

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:	BMJ Open
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, Yuhan; 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.

Rui Jiang¹, Guangming Chang², Tingzhuo Liu³, Xinyi Zhang³, Lingling Xu¹, Yuhan Zhou¹, Yongchen Wang¹*

- 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

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

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

Search Strategy and Selection Criteria

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

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

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

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

Data Extraction

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

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

Policy Content Analysis

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

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

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

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

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

Results

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

Policy Promulgation by Government Departments

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

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.

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

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

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

 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

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 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 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

- 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).
- 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

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:I327.
- 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 Midand 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 essention 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*

- 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).

Page 22 of 76

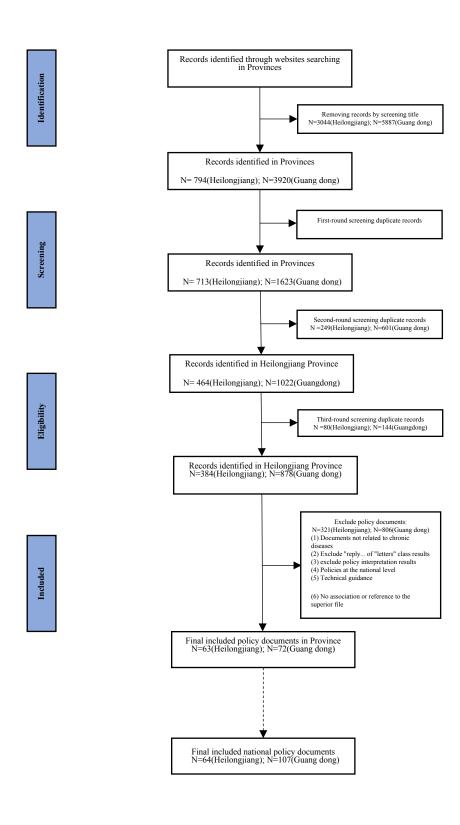
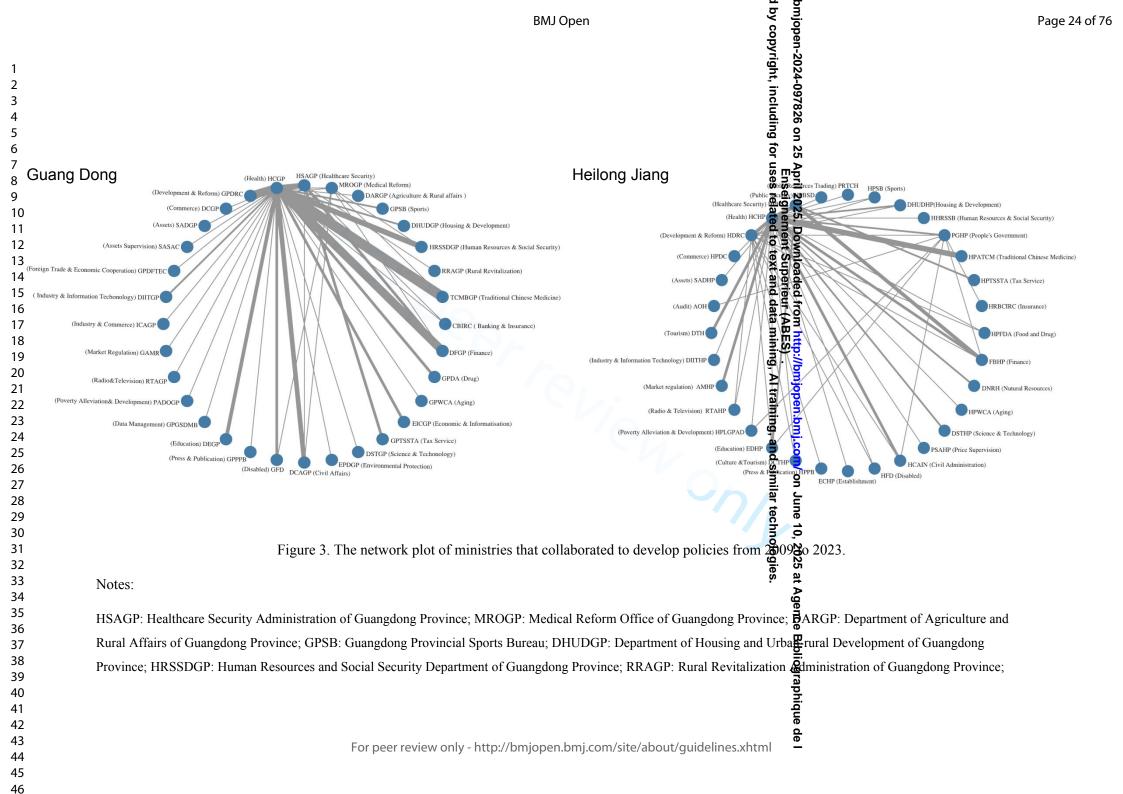


