (PRISMA-ScR): 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)

ID	Name in Chinese	Government administration	URL of website
1	黑龙江省人民政府办公厅	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 Technology of Heilongjiang Province	http://gxt.hlj.gov.cn/
6	黑龙江省民政厅	Department of Civil Affairs of Heilongjiang Province	https://mzt.hlj.gov.cn/
7	黑龙江省财政厅	Finance Bureau of Heilongjiang Province	https://czt.hlj.gov.cn/czt/index.shtml
8	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/
9	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/
10	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
11	黑龙江省卫生健康委员会	Health Commission of Heilongjiang Province	https://wsjkw.hlj.gov.cn/
12	黑龙江省市场监督管理局	Administration for Market Regulation of Heilongjiang Province	https://amr.hlj.gov.cn/
13	黑龙江省体育局	Heilongjiang Provincial Sports Bureau	https://tyj.hlj.gov.cn/
14	黑龙江省统计局	Heilongjiang Bureau of Statistics	https://tjj.hlj.gov.cn/
15	黑龙江省医疗保障局	Heilongjiang Province Healthcare Security Administration	https://ybj.hlj.gov.cn/
16	黑龙江省地方金融监督管理局	Heilongjiang Local Financial Supervision and Administration Bureau	https://dfjrgj.hlj.gov.cn/
17	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
18	黑龙江省乡村振兴局	Heilongjiang Provincial Rural Revitalization Bureau	https://fpb.hlj.gov.cn/fpb/index.shtml
19	黑龙江省粮食和物资储备局	Heilongjiang Provincial Food and Material Reserve Bureau	https://lsj.hlj.gov.cn/
20	黑龙江省药品监督管理局	Heilongjiang Provincial Durg Administration	https://mpa.hlj.gov.cn/
21	黑龙江省知识产权局	Heilongjiang Intellectual Property Administration	https://hlipa.hlj.gov.cn/
22	黑龙江省中医药管理局	Heilongjiang Provincial Administration of Traditional Chinese Medicine	https://tcm.hlj.gov.cn/
23	广东省人民政府	People's Government of Guangdong Province	http://www.gd.gov.cn/
24	广东省发展和改革委员会	Guangdong Provincial Development and Reform Commission	http://drc.gd.gov.cn/
25	广东省教育厅	Department of Education of Guangdong Province	http://edu.gd.gov.cn/
26	广东省科学技术厅	Department of Science and Technology of Guangdong Province	http://gdsc.gd.gov.cn/
27	广东省工业和信息化厅	Department of Industry and Information Technology of Guangdong Province	http://gdii.gd.gov.cn/
28	广东省民政厅	Department of Civil Affairs of Guangdong Province	http://smzt.gd.gov.cn/
29	广东省财政厅	Department of Finance Guangdong Province	http://czt.gd.gov.cn/
30	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/
31	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/
32	广东省农业农村厅	Department of Agriculture and Rural Affairs of Guangdong Province	http://dara.gd.gov.cn/
33	广东省卫生健康委员会	Health Commission of Guangdong Province	http://wsjkw.gd.gov.cn/
34	广东省市场监督管理局 (知识产权局)	Guangdong Administration for Market Regulation(Guangdong Intellectual Property Administration)	http://amr.gd.gov.cn/

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
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

35	广东省体育局	Guangdong Provincial Sports Bureau	http://tyj.gd.gov.cn/
36	广东省统计局	Guangdong Provincial Statistics Bureau	http://stats.gd.gov.cn/
37	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/

For peer review only

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies. Enseignement Supérieur (ABES).

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 common 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.

Supplementary file 4

The essential data items of Included Province-Level and corresponding National-Level Policy Documents (Heilongjiang Province)

Serial number	Chinese title	English title	Time of realise	Releasing department	Referenced National-Level Policy Documents
11th five-year plan (2009-2010)					
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) Recommendations by the CPC Central Committee and the State Council on Deepening the Reform of the Medical and Health Care System
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	Major Work Plans for the five Key Reforms of the Medical and Health System of 2010
12th five-year plan (2011-2015)					
H2	黑龙江省医药卫生体制五项重点改革 2011 年度主要工作安排	Work Arrangements of Heilongjiang Province for the Reform of the Medical and Health Care System in Five Key Aspects(2011)	2-Apr-2011	People's Government of Heilongjiang Province	Major Work Plans for the Five Key Reforms of the Medical and Health System of 2011
H3	关于做好人社系统承担的 2011 年度医药卫生体制改革工作的通知	Notice on Improving the Reform for the Medical and Health System of 2011 issued by Heilongjiang Provincial Leading Group for Deepening Reform of the Medical and Health System	17-Jun-2011	Heilongjiang Human Resources and Social Security Bureau	Major Work Plans for the Five Key Reforms of the Medical and Health System of 2011
H4	黑龙江省人民政府关于扶持和促进中医药事业发展的实施意见	Implementation Opinions of the People's Government of Heilongjiang Province on Supporting and Promoting the Development of the Traditional Chinese Medicine Industry	20-Jun-2011	People's Government of Heilongjiang Province	Some Opinions of the State Council on Supporting and Promoting the Development of the Traditional Chinese Medicine Industry

H5	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	Guidelines of the General Office of the State Council on Further Strengthening the Construction of Rural Doctor Teams
H6	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	Standards for the Essential Public Health Service Package-2011 version
H7	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	12th Five-Year Plan for National Population Development
H8	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	Opinions on the Traditional Chinese Medicine Capacity Building Project at the Grassroots level Implementation Plan of the Traditional Chinese Medicine Capacity Building Project at the Grassroots Level
H9	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	Opinions of the General Office of the State Council on Improving the Essential Medicine System and the New Mechanism of Grassroots Operation
H10	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 Bureau of Heilongjiang Province	①Recommendations by the CPC Central Committee and the State Council on Deepening the Reform of the Medical and Health Care System ②Notice of the State Council on Issuing the 12th Five-Year Plan for Deepening Health System ③Guidelines on the Pilot Reform of Public Hospitals

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
38
39
40
41
42
43
44
45
46

				/*Price Supervision and Administration of Heilongjiang Province	
H11	黑龙江省基本公共服务体系建设实施方案	The Implementation Plan of Establishing Basic Public Service Systems in Heilongjiang Province	22-Sep-2014	*Heilongjiang Development and Reform Commission/*Education Department of Heilongjiang Province/*Heilongjiang Civil Administration Information Net /*Finance Bureau of Heilongjiang Province/*Heilongjiang Human Resources and Social Security Bureau/*Department of Housing and Urban-rural Development of Heilongjiang Province/*Department of Culture of Heilongjiang/*Health Commission of Heilongjiang Province/*Heilongjiang Provincial Food and Drug Administration/*Radio and Television Administration of Heilongjiang Province/*Heilongjiang Provincial Sports Bureau/*Heilongjiang Press and	Heilongjiang Five-Year Plan for National Basic Public Service Systems

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
38
39
40
41
42
43
44
45
46

				Publication Bureau/*Heilongjiang Federation of the Disabled	
H12	黑龙江省人民政府办公厅关于支持民办养老产业发展的意见	Opinions of the General Office of the People's Government of Heilongjiang Province on Supporting the Development of Private Pension Industry	17-Oct-2014	People's Government of Heilongjiang Province	Opinions of the State Council on Accelerating the Development of the Elderly Service Industry
H13	关于进一步做好计划生育家庭特别扶助工作的实施意见	Implementation Opinions on Further Improving the Work of Special Support for Planned Parenthood Families	23-Oct-2014	*Health Commission of Heilongjiang Province/*Heilongjiang Civil Administration Information Net /*Finance Bureau of Heilongjiang Province/*Heilongjiang Human Resources and Social Security Bureau/*Department of Housing and Urban-rural Development of Heilongjiang Province /*Department of Justice of Heilongjiang Province/*Heilongjiang Federation of the Disabled	Opinions on Further Improving the Work of Special Support for Planned Parenthood Families
H14	黑龙江省医疗机构进一步改善医疗服务行动实施方案	The Implementation Plan of Heilongjiang Province on Further Improvement of Medical Service Action in Medical Institutions	10-Mar-2015	*Health Commission of Heilongjiang Province/*Heilongjiang Provincial Administration of Traditional Chinese Medicine	Action Plan for Further Improvement of Medical Services

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
38
39
40
41
42
43
44
45
46

H15	黑龙江省爱卫会关于进一步加强新时期爱国卫生工作的实施意见	Opinions of the Heilongjiang Patriotic Health Campaign Committee on Further Strengthening Patriotic Health Work in the New Period	7-May-2015	Heilongjiang Patriotic Health Campaign Committee	Opinions of the State Council on Further Strengthening Patriotic Health Work in the New Period
H16	黑龙江省深化医药卫生体制改革2015年重点工作任务	the key Work Arrangements on Deeping the Reform of the Medical and Health System in Heilongjiang Province of 2015	10-Jun-2015	Heilongjiang Provincial Leading Group for Deepening Reform of the Medical and Health System	Summary in 2014 and key tasks in 2015 for Deepening the reform of the medical and health system
H17	黑龙江省全面推开县级公立医院综合改革实施方案	The Implementation Plan on Promoting Comprehensive Reform of County-level Public Hospitals In Heilongjiang Province	24-Aug-2015	People's Government of Heilongjiang Province	Implementation Opinions of the General Office of the State Council on Promoting Comprehensive Reform of County-level Public Hospitals
H18	黑龙江省人民政府办公厅关于促进中医药健康服务发展的实施意见	Implementation Opinions of the General Office People's Government of Heilongjiang Province on Promoting the Development of Chinese Medicine Health Services	20-Jan-2016	People's Government of Heilongjiang Province	Development Plan of Traditional Chinese Medicine Health Service (2015-2020)
H19	关于促进黑龙江省社会办医加快发展若干措施	Several Measures to Promote the Accelerated Development of Social Medicine in Heilongjiang Province	6-Feb-2016	People's Government of Heilongjiang Province	Notice on Several Policy Measures to Promote the Accelerated Development of Socially-Run
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 Guangdong Province	Guiding Opinions of the State Council on Establishing General Practitioner System
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 Affairs in Guangdong Province	26-Apr-2012	People's Government of Guangdong Province	The Twelfth Five-Year Plan for the Development of China's Aging Affairs
G4	转发卫生部办公厅关于落实2012年医改任务做好农村卫生服务有关工作的通知	Forwarded Notice of the General Office of the Ministry of Health on the implementing 2012 healthcare reform tasks to improve rural health services	3-Aug-2012	Guangdong Provincial Health Department	Notice of the General Office of the Ministry of Health on the implementing 2012 healthcare reform tasks to improve rural health services
G5	广东省卫生事业发展“十二五”规划的通知	The Twelfth Five-Year Plan for the Development of Health Services in Guangdong Province	13-Jul-2012	People's Government of Guangdong Province	Recommendations by the CPC Central Committee and the State Council on Deepening the Reform of the Medical and Health Care System
G6	广东省县级公立医院综合改革试点实施意见	The Implementation Plan on Comprehensive Reform of County-level Public Hospitals In Guangdong Province	30-Oct-2012	People's Government of Guangdong Province	① Notice of the State Council on Issuing the 12th Five Year Plan for Deepening Health System Reform ② Opinions on the pilot comprehensive reform of county level public hospitals

G7

广东省慢性非传染性疾病防治工作
规划(2012-2015 年)

Chronic Disease Prevention and Control Work Plan in
Guangdong Province (2012-2015)

16-Nov-2012

*Guangdong Provincial Health
Department/*Guangdong Provincial
Development and Reform
Commission/*Department of
Education of Guangdong Province
/*Department of Science and
Technology of Guangdong Province
/*Economic and Informatisation
Commission of Guangdong
Province/*Department of Civil
Affairs of Guangdong Province
/*Department of Finance of
Guangdong Province/*Human
Resources and Social Security
Department of Guangdong Province
/*Environmental Protection
Department of Guangdong Province
/*Department of Housing and
Urban-rural Development of
Guangdong Province
/*Department of Agriculture and
Rural Affairs of Guangdong
Province/*Guangdong Provincial
Department of Foreign Trade and
Economic Cooperation/*Radio and
Television Administration of

China Chronic Disease Prevention and Control Work Plan (2012-2015)

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
38
39
40
41
42
43
44
45
46

				Guangdong Province/*Guangdong Provincial Press and Publication Bureau/*Guangdong Provincial Sports Bureau/*Guangdong Provincial Food and Drug Administration	
G8	广东省“十二五”期间深化医药卫生体制改革实施方案	Notice on Issuing the 12th Five-Year Plan for Deepening Health System Reform in Guangdong Province	29-Dec-2012	People's Government of Guangdong Province	of the State Council on Issuing the 12th Five Year Plan for Deepening Health System Reform
G9	广东省巩固完善基本药物制度和基层运行新机制实施方案	Opinions on Improving the Essential Medicine System and the New Mechanism of Grassroots Operation in Guangdong Province	5-Sep-2013	People's Government of Guangdong Province	Opinions of the General Office of the State Council on Improving the Essential Medicine System and the New Mechanism of Grassroots Operation
G10	广东省深化医药卫生体制改革近期工作要点	The main points of work of Guangdong Province on Deepening the Health System Reform in recent times	22-Aug-2014	People's Government of Guangdong Province	Work summary in 2014 and key tasks in 2015 for Deepening the reform of the medical and health system
G11	广东省推进中医预防保健服务体系建设工作方案	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	Some Opinions of the State Council on Supporting and Promoting the Development of the Traditional Chinese Medicine Industry
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 年国家基本公共卫生服务项目工作的通知	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	Notice on Implementing the National Essential Public Health Service Package in 2014
G13	广东省人民政府办公厅关于大力发展商业健康保险的实施意见	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	Opinions of the General Office of the State Council on Accelerating the Development of Commercial Health Insurance

bmjopen-2024-097826 on 25 April 2025. Downloaded from <http://bmjopen.bmj.com/> on June 10, 2025 at Agency Bibliographique de l'Enseignement Supérieur (ABES). All rights reserved. No reuse allowed without permission. Not certified by peer review. This version of the manuscript is subject to copyright, including for uses related to text and data mining, AI training, and similar technologies.

G14	广东省深化医药卫生体制改革近期 工作要点	The main points of work of Guangdong Province on Deepening the Health System Reform in recent times	14-Jul-2015	People's Government of Guangdong Province	Major Work Plans for Deepening the Reforms of the Medical and Health System of 2014
G15	广东省全面深化县级公立医院综合 改革的若干意见	The Implementation Plan on Fully Deepening Comprehensive Reform of County-level Public Hospitals In Guangdong Province	11-Nov-2015	People's Government of Guangdong Province	Implementation Opinions of the General Office of the State Council on Promoting Comprehensive Reform of County-level Public Hospitals
G16	广东省城市公立医院综合改革的实 施意见	Implementation Opinions on the Comprehensive Reform of Urban Public Hospitals in Guangdong Province	11-Nov-2015	People's Government of Guangdong Province	Implementation Opinions of the General Office of the State Council on the Pilot Comprehensive Reform of Urban Public Hospitals
13th five-year plan (2016-2020)					
H20	关于推进医疗卫生与养老服务相 结合实施意见	Implementation Opinions on Promoting the Integration of Medical Health and Elderly Services	30-Mar-2016	*Health Commission of Heilongjiang Province/*Heilongjiang Civil Administration Information Net/*Heilongjiang Human Resources and Social Security Bureau/*Heilongjiang Development and Reform Commission/*Department of Industry and Information Technology of Heilongjiang Province/*Heilongjiang Province Public Security Department /*Finance Bureau of Heilongjiang Province/*State- owned Assets Department of Heilongjiang Province	Implementation Opinions on Promoting the Integration of Medical Health and Elderly Services

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
38
39
40
41
42
43
44
45
46

				/*Department of Housing and Urban-rural Development of Heilongjiang Province/*Department of Tourism of Heilongjiang Province/*Heilongjiang Provincial Working Committee on Aging People's Government of Heilongjiang Province	
H21	黑龙江省深化医药卫生体制改革 2016 年重点工作任务	The key Work Arrangements on Deeping the Reform of the Medical and Health System in Heilongjiang Province of 2016	14-Jul-2016	People's Government of Heilongjiang Province	Work Plans for Deepening the Reforms of the Medical and Health System of 2016
H22	黑龙江省人民政府办公厅关于促进医药产业健康发展的实施意见	Implementation Opinions of the General Office of People's Government of Heilongjiang Province on Promoting the Healthy Development of the Pharmaceutical Industry	30-Sep-2016	People's Government of Heilongjiang Province	Guidelines of the General Office of the State Council on Promoting the Healthy Development of the Pharmaceutical Industry
H23	黑龙江省医疗卫生服务体系规划 (2016—2020 年)	Heilongjiang Provincial Healthcare Service System Planning (2016-2020)	13-Oct-2016	People's Government of Heilongjiang Province	National Medical and Health Service System Planning Outline (2015-2020)
H24	黑龙江省民政事业“十三五”发展规划	The Thirteenth Five-Year Plan for the Development of Civil Affairs in Heilongjiang Province	3-Nov-2016	Heilongjiang Civil Administration Information Net	Thirteenth Five-Year Plan for the Development of Civil Affairs
H25	黑龙江省全民健身实施计划 (2016-2020 年)	The National Fitness Implementation Plan of Heilongjiang Province (2016-2020)	5-Dec-2016	People's Government of Heilongjiang Province	National Fitness Program (2016-2020)
H26	黑龙江省中医药发展“十三五”规划	The Thirteenth Five-Year Plan for the Development of Chinese Medicine Industry in Heilongjiang Province	11-Jan-2017	People's Government of Heilongjiang Province	Outline of the Strategic Plan for the Development of Traditional Chinese Medicine (2016-2030)
H27	2017 年全省中医药工作要点	The key department on Chinese Medicine work in Heilongjiang Province of 2017	17-Feb-2017	Heilongjiang Provincial Administration of Traditional Chinese Medicine	Outline of the Strategic Plan for the Development of Traditional Chinese Medicine (2016-2030)

bmjopen-2024-097826 on 25 April 2025. Downloaded from <http://bmjopen.bmj.com/> on June 19, 2025 at Agence Bibliographique de l'Enseignement Supérieur (ABES) .
d by copyright, including for uses related to text and data mining, AI training, and similar technologies.

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	① Action Plan for Further Improvement of Medical Services ② Programme of key work for the in-depth implementation of the Action Plan for Further Improvement of Medical Services in 2017
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	*Heilongjiang Human Resources and Social Security Bureau *Finance Bureau of Heilongjiang Province *Heilongjiang Civil Administration Information Net *Audit Office of Heilongjiang *Education Department of Heilongjiang Province *Heilongjiang Provincial Leading Group of Poverty Alleviation and Development *Heilongjiang Regulatory Bureau of China Insurance Regulatory Commission	① Opinions of the State Council on Integrating the Basic Medical Insurance System for Urban and Rural Residents
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	① Thirteenth Five-Year Medicine and Health Plan ② China's mid- and long-term plan for the prevention and treatment of chronic diseases (2017-2025) ③ National Chronic Disease Comprehensive Prevention and Control Demonstration Zone Construction Management Measures

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
38
39
40
41
42
43
44
45
46

H31	黑龙江省人民政府办公厅关于推进医疗联合体建设和发展的实施意见	Guiding Opinions of the General Office of People's Government of Heilongjiang Province on Promoting the Establishment and Development of Medical Alliance Systems	30-Jun-2017	People's Government of Heilongjiang Province	Guiding Opinions of the General Office of the State Council on Promoting the Establishment and Development of Medical Alliance Systems
H32	黑龙江省深化医药卫生体制改革2017年重点工作任务	The key Work Arrangements on Deeping the Reform of the Medical and Health System in Heilongjiang Province of 2017	14-Jul-2017	People's Government of Heilongjiang Province	Key Work Plans for Deepening the Reforms of the Medical and Health System of 2017
H33	黑龙江省“十三五”促进民族地区和人口较少民族发展规划	The 13th Five-Year Plan for Promoting the Development of ethnic regions and ethnic groups with a small population in Heilongjiang Province	1-Aug-2017	People's Government of Heilongjiang Province	The 13th Five-Year Plan for Promoting the Development of ethnic regions and ethnic groups with a small population
H34	在我省建档立卡农村贫困人口中加强慢病签约和有关公共卫生服务的实施方案	The Implementation Plan on Strengthening the Contracting of Chronic Disease and Related Public Health Services among the Rural Poor People with Recorded Cards in Heilongjiang Province	27-Nov-2017	Health Commission of Heilongjiang Province Heilongjiang Provincial Leading Group of Poverty Alleviation and Development	Plan on Implementing the Contracting Services for Chronic Disease Family Doctors of Poor Populations
H35	黑龙江省防治慢性病中长期规划（2017—2025年）	Mid- and long-term plan for the prevention and treatment of chronic diseases in Heilongjiang Province (2017-2025)	28-Nov-2017	People's Government of Heilongjiang Province	China's mid- and long-term plan for the prevention and treatment of chronic diseases (2017-2025)
H36	黑龙江省人民政府办公厅关于进一步深化基本医疗保险支付方式改革的实施意见	Implementation Opinions of the General Office of the People's Government of Heilongjiang Province on Further Deepening the Reform of Basic Medical Insurance Payment Methods	28-Dec-2017	People's Government of Heilongjiang Province	Guidelines of the General Office of the State Council on Further Deepening the Reform of Basic Medical Insurance Payment Methods
H37	黑龙江省支持社会力量提供多层次多样化医疗服务发展健康产业实施方案	The Implementation Plan on supporting social forces to provide multilevel and diversified medical services to develop the health industry in Heilongjiang Province	31-Dec-2017	People's Government of Heilongjiang Province	The Implementation Plan of the General Office of the State Council on supporting social forces to provide multilevel and diversified medical services to develop the health industry
H38	黑龙江省国民营养计划（2017—2030年）	National Nutrition Programme of Heilongjiang Province (2017-2030)	30-May-2018	People's Government of Heilongjiang Province	National Nutrition Plan (2017-2030)

BMJ Open: first published as 10.1136/bmjopen-2024-097826 on 25 April 2025. Downloaded from <http://bmjopen.bmj.com/> on June 10, 2025 at Agence Bibliographique de l'Enseignement Supérieur (ABES). All rights reserved. No reuse allowed without permission. See all uses related to text and data mining, AI training, and similar technologies.