Figure 2. The flow chart of policy identification and search



bmjopen-2024-097826 d by copyright, includi

 TCMBGP: Traditional Chinese Medicine Bureau of Guangdong Province; CBIRC: Guangdong Provincial Regulatory Bureau of Spina Banking and Insurance Regulatory Commission; DFGP: Department of Finance of Guangdong Province; GPDA: Guangdong Provincial Drug Administration; GRWCA: Guangdong Provincial Working Committee on Aging; EICGP: Economic and Information Commission of Guangdong Province; GPTSSTA: Guangdong Province Tax Service, State Taxation Administration; DSTGP: Department of Science and Technology of Guangdong Province; EPDGP: Environmental Protection of Guangdong Province; DCAGP: Department of Civil Affairs of Guangdong Province; GFD: Guangdong Federation of the Disabled; GPPPB: Guangdong Province; DEGP: Department of Education of Guangdong Province; GPGSDMB: Guangdong Provincial Government Services Data Management Great Province; Padogrephene Office of Guangdong Province; RTAGP: Radio and Television Administration of Guangdong Province; GAMR Great G

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 Texation 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; GCAN: Heilongjiang Civil Administration Information Net; HFD: Heilongjiang Federation of the Disabled; ECHP: Establishment Committee of Heilongjiang Province; HPPT: Heilongjiang Press and Publication Bureau; DCTHP: Department of Culture and Tourism of Heilongjiang Province; EDHP: Education Department of Heilongjiang Province; HPLGPAD: 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

BMJ Op

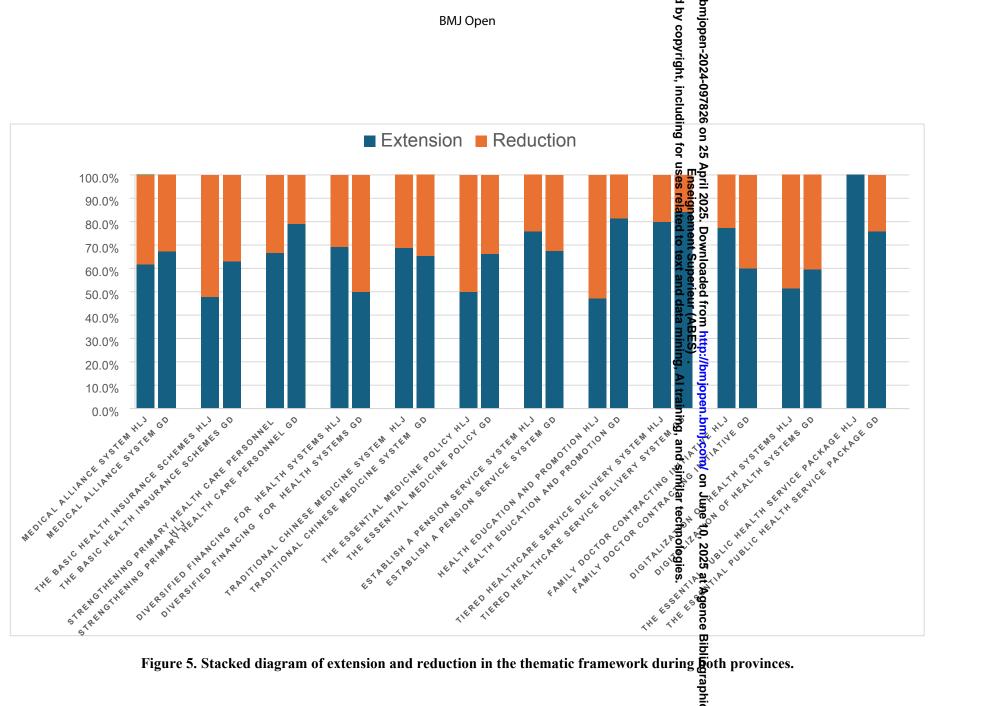


Figure 5. Stacked diagram of extension and reduction in the thematic framework during both provinces.

raphique de l

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

SECTION	ITEM	PRISMA-SeR CHECKLIST ITEM	REPORTED ON PAGE #			
TITLE						
Title	1	Identify the report as a scoping review.	1			
ABSTRACT						
Structured summary Structured 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 a in SE II SE		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			
		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†		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					
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	The state of the s		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 Summarize and/or present the charting results as they relate to the review questions and objectives.		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 questions and objectives, as well		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 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.