H39	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	Work plan for family doctors contracting services with chronic diseases for documented poor people
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 of Heilongjiang Province *Heilongjiang Development and Reform Commission *Education Department of Heilongjiang Province *Department of Industry and Information Technology of Heilongjiang Province *Heilongjiang Civil Administration Information Net *Finance Bureau of Heilongjiang Province *Heilongjiang Human Resources and Social Security Bureau *Department of Natural Resources of Heilongjiang *Department of Housing and Urban-rural Development of Heilongjiang Province *Heilongjiang Provincial Sports Bureau	National Nutrition Plan (2017-2030) Thirteenth Five-Year Plan on Healthy Ageing

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
38
39
40
41
42
43
44
45
46

For peer review only - <http://bmjopen.bmj.com/site/about/guidelines.xhtml>

*Heilongjiang Provincial Administration of Traditional Chinese Medicine	6 on 25 April 2025. Downloaded from http://bmjopen.bmj.com/ on June 10, 2025 at Ag Enseignement Supérieur (ABES) . ing for uses related to text and data mining, AI training, and similar technologies.	
*Heilongjiang Province Healthcare Security Administration		
*Department of Science and Technology of Heilongjiang Province		
*Department of Culture and Tourism of Heilongjiang Province		
*Administration for Market regulation of Heilongjiang Province		
*Heilongjiang Federation of the Disabled		
People's Government of Heilongjiang Province		Guiding Opinions of the General Office of the State Council on Promoting the Establishment of a Tiered Diagnosis and Treatment System
Health Commission of Heilongjiang Province		Notice of the General Office of the National Health Commission on Family Doctor Contracting Services in 2019

H43	黑龙江省卫生健康委等十一部门 关于完善国家基本药物制度的实 施意见	The Implementation Opinions of the Heilongjiang Provincial Health Commission and Eleven Other Departments on Improving the National Essential Medicine System	2019-06-04	<div><div>*Health Commission of Heilongjiang Province</div><div>*Department of Science and Technology of Heilongjiang Province</div><div>*Department of Industry and Information Technology of Heilongjiang Province</div><div>*Finance Bureau of Heilongjiang Province</div><div>*Heilongjiang Province Department of Commerce</div><div>*Administration for Market regulation of Heilongjiang Province</div><div>*Radio and Television Administration of Heilongjiang Province</div><div>*Heilongjiang Province Healthcare Security Administration</div><div>*Heilongjiang Provincial Administration of *Traditional Chinese Medicine</div><div>Heilongjiang Provincial Drug Administration</div></div>	Opinions of the General Office of the State Council on Improving the National Basic Drug System
-----	---	--	------------	---	--

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
38
39
40
41
42
43
44
45
46

				*Public Resources Trading Center of Heilongjiang	
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	Opinions of the General Office of the State Council on Promoting the Development of "Internet + Medical " Health
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	Notice on Implementing the Basic Health Insurance Schemes for Urban and Rural Residents in 2019
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	Opinions of the General Office of the State Council on Further Improving the Work of Guaranteeing the Supply and Stabilising the Price of Shortage Drugs
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	Opinions of the State Council on Implementing the Healthy China Action
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	① Opinions of the State Council on promoting the Development of the Elderly Service Industry ② Implementation Opinions of the Ministry of Civil Affairs on Further Expanding the Supply of Elderly Services and Promoting the Consumption of Elderly Services

BMJ Open-2024-097826 on 25 April 2025. Downloaded from <http://bmjopen.bmj.com/> on June 10, 2025 at Agency Bibliographique de l'Enseignement Supérieur (ABES) .
All rights reserved. No reuse allowed without permission.
d by copyright, including for uses related to text and data mining, AI training, and similar technologies.

H49	中共黑龙江省委黑龙江省人民政府关于促进中医药传承创新发展的实施意见	The Implementation Opinions of the Heilongjiang Provincial Committee of the Communist Party of China and People's Government of Heilongjiang Province on Promoting the Inheritance, Innovation and Development of Traditional Chinese Medicine	1-Jun-2020	People's Government of Heilongjiang Province	Opinions of the Central Committee of the Communist Party of China and the State Council on Promoting the Inheritance, Innovation and Development of Traditional Chinese Medicine
H50	关于深入推进医养结合发展的实施意见	Implementation Opinions on Further Promoting the Development of Medical and Nursing Care Integration	1-Jun-2020	*Health Commission of Heilongjiang Province *Heilongjiang Civil Administration Information Net *Heilongjiang Development and Reform Commission *Education Department of Heilongjiang Province *Finance Bureau of Heilongjiang Province *Heilongjiang Human Resources and Social Security Bureau *Department of Natural Resources of Heilongjiang *Department of Housing and Urban-rural Development of Heilongjiang Province *Administration for Market regulation of Heilongjiang Province/*Heilongjiang Province Healthcare Security	Local Opinions on Further Promoting the Development of Healthcare Integration

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
38
39
40
41
42
43
44
45
46

				Administration/*Department of Industry and Information Technology of Heilongjiang Province/*Heilongjiang Provincial Administration of Traditional Chinese Medicine	
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	*Health Commission of Heilongjiang Province / *Heilongjiang Civil Administration Information Net / *Heilongjiang Provincial Administration of Traditional Chinese Medicine	Implementation Opinions on Further Promoting the Development of Healthcare Institution
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	*Heilongjiang Province Healthcare Security Administration/*Finance Bureau of Heilongjiang Province/*Heilongjiang Provincial Tax Service, State Taxation Administration/*Education Department of Heilongjiang Province	Notice on Implementing the Basic Health Insurance Schemes for Urban and Rural Residents in 2020
H53	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	"Healthy China 2030" blueprint

G17	广东省加快推进分级诊疗制度建设 实施方案	The Implementation Plan on Accelerating the Establishment of a Tiered Diagnosis and Treatment System in Guangdong Province	16-May-2016	People's Government of Guangdong Province	Guiding Opinions of the General Office of the State Council on Promoting the Establishment of a Tiered Diagnosis and Treatment System
G18	广东省中医药健康服务发展规划 (2016-2020 年)	Development Plan of Traditional Chinese Medicine Health Service in Guangdong Province(2016-2020)	30-Jun-2016	People's Government of Guangdong Province	Development Plan of Traditional Chinese Medicine Health Service (2015- 2020)
G19	广东省人民政府办公厅关于促进医 疗卫生与养老服务相结合的实施意 见	Guiding Opinions of the General Office of the People's Government of Guangdong Province on Promoting the Integration of Medical Health and Elderly Services	12-Jul-2016	People's Government of Guangdong Province	Guiding Opinions on Promoting the Integration of Medical Health and Elderly Services
G20	广东省促进医药产业健康发展实施 方案	The Implementation Plan on Promoting the Healthy Development of the Pharmaceutical Industry in Guangdong Province	14-Sep-2016	People's Government of Guangdong Province	Guidelines of the General Office of the State Council on Promoting the Healthy Development of the Pharmaceutical Industry
G21	关于控制公立医院医疗费用不合理 增长的实施方案	The Implementation Plan on Controlling Unreasonable Increases in Medical Expenses in Public Hospitals	18-Sep-2016	*Health and Family Planning Commission of Guangdong Province/*Guangdong Provincial Development and Reform Commision/*Department of Finance of Guangdong Province /*Human Resources and Social Security Department of Guangdong Province/*Traditionaal Chinese Medicine Bureau of Guangdong Province	Opinions on Controlling Unreasonable Increases in Medical Expenses in Public Hospitals
G22	广东省加快推进家庭医生签约服务 制度的实施方案	The Implementation Plan on Accelerating the promotion of Contracted Services System of Family Doctors in Guangdong Province	28-Oct-2016	*Medical Reform Office of Guangdong Province/*Health and Family Planning Commission of Guangdong Province/*Guangdong Provincial Development and	Guiding Opinions on Promoting Contracted Services of Family Doctors

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
38
39
40
41
42
43
44
45
46

				Reform Commission/*Department of Civil Affairs of Guangdong Province/*Department of Finance of Guangdong Province/*Human Resources and Social Security /*Department of Guangdong Province/*Traditional Chinese Medicine Bureau of Guangdong Province/*Guangdong Federation of the Disabled	
G23	关于开展健康城市健康村镇建设的实施意见	The Implementation Plan on the Development of Healthy Cities and Healthy Villages and Towns	1-Dec-2016	Guangdong Patriotic Health Campaign Committee	Guiding Opinions on the Development of Healthy Cities and Healthy Villages and Towns
G24	广东省贯彻《中医药发展战略规划纲要（2016-2030 年）》实施方案	The Implementation Plan on Outline of the Strategic Plan for the Development of Traditional Chinese Medicine (2016-2030) in Guangdong Province	30-Dec-2016	People's Government of Guangdong Province	Outline of the Strategic Plan for the Development of Traditional Chinese Medicine (2016-2030)
G25	广东省人民政府办公厅关于促进和规范健康医疗大数据应用发展的实施意见	The Implementation Plan of the General Office of the People's Government of Guangdong Province on Promoting and Regulating the Development of Healthcare Big Data Applications	8-Feb-2017	People's Government of Guangdong Province	Guiding Opinions of the General Office of the State Council on Promoting and Regulating the Development of Healthcare Big Data Applications
G26	广东省“十三五”深化医药卫生体制改革规划	The "13th Five-Year Plan" for deepening the reform of the medical and health system in Guangdong Province	12-May-2017	People's Government of Guangdong Province	The "13th Five-Year Plan" for deepening the reform of the medical and health system
G27	广东省推进医疗联合体建设和发展的实施方案	The Implementation Plan on Promoting the Establishment and Development of Medical Alliance Systems in Guangdong Province	30-Jun-2017	People's Government of Guangdong Province	Guiding Opinions of the General Office of the State Council on Promoting the Establishment and Development of Medical Alliance Systems
G28	广东省防治慢性病中长期规划（2017 - 2025 年）	Mid- and long-term plan for the prevention and treatment of chronic diseases in Guangdong Province (2017-2025)	30-Jun-2017	People's Government of Guangdong Province	China's mid- and long-term plan for the prevention and treatment of chronic diseases (2017-2025)

G29	广东省进一步改革完善药品生产流通使用政策实施方案	The Implementation Plan on Further Reform and Improvement of Policies on the Production and Circulation of Medicines in Guangdong Province	14-Jul-2017	People's Government of Guangdong Province	Several Opinions of the General Office of the State Council on Further Reform and Improvement of Policies on the Production and Circulation of Medicines
G30	广东省促进老龄事业发展和养老体系建设实施方案	The Implementation Plan on promoting the development of Aging Affairs Development and the construction of Pension System Establishment Plan	3-Aug-2017	People's Government of Guangdong Province	"Thirteenth Five-Year Plan" for National Aging Affairs Development and Pension System Establishment Plan
G31	“十三五”广东省健康促进与教育工作规划	"Thirteenth Five-Year Plan" of Guangdong Province for Health Promotion and Education Work	21-Aug-2017	Health and Family Planning Commission of Guangdong Province	"Thirteenth Five-Year Plan" for National Health Promotion and Education
G32	转发关于做好 2017 年国家基本公共卫生服务项目工作的通知	Forwarded Notice on Implementing the National Essential Public Health Service Package in 2017	28-Sep-2017	*Health and Family Planning Commission of Guangdong Province /*Department of Finance of Guangdong Province /*Traditional Chinese Medicine Bureau of Guangdong Province	Notice on Implementing the National Essential Public Health Service Package
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	Implementation Opinions on Reforming and Improving the Mechanism for Shortage Drug Supply Guarantee

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
38
39
40
41
42
43
44
45
46

				of Commerce of Guangdong Province/*State-owned Assets Supervision and Administration Commission/*Industry and Commerce Administration of Guangdong Province/*Guangdong Provincial Food and Drug Administration	
G34	广东省进一步深化基本医疗保险支付方式改革实施方案	The Implementation Plan of the General Office of on Further Deepening the Reform of Basic Medical Insurance Payment Methods in Guangdong Province	17-Nov-2017	People's Government of Guangdong Province	Guidelines of the General Office of the State Council on Further Deepening the Reform of Basic Medical Insurance Payment Methods
G35	广东省国民营养计划 (2017—2030 年) 实施方案	National Nutrition Plan in Guangdong Province(2017-2030)	5-Dec-2017	*People's Government of Guangdong Province	National Nutrition Plan (2017-2030)
G36	广东省“十三五”健康老龄化规划	Thirteenth Five-Year Plan on Healthy Ageing in Guangdong Province	25-Dec-2017	*Health and Family Planning Commission of Guangdong Province/*Guangdong Provincial Development and Reform Commission/*Economic and Informatisation Commission of Guangdong Province/*Department of Education of Guangdong Province/*Department of Civil Affairs of Guangdong Province /*Department of Finance of Guangdong Province	Thirteenth Five-Year Plan on Healthy Ageing

bmjopen-2024-097826 on 25 April 2025. Downloaded from <http://bmjopen.bmj.com/> on June 10, 2025 at Agence Bibliographique de l'Enseignement Supérieur (ABES). All rights reserved. No reuse allowed without permission. d by copyright, including for uses related to text and data mining, AI training, and similar technologies.

				<div>/*Human Resources and Social Security/*Department of Guangdong Province/*State-owned Assets Department of Guangdong Province/*Department of Housing and Urban-rural/*Development of Guangdong Province/*Guangdong Provincial Sports Bureau /*Traditional Chinese Medicine Bureau of Guangdong Province /*Guangdong Federation of the Disabled/*uangdong Provincial Working Committee on Aging</div>	
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	Opinions of the General Office of the State Council on supporting social forces to provide multilevel and diversified medical services to develop health industry
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	National Population Development Plan (2016-2030)
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	Opinions of the General Office of the State Council on Promoting the Development of "Internet + Medical " Health
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	Guidelines on the Implementation of Health Poverty Alleviation Project

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
38
39
40
41
42
43
44
45
46

G41	广东省深化医药卫生体制改革近期重点工作任务	The Major Work Plans for Promoting the Construction of Chinese Medicine Preventive Healthcare Service System in Guangdong Province	26-Sep-2018	People's Government of Guangdong Province	Major Work Plans for Deepening the Reforms of the Medical and Health System of the latter half year of 2018
G42	广东省改革完善仿制药供应保障及使用政策实施方案	The Implementation Plan of the Guangdong Province on the Reform and Improvement of the Policies on the Supply, Security and Use of Generic Drugs	30-Oct-2018	People's Government of Guangdong Province	Opinions of the General Office of the State Council on the Reform and Improvement of the Policies on the Supply, Security and Use of Generic Drugs
G43	广东省贫困地区健康促进三年攻坚行动实施方案	The Implementation Plan of the Three-year action program on health promotion in poor areas in Guangdong Province	30-Dec-2018	Health Commission of Guangdong Province Poverty Alleviation and Development Office of Guangdong Province	Three-year action program on health promotion in poor areas
G44	广东省改革完善医疗卫生行业综合监管制度实施方案	The Implementation Plan of Guangdong Province on the Reform and Improvement of the Comprehensive Supervision System of the Medical and Health Care Industry	28-Feb-2019	*People's Government of Guangdong Province	Guiding Opinions of the General Office of the State Council on the Reform and Improvement of the Comprehensive Supervision System of the Medical and Health Care Industry
G45	广东省促进护理服务业改革与发展实施方案	The Implementation Plan of Guangdong Province on promoting the reform and development of the care service industry	26-Mar-2019	*Health Commission of Guangdong Province/*uangdong Provincial Development and Reform Commission/*epartment of Education of Guangdong Province /*epartment of Civil Affairs of Guangdong Province /*epartment of Finance of Guangdong Province /*uman Resources and Social Security/*epartment of Guangdong	Guidance on promoting the reform and development of the care service industry

				Province uangdong/*dministration for Market Regulation Healthcare Security Administration of Guangdong Province/*Guangdong Provincial Regulatory Bureau of China Banking and Insurance Regulatory Commission (CBIRC)/*Guangdong Federation of the Disabled/*Traditional Chinese Medicine Bureau of Guangdong Province	
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/*traditional Chinese Medicine Bureau of Guangdong Province	Work plans for fully upgrading the comprehensive capacity of county hospitals (2018-2020)
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	Notice of the General Office of the National Health Commission on Family Doctor Contracting Services in 2019
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	Opinions of the General Office of the State Council on Improving the National Basic Drug System

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
38
39
40
41
42
43
44
45
46

					/*ealthcare Security Administration of Guangdong Province/*uangdong Provincial Drug Administration	
G49	广东省深化医药卫生体制改革 2019 年重点工作任务	Major Work Plan of Guangdond Province for Deepening the Reforms of the Medical and Health System of 2019	18-Jul-2019	Medical Reform Office of Guangdong Province	Work Plans for Deepening the Reforms of the Medical and Health System of 2019	
G50	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 Province/*Department of Industry and Information Technology of Guangdong Province/*Healthcare Security Administration of Guangdong Province/*Guangdong Provincial Government Services Data Management Bureau /*Traditional Chinese Medicine Bureau Of Guangdong Provinc	Opinions of the General Office of the State Council on Promoting the Development of "Internet + Medical " Health	
G51	广东省人民政府关于实施健康广东行动的意见	Opinions of he People's Government of Guangdong Province on Implementing the Healthy Guangdong Action	28-Dec-2019	*People's Government of Guangdong Province	Opinions of the State Council on Implementing the Healthy China Action	
G52	广东省推广福建省和三明市深化医药卫生体制改革经验行动方案	Action Plan for Guangdong Province on further promoting the experience of Fujian Province and Sanming City in deepening the reform of the medical and health system	2-Jan-2020	*Guangdong Provincial Leading Group for Deepening Reform of the Medical and Health System	①Notice on further promoting the experience of Fujian Province and Sanming City in deepening the reform of the medical and health system ②Several policy measures on further deepening the reform of the pharmaceutical and healthcare system through centralized procurement and use of drugs as a breakthrough	
G53	广东省关于建立完善老年健康服务体系实施方案	The Implementation Plan of Guangdong Province on the Establishment and Improvement of a Health Service System for the Elderly	19-May-2020	*Health Commission of Guangdong Province /*Guangdong Provincial Development and Reform	Guiding Opinions on the Establishment and Improvement of a Health Service System for the Elderly	

BMJ Open: first published as 10.1136/bmjopen-2024-097826 on 25 April 2025. Downloaded from <http://bmjopen.bmj.com/> on June 10, 2025 at Agency Bibliographique de l'Enseignement Supérieur (ABES) .
d by copyright, including for uses related to text and data mining, AI training, and similar technologies.

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
38
39
40
41
42
43
44
45
46

				Commission /*Department of Education of Guangdong Province /*Department of Civil Affairs of Guangdong Province/*Department of Finance of Guangdong Province /*Human Resources and Social Security Department of Guangdong Province/*Healthcare Security Administration of Guangdong Province/*Traditional Chinese Medicine Bureau Of Guangdong Province	
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	Notice on promoting the construction of close-knit county medical and healthcare communities
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	Notice on Implementing the Basic Health Insurance Schemes for Urban and Rural Residents in 2020
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	Notice on the Effectively Strengthening Chinese Medicine work in the Construction of medical treatment combination

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
38
39
40
41
42
43
44
45
46

				/*Health Commission of Guangdong Province	
G57	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	27-Sep-2020	Medical Reform Office of Guangdong Province	Work Plans for Deepening the Reforms of the Medical and Health System of the latter half year of 2020
14th five-year plan (2021-2025)					
H54	中共黑龙江省委黑龙江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	Implementing Opinions of the Heilongjiang Provincial Committee of the Communist Party of China and the People's Government of Heilongjiang Province on Achieving Effective Linkage between Consolidating and Expanding the Achievements of Poverty Eradication and Rural Revitalization	19-Mar-2021	People's Government of Heilongjiang Province	Implementing Opinions of the CPC Central Committee and the State Council on Achieving Effective Linkage between Consolidating and Expanding the Achievements of Poverty Eradication and Rural Revitalization
H55	黑龙江省人民政府办公厅关于推动公立医院高质量发展的实施意见	Implementation Opinions of the General Office of the People's Government of Heilongjiang Province on Promoting High-Quality Development of Public Hospitals	28-Dec-2021	People's Government of Heilongjiang Province	Implementation Opinions of the General Office of the State Council on Promoting High-Quality Development of Public Hospitals
H56	黑龙江省人民政府办公厅关于建立健全职工基本医疗保险门诊共济保障机制的实施意见	Implementation Opinions of the General Office of the People's Government of Heilongjiang Province on the Establishment and Improvement of Outpatient Co-payment Protection Mechanism for Employees' Basic Medical Insurance	31-Dec-2021	People's Government of Heilongjiang Province	Guidelines of the General Office of the State Council on Establishing and Improving the Outpatient Co-payment Guarantee Mechanism for Employees' Basic Medical Insurance
H57	黑龙江省人民政府办公厅关于健全重特大疾病医疗保险和救助制度的实施意见	Implementation Opinions of the General Office of the People's Government of Heilongjiang Province on Improving the Medical Insurance and Relief System for Serious Diseases	31-Dec-2021	People's Government of Heilongjiang Province	Implementation Opinions of the General Office of the State Council on Improving the Medical Insurance and Relief System for Serious Diseases
H58	黑龙江省全民健身实施计划 (2021—2025 年)	The National Fitness Implementation Plan of Heilongjiang Province (2021-2025)	31-Dec-2021	People's Government of Heilongjiang Province	National Fitness Program (2016-2020)
H59	黑龙江省“十四五”医疗保障事业发展规划	Heilongjiang Provincial "14th Five-Year Plan" for the Development of Medical Protection Career	31-Dec-2021	People's Government of Heilongjiang Province	The 14th Five-Year Plan for Universal Health Care Coverage

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
38
39
40
41
42
43
44
45
46

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 Medicine Industry in Heilongjiang Province	31-Dec-2021	People's Government of Heilongjiang Province	① Opinions of the Central Committee of the Communist Party of China and the State Council on Promoting the Inheritance, Innovation and Development of Traditional Chinese Medicine ② Outline of the Strategic Plan for the Development of Traditional Chinese Medicine (2016-2030)
H61	关于做好第六批国家组织药品集采(胰岛素专项)落实工作的通知	Notice on the Implementation of the Sixth Batch of Nationally Organised Collective Procurement of Drugs (Insulin Specific)	11-May-2022	*Heilongjiang Province Healthcare Security Administration/*Health Commission of Heilongjiang Province	Guidelines on Improving the National Organization of Supporting Measures and Disposed Band Purchasing of Medicines (Insulin Specific)
H62	关于做好 2022 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 2022	31-Aug-2022	*Heilongjiang Province Healthcare Security Administration/*Finance Bureau of Heilongjiang Province /*Education Department of Heilongjiang Province /*Heilongjiang Provincial Tax Service, State Taxation Administration	Guidelines on Implementing the Basic Health Insurance Schemes for Urban and Rural Residents in 2022
H63	黑龙江省省本级职工基本医疗保险门诊共济保障机制实施办法	Implementation Measures of Outpatient Co-payment Protection Mechanism of Basic Medical Insurance for Employees at the Provincial Level in Heilongjiang Province	22-Dec-2022	*Heilongjiang Province Healthcare Security Administration /*Finance Bureau of Heilongjiang Province	Guidelines of the General Office of the State Council on Establishing and Improving the Outpatient Co-payment Guarantee Mechanism for Employees' Basic Medical Insurance
G59	广东省加快医学教育创新发展实施方案	The Implementation Plan of Guangdong Province on Accelerating the Innovative Development of Medical Education	29-Jan-2021	People's Government of Guangdong Province	Guiding Opinions of the General Office of the State Council on Accelerating the Innovative Development of Medical Education
G60	广东省关于加快发展老年护理服务的工作方案	The Work Plan of Guangdong Province on Accelerating the Development of the Elderly Care Services	23-Mar-2021	*Health Commission of Guangdong Province/*Traditional Chinese	① Notice on Strengthening the Elderly Care Services ② Guiding Opinions on the Establishment and Improvement of a Health Service System for the Elderly

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
38
39
40
41
42
43
44
45
46

				Medicine Bureau Of Guangdong Province	
G61	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	People's Government of Guangdong Province	Implementing Opinions of the CPC Central Committee and the State Council on Achieving Effective Linkage between Consolidating and Expanding the Achievements of Poverty Eradication and Rural Revitalisation
G62	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)	Implementation Opinions on Consolidating and Expanding the Achievements of Medical Protection against Poverty Eradication and Effectively Linking the Rural Revitalisation Strategy
G63	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	Major Work Plans for Deepening the Reforms of the Medical and Health System of 2021

BMJ Open: first published as 10.1136/bmjopen-2024-097826 on 25 April 2025. Downloaded from <http://bmjopen.bmj.com/> on June 10, 2025 at Agence Bibliographique de l'Enseignement Supérieur (ABES) .
d by copyright, including for uses related to text and data mining, AI training, and similar technologies.

G64	广东省医疗保障局关于开展医保支付改革促进中医药传承创新发展的指导意见	Guidelines of the Guangdong Provincial Health Protection Bureau on Carrying Out Health Insurance Payment Reform to Promote the Inheritance, Innovation, and Development of Chinese Medicine	30-Sep-2021	Healthcare Security Administration of Guangdong Province	Opinions of the Central Committee of the Communist Party of China and the State Council on Promoting the Inheritance, Innovation, and Development of Traditional Chinese Medicine
G65	广东省“十四五”时期医疗保障事业高质量发展实施方案	The Implementation Plan for the High-quality Development of Medical Security in Guangdong Province during the "14th Five-Year Plan" Period	25-Dec-2021	Healthcare Security Administration of Guangdong Province	14th Five-Year Plan for Universal Health Care Coverage
G66	广东省加快发展康复医疗服务工作的实施方案	The Implementation Plan on Accelerating the Development of Rehabilitation Medicine in Guangdong Province	4-Jan-2022	*Health Commission of Guangdong Province/*Guangdong Provincial Development and Reform Commission/*Department of Education of Guangdong Province /*Department of Civil Affairs of Guangdong Province/*Department of Finance of Guangdong Province/*Healthcare Security Administration of Guangdong Province/*Traditional Chinese Medicine Bureau of Guangdong Province/*Guangdong Federation of the Disabled	Opinions on Accelerating the Development of Rehabilitation Medicine
G67	广东省深入推广福建省三明市经验深化医药卫生体制改革实施方案	The Implementation Plan of Guangdong Province on Deepening the Reform of the Medical and Health System by Further Promoting the Experience of Sanming City, Fujian Province	20-Jan-2022	Guangdong Provincial Leading Group for Deepening Reform of the Medical and Health System	Implementing Opinions on Deepening the Reform of the Medical and Health System by Further Promoting the Experience of Sanming City, Fujian Province

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
38
39
40
41
42
43
44
45
46

G68	广东省人民政府办公厅关于推动公立医院高质量发展的实施意见	Implementation Opinions of the General Office of the People's Government of Guangdong Province of the State Council on Promoting High-Quality Development of Public Hospitals	10-Feb-2022	People's Government of Guangdong Province	Implementation Opinions of the General Office of the State Council on Promoting High-Quality Development of Public Hospitals
G69	广东省建设国家中医药综合改革示范区实施方案	The Implementation Plan for the Construction of National Chinese Medicine Comprehensive Reform Demonstration Zone in Guangdong Province	14-Jun-2022	People's Government of Guangdong Province	Decisions of the Central Committee of the Communist Party of China and the State Council on Promoting the Inheritance, Innovation and Development of Traditional Chinese Medicine
G70	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	7-Aug-2022	People's Government of Guangdong Province	Major Work Plans for Deepening the Reforms of the Medical and Health System in Guangdong Province in Recent Times of 2022
G71	转发国家医保局 财政部 国家税务总局关于做好 2022 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 2022 which was transmitted from the Circular of the National Health Insurance , the Bureau Ministry of Finance and the State Administration of Taxation	15-Aug-2022	*Healthcare Security Administration of Guangdong Province/*Department of Finance of Guangdong Province /*Guangdong Provincial Tax Service, State Taxation Administration	Notice on Implementing the Basic Health Insurance Schemes for Urban and Rural Residents in 2022
G72	广东省医疗卫生服务体系“十四五”规划	The 14th Five-Year Plan of Guangdong Medical and Healthcare Service System	25-Aug-2022	*Health Commission of Guangdong Province/*Guangdong Provincial Development and Reform Commission	"Healthy China 2030" blueprint

Supplementary file 5

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

Highly Referenced Policy Initiatives	Number	Associated Strategies and Actions
Construction of Medical Alliance Systems	81 (Heilongjiang) 148 (Guangdong)	<p>①Reforming the Management Mechanism and Performance Evaluation System of Public Hospitals and deepen the reform of personnel systems in public hospitals.</p> <p>②Implementing Government Incentive Policies for Public Hospitals, and establish a scientific compensation mechanism.</p> <p>③Promoting Pilot Reforms of the Salary System in Public Hospitals.</p> <p>④Improving the Internal Division of Labor and Collaboration Mechanisms within Medical Alliances and strengthening the construction of regional centers.</p> <p>⑤Clarifying the Functional Positioning of Hospitals at Various Levels and optimizing the allocation of medical resources.</p> <p>⑥Mutual Recognition of Inspection and Test Results within Medical Alliances.</p>
The Basic Health Insurance System	189 (Heilongjiang) 176 (Guangdong)	<p>①Establishing a Unified Provincial Medical Security Service System.</p> <p>②Promoting Reforms in Compound Medical Insurance Payment Method and implementing comprehensive medical assistance policies.</p> <p>③Optimizing Direct Settlement Services for Cross-Regional Medical Treatment.</p> <p>④Improving and Unifying the Supervision of the Medical Insurance Fund and implementing management measures for designated medical institutions.</p> <p>⑤Standardizing Basic Medical Insurance Benefits and achieving unified medical insurance coordination within regions.</p>

		<p>⑥Unifying the Directory and Standards for Chronic and Special Disease Outpatient Services Province-wide.</p> <p>⑦Advancing Reforms and Supervision of Medical Service Pricing in an Orderly Manner.</p>
<p>Strengthen Primary Health Care Personnel</p>	<p>50 (Heilongjiang) 77 (Guangdong)</p>	<p>①Exploring and Improving the Standardized Training System and Guarantee Mechanism for Resident Physicians.</p> <p>②Facilitating Registration and Management Mechanisms for Multi-site Practice of Physicians.</p> <p>③Establishing a Salary System Adapted to the Characteristics of the Healthcare Industry and improving performance evaluation and distribution mechanisms.</p> <p>④Strengthening the Construction of the Rural Doctor Workforce and formulating management measures for hiring, practicing activities, compensation, and retirement of rural doctors.</p> <p>⑤Providing Preferential Policies for Primary Health Technicians in Promotion and Benefits and encourage medical students to work in ethnic areas through favorable policies.</p> <p>⑥Enhancing the Training and Team Building of Traditional Chinese Medicine and Ethnic Medicine Practitioners at the Grassroots Level</p>
<p>Diversified Medical Service System</p>	<p>40 (Heilongjiang) 25 (Guangdong)</p>	<p>①Implementing Support and Guidance Policies for Social Capital in Medical Services.</p> <p>②Facilitating the Establishment of Private Medical Institutions and encouraging the participation of private capital.</p> <p>③Enhancing the Regulatory System for Private Medical Institutions and improving the service capabilities and quality of private hospitals.</p> <p>④Promoting the Development of Health Industry Clusters and fostering a diversified and competitive medical service system.</p>
<p>Traditional Chinese Medical (TMC) Service System</p>	<p>152(Heilongjiang) 89(Guangdong)</p>	<p>①Enhance Grassroots TCM Service Capacity and enrich the content of grassroots TCM services and promote appropriate TCM techniques..</p>

		<p>②Strengthen the TCM Talent Pool and improve the evaluation and incentive system for TCM talent.</p> <p>③Utilize TCM Advantages. Leverage TCM's unique strengths in disease prevention, diagnosis, and rehabilitation.</p> <p>④Support the Development of TCM Health Services and actively support industries related to TCM health services.</p> <p>⑤Reform and Improve TCM Management Systems and enhance the management of ethnic medicine.</p> <p>⑥Improve TCM Informatization and Infrastructure and enhance the application level of TCM informatization.</p>
Digitalization Health System	<p>26 (Heilongjiang) 34 (Guangdong)</p>	<p>①Establish Standards for "Internet + Healthcare" and develop an integrated online and offline healthcare service model covering pre-diagnosis, diagnosis, and post-diagnosis.</p> <p>②Use Informatization to Improve Hospital Management and Enhance hospital management and convenient services through information technology.</p> <p>③Integrate and Improve the Information System for Medical Insurance Funds and optimize the information system for medical insurance funds.</p> <p>④Promote the Informatization of Integrated Medical and Elderly Care and use information technology to develop intelligent TCM health and elderly care services.</p> <p>⑤Build an Informatized Basic Public Health Service Platform and manage basic public health services through an informatized platform.</p>
Tiered Health Service Delivery System	<p>55(Heilongjiang) 116(Guangdong)</p>	<p>①Progressively Promote the Tiered Diagnosis and Treatment System and implement bidirectional referrals.</p> <p>②Promote Balanced Distribution of High-Quality Medical Resources and ensure an equitable distribution of high-quality medical resources.</p> <p>③Strengthen Support Measures for Tiered Diagnosis and Treatment and improve and implement supporting policies for tiered diagnosis and treatment.</p>

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
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

The Essential Medicine policy

**75(Heilongjiang)
96(Guangdong)**

- ①Strengthen Rational Use and Supervision of Basic Medicines in Medical Institutions and improve the evaluation system for essential medicines.
- ②Establish a Comprehensive Drug Supply Security System and promote the collective procurement and price management of medicines and consumables.
- ③Improve the Dynamic Adjustment of the Medical Insurance Drug List and optimize the management system for the Medical Insurance Drug List.
- ④Improve Drug Safety Shortage Monitoring and Emergency Response Mechanisms and enhance the monitoring and emergency response mechanisms for drug shortages.
- ⑤Reform and Improve Generic Drug Supply Policies and optimize policies for the supply of generic drugs.

**The Basic Public Health
Service Package**

**34(Heilongjiang)
83(Guangdong)**

- ①Fully Implement Major Public Health Service Projects and consolidate and improve the equalization system for basic public health services.
- ②Build a Comprehensive Chronic Disease Prevention and Control 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 Grassroots Medical Institutions and improve performance evaluation and assessment mechanisms.
- ④Establish a Funding Security Mechanism for Public Health Services in Medical Institutions and secure funding for public health services.
- ⑤Strengthen the Medical and Nursing Security System and develop a high-quality and efficient nursing service system.

**Elderly medical care and
security system**

**54 (Heilongjiang)
66(Guangdong)**

- ①improve Elderly Healthcare and Promote the Development of the Elderly Health Industry and enhance elderly healthcare services.
- ②Establish and Improve a Universal, Regionally Coordinated, and Integrated Pension Security System and develop a comprehensive pension security system.

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies.
Enseignement Supérieur (ABES)

		<p>③Promote the Development of the TCM Health and Elderly Care Industry and support the growth of the TCM health and elderly care industry.</p> <p>④Encourage the "Medical-Nursing Combined" Elderly Care Model and develop community-based integrated medical and elderly care services, including home-based palliative care.</p> <p>⑤Develop Talent Training and Team Building for Elderly Care Services and expand the workforce for integrated medical and elderly care services</p>
Health Education and Promotion	56 (Heilongjiang) 61 (Guangdong)	<p>①Promote Healthy Lifestyles Nationwide and implement personalized health interventions.</p> <p>②Create a Supportive Environment for Health, and improve policies that support health.</p> <p>③Conduct Nationwide Fitness Activities and promote community sports events and fitness activities for key populations.</p> <p>④Improve Nutrition Regulations and Standards and strengthen the construction of nutrition disciplines and professional teams.</p> <p>⑤Establish a Team of Health Science Experts and conduct widespread health education tours.</p>
Family Doctor Contracting Service	20 (Heilongjiang) 25 (Guangdong)	<p>①Standardize Contracted Service Projects and Funding Management and regulate the implementation and funding of contracted services.</p> <p>②Implement and Promote Family Doctor Contracting Services and improve related policies and supporting documents.</p> <p>③Optimize the Income Distribution and Incentive Mechanism for Family Doctor Teams and enhance the motivation and remuneration for family doctors.</p>

The Pattern of Extension Policies	Extention	Province	Nation
Increase Scope of Application	Provincial governments, when formulating local policies, may expand the scope of application to include a broader population within their jurisdiction.	Encouraging the development of non-public traditional Chinese medicine (TCM) institutions, allowing qualified TCM professionals, especially renowned TCM practitioners, to establish TCM 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).	Actively promoting the development of non-public TCM institutions (Opinions of the State Council on Promoting the Development of "Internet + Healthcare").
Concretize Goals	When formulating specific policies, provincial governments may further specify the macro objectives of national policies, clarifying the implementation goals	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	Supporting TCM hospitals in leading the 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).

	and requirements within their region to better guide implementation.	provide more than six types of standardized TCM appropriate technologies, and 75% of village health stations should be able to provide more than six types (Implementation Opinions of the Heilongjiang Provincial Committee of the Communist Party of China and Heilongjiang Provincial Government on Promoting the Inheritance and Innovation and Development of TCM, June 1, 2020).	
Refine the Measures	Based on local conditions, provincial governments may develop specific implementation plans, operational steps, or timelines for measures proposed in national policies.	Health insurance agencies at all levels are responsible for signing fixed-point service agreements with eligible medical institutions, clarifying mutual responsibilities, rights, and obligations, and controlling unreasonable expenditures through contract management. This aims to maintain the reimbursement ratio for inpatient medical expenses within policy coverage at around 75%. Cross-city medical treatment within the province should be managed through designated hospitals, with agreements signed between cities and medical institutions, 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 settlement between the medical insurance agency	Strengthening the management of fixed-point service agreements, establishing and improving assessment and evaluation mechanisms, and creating dynamic access and exit mechanisms (Opinions of the State Council on Integrating the Urban and Rural Residents Basic Medical Insurance System [2016] No. 3).

		and the medical institution as per the agreement. Out-of-pocket expenses should be settled between the individual and the designated medical institution. For insured residents hospitalized across calendar years, medical expenses should be accumulated continuously, with annual medical insurance benefits applied based on the discharge (Guiding Opinions on Establishing the Urban and Rural Residents Basic Medical Insurance System, April 21, 2017).	
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	Strictly enforcing hospital financial accounting systems by establishing and implementing a chief accountant system in tertiary public hospitals, improving financial analysis and reporting systems, and strengthening economic operation analysis and monitoring to supervise hospital economic operations and financial activities (Guiding Opinions on the Pilot Reform of Urban Public Hospitals by the Heilongjiang Provincial Health and Family Planning Commission and other departments, September 16, 2014).	Improving hospital financial and accounting management systems (Notification on the Issuance of Guiding Opinions on the Pilot Reform of Public Hospitals [2010] No. 20).

	implementation of policies and the achievement of their goals.		
The Pattern of Reduction Policies	Extention	Province	Nation
Decrease Scope of Application	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).	Formulating normative documents for multi-site practice of licensed physicians, relaxing the conditions for pilot projects, increasing the number of practice sites, and expanding the pilot scope to all qualified cities (Notification on the Main Work Arrangements for the Five Key Reforms of the Medical and Health System in 2011 [State Office [2011] No. 8]).
Lower the Goal	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 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).	Accelerating the promotion of hierarchical diagnosis and treatment, focusing on comprehensive reform pilot provinces and public hospital comprehensive reform pilot cities, and conducting pilot projects in about 70% of prefecture-level cities (Notification on the Key Tasks for Deepening Medical and Health System Reform in 2016 [State Office [2016] No. 26]).

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.	Strengthening the construction of national TCM clinical research bases, key TCM hospitals in the inheritance and innovation project, and regular TCM (specialty) diagnosis and treatment centers. (Implementation Opinions of the Heilongjiang Provincial Committee of the Communist Party of China and Heilongjiang Provincial Government Promoting the Inheritance and Innovative Development of TCM, June 1, 2020).	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).
-----------------------------	--	--	---

For peer review only

Supplementary file 6

Reference

1.Organization, W.H. *Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings*. 2010.

2.Organization, W.H., *Regional action framework for noncommunicable disease prevention and control in the Western Pacific*. 2002.

3.State Council, C., *Circular of the General Office of the State Council on Printing and Distributing China's Medium- and Long-Term Plan for the Prevention and Treatment of Chronic Diseases (2017-2025)*. 2017.

4.Zhou, M., et al., *Mortality, morbidity, and risk factors in China and its provinces, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017*. The Lancet, 2019. **394**(10204): p. 1145-1158.

5.Xiong, S., et al., *Primary health care system responses to non-communicable disease prevention and control: a scoping review of national policies in Mainland China since the 2009 health reform*. The Lancet Regional Health - Western Pacific, 2023. **31**.

6.Ye, P., et al., *A Scoping Review of National Policies for Healthy Ageing in Mainland China from 2016 to 2020*. The Lancet Regional Health - Western Pacific, 2021. **12**.

7.Jin, Y., et al., *A scoping review of national policies for child road injury in China*. The Lancet Regional Health - Western Pacific, 2024. **46**.

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

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2024-097826.R1
Article Type:	Original research
Date Submitted by the Author:	21-Mar-2025
Complete List of Authors:	Jiang, Rui; Second Affiliated Hospital of Harbin Medical University, Chang, Guangming; Second Affiliated Hospital of Harbin Medical University, Nursing Teaching and Research Department Liu, Tingzhuo ; Harbin Medical University, School of Public Health Xu, Lingling ; Second Affiliated Hospital of Harbin Medical University Zhang, Xinyi ; Harbin Medical University, School of Public Health Zhou, Yuhua ; Second Affiliated Hospital of Harbin Medical University Wang, Yongchen ; Second Affiliated Hospital of Harbin Medical University,
Primary Subject Heading:	Health policy
Secondary Subject Heading:	Public health
Keywords:	Primary Care < Primary Health Care, Quality in health care < HEALTH SERVICES ADMINISTRATION & MANAGEMENT, Chronic Disease

SCHOLARONE™
Manuscripts



I, the Submitting Author has the right to grant and does grant on behalf of all authors of the Work (as defined in the below author licence), an exclusive licence and/or a non-exclusive licence for contributions from authors who are: i) UK Crown employees; ii) where BMJ has agreed a CC-BY licence shall apply, and/or iii) in accordance with the terms applicable for US Federal Government officers or employees acting as part of their official duties; on a worldwide, perpetual, irrevocable, royalty-free basis to BMJ Publishing Group Ltd ("BMJ") its licensees and where the relevant Journal is co-owned by BMJ to the co-owners of the Journal, to publish the Work in this journal and any other BMJ products and to exploit all rights, as set out in our [licence](#).

The Submitting Author accepts and understands that any supply made under these terms is made by BMJ to the Submitting Author unless you are acting as an employee on behalf of your employer or a postgraduate student of an affiliated institution which is paying any applicable article publishing charge ("APC") for Open Access articles. Where the Submitting Author wishes to make the Work available on an Open Access basis (and intends to pay the relevant APC), the terms of reuse of such Open Access shall be governed by a Creative Commons licence – details of these licences and which [Creative Commons](#) licence will apply to this Work are set out in our licence referred to above.

Other than as permitted in any relevant BMJ Author's Self Archiving Policies, I confirm this Work has not been accepted for publication elsewhere, is not being considered for publication elsewhere and does not duplicate material already published. I confirm all authors consent to publication of this Work and authorise the granting of this licence.

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

Abstract

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

Study Design Policy review and thematic content analysis.

Methods Policy documents from Guangdong and Heilongjiang provinces (2009–2023) were analyzed using the WHO's six building blocks framework. A total of 135 eligible documents were included, with thematic analysis conducted to categorize policies as "extension" or "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 multisectoral collaboration, interoperable digital health systems, and tailored health education. Addressing regional disparities in policy implementation is critical for equitable outcomes.

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

Strengths and limitations of this study

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

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
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

38 **Introduction**

39 The growing burden of Non-communicable Diseases (NCDs), driven by urbanization,

40 population aging, and lifestyle changes, imposes significant health and economic challenges

41 globally[1]. NCDs like hypertension and diabetes account for 68% of global deaths, reducing

42 workforce productivity, lowering quality of life, and increasing healthcare costs[2]. Primary

43 healthcare (PHC) is critical for addressing population health needs, with evidence

44 highlighting its positive effects on health outcomes and overall system efficiency[3-5]. In

45 China, various policies have been implemented to establish an integrated PHC-based system

46 to prevent and manage NCDs, ensuring equitable access to quality healthcare[4, 6].

47 Since the 1950s, China’s PHC system has undergone three phases: the "barefoot doctors" era

48 (1949–1978), characterized by rural non-formal medical personnel; marketization and

49 hospital privatization with diminished PHC investment (1978–2008); and the current reform

50 period since 2009, which prioritizes PHC to achieve an efficient and equitable health

51 system[7]. This political commitment aimed to establish an accessible, equitable, affordable,

52 and efficient health system to cover all people by 2020[8]. A high-quality and efficient health

53 system is crucial for China's goal of prioritizing population health and shifting to a new

54 development model[9, 10]. Despite reforms, challenges persist—almost half of Chinese adults

55 aged 35–75 have hypertension, yet awareness, treatment, and control rates remain low[11].

56 Gaps in PHC-based NCD prevention and control include insufficient multi-sectoral

57 collaboration, underutilization of non-health professionals, and a lack of quality-oriented

58 service evaluation[12]. NCD prevalence continues to rise without significant improvement in

59 treatment adequacy[13]. To guide the analysis of PHC policies for NCD prevention and

60 control in China, this study applies the WHO health system framework, which provides a

61 structured approach to assessing health policies based on six building blocks [14]. The

62 framework provides a structured approach to assessing key policy dimensions, identifying

63 gaps in implementation, and evaluating the alignment of China’s PHC policies with global

64 best practices.

65 Therefore, the primary goal of this study is to systematically map out the policy landscape of

66 the local implementation and translation of NCD prevention and control. Key factors

67 influencing the implementation and adaptation of national policies at the local level are

68 regional economic differences, low financial resources, lack of tailored policy design, and

69 absence of prioritization. The implementation and translation of policies at the province level

70 have presented central issues and difficulties. As yet though, there is limited literature

71 examining policy gaps from national to province levels, making it unclear what progress and

72 potential gaps remain. This study has three specific objectives: First, to map the volume and

73 variety of policies in preventing NCDs since 2009 in selected provinces; Second, to identify

74 key policy areas, themes, strengths, and potential gaps these policies using the WHO

framework; Third, to demonstrate the evolution of national-to-provincial policies to provide tailored recommendations for implementation.

Methods

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>).

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.

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**).

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

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

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

110 length, so primary health care was instead prioritized during screening and data extraction.

111 Boolean operators (e.g., AND, OR) were not permitted, so keywords were used individually.

112 The snowball method was employed to identify additional relevant policies by reviewing

113 references within retrieved records. Input from policy experts at the Chinese Center for

114 Disease Control and Prevention and academic specialists further ensured no significant

115 omissions.

116 Two authors (JR, PY) independently reviewed the titles and full text of identified records.

117 Disagreements were resolved by consensus or with input from a third reviewer (LX). The

118 inclusion criteria required documents to: (1) focus on NCD prevention and management

119 through a PHC approach, and (2) issued by designated provincial ministries since the 2009

120 health reform[7]. The review began with the March 17, 2009 release of the

121 “Recommendations by the Chinese Communist Party Central Committee and the State

122 Council on Deepening the Health Care System Reform” and concluded on April 17,

123 2023(The selected timeframe spans China’s healthcare reform trajectory, from its national

124 systemic restructuring launch to the completion of provincial adaptations of subsequent

125 strategies. This 14-year scope accommodates policy diffusion delays while tracking phased

126 adjustments between central mandates and regional execution, systematically revealing

127 central-local dynamics).

128 The exclusion criteria comprised: (1) National-level policies, and (2) Program-or

129 campaign-specific documents (e.g., announcements, activity reports) , and (3) Government

130 responses or interpretations of previous regulations, and (4) Clinical or pharmaceutical

131 guidelines A comprehensive outline of the policy exclusion criteria, including specific

132 document types and their rationale for exclusion, can be found in **Supplementary File 4.**

133 **Data Extraction**

134 For each policy document analyzed, we extracted the title, ministry, and release date,

135 grouping them into the corresponding five-year plan of the Chinese central government

136 (**supplementary file 5**). Policy papers were categorized as individual or joint releases (issued

137 by one or multiple provincial government departments), and the frequency of joint releases

138 was used to assess multi-sectoral collaboration in policy development.

139 In China's policy-making context, national policies for PHC-focused NCD management are

140 prospectively formulated by the State Council and its affiliated ministries[17]. These policies

141 are disseminated to provincial governments, which adapt and issue relevant documents based

142 on local conditions. Building on prior research on PHC system responses to national NCD

143 prevention and control policies in Mainland China, this study extends the analysis to the

144 provincial level[12]. National-level documents referenced in provincial policies were also

145 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

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

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

183

184

185

186

187

188

189

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.

150

Thematic Framework of Policy Strategies

191

192

193

194

195

196

197

198

199

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%).

200

Concepts of Extension and Reduction

201

202

203

204

205

206

207

208

209

210

211

212

213

214

215

216

217

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.

218

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%).

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**.

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.

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
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

256 **Discussion**

257 This study thoroughly examined the implementation and translation of national policies

258 related to PHC-focused NCD prevention and control at the provincial level since China’s

259 2009 health reform. The reform, in line with the 2009 State Council’s roadmap, established a

260 framework for an integrated PHC-based delivery system aimed at preventing and managing

261 NCDs[19]. Significant public funding has made PHC central to rebuilding China's public

262 health system, and the Healthy China 2030 plan underscores PHC’s role in strengthening

263 healthcare infrastructure[8].However, the top-down policy approach, while providing

264 structure, has also created challenges in translating national directives into effective, localized

265 actions. There is a need to reassess PHC reform priorities to empower local implementation

266 and address these systemic challenges.

267 Our findings reveal substantial multi-sectoral collaboration in policy development, with

268 approximately half of the policy documents (48.44% in Heilongjiang, 47.22% in Guangdong)

269 co-released by multiple ministries. Consistent with the previous national policy review on

270 PHC for NCD prevention and management in China, one-quarter of the included policy

271 documents were jointly released through multi-sectorial collaborations[12]. This collaboration

272 reflects the cross-cutting nature of NCD prevention and control. The Chinese State Council’s

273 emphasis on coordinated efforts across sectors in its 2017-2025 NCD prevention plan aligns

274 with this trend[20], emphasizing coordinated efforts across all sectors, health education and

275 promotion, and effective prevention and control. Similar circulars for 2012-2015 were issued

276 by 15 government ministries and commissions[1, 21]. These policy documents have been

277 implemented in Heilongjiang and Guangdong provinces according to their respective local

278 conditions. However, despite the increased collaboration, there remain significant gaps,

279 especially in health insurance coverage, where limited reimbursement caps still hinder PHC

280 institutions from acting as effective gatekeepers, forcing patients toward higher-cost hospital

281 services[22, 23]. Strengthening cross-ministry cooperation, particularly between Health,

282 Finance, and Civil Affairs, could address these limitations more effectively.

283 The WHO’s six building blocks of health systems, particularly leadership and governance,

284 were pivotal in shaping policy directions[14]. From a health system perspective, a significant

285 advantage of China's national policies related to PHC-focused NCD prevention and control is

286 the great importance attached to leadership and governance. These policies hing upon a clear

287 and common “top-down” policy formulation pathway from the State Council to the ministries

288 in China. This can be explained by China's political system, where the central government has

289 the power to set goals and directions through a top-down approach. Like previous policy

290 reviews on PHC and healthy aging in China[12, 17], our study found dispersed and

291 least-addressed policies and key strategies related to health information systems. For instance,

292 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

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
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

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.

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.

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

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
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

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 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.

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.

Funding

This research was partially supported by the National Natural Science Foundation of China (72074065), Heilongjiang Provincial Higher Education Teaching Reform Project.

Competing interests

The authors declare no conflict of interest for this study.

Authors' contributions

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

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 both provinces.

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

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: Clarification of Exclusion Criteria

Supplementary File 5: The essential data items of Included Province-Level and corresponding National-Level Policy Documents.

Supplementary File 6: Twelve Highly Cited Policy Initiatives and Their Associated Strategies and Actions from Thematic Analysis.

Supplementary File 7: The pattern and content of extension and reduction of selected examples of policies.

References

1. Liu S, Chen Z, Han L, et al. Integrated multisectoral non-communicable disease prevention and control in China: A review of agencies and policies. *Journal of Global Health*. 2020;10(2):020304..
2. Jan S, Laba TL, Essue BM, et al. Action to address the household economic burden of non-communicable diseases. *The Lancet*, 2018. 391(10134): p. 2047-2058.
3. Hone, T., J. Macinko, C. Millett. Revisiting Alma-Ata: what is the role of primary health care in achieving the Sustainable Development Goals? *The Lancet*, 2018.

1
2
3 479 392(10156): p. 1461-1472.
4 480 4. Haque M, Islam T, Rahman NAA, et al. Strengthening Primary Health-Care Services
5 481 to Help Prevent and Control Long-Term (Chronic) Non-Communicable Diseases in
6 482 Low- and Middle-Income Countries. Risk Management and Healthcare
7 483 Policy.2020;13:409-426.
8 484 5. Li X, Lu J, Hu S, et al. The primary health-care system in China. The Lancet, 2017.
9 485 390(10112): p. 2584-2594.
10 486 6. Shen, M., W. He, L. Li. Incentives to use primary care and their impact on healthcare
11 487 utilization: Evidence using a public health insurance dataset in China. Social Science
12 488 & Medicine, 2020;255:112981.
13 489 7. State Council, Opinions of the CPC central committee and the state council on
14 490 deepening the health care system reform. 2009, [http://www.gov.cn/test/2009-04/](http://www.gov.cn/test/2009-04/08/content_1280069.htm)
15 491 08/content_1280069.htm.(accessed Oct2, 2023). (in Chinese)
16 492 8. WHO., Healthy China 2030, in
17 493 <https://www.who.int/healthpromotion/conferences/9gchp/healthy-china/en/>.(accessed
18 494 Nov10, 2023). (in Chinese)
19 495 9. Varghese C, Nongkynrih B, Onakpoya I et al. Better health and wellbeing for a
20 496 billion more people integrating non-communicable diseases in primary care. BMJ,
21 497 2019. 2019-01-28;364:l327.
22 498 10. Rule J, Ngo DA, Oanh TT, et al. Strengthening Primary Health Care in Low- and
23 499 Middle-Income Countries. Asia Pacific Journal of Public Health, 2013. 26(4): p.
24 500 339-348.
25 501 11. Lu J, Lu Y, Wang X, et al. Prevalence, awareness, treatment, and control of
26 502 hypertension in China: data from 1·7 million adults in a population-based screening
27 503 study (China PEACE Million Persons Project). The Lancet, 2017. 390(10112): p.
28 504 2549-2558.
29 505 12. Xiong S, Cai C, Jiang W, et al. Primary health care system responses to
30 506 non-communicable disease prevention and control: a scoping review of national
31 507 policies in Mainland China since the 2009 health reform. The Lancet Regional
32 508 Health-Western Pacific.2022;31:100390.
33 509 13. Wang L, Peng W, Zhao Z, et al. Prevalence and Treatment of Diabetes in China,
34 510 2013-2018. JAMA. 2021;326(24):2498-2506.
35 511 14. Tricco AC, Lillie E, Zarin W, et al. PRISMA Extension for Scoping Reviews
36 512 (PRISMA-ScR): Checklist and Explanation. Annals of Internal Medicine, 2018.
37 513 169(7): p. 467-473.
38 514 15. WHO, Monitoring the building blocks of health systems a handbook of indicators and
39 515 their measurement strategies. 2010. (accessed Nov10, 2023).
40 516 16. NCD Countdown 2030 collaborators. NCD Countdown 2030: efficient pathways and
41 517 strategic investments to accelerate progress towards the Sustainable Development
42 518 Goal target 3.4 in low-income and middle-income countries. The Lancet, 2022.
43 519 399(10331): p. 1266-1278.
44 520 17. Ye P, Jin Y, Er Y, et al. A Scoping Review of National Policies for Healthy Ageing in

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies. Ensignment Supérieur (ABES).

- 521 Mainland China from 2016 to 2020. *The Lancet Regional Health-Western Pacific*.
 522 2021;12:100168.
- 523 18. Wei X, Li H, Yang N, et al. Changes in the perceived quality of primary care in
 524 Shanghai and Shenzhen, China: a difference-in-difference analysis. *Bulletin of the*
 525 *World Health Organization*, 2015. 93(6): p. 407-416.
- 526 19. State Council, China's State Council promulgated the Circular on China's Mid- and
 527 Long-term Plan of NCD Prevention and Treatment (2017-2025). 2017:
 528 https://www.gov.cn/zhengce/content/2017-02/14/content_5167886.htm. (accessed
 529 Nov10, 2023) (in Chinese).
- 530 20. Chen, P., F. Li, P. Harmer. Healthy China 2030: moving from blueprint to action with
 531 a new focus on public health. *The Lancet Public Health*. 2019;4(9):e447.
- 532 21. Hu, J. and E. Mossialos. Pharmaceutical pricing and reimbursement in China: When
 533 the whole is less than the sum of its parts. *Health Policy*, 2016. 120(5): p. 519-534.
- 534 22. Ministry of Finance. Management of subsidy for implementation of national
 535 essence drug system in primary health care institutions. . 2014.:
 536 http://www.mof.gov.cn/gkml/caizhengwengao/wg2014/wg2014010/201504/t20150401_1211569.htm (in Chinese) .
- 537 1_1211569.htm (in Chinese) .
- 538 23. Li X, Krumholz HM, Yip W, et al. Quality of primary health care in China challenges
 539 and recommendations. *Lancet* 2020. 395: 1802–12.
- 540 24. Liu WY, Hsu CH, Liu TJ, et al. Systematic Review of the Effect of a Zero-Markup
 541 Policy for Essential Drugs on Healthcare Costs and Utilization in China, 2015–2021.
 542 *Frontiers in Medicine*, 2021;8:618046.
- 543 25. Fu, H., L. Li, and W. Yip, Intended and unintended impacts of price changes for
 544 drugs and medical services: Evidence from China. *Social Science & Medicine*, 2018.
 545 211: p. 114-122.
- 546 26. Lu, X., Q. Wang, and D. Wei, Do Health Insurance Schemes Heterogeneously Affect
 547 Income and Income Distribution? Evidence from Chinese Agricultural Migrants
 548 Survey. *International Journal of Environmental Research and Public Health*,
 549 2020;17(9):3079..
- 550 27. Dou, G., Q. Wang, and X. Ying, Reducing the medical economic burden of health
 551 insurance in China: Achievements and challenges. *BioScience Trends*, 2018. 12(3): p.
 552 215-219.
- 553 28. Jin J, Wang J, Ma X, Wang Y, Li R. Equality of Medical Health Resource Allocation
 554 in China Based on the Gini Coefficient Method. *Iran J Public Health*,
 555 2015;44(4):445-457.
- 556 29. Zhang T, Xu Y, Ren J, et al. Inequality in the distribution of health resources and
 557 health services in China: hospitals versus primary care institutions. *International*
 558 *Journal for Equity in Health*, 2017;16(1):42.
- 559 30. Wang HHX, W.J., Zhou ZH, et al. General practice education and training in
 560 southern China recent development and ongoing challenges under the health care
 561 reform. *Malaysian Family Physician*, 2013;8(3):2-10.
- 562 31. Kabir A, Karim MN, Islam RM, et al. Health system readiness for non-communicable
 563 diseases at the primary care level: a systematic review. *BMJ Open*.

1
2
3 564 2022;12(2):e060387.
4 565
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
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

For peer review only

Enseignement Supérieur (ABES) .
Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies.

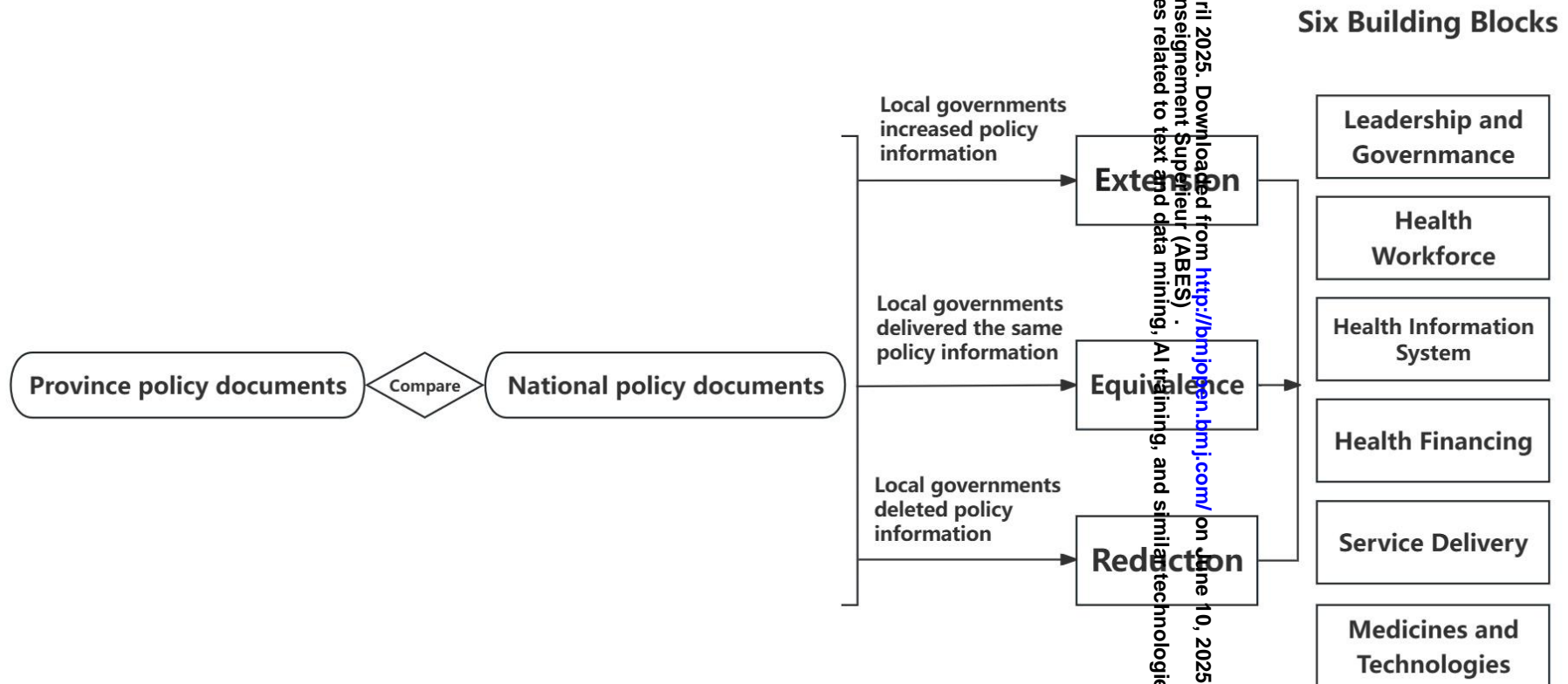


Figure 1. The analysis framework of methodology

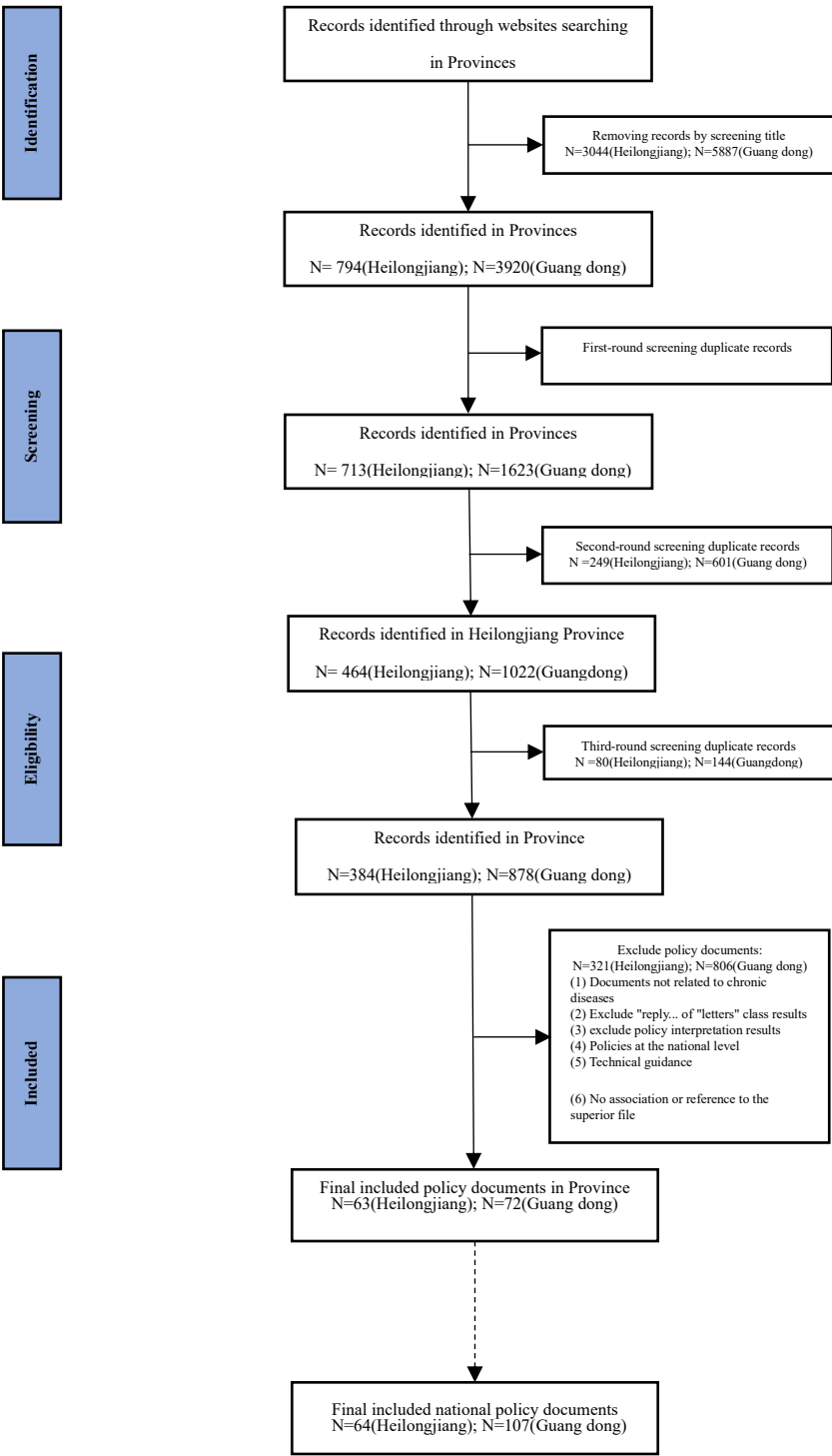
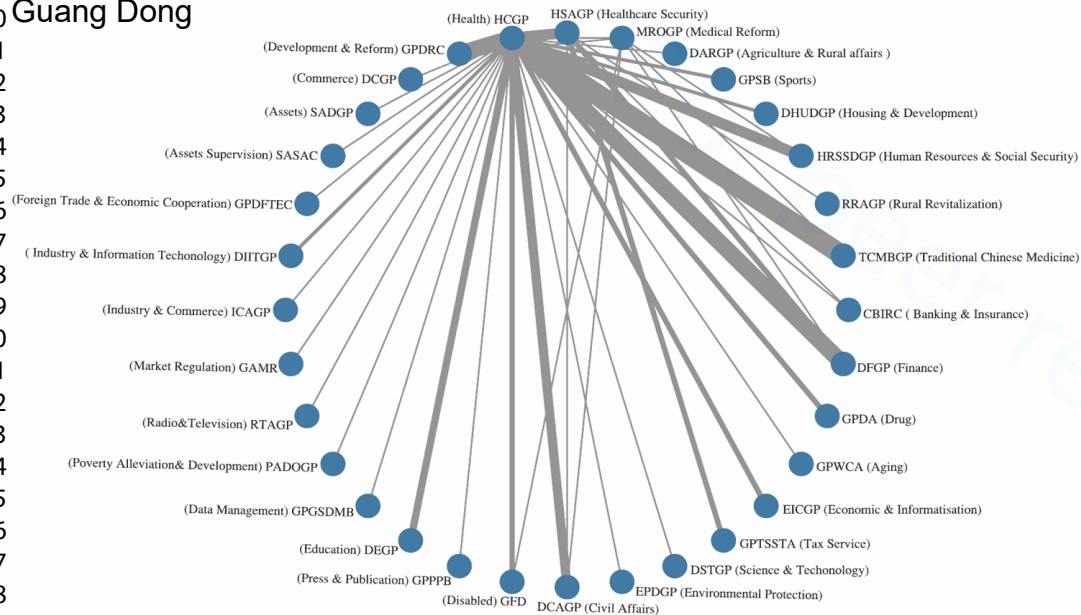


Figure 2. The flow chart of policy identification and search

Guang Dong



Heilong Jiang



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

Notes:

HSAGP: Healthcare Security Administration of Guangdong Province; MROGP: Medical Reform Office of Guangdong Province; DARGP: Department of Agriculture and

Rural Affairs of Guangdong Province; GPSB: Guangdong Provincial Sports Bureau; DHUDGP: Department of Housing and Urban-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 of China Banking and Insurance Regulatory Commission; DFGP: Department of Finance of Guangdong Province; GPDA: Guangdong Provincial Drug Administration; GPC: Guangdong Provincial Working Committee on Aging; EICGP: Economic and Information Commission of Guangdong Province; GPTSSTA: Guangdong Provincial Tax Service, State Taxation Administration; DSTGP: Department of Science and Technology of Guangdong Province; EPDGP: Environmental Protection Department of Guangdong Province; DCAGP: Department of Civil Affairs of Guangdong Province; GFD: Guangdong Federation of the Disabled; GPPPB: Guangdong Provincial Press and Publication Bureau; DEGP: Department of Education of Guangdong Province; GPGSDMB: Guangdong Provincial Government Services Data Management Bureau; PADOGP: Poverty Alleviation and Development Office of Guangdong Province; RTAGP: Radio and Television Administration of Guangdong Province; GAMR: Guangdong Administration for Market Regulation; ICAGP: Industry and Commerce Administration of Guangdong Province; DIITGP: Department of Industry and Information Technology 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; GPDR: Guangdong Provincial Development 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 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; HCAN: 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 Province; HPLGPAD: Heilongjiang

Provincial Leading Group of Poverty Alleviation and Development; RTAHP: Radio and Television Administration of Heilongjiang 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: Heilongjiang Province Department of Commerce; HCHP: Health Commission of Heilongjiang Province; HPHSA: Heilongjiang Province Healthcare Security Administration; HPBSD: Heilongjiang Province Public Security Department; PRTCH: Public Resources Trading Center of Heilongjiang

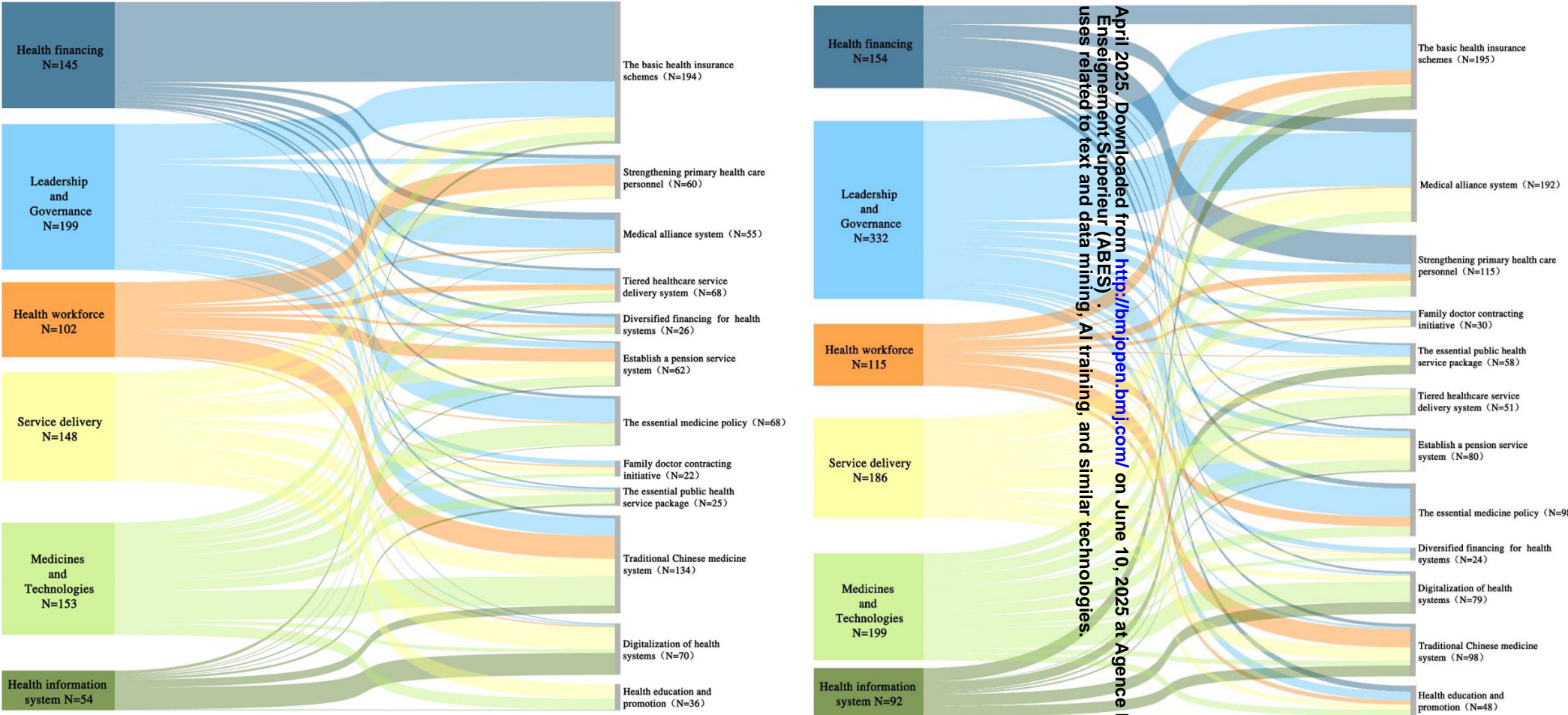


Figure 4. Major Policy Initiatives have been focused on PHC-focused NCD Control in both provinces

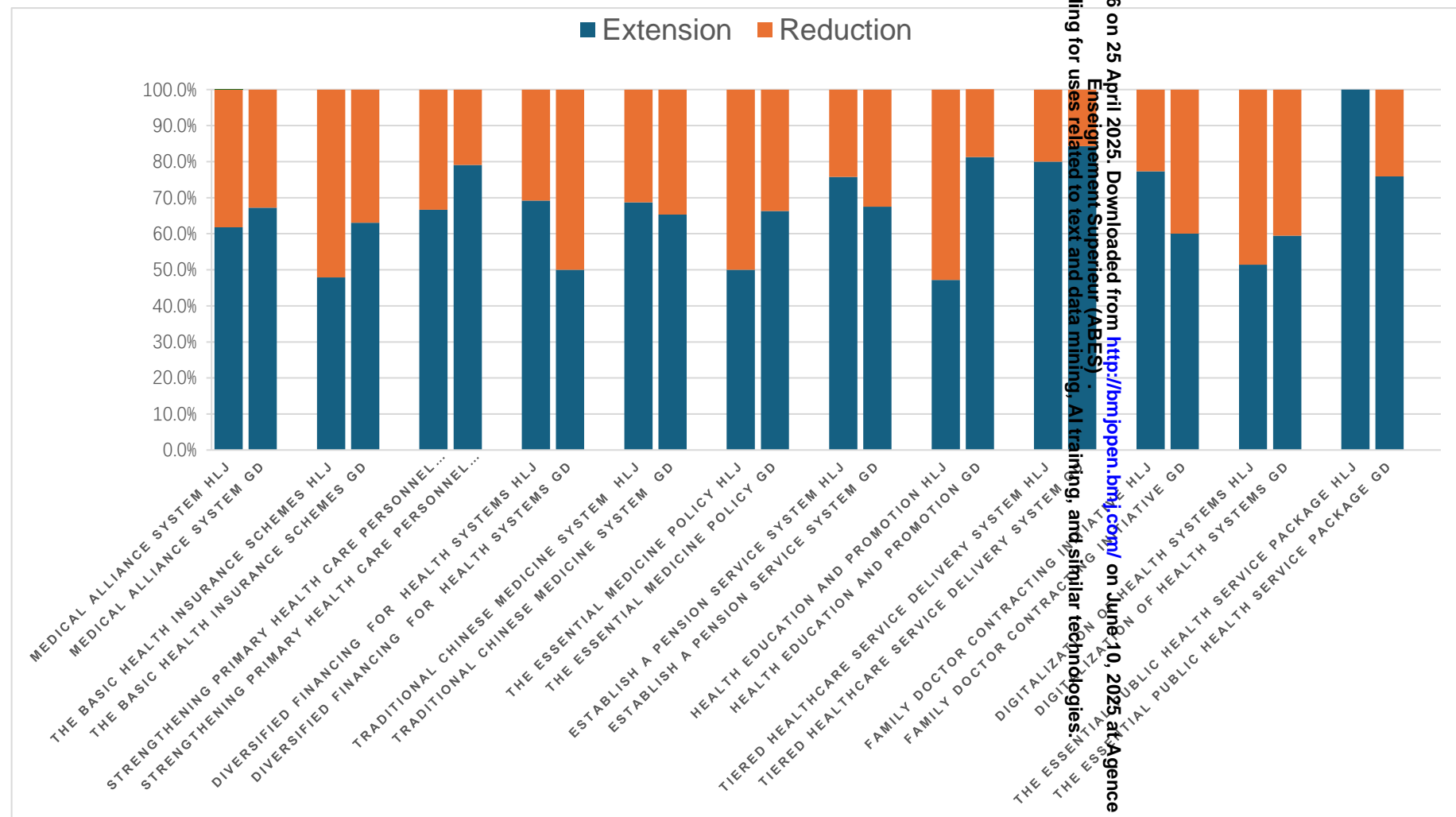


Figure 5. Stacked diagram of extension and reduction in the thematic framework during both provinces.

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
INTRODUCTION			
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 applicable
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

JB1 = 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 (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med*. 2018;169:467-473. doi: 10.7326/M18-0850.

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
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

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	黑龙江省人民政府办公厅	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/
6	黑龙江省民政厅	Department of Civil Affairs of Heilongjiang Province	https://mzt.hlj.gov.cn/
7	黑龙江省财政厅	Finance Bureau of Heilongjiang Province	https://czt.hlj.gov.cn/czt/index.shtml
8	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/
9	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/
10	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
11	黑龙江省卫生健康委员会	Health Commission of Heilongjiang Province	https://wsjkw.hlj.gov.cn/
12	黑龙江省市场监督管理局	Administration for Market Regulation of Heilongjiang Province	https://amr.hlj.gov.cn/
13	黑龙江省体育局	Heilongjiang Provincial Sports Bureau	https://tyj.hlj.gov.cn/
14	黑龙江省统计局	Heilongjiang Bureau of Statistics	https://tjj.hlj.gov.cn/
15	黑龙江省医疗保障局	Heilongjiang Province Healthcare Security Administration	https://ybj.hlj.gov.cn/
16	黑龙江省地方金融监督管理局	Heilongjiang Local Financial Supervision and Administration Bureau	https://dfjrjg.hlj.gov.cn/
17	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
18	黑龙江省乡村振兴局	Heilongjiang Provincial Rural Revitalization Bureau	https://fpb.hlj.gov.cn/fpb/index.shtml
19	黑龙江省粮食和物资储备局	Heilongjiang Provincial Food and Material Reserve Bureau	https://lsj.hlj.gov.cn/
20	黑龙江省药品监督管理局	Heilongjiang Provincial Durg Administration	https://mpa.hlj.gov.cn/
21	黑龙江省知识产权局	Heilongjiang Intellectual Property Administration	https://hlipa.hlj.gov.cn/
22	黑龙江省中医药管理局	Heilongjiang Provincial Administration of Traditional Chinese Medicine	https://tcm.hlj.gov.cn/
23	广东省人民政府	People's Government of Guangdong Province	http://www.gd.gov.cn/
24	广东省发展和改革委员会	Guangdong Provincial Development and Reform Commission	http://drc.gd.gov.cn/
25	广东省教育厅	Department of Education of Guangdong Province	http://edu.gd.gov.cn/
26	广东省科学技术厅	Department of Science and Technology of Guangdong Province	http://gdstc.gd.gov.cn/
27	广东省工业和信息化厅	Department of Industry and Information Technology of Guangdong Province	http://gdii.gd.gov.cn/
28	广东省民政厅	Department of Civil Affairs of Guangdong Province	http://smzt.gd.gov.cn/
29	广东省财政厅	Department of Finance Guangdong Province	http://czt.gd.gov.cn/
30	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/
31	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/
32	广东省农业农村厅	Department of Agriculture and Rural Affairs of Guangdong Province	http://dara.gd.gov.cn/
33	广东省卫生健康委员会	Health Commission of Guangdong Province	http://wsjkw.gd.gov.cn/
34	广东省市场监督管理局（知识产权局）	Guangdong Administration for Market Regulation(Guangdong Intellectual Property Administration)	http://amr.gd.gov.cn/

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies. Ensignement Supérieur (ABES).

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
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

35	广东省体育局	Guangdong Provincial Sports Bureau	http://tyj.gd.gov.cn/
36	广东省统计局	Guangdong Provincial Statistics Bureau	http://stats.gd.gov.cn/
37	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/

For peer review only

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies. Enseignement Supérieur (ABES).

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 common 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.

Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies. Ensignment Supérieur (ABES).

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.

Supplementary file 5

The essential data items of Included Province-Level and corresponding National-Level Policy Documents

Serial number	Chinese title	English title	Time of realise	Releasing department	Referenced National-Level Policy Documents
11th five-year plan (2009-2010)					
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) Recommendations by the CPC Central Committee and the State Council on Deepening the Reform of the Medical and Health Care System
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	Major Work Plans for the five Key Reforms of the Medical and Health System of 2010
12th five-year plan (2011-2015)					
H2	黑龙江省医药卫生体制五项重点改革 2011 年度主要工作安排	Work Arrangements of Heilongjiang Province for the Reform of the Medical and Health Care System in Five Key Aspects(2011)	2-Apr-2011	People's Government of Heilongjiang Province	Major Work Plans for the Five Key Reforms of the Medical and Health System of 2011
H3	关于做好人社系统承担的 2011 年度医药卫生体制改革工作的通知	Notice on Improving the Reform for the Medical and Health System of 2011 issued by Heilongjiang Provincial Leading Group for Deepening Reform of the Medical and Health System	17-Jun-2011	Heilongjiang Human Resources and Social Security Bureau	Major Work Plans for the Five Key Reforms of the Medical and Health System of 2011
H4	黑龙江省人民政府关于扶持和促进中医药事业发展的实施意见	Implementation Opinions of the People's Government of Heilongjiang Province on Supporting and Promoting the Development of the Traditional Chinese Medicine Industry	20-Jun-2011	People's Government of Heilongjiang Province	Some Opinions of the State Council on Supporting and Promoting the Development of the Traditional Chinese Medicine Industry

H5	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	Guidelines of the General Office of the State Council on Further Strengthening the Construction of Rural Doctor Teams
H6	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	Standards for the Essential Public Health Service Package-2011 version
H7	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	12th Five-Year Plan for National Population Development
H8	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	Opinions on the Traditional Chinese Medicine Capacity Building Project at the Grassroots level Implementation Plan of the Traditional Chinese Medicine Capacity Building Project at the Grassroots Level
H9	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	Opinions of the General Office of the State Council on Improving the Essential Medicine System and the New Mechanism of Grassroots Operation
H10	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 Bureau of Heilongjiang Province	①Recommendations by the CPC Central Committee and the State Council on Deepening the Reform of the Medical and Health Care System ②Notice of the State Council on Issuing the 12th Five-Year Plan for Deepening Health System ③Guidelines on the Pilot Reform of Public Hospitals

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
38
39
40
41
42
43
44
45
46

				/*Price Supervision and Administration of Heilongjiang Province	
H11	黑龙江省基本公共服务体系建设实施方案	The Implementation Plan of Establishing Basic Public Service Systems in Heilongjiang Province	22-Sep-2014	*Heilongjiang Development and Reform Commission/*Education Department of Heilongjiang Province/*Heilongjiang Civil Administration Information Net /*Finance Bureau of Heilongjiang Province/*Heilongjiang Human Resources and Social Security Bureau/*Department of Housing and Urban-rural Development of Heilongjiang Province/*Department of Culture of Heilongjiang/*Health Commission of Heilongjiang Province/*Heilongjiang Provincial Food and Drug Administration/*Radio and Television Administration of Heilongjiang Province/*Heilongjiang Provincial Sports Bureau/*Heilongjiang Press and	Heilongjiang Five-Year Plan for National Basic Public Service Systems

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
38
39
40
41
42
43
44
45
46

				Publication Bureau/*Heilongjiang Federation of the Disabled	
H12	黑龙江省人民政府办公厅关于支持民办养老产业发展的意见	Opinions of the General Office of the People's Government of Heilongjiang Province on Supporting the Development of Private Pension Industry	17-Oct-2014	People's Government of Heilongjiang Province	Opinions of the State Council on Accelerating the Development of the Elderly Service Industry
H13	关于进一步做好计划生育家庭特别扶助工作的实施意见	Implementation Opinions on Further Improving the Work of Special Support for Planned Parenthood Families	23-Oct-2014	*Health Commission of Heilongjiang Province/*Heilongjiang Civil Administration Information Net /*Finance Bureau of Heilongjiang Province/*Heilongjiang Human Resources and Social Security Bureau/*Department of Housing and Urban-rural Development of Heilongjiang Province /*Department of Justice of Heilongjiang Province/*Heilongjiang Federation of the Disabled	Opinions on Further Improving the Work of Special Support for Planned Parenthood Families
H14	黑龙江省医疗机构进一步改善医疗服务行动实施方案	The Implementation Plan of Heilongjiang Province on Further Improvement of Medical Service Action in Medical Institutions	10-Mar-2015	*Health Commission of Heilongjiang Province/*Heilongjiang Provincial Administration of Traditional Chinese Medicine	Action Plan for Further Improvement of Medical Services

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
38
39
40
41
42
43
44
45
46

H15	黑龙江省爱卫会关于进一步加强新时期爱国卫生工作的实施意见	Opinions of the Heilongjiang Patriotic Health Campaign Committee on Further Strengthening Patriotic Health Work in the New Period	7-May-2015	Heilongjiang Patriotic Health Campaign Committee	Opinions of the State Council on Further Strengthening Patriotic Health Work in the New Period
H16	黑龙江省深化医药卫生体制改革2015年重点工作任务	the key Work Arrangements on Deeping the Reform of the Medical and Health System in Heilongjiang Province of 2015	10-Jun-2015	Heilongjiang Provincial Leading Group for Deepening Reform of the Medical and Health System	Summary in 2014 and key tasks in 2015 for Deepening the reform of the medical and health system
H17	黑龙江省全面推开县级公立医院综合改革实施方案	The Implementation Plan on Promoting Comprehensive Reform of County-level Public Hospitals In Heilongjiang Province	24-Aug-2015	People's Government of Heilongjiang Province	Implementation Opinions of the General Office of the State Council on Promoting Comprehensive Reform of County-level Public Hospitals
H18	黑龙江省人民政府办公厅关于促进中医药健康服务发展的实施意见	Implementation Opinions of the General Office People's Government of Heilongjiang Province on Promoting the Development of Chinese Medicine Health Services	20-Jan-2016	People's Government of Heilongjiang Province	Development Plan of Traditional Chinese Medicine Health Service (2015-2020)
H19	关于促进黑龙江省社会办医加快发展若干措施	Several Measures to Promote the Accelerated Development of Social Medicine in Heilongjiang Province	6-Feb-2016	People's Government of Heilongjiang Province	Notice on Several Policy Measures to Promote the Accelerated Development of Socially-Run
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 Guangdong Province	Guiding Opinions of the State Council on Establishing General Practitioner System
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 Affairs in Guangdong Province	26-Apr-2012	People's Government of Guangdong Province	The Twelfth Five-Year Plan for the Development of China's Aging Affairs
G4	转发卫生部办公厅关于落实2012年医改任务做好农村卫生服务有关工作的通知	Forwarded Notice of the General Office of the Ministry of Health on the implementing 2012 healthcare reform tasks to improve rural health services	3-Aug-2012	Guangdong Provincial Health Department	Notice of the General Office of the Ministry of Health on the implementing 2012 healthcare reform tasks to improve rural health services
G5	广东省卫生事业发展“十二五”规划的通知	The Twelfth Five-Year Plan for the Development of Health Services in Guangdong Province	13-Jul-2012	People's Government of Guangdong Province	Recommendations by the CPC Central Committee and the State Council on Deepening the Reform of the Medical and Health Care System
G6	广东省县级公立医院综合改革试点实施意见	The Implementation Plan on Comprehensive Reform of County-level Public Hospitals In Guangdong Province	30-Oct-2012	People's Government of Guangdong Province	① Notice of the State Council on Issuing the 12th Five Year Plan for Deepening Health System Reform ② Opinions on the pilot comprehensive reform of county level public hospitals

G7

广东省慢性非传染性疾病防治工作
规划(2012-2015 年)

Chronic Disease Prevention and Control Work Plan in
Guangdong Province (2012-2015)

16-Nov-2012

*Guangdong Provincial Health
Department/*Guangdong Provincial
Development and Reform
Commission/*Department of
Education of Guangdong Province
/*Department of Science and
Technology of Guangdong Province
/*Economic and Informatisation
Commission of Guangdong
Province/*Department of Civil
Affairs of Guangdong Province
/*Department of Finance of
Guangdong Province/*Human
Resources and Social Security
Department of Guangdong Province
/*Environmental Protection
Department of Guangdong Province
/*Department of Housing and
Urban-rural Development of
Guangdong Province
/*Department of Agriculture and
Rural Affairs of Guangdong
Province/*Guangdong Provincial
Department of Foreign Trade and
Economic Cooperation/*Radio and
Television Administration of

China Chronic Disease Prevention and Control Work Plan (2012-2015)

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
38
39
40
41
42
43
44
45
46

				Guangdong Province/*Guangdong Provincial Press and Publication Bureau/*Guangdong Provincial Sports Bureau/*Guangdong Provincial Food and Drug Administration	
G8	广东省“十二五”期间深化医药卫生体制改革实施方案	Notice on Issuing the 12th Five-Year Plan for Deepening Health System Reform in Guangdong Province	29-Dec-2012	People's Government of Guangdong Province	of the State Council on Issuing the 12th Five Year Plan for Deepening Health System Reform
G9	广东省巩固完善基本药物制度和基层运行新机制实施方案	Opinions on Improving the Essential Medicine System and the New Mechanism of Grassroots Operation in Guangdong Province	5-Sep-2013	People's Government of Guangdong Province	Opinions of the General Office of the State Council on Improving the Essential Medicine System and the New Mechanism of Grassroots Operation
G10	广东省深化医药卫生体制改革近期工作要点	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	Work summary in 2014 and key tasks in 2015 for Deepening the reform of the medical and health system
G11	广东省推进中医预防保健服务体系建设工作方案	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	Some Opinions of the State Council on Supporting and Promoting the Development of the Traditional Chinese Medicine Industry
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 年国家基本公共卫生服务项目工作的通知	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	Notice on Implementing the National Essential Public Health Service Package in 2014
G13	广东省人民政府办公厅关于大力发展商业健康保险的实施意见	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	Opinions of the General Office of the State Council on Accelerating the Development of Commercial Health Insurance

bmjopen-2024-097826 on 25 April 2025. Downloaded from <http://bmjopen.bmj.com/> on June 10, 2025 at Agency Bibliographique de l'Enseignement Supérieur (ABES). All rights reserved. No reuse allowed without permission. Not certified by peer review. See full text for copyright, including for uses related to text and data mining, AI training, and similar technologies.

G14	广东省深化医药卫生体制改革近期 工作要点	The main points of work of Guangdong Province on Deepening the Health System Reform in recent times	14-Jul-2015	People's Government of Guangdong Province	Major Work Plans for Deepening the Reforms of the Medical and Health System of 2014
G15	广东省全面深化县级公立医院综合 改革的若干意见	The Implementation Plan on Fully Deepening Comprehensive Reform of County-level Public Hospitals In Guangdong Province	11-Nov-2015	People's Government of Guangdong Province	Implementation Opinions of the General Office of the State Council on Promoting Comprehensive Reform of County-level Public Hospitals
G16	广东省城市公立医院综合改革的实 施意见	Implementation Opinions on the Comprehensive Reform of Urban Public Hospitals in Guangdong Province	11-Nov-2015	People's Government of Guangdong Province	Implementation Opinions of the General Office of the State Council on the Pilot Comprehensive Reform of Urban Public Hospitals
13th five-year plan (2016-2020)					
H20	关于推进医疗卫生与养老服务相 结合实施意见	Implementation Opinions on Promoting the Integration of Medical Health and Elderly Services	30-Mar-2016	*Health Commission of Heilongjiang Province/*Heilongjiang Civil Administration Information Net/*Heilongjiang Human Resources and Social Security Bureau/*Heilongjiang Development and Reform Commission/*Department of Industry and Information Technology of Heilongjiang Province/*Heilongjiang Province Public Security Department /*Finance Bureau of Heilongjiang Province/*State- owned Assets Department of Heilongjiang Province	Implementation Opinions on Promoting the Integration of Medical Health and Elderly Services

BMJ Open: first published as 10.1136/bmjopen-2024-097826 on 25 April 2025. Downloaded from <http://bmjopen.bmj.com/> on June 10, 2025 at Agence Bibliographique de l'Enseignement Supérieur (ABES) .
Used by copyright, including for uses related to text and data mining, AI training, and similar technologies.

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
38
39
40
41
42
43
44
45
46

				/*Department of Housing and Urban-rural Development of Heilongjiang Province/*Department of Tourism of Heilongjiang Province/*Heilongjiang Provincial Working Committee on Aging People's Government of Heilongjiang Province	
H21	黑龙江省深化医药卫生体制改革 2016 年重点工作任务	The key Work Arrangements on Deeping the Reform of the Medical and Health System in Heilongjiang Province of 2016	14-Jul-2016	People's Government of Heilongjiang Province	Work Plans for Deepening the Reforms of the Medical and Health System of 2016
H22	黑龙江省人民政府办公厅关于促进医药产业健康发展的实施意见	Implementation Opinions of the General Office of People's Government of Heilongjiang Province on Promoting the Healthy Development of the Pharmaceutical Industry	30-Sep-2016	People's Government of Heilongjiang Province	Guidelines of the General Office of the State Council on Promoting the Healthy Development of the Pharmaceutical Industry
H23	黑龙江省医疗卫生服务体系规划 (2016—2020 年)	Heilongjiang Provincial Healthcare Service System Planning (2016-2020)	13-Oct-2016	People's Government of Heilongjiang Province	National Medical and Health Service System Planning Outline (2015-2020)
H24	黑龙江省民政事业“十三五”发展规划	The Thirteenth Five-Year Plan for the Development of Civil Affairs in Heilongjiang Province	3-Nov-2016	Heilongjiang Civil Administration Information Net	Thirteenth Five-Year Plan for the Development of Civil Affairs
H25	黑龙江省全民健身实施计划 (2016-2020 年)	The National Fitness Implementation Plan of Heilongjiang Province (2016-2020)	5-Dec-2016	People's Government of Heilongjiang Province	National Fitness Program (2016-2020)
H26	黑龙江省中医药发展“十三五”规划	The Thirteenth Five-Year Plan for the Development of Chinese Medicine Industry in Heilongjiang Province	11-Jan-2017	People's Government of Heilongjiang Province	Outline of the Strategic Plan for the Development of Traditional Chinese Medicine (2016-2030)
H27	2017 年全省中医药工作要点	The key department on Chinese Medicine work in Heilongjiang Province of 2017	17-Feb-2017	Heilongjiang Provincial Administration of Traditional Chinese Medicine	Outline of the Strategic Plan for the Development of Traditional Chinese Medicine (2016-2030)

bmjopen-2024-097826 on 25 April 2025. Downloaded from <http://bmjopen.bmj.com/> on June 19, 2025 at Agence Bibliographique de l'Enseignement Supérieur (ABES) .
d by copyright, including for uses related to text and data mining, AI training, and similar technologies.

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	① Action Plan for Further Improvement of Medical Services ② Programme of key work for the in-depth implementation of the Action Plan for Further Improvement of Medical Services in 2017
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	*Heilongjiang Human Resources and Social Security Bureau *Finance Bureau of Heilongjiang Province *Heilongjiang Civil Administration Information Net *Audit Office of Heilongjiang *Education Department of Heilongjiang Province *Heilongjiang Provincial Leading Group of Poverty Alleviation and Development *Heilongjiang Regulatory Bureau of China Insurance Regulatory Commission	① Opinions of the State Council on Integrating the Basic Medical Insurance System for Urban and Rural Residents
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	① Thirteenth Five-Year Medicine and Health Plan ② China's mid- and long-term plan for the prevention and treatment of chronic diseases (2017-2025) ③ National Chronic Disease Comprehensive Prevention and Control Demonstration Zone Construction Management Measures

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
38
39
40
41
42
43
44
45
46

H31	黑龙江省人民政府办公厅关于推进医疗联合体建设和发展的实施意见	Guiding Opinions of the General Office of People's Government of Heilongjiang Province on Promoting the Establishment and Development of Medical Alliance Systems	30-Jun-2017	People's Government of Heilongjiang Province	Guiding Opinions of the General Office of the State Council on Promoting the Establishment and Development of Medical Alliance Systems
H32	黑龙江省深化医药卫生体制改革2017年重点工作任务	The key Work Arrangements on Deeping the Reform of the Medical and Health System in Heilongjiang Province of 2017	14-Jul-2017	People's Government of Heilongjiang Province	Key Work Plans for Deepening the Reforms of the Medical and Health System of 2017
H33	黑龙江省“十三五”促进民族地区和人口较少民族发展规划	The 13th Five-Year Plan for Promoting the Development of ethnic regions and ethnic groups with a small population in Heilongjiang Province	1-Aug-2017	People's Government of Heilongjiang Province	The 13th Five-Year Plan for Promoting the Development of ethnic regions and ethnic groups with a small population
H34	在我省建档立卡农村贫困人口中加强慢病签约和有关公共卫生服务的实施方案	The Implementation Plan on Strengthening the Contracting of Chronic Disease and Related Public Health Services among the Rural Poor People with Recorded Cards in Heilongjiang Province	27-Nov-2017	Health Commission of Heilongjiang Province Heilongjiang Provincial Leading Group of Poverty Alleviation and Development	Plan on Implementing the Contracting Services for Chronic Disease Family Doctors of Poor Populations
H35	黑龙江省防治慢性病中长期规划（2017—2025年）	Mid- and long-term plan for the prevention and treatment of chronic diseases in Heilongjiang Province (2017-2025)	28-Nov-2017	People's Government of Heilongjiang Province	China's mid- and long-term plan for the prevention and treatment of chronic diseases (2017-2025)
H36	黑龙江省人民政府办公厅关于进一步深化基本医疗保险支付方式改革的实施意见	Implementation Opinions of the General Office of the People's Government of Heilongjiang Province on Further Deepening the Reform of Basic Medical Insurance Payment Methods	28-Dec-2017	People's Government of Heilongjiang Province	Guidelines of the General Office of the State Council on Further Deepening the Reform of Basic Medical Insurance Payment Methods
H37	黑龙江省支持社会力量提供多层次多样化医疗服务发展健康产业实施方案	The Implementation Plan on supporting social forces to provide multilevel and diversified medical services to develop the health industry in Heilongjiang Province	31-Dec-2017	People's Government of Heilongjiang Province	The Implementation Plan of the General Office of the State Council on supporting social forces to provide multilevel and diversified medical services to develop the health industry
H38	黑龙江省国民营养计划（2017—2030年）	National Nutrition Programme of Heilongjiang Province (2017-2030)	30-May-2018	People's Government of Heilongjiang Province	National Nutrition Plan (2017-2030)

BMJ Open: first published as 10.1136/bmjopen-2024-097826 on 25 April 2025. Downloaded from <http://bmjopen.bmj.com/> on June 10, 2025 at Agence Bibliographique de l'Enseignement Supérieur (ABES). All rights reserved. No reuse allowed without permission. See you on the 10th of June 2025 at 10:00 AM CEST. For uses related to text and data mining, AI training, and similar technologies.

H39	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	Work plan for family doctors contracting services with chronic diseases for documented poor people
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 of Heilongjiang Province *Heilongjiang Development and Reform Commission *Education Department of Heilongjiang Province *Department of Industry and Information Technology of Heilongjiang Province *Heilongjiang Civil Administration Information Net *Finance Bureau of Heilongjiang Province *Heilongjiang Human Resources and Social Security Bureau *Department of Natural Resources of Heilongjiang *Department of Housing and Urban-rural Development of Heilongjiang Province *Heilongjiang Provincial Sports Bureau	National Nutrition Plan (2017-2030) Thirteenth Five-Year Plan on Healthy Ageing

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
38
39
40
41
42
43
44
45
46

For peer review only - <http://bmjopen.bmj.com/site/about/guidelines.xhtml>

*Heilongjiang Provincial
Administration of Traditional
Chinese Medicine
*Heilongjiang Province
Healthcare Security
Administration
*Department of Science and
Technology of Heilongjiang
Province
*Department of Culture and
Tourism of Heilongjiang
Province
*Administration for Market
regulation of Heilongjiang
Province
*Heilongjiang Federation of the
Disabled

bmjopen-2024-097826 on 25 April 2025. Downloaded from <http://bmjopen.bmj.com/> on June 10, 2025 at Agence Bibliographique de l'Enseignement Supérieur (ABES) .
d by copyright, including for uses related to text and data mining, AI training, and similar technologies.

H41	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	Guiding Opinions of the General Office of the State Council on Promoting the Establishment of a Tiered Diagnosis and Treatment System
H42	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 Family Doctor Contracting Services in 2019

H43	黑龙江省卫生健康委等十一部门 关于完善国家基本药物制度的实 施意见	The Implementation Opinions of the Heilongjiang Provincial Health Commission and Eleven Other Departments on Improving the National Essential Medicine System	2019-06-04	<div><div>*Health Commission of Heilongjiang Province</div><div>*Department of Science and Technology of Heilongjiang Province</div><div>*Department of Industry and Information Technology of Heilongjiang Province</div><div>*Finance Bureau of Heilongjiang Province</div><div>*Heilongjiang Province Department of Commerce</div><div>*Administration for Market regulation of Heilongjiang Province</div><div>*Radio and Television Administration of Heilongjiang Province</div><div>*Heilongjiang Province Healthcare Security Administration</div><div>*Heilongjiang Provincial Administration of *Traditional Chinese Medicine</div><div>Heilongjiang Provincial Drug Administration</div></div>	Opinions of the General Office of the State Council on Improving the National Basic Drug System
-----	---	--	------------	---	--

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
38
39
40
41
42
43
44
45
46

				*Public Resources Trading Center of Heilongjiang	
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	Opinions of the General Office of the State Council on Promoting the Development of "Internet + Medical " Health
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	Notice on Implementing the Basic Health Insurance Schemes for Urban and Rural Residents in 2019
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	Opinions of the General Office of the State Council on Further Improving the Work of Guaranteeing the Supply and Stabilising the Price of Shortage Drugs
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	Opinions of the State Council on Implementing the Healthy China Action
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	① Opinions of the State Council on promoting the Development of the Elderly Service Industry ② Implementation Opinions of the Ministry of Civil Affairs on Further Expanding the Supply of Elderly Services and Promoting the Consumption of Elderly Services

H49	中共黑龙江省委黑龙江省人民政府关于促进中医药传承创新发展的实施意见	The Implementation Opinions of the Heilongjiang Provincial Committee of the Communist Party of China and People's Government of Heilongjiang Province on Promoting the Inheritance, Innovation and Development of Traditional Chinese Medicine	1-Jun-2020	People's Government of Heilongjiang Province	Opinions of the Central Committee of the Communist Party of China and the State Council on Promoting the Inheritance, Innovation and Development of Traditional Chinese Medicine
H50	关于深入推进医养结合发展的实施意见	Implementation Opinions on Further Promoting the Development of Medical and Nursing Care Integration	1-Jun-2020	*Health Commission of Heilongjiang Province *Heilongjiang Civil Administration Information Net *Heilongjiang Development and Reform Commission *Education Department of Heilongjiang Province *Finance Bureau of Heilongjiang Province *Heilongjiang Human Resources and Social Security Bureau *Department of Natural Resources of Heilongjiang *Department of Housing and Urban-rural Development of Heilongjiang Province *Administration for Market regulation of Heilongjiang Province/*Heilongjiang Province Healthcare Security	Implementation Opinions on Further Promoting the Development of Healthcare Integration

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
38
39
40
41
42
43
44
45
46

				Administration/*Department of Industry and Information Technology of Heilongjiang Province/*Heilongjiang Provincial Administration of Traditional Chinese Medicine	
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	*Health Commission of Heilongjiang Province / *Heilongjiang Civil Administration Information Net / *Heilongjiang Provincial Administration of Traditional Chinese Medicine	Implementation Opinions on Further Promoting the Development of Healthcare Institution
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	*Heilongjiang Province Healthcare Security Administration/*Finance Bureau of Heilongjiang Province/*Heilongjiang Provincial Tax Service, State Taxation Administration/*Education Department of Heilongjiang Province	Notice on Implementing the Basic Health Insurance Schemes for Urban and Rural Residents in 2020
H53	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	"Healthy China 2030" blueprint

G17	广东省加快推进分级诊疗制度建设 实施方案	The Implementation Plan on Accelerating the Establishment of a Tiered Diagnosis and Treatment System in Guangdong Province	16-May-2016	People's Government of Guangdong Province	Guiding Opinions of the General Office of the State Council on Promoting the Establishment of a Tiered Diagnosis and Treatment System
G18	广东省中医药健康服务发展规划 (2016-2020 年)	Development Plan of Traditional Chinese Medicine Health Service in Guangdong Province(2016-2020)	30-Jun-2016	People's Government of Guangdong Province	Development Plan of Traditional Chinese Medicine Health Service (2015- 2020)
G19	广东省人民政府办公厅关于促进医 疗卫生与养老服务相结合的实施意 见	Guiding Opinions of the General Office of the People's Government of Guangdong Province on Promoting the Integration of Medical Health and Elderly Services	12-Jul-2016	People's Government of Guangdong Province	Guiding Opinions on Promoting the Integration of Medical Health and Elderly Services
G20	广东省促进医药产业健康发展实施 方案	The Implementation Plan on Promoting the Healthy Development of the Pharmaceutical Industry in Guangdong Province	14-Sep-2016	People's Government of Guangdong Province	Guidelines of the General Office of the State Council on Promoting the Healthy Development of the Pharmaceutical Industry
G21	关于控制公立医院医疗费用不合理 增长的实施方案	The Implementation Plan on Controlling Unreasonable Increases in Medical Expenses in Public Hospitals	18-Sep-2016	*Health and Family Planning Commission of Guangdong Province/*Guangdong Provincial Development and Reform Commision/*Department of Finance of Guangdong Province /*Human Resources and Social Security Department of Guangdong Province/*Traditionaal Chinese Medicine Bureau of Guangdong Province	Opinions on Controlling Unreasonable Increases in Medical Expenses in Public Hospitals
G22	广东省加快推进家庭医生签约服务 制度的实施方案	The Implementation Plan on Accelerating the promotion of Contracted Services System of Family Doctors in Guangdong Province	28-Oct-2016	*Medical Reform Office of Guangdong Province/*Health and Family Planning Commission of Guangdong Province/*Guangdong Provincial Development and	Guiding Opinions on Promoting Contracted Services of Family Doctors

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
38
39
40
41
42
43
44
45
46

				Reform Commission/*Department of Civil Affairs of Guangdong Province/*Department of Finance of Guangdong Province/*Human Resources and Social Security Province/*Traditional Chinese Medicine Bureau of Guangdong Province/*Guangdong Federation of the Disabled	
G23	关于开展健康城市健康村镇建设的实施意见	The Implementation Plan on the Development of Healthy Cities and Healthy Villages and Towns	1-Dec-2016	Guangdong Patriotic Health Campaign Committee	Guiding Opinions on the Development of Healthy Cities and Healthy Villages and Towns
G24	广东省贯彻《中医药发展战略规划纲要（2016-2030 年）》实施方案	The Implementation Plan on Outline of the Strategic Plan for the Development of Traditional Chinese Medicine (2016-2030) in Guangdong Province	30-Dec-2016	People's Government of Guangdong Province	Outline of the Strategic Plan for the Development of Traditional Chinese Medicine (2016-2030)
G25	广东省人民政府办公厅关于促进和规范健康医疗大数据应用发展的实施意见	The Implementation Plan of the General Office of the People's Government of Guangdong Province on Promoting and Regulating the Development of Healthcare Big Data Applications	8-Feb-2017	People's Government of Guangdong Province	Guiding Opinions of the General Office of the State Council on Promoting and Regulating the Development of Healthcare Big Data Applications
G26	广东省“十三五”深化医药卫生体制改革规划	The "13th Five-Year Plan" for deepening the reform of the medical and health system in Guangdong Province	12-May-2017	People's Government of Guangdong Province	The "13th Five-Year Plan" for deepening the reform of the medical and health system
G27	广东省推进医疗联合体建设和发展的实施方案	The Implementation Plan on Promoting the Establishment and Development of Medical Alliance Systems in Guangdong Province	30-Jun-2017	People's Government of Guangdong Province	Guiding Opinions of the General Office of the State Council on Promoting the Establishment and Development of Medical Alliance Systems
G28	广东省防治慢性病中长期规划（2017 - 2025 年）	Mid- and long-term plan for the prevention and treatment of chronic diseases in Guangdong Province (2017-2025)	30-Jun-2017	People's Government of Guangdong Province	China's mid- and long-term plan for the prevention and treatment of chronic diseases (2017-2025)

G29	广东省进一步改革完善药品生产流通使用政策实施方案	The Implementation Plan on Further Reform and Improvement of Policies on the Production and Circulation of Medicines in Guangdong Province	14-Jul-2017	People's Government of Guangdong Province	Several Opinions of the General Office of the State Council on Further Reform and Improvement of Policies on the Production and Circulation of Medicines
G30	广东省促进老龄事业发展和养老体系建设实施方案	The Implementation Plan on promoting the development of Aging Affairs Development and the construction of Pension System Establishment Plan	3-Aug-2017	People's Government of Guangdong Province	"Thirteenth Five-Year Plan" for National Aging Affairs Development and Pension System Establishment Plan
G31	“十三五”广东省健康促进与教育工作规划	"Thirteenth Five-Year Plan" of Guangdong Province for Health Promotion and Education Work	21-Aug-2017	Health and Family Planning Commission of Guangdong Province	"Thirteenth Five-Year Plan" for National Health Promotion and Education
G32	转发关于做好 2017 年国家基本公共卫生服务项目工作的通知	Forwarded Notice on Implementing the National Essential Public Health Service Package in 2017	28-Sep-2017	*Health and Family Planning Commission of Guangdong Province /*Department of Finance of Guangdong Province /*Traditional Chinese Medicine Bureau of Guangdong Province	Notice on Implementing the National Essential Public Health Service Package
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	Implementation Opinions on Reforming and Improving the Mechanism for Shortage Drug Supply Guarantee

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
38
39
40
41
42
43
44
45
46

				of Commerce of Guangdong Province/*State-owned Assets Supervision and Administration Commission/*Industry and Commerce Administration of Guangdong Province/*Guangdong Provincial Food and Drug Administration	
G34	广东省进一步深化基本医疗保险支付方式改革实施方案	The Implementation Plan of the General Office of on Further Deepening the Reform of Basic Medical Insurance Payment Methods in Guangdong Province	17-Nov-2017	People's Government of Guangdong Province	Guidelines of the General Office of the State Council on Further Deepening the Reform of Basic Medical Insurance Payment Methods
G35	广东省国民营养计划 (2017—2030 年) 实施方案	National Nutrition Plan in Guangdong Province(2017-2030)	5-Dec-2017	*People's Government of Guangdong Province	National Nutrition Plan (2017-2030)
G36	广东省“十三五”健康老龄化规划	Thirteenth Five-Year Plan on Healthy Ageing in Guangdong Province	25-Dec-2017	*Health and Family Planning Commission of Guangdong Province/*Guangdong Provincial Development and Reform Commission/*Economic and Informatisation Commission of Guangdong Province/*Department of Education of Guangdong Province/*Department of Civil Affairs of Guangdong Province /*Department of Finance of Guangdong Province	Thirteenth Five-Year Plan on Healthy Ageing

				<div>/*Human Resources and Social Security/*Department of Guangdong Province/*State-owned Assets Department of Guangdong Province/*Department of Housing and Urban-rural/*Development of Guangdong Province/*Guangdong Provincial Sports Bureau /*Traditional Chinese Medicine Bureau of Guangdong Province /*Guangdong Federation of the Disabled/*uangdong Provincial Working Committee on Aging</div>	
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	Opinions of the General Office of the State Council on supporting social forces to provide multilevel and diversified medical services to develop health industry
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	National Population Development Plan (2016-2030)
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	Opinions of the General Office of the State Council on Promoting the Development of "Internet + Medical " Health
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	Guidelines on the Implementation of Health Poverty Alleviation Project

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
38
39
40
41
42
43
44
45
46

G41	广东省深化医药卫生体制改革近期重点工作任务	The Major Work Plans for Promoting the Construction of Chinese Medicine Preventive Healthcare Service System in Guangdong Province	26-Sep-2018	People's Government of Guangdong Province	Major Work Plans for Deepening the Reforms of the Medical and Health System of the latter half year of 2018
G42	广东省改革完善仿制药供应保障及使用政策实施方案	The Implementation Plan of the Guangdong Province on the Reform and Improvement of the Policies on the Supply, Security and Use of Generic Drugs	30-Oct-2018	People's Government of Guangdong Province	Opinions of the General Office of the State Council on the Reform and Improvement of the Policies on the Supply, Security and Use of Generic Drugs
G43	广东省贫困地区健康促进三年攻坚行动实施方案	The Implementation Plan of the Three-year action program on health promotion in poor areas in Guangdong Province	30-Dec-2018	Health Commission of Guangdong Province Poverty Alleviation and Development Office of Guangdong Province	Three-year action program on health promotion in poor areas
G44	广东省改革完善医疗卫生行业综合监管制度实施方案	The Implementation Plan of Guangdong Province on the Reform and Improvement of the Comprehensive Supervision System of the Medical and Health Care Industry	28-Feb-2019	*People's Government of Guangdong Province	Guiding Opinions of the General Office of the State Council on the Reform and Improvement of the Comprehensive Supervision System of the Medical and Health Care Industry
G45	广东省促进护理服务业改革与发展实施方案	The Implementation Plan of Guangdong Province on promoting the reform and development of the care service industry	26-Mar-2019	*Health Commission of Guangdong Province/*uangdong Provincial Development and Reform Commission/*epartment of Education of Guangdong Province /*epartment of Civil Affairs of Guangdong Province /*epartment of Finance of Guangdong Province /*uman Resources and Social Security/*epartment of Guangdong	Guidance on promoting the reform and development of the care service industry

For peer review only

				Province Guangdong/*Administration for Market Regulation Healthcare Security Administration of Guangdong Province/*Guangdong Provincial Regulatory Bureau of China Banking and Insurance Regulatory Commission (CBIRC)/*Guangdong Federation of the Disabled/*Traditional Chinese Medicine Bureau of Guangdong Province	
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/*Traditional Chinese Medicine Bureau of Guangdong Province	Work plans for fully upgrading the comprehensive capacity of county hospitals (2018-2020)
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	Notice of the General Office of the National Health Commission on Family Doctor Contracting Services in 2019
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/*Guangdong Provincial Development and Reform Commission/*Department of Industry and Information Technology of Guangdong Province/*Department of Finance of Guangdong Province	Opinions of the General Office of the State Council on Improving the National Basic Drug System

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
38
39
40
41
42
43
44
45
46

					/*ealthcare Security Administration of Guangdong Province/*uangdong Provincial Drug Administration	
G49	广东省深化医药卫生体制改革 2019 年重点工作任务	Major Work Plan of Guangdond Province for Deepening the Reforms of the Medical and Health System of 2019	18-Jul-2019	Medical Reform Office of Guangdong Province	Work Plans for Deepening the Reforms of the Medical and Health System of 2019	
G50	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 Province/*Department of Industry and Information Technology of Guangdong Province/*Healthcare Security Administration of Guangdong Province/*Guangdong Provincial Government Services Data Management Bureau /*Traditional Chinese Medicine Bureau Of Guangdong Provinc	Opinions of the General Office of the State Council on Promoting the Development of "Internet + Medical " Health	
G51	广东省人民政府关于实施健康广东行动的意见	Opinions of he People's Government of Guangdong Province on Implementing the Healthy Guangdong Action	28-Dec-2019	*People's Government of Guangdong Province	Opinions of the State Council on Implementing the Healthy China Action	
G52	广东省推广福建省和三明市深化医药卫生体制改革经验行动方案	Action Plan for Guangdong Province on further promoting the experience of Fujian Province and Sanming City in deepening the reform of the medical and health system	2-Jan-2020	*Guangdong Provincial Leading Group for Deepening Reform of the Medical and Health System	①Notice on further promoting the experience of Fujian Province and Sanming City in deepening the reform of the medical and health system ②Several policy measures on further deepening the reform of the pharmaceutical and healthcare system through centralized procurement and use of drugs as a breakthrough	
G53	广东省关于建立完善老年健康服务体系实施方案	The Implementation Plan of Guangdong Province on the Establishment and Improvement of a Health Service System for the Elderly	19-May-2020	*Health Commission of Guangdong Province /*Guangdong Provincial Development and Reform	Guiding Opinions on the Establishment and Improvement of a Health Service System for the Elderly	

BMJ Open: first published as 10.1136/bmjopen-2024-097826 on 25 April 2025. Downloaded from <http://bmjopen.bmj.com/> on June 10, 2025 at Agency Bibliographique de l'Enseignement Supérieur (ABES) .
d by copyright, including for uses related to text and data mining, AI training, and similar technologies.

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
38
39
40
41
42
43
44
45
46

				Commission /*Department of Education of Guangdong Province /*Department of Civil Affairs of Guangdong Province/*Department of Finance of Guangdong Province /*Human Resources and Social Security Department of Guangdong Province/*Healthcare Security Administration of Guangdong Province/*Traditional Chinese Medicine Bureau Of Guangdong Province	
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	Notice on promoting the construction of close-knit county medical and healthcare communities
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	Notice on Implementing the Basic Health Insurance Schemes for Urban and Rural Residents in 2020
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	Notice on the Effectively Strengthening Chinese Medicine work in the Construction of medical treatment combination

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
38
39
40
41
42
43
44
45
46

				/*Health Commission of Guangdong Province	
G57	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	27-Sep-2020	Medical Reform Office of Guangdong Province	Work Plans for Deepening the Reforms of the Medical and Health System of the latter half year of 2020
14th five-year plan (2021-2025)					
H54	中共黑龙江省委黑龙江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	Implementing Opinions of the Heilongjiang Provincial Committee of the Communist Party of China and the People's Government of Heilongjiang Province on Achieving Effective Linkage between Consolidating and Expanding the Achievements of Poverty Eradication and Rural Revitalization	19-Mar-2021	People's Government of Heilongjiang Province	Implementing Opinions of the CPC Central Committee and the State Council on Achieving Effective Linkage between Consolidating and Expanding the Achievements of Poverty Eradication and Rural Revitalization
H55	黑龙江省人民政府办公厅关于推动公立医院高质量发展的实施意见	Implementation Opinions of the General Office of the People's Government of Heilongjiang Province on Promoting High-Quality Development of Public Hospitals	28-Dec-2021	People's Government of Heilongjiang Province	Implementation Opinions of the General Office of the State Council on Promoting High-Quality Development of Public Hospitals
H56	黑龙江省人民政府办公厅关于建立健全职工基本医疗保险门诊共济保障机制的实施意见	Implementation Opinions of the General Office of the People's Government of Heilongjiang Province on the Establishment and Improvement of Outpatient Co-payment Protection Mechanism for Employees' Basic Medical Insurance	31-Dec-2021	People's Government of Heilongjiang Province	Guidelines of the General Office of the State Council on Establishing and Improving the Outpatient Co-payment Guarantee Mechanism for Employees' Basic Medical Insurance
H57	黑龙江省人民政府办公厅关于健全重特大疾病医疗保险和救助制度的实施意见	Implementation Opinions of the General Office of the People's Government of Heilongjiang Province on Improving the Medical Insurance and Relief System for Serious Diseases	31-Dec-2021	People's Government of Heilongjiang Province	Implementation Opinions of the General Office of the State Council on Improving the Medical Insurance and Relief System for Serious Diseases
H58	黑龙江省全民健身实施计划 (2021—2025 年)	The National Fitness Implementation Plan of Heilongjiang Province (2021-2025)	31-Dec-2021	People's Government of Heilongjiang Province	National Fitness Program (2016-2020)
H59	黑龙江省“十四五”医疗保障事业发展规划	Heilongjiang Provincial "14th Five-Year Plan" for the Development of Medical Protection Career	31-Dec-2021	People's Government of Heilongjiang Province	The 14th Five-Year Plan for Universal Health Care Coverage

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
38
39
40
41
42
43
44
45
46

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 Medicine Industry in Heilongjiang Province	31-Dec-2021	People's Government of Heilongjiang Province	① Opinions of the Central Committee of the Communist Party of China and the State Council on Promoting the Inheritance, Innovation and Development of Traditional Chinese Medicine ② Outline of the Strategic Plan for the Development of Traditional Chinese Medicine (2016-2030)
H61	关于做好第六批国家组织药品集采(胰岛素专项)落实工作的通知	Notice on the Implementation of the Sixth Batch of Nationally Organised Collective Procurement of Drugs (Insulin Specific)	11-May-2022	*Heilongjiang Province Healthcare Security Administration/*Health Commission of Heilongjiang Province	Guidelines on Improving the National Organization of Supporting Measures and Disposed Band Purchasing of Medicines (Insulin Specific)
H62	关于做好 2022 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 2022	31-Aug-2022	*Heilongjiang Province Healthcare Security Administration/*Finance Bureau of Heilongjiang Province /*Education Department of Heilongjiang Province /*Heilongjiang Provincial Tax Service, State Taxation Administration	Guidelines on Implementing the Basic Health Insurance Schemes for Urban and Rural Residents in 2022
H63	黑龙江省省本级职工基本医疗保险门诊共济保障机制实施办法	Implementation Measures of Outpatient Co-payment Protection Mechanism of Basic Medical Insurance for Employees at the Provincial Level in Heilongjiang Province	22-Dec-2022	*Heilongjiang Province Healthcare Security Administration /*Finance Bureau of Heilongjiang Province	Guidelines of the General Office of the State Council on Establishing and Improving the Outpatient Co-payment Guarantee Mechanism for Employees' Basic Medical Insurance
G59	广东省加快医学教育创新发展实施方案	The Implementation Plan of Guangdong Province on Accelerating the Innovative Development of Medical Education	29-Jan-2021	People's Government of Guangdong Province	Guiding Opinions of the General Office of the State Council on Accelerating the Innovative Development of Medical Education
G60	广东省关于加快发展老年护理服务的工作方案	The Work Plan of Guangdong Province on Accelerating the Development of the Elderly Care Services	23-Mar-2021	*Health Commission of Guangdong Province/*Traditional Chinese	① Notice on Strengthening the Elderly Care Services ② Guiding Opinions on the Establishment and Improvement of a Health Service System for the Elderly

For peer review only - <http://bmjopen.bmj.com/site/about/guidelines.xhtml>

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
38
39
40
41
42
43
44
45
46

G64	广东省医疗保障局关于开展医保支付改革促进中医药传承创新发展的指导意见	Guidelines of the Guangdong Provincial Health Protection Bureau on Carrying Out Health Insurance Payment Reform to Promote the Inheritance, Innovation, and Development of Chinese Medicine	30-Sep-2021	Healthcare Security Administration of Guangdong Province	Opinions of the Central Committee of the Communist Party of China and the State Council on Promoting the Inheritance, Innovation, and Development of Traditional Chinese Medicine
G65	广东省“十四五”时期医疗保障事业高质量发展实施方案	The Implementation Plan for the High-quality Development of Medical Security in Guangdong Province during the "14th Five-Year Plan" Period	25-Dec-2021	Healthcare Security Administration of Guangdong Province	14th Five-Year Plan for Universal Health Care Coverage
G66	广东省加快发展康复医疗服务工作的实施方案	The Implementation Plan on Accelerating the Development of Rehabilitation Medicine in Guangdong Province	4-Jan-2022	*Health Commission of Guangdong Province/*Guangdong Provincial Development and Reform Commission/*Department of Education of Guangdong Province /*Department of Civil Affairs of Guangdong Province/*Department of Finance of Guangdong Province/*Healthcare Security Administration of Guangdong Province/*Traditional Chinese Medicine Bureau of Guangdong Province/*Guangdong Federation of the Disabled	Opinions on Accelerating the Development of Rehabilitation Medicine
G67	广东省深入推广福建省三明市经验深化医药卫生体制改革实施方案	The Implementation Plan of Guangdong Province on Deepening the Reform of the Medical and Health System by Further Promoting the Experience of Sanming City, Fujian Province	20-Jan-2022	Guangdong Provincial Leading Group for Deepening Reform of the Medical and Health System	Implementing Opinions on Deepening the Reform of the Medical and Health System by Further Promoting the Experience of Sanming City, Fujian Province

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
38
39
40
41
42
43
44
45
46

G68	广东省人民政府办公厅关于推动公立医院高质量发展的实施意见	Implementation Opinions of the General Office of the People's Government of Guangdong Province of the State Council on Promoting High-Quality Development of Public Hospitals	10-Feb-2022	People's Government of Guangdong Province	Implementation Opinions of the General Office of the State Council on Promoting High-Quality Development of Public Hospitals
G69	广东省建设国家中医药综合改革示范区实施方案	The Implementation Plan for the Construction of National Chinese Medicine Comprehensive Reform Demonstration Zone in Guangdong Province	14-Jun-2022	People's Government of Guangdong Province	Decisions of the Central Committee of the Communist Party of China and the State Council on Promoting the Inheritance, Innovation and Development of Traditional Chinese Medicine
G70	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	7-Aug-2022	People's Government of Guangdong Province	Major Work Plans for Deepening the Reforms of the Medical and Health System in Guangdong Province in Recent Times of 2022
G71	转发国家医保局 财政部 国家税务总局关于做好 2022 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 2022 which was transmitted from the Circular of the National Health Insurance , the Bureau Ministry of Finance and the State Administration of Taxation	15-Aug-2022	*Healthcare Security Administration of Guangdong Province/*Department of Finance of Guangdong Province /*Guangdong Provincial Tax Service, State Taxation Administration	Notice on Implementing the Basic Health Insurance Schemes for Urban and Rural Residents in 2022
G72	广东省医疗卫生服务体系“十四五”规划	The 14th Five-Year Plan of Guangdong Medical and Healthcare Service System	25-Aug-2022	*Health Commission of Guangdong Province/*Guangdong Provincial Development and Reform Commission	"Healthy China 2030" blueprint

BMJ Open: first published as 10.1136/bmjopen-2024-097826 on 25 April 2025. Downloaded from <http://bmjopen.bmj.com/> on June 10, 2025 at Agence Bibliographique de l'Enseignement Supérieur (ABES) .
All rights reserved. No reuse allowed without permission. See you at the end of the world. This article is intended solely for the personal use of the individual user and is not to be disseminated broadly. This article is subject to the Terms of Use of the BMJ Publishing Group Ltd. All training, and similar technologies.

Supplementary file 6

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

Highly Referenced Policy Initiatives	Number	Associated Strategies and Actions
Construction of Medical Alliance Systems	81 (Heilongjiang) 148 (Guangdong)	<p>①Reforming the Management Mechanism and Performance Evaluation System of Public Hospitals and deepen the reform of personnel systems in public hospitals.</p> <p>②Implementing Government Incentive Policies for Public Hospitals, and establish a scientific compensation mechanism.</p> <p>③Promoting Pilot Reforms of the Salary System in Public Hospitals.</p> <p>④Improving the Internal Division of Labor and Collaboration Mechanisms within Medical Alliances and strengthening the construction of regional centers.</p> <p>⑤Clarifying the Functional Positioning of Hospitals at Various Levels and optimizing the allocation of medical resources.</p> <p>⑥Mutual Recognition of Inspection and Test Results within Medical Alliances.</p>
The Basic Health Insurance System	189 (Heilongjiang) 176 (Guangdong)	<p>①Establishing a Unified Provincial Medical Security Service System.</p>

		<p>②Promoting Reforms in Compound Medical Insurance Payment Methods and implementing comprehensive medical assistance policies.</p> <p>③Optimizing Direct Settlement Services for Top-Regional Medical Treatment.</p> <p>④Improving and Unifying the Supervision of the Medical Insurance Fund and implementing management measures for des and medical institutions.</p> <p>⑤Standardizing Basic Medical Insurance Billing and achieving unified medical insurance coordination within regions.</p> <p>⑥Unifying the Directory and Standards for Chronic and Special Disease Outpatient Services Province-wide.</p> <p>⑦Advancing Reforms and Supervision of Medical Service Pricing in an Orderly Manner.</p>
--	--	---

<p>Strengthen Primary Health Care Personnel</p>	<p>50 (Heilongjiang) 77 (Guangdong)</p>	<p>①Exploring and Improving the Standardized Training System and Guarantee Mechanism for Resident Physicians.</p> <p>②Facilitating Registration and Management Mechanisms for Multi-site Practice of Physicians.</p> <p>③Establishing a Salary System Adapted to the Characteristics of the Healthcare Industry and improving performance evaluation and distribution mechanisms.</p> <p>④Strengthening the Construction of the Rural Doctor Workforce and formulating management measures for hiring, practicing activities, compensation, and retirement of rural doctors.</p> <p>⑤Providing Preferential Policies for Primary Health Technicians in Promotion and Benefits and encourage medical students to work in ethnic areas through favorable policies.</p> <p>⑥Enhancing the Training and Team Building of traditional Chinese Medicine and Ethnic Medicine Practitioners at the Grassroots Level.</p>
<p>Diversified Medical Service System</p>	<p>40 (Heilongjiang) 25 (Guangdong)</p>	<p>①Implementing Support and Guidance Policies for Social Capital in Medical Services.</p> <p>②Facilitating the Establishment of Private Medical Institutions and encouraging the participation of private capital.</p>

		<p>③Enhancing the Regulatory System for Private Medical Institutions and improving the service capabilities and quality of private hospitals.</p> <p>④Promoting the Development of Health Industry Clusters and fostering a diversified and competitive medical service system.</p>
<p>Traditional Chinese Medical (TMC) Service System</p>	<p>152(Heilongjiang) 89(Guangdong)</p>	<p>①Enhance Grassroots TCM Service Capacity and enrich the content of grassroots TCM services and promote appropriate TCM technologies.</p> <p>②Strengthen the TCM Talent Pool and improve the evaluation and incentive system for TCM talent.</p> <p>③Utilize TCM Advantages. Leverage TCM's unique strengths in disease prevention, diagnosis, and rehabilitation.</p> <p>④Support the Development of TCM Health services and actively support industries related to TCM health services.</p> <p>⑤Reform and Improve TCM Management Systems and enhance the management of ethnic medicine.</p> <p>⑥Improve TCM Informatization and Infrastructure and enhance the application level of TCM informatization.</p>

Digitalization Health System	26 (Heilongjiang) 34 (Guangdong)	<p>①Establish Standards for "Internet + Healthcare" and develop an integrated online and offline healthcare service model covering prevention, diagnosis, and post-diagnosis.</p> <p>②Use Informatization to Improve Hospital Management and Enhance hospital management and convenient services through information technology.</p> <p>③Integrate and Improve the Information System for Medical Insurance Funds and optimize the information system for medical insurance funds.</p> <p>④Promote the Informatization of Integrated Traditional Chinese and Elderly Care and use information technology to develop intelligent TCM health and elderly care services.</p> <p>⑤Build an Informatized Basic Public Health Service Platform and manage basic public health services through an informatized platform.</p>
Tiered Health Service Delivery System	55(Heilongjiang) 116(Guangdong)	<p>①Progressively Promote the Tiered Diagnosis and Treatment System and implement bidirectional referrals.</p> <p>②Promote Balanced Distribution of High-Quality Medical Resources and ensure an equitable distribution of high-quality medical resources.</p> <p>③Strengthen Support Measures for Tiered Diagnosis and Treatment and improve and implement supporting policies for tiered diagnosis and treatment.</p>

The Essential Medicine policy	75(Heilongjiang) 96(Guangdong)	<p>①Strengthen Rational Use and Supervision of Basic Medicines in Medical Institutions and improve the evaluation system for essential medicines.</p> <p>②Establish a Comprehensive Drug Supply Security System and promote the collective procurement and price management of medicines and consumables.</p> <p>③Improve the Dynamic Adjustment of the Medical Insurance Drug List and optimize the management system for the Medical Insurance Drug List.</p> <p>④Improve Drug Safety Shortage Monitoring and Emergency Response Mechanisms and enhance the monitoring and emergency response mechanisms for drug shortages.</p> <p>⑤Reform and Improve Generic Drug Supply Policies and optimize policies for the supply of generic drugs.</p>
The Basic Public Health Service Package	34(Heilongjiang) 83(Guangdong)	<p>①Fully Implement Major Public Health Service projects and consolidate and improve the equalization system for basic public health services.</p> <p>②Build a Comprehensive Chronic Disease Prevention and Control System, promote collaboration between medical treatment and prevention, and establish chronic disease prevention and control demonstration areas.</p> <p>③Strengthen Performance Evaluation of Basic Public Health Services in Grassroots Medical Institutions and improve performance evaluation and assessment mechanisms.</p>

		<p>④ Establish a Funding Security Mechanism for Public Health Services in Medical Institutions and secure funding for public health services.</p> <p>⑤ Strengthen the Medical and Nursing Security System and develop a high-quality and efficient nursing service system.</p>
Elderly medical care and security system	<p>54 (Heilongjiang) 66 (Guangdong)</p>	<p>① Improve Elderly Healthcare and Promote the Development of the Elderly Health Industry and enhance elderly healthcare services.</p> <p>② Establish and Improve a Universal, Regional Coordinated, and Integrated Pension Security System and develop a comprehensive pension security system.</p> <p>③ Promote the Development of the TCM Health and Elderly Care Industry and support the growth of the TCM health and elderly care industry.</p> <p>④ Encourage the "Medical-Nursing Combined" Elderly Care Model and develop community-based integrated medical and elderly care services, including home-based palliative care.</p> <p>⑤ Develop Talent Training and Team Building for Elderly Care Services and expand the workforce for integrated medical and elderly care services.</p>
Health Education and Promotion	<p>56 (Heilongjiang) 61 (Guangdong)</p>	<p>① Promote Healthy Lifestyles Nationwide and implement personalized health interventions.</p> <p>② Create a Supportive Environment for Health, and improve policies that support health.</p>

		<p>③Conduct Nationwide Fitness Activities and promote community sports events and fitness activities for key populations.</p> <p>④Improve Nutrition Regulations and Standards and strengthen the construction of nutrition disciplines and professional teams.</p> <p>⑤Establish a Team of Health Science Experts and conduct widespread health education tours.</p>
<p>Family Doctor Contrasting Service</p>	<p>20 (Heilongjiang) 25 (Guangdong)</p>	<p>①Standardize Contracted Service Projects and Funding Management and regulate the implementation and funding of contracted service.</p> <p>②Implement and Promote Family Doctor Contracting Services and improve related policies and supporting documents.</p> <p>③Optimize the Income Distribution and Incentive Mechanism for Family Doctor Teams and enhance the motivation and remuneration for family doctors.</p>

Supplementary file 7

The pattern and content of extension and reduction of selected examples of p

The Pattern of Extension Policies	Extention	Province	Nation
Increase Scope of Application	Provincial governments, when formulating local policies, may expand the scope of application to include a broader population within their jurisdiction.	Encouraging the development of non-public traditional Chinese medicine (TCM) institutions, allowing qualified TCM professionals, especially renowned TCM practitioners, to establish TCM 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).	actively promoting the development of non-public TCM institutions (Opinions of the State Council on Promoting the Development of Internet + Healthcare").

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 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 provide more than six types of standardized TCM appropriate technologies, and 75% of village health stations should be able to provide more than four types (Implementation Opinions of the Heilongjiang Provincial Committee of the Communist Party of China and Heilongjiang Provincial Government on Promoting the Inheritance and Innovative Development of TCM, June 1, 2020).	Supporting TCM hospitals in leading the 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).
------------------	--	---	--

Refine the Measures	<p>Based on local conditions, provincial governments may develop specific implementation plans, operational steps, or timelines for measures proposed in national policies.</p>	<p>Health insurance agencies at all levels are responsible for signing fixed-point service agreements with eligible medical institutions, clarifying mutual responsibilities, rights, and obligations, and controlling unreasonable expenditures through contract management. This aims to maintain the reimbursement ratio for inpatient medical expenses within policy coverage at around 75%. Cross-city medical treatment within the province should be managed through designated hospitals, with agreements signed between cities and medical institutions, 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 settlement between the medical insurance agency and the medical institution as per the agreement. Out-of-pocket expenses should be settled</p> <p>Strengthening the management of fixed-point service agreements, establishing and improving assessment and evaluation mechanisms, and ensuring dynamic access and exit mechanisms</p> <p>Unions of the State Council on Integrating Urban and Rural Residents Basic Medical Insurance System [2016] No. 3).</p>
----------------------------	---	--

		between the individual and the designated medical institution. For insured residents hospitalized across calendar years, medical expenses should be accumulated continuously, with annual medical insurance benefits applied based on the discharge date (Guiding Opinions on Establishing the Urban and Rural Residents Basic Medical Insurance System, April 21, 2017).	
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.	Strictly enforcing hospital financial accounting systems by establishing and implementing a chief accountant system in tertiary public hospitals, improving financial analysis and reporting systems, and strengthening economic operation analysis and monitoring to supervise hospital economic operations and financial activities (Guiding Opinions on the Pilot Reform of Urban Public Hospitals by the Heilongjiang Provincial Health and Family Planning Commission and other departments, September 16, 2014).	Improving hospital financial and accounting management systems (Notification on the Issuance of Guiding Opinions on the Pilot Reform of Public Hospitals [2010] No. 20).

The Pattern of Reduction Policies	Extention	Province	Nation
Decrease Scope of Application	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).	Formulating normative documents for multi-site practice of licensed physicians, relaxing the conditions for pilot projects, increasing the number of practice sites, and expanding the scope to all qualified cities (Notification on the Main Work Arrangements for the Five Key Reforms of the Medical and Health System in 2011 [State Office [2011] No. 8]).
Lower the Goal	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 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).	Accelerating the promotion of hierarchical diagnosis and treatment, focusing on public hospital comprehensive reform pilot cities, and conducting pilot projects in about 70% of prefecture-level cities (Notification on the Key Tasks for Deepening Medical and Health System Reform in 2016 [State Office [2016] No. 26]).

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.	Strengthening the construction of 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 Innovative Development of TCM, June 1, 2020).	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, 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-Resource Settings*. 2010.
- 2.Organization, W.H., *Regional action framework for noncommunicable disease prevention and control in the Western Pacific*. 2012.
- 3.State Council, C., *Circular of the General Office of the State Council on Printing and Distributing China's Medium- and Long-Term Plan for the Prevention and Treatment of Chronic Diseases (2017-2025)*. 2017.
- 4.Zhou, M., et al., *Mortality, morbidity, and risk factors in China and its provinces, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017*. The Lancet, 2019. **394**(10204): p. 1145-1158.
- 5.Xiong, S., et al., *Primary health care system responses to non-communicable disease prevention and control: a scoping review of national policies in Mainland China since the 2009 health reform*. The Lancet Regional Health - Western Pacific, 2023. **31**.
- 6.Ye, P., et al., *A Scoping Review of National Policies for Healthy Ageing in Mainland China from 2016 to 2020*. The Lancet Regional Health - Western Pacific, 2021. **12**.
- 7.Jin, Y., et al., *A scoping review of national policies for child road injury in China*. The Lancet Regional Health - Western Pacific, 2024. **46**.