- † A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).
- ‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.
- § The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

From: Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMAScR): Checklist and Explanation. Ann Intern Med. 2018;169:467–473. doi: 10.7326/M18-0850.

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

Supplementary file 2

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

9 1 0ID	Name in Chinese	Government administration	URL of website
111	黑龙江省政府办公厅	People's Government of Heilongjiang Province	https://www.hlj.gov.cn/index.shtml
1 2 13 ²	黑龙江省发展和改革委员会	Heilongjiang Development and Reform Commission	https://drc.hlj.gov.cn/
143	黑龙江省教育厅	Education Department of Heilongjiang Province	https://jyt.hlj.gov.cn/
15 16 ⁴	黑龙江省科学技术厅	Department of Science and Technology of Heilongjiang Province	https://kjt.hlj.gov.cn/
17 ⁵	黑龙江省工业和信息化厅	Department of Industry and Information of Technology of Heilongjiang	http://gxt.hlj.gov.cn/
18		Province	https://jyt.hlj.gov.cn/ https://gxt.hlj.gov.cn/ https://gxt.hlj.gov.cn/ https://gxt.hlj.gov.cn/ https://czt.hlj.gov.cn/czt/index.shtml http://hrss.hlj.gov.cn/ https://zfcxjst.hlj.gov.cn/ https://zfcxjst.hlj.gov.cn/ https://spx.hlj.gov.cn/ https://spx.hlj.gov.cn/ https://spx.hlj.gov.cn/ https://spx.hlj.gov.cn/ https://tyj.hlj.gov.cn/ https://tyj.hlj.gov.cn/ https://dfjrjgj.hlj.gov.cn/ https://dfjrjgj.hlj.gov.cn/ https://bec.hlj.gov.cn/?from=screen https://sj.hlj.gov.cn/ https://sj.hlj.gov.cn/
9 20 ⁶	黑龙江省民政厅	Department of Civil Affairs of Heilongjiang Province	https://mzt.hlj.gov.cn/
21 ⁷	黑龙江省财政厅	Finance Bureau of Heilongjiang Province	https://czt.hlj.gov.cn/czt/index.shtml
22 ₈ 23 24 ⁹	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/
24 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/
2510	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
26 ₁₁ 27	黑龙江省卫生健康委员会	Health Commission of Heilongjiang Province	https://wsjkw.hlj.gov.cn/
2 <mark>8</mark> 12	黑龙江省市场监督管理局	Administration for Market Regulation of Heilongjiang Province	https://amr.hlj.gov.cn/
29 ₁₃ 30	黑龙江省体育局	Heilongjiang Provincical Sports Bureau	https://tyj.hlj.gov.cn/ https://tyj.hlj.gov.cn/ https://ybj.hlj.gov.cn/ https://dfjrjgj.hlj.gov.cn/ https://dfjrjgj.hlj.gov.cn/ https://bec.hlj.gov.cn/?from=screen https://fpb.hlj.gov.cn/fpb/index.shtml
31 ¹⁴	黑龙江省统计局	Heilongjiang Bureau of Statistics	https://tjj.hlj.gov.cn/
32 15	黑龙江省医疗保障局	Heilongjiang Province Healthcare Security Administration	https://ybj.hlj.gov.cn/
33 ₁₆ 3 4	黑龙江省地方金融监督管理局	Heilongjiang Local Financial Supervision and Administration Bureau	https://dfjrjgj.hlj.gov.cn/
35 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
36 18	黑龙江省乡村振兴局	Heilongjiang Provincial Rural Revitalization Bureau	https://fpb.hlj.gov.cn/fpb/index.shtml
37 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/
3 ²⁰	黑龙江省药品监督管理局	Heilongjiang Provincical Durg Administration	https://mpa.hlj.gov.cn/
40 21	黑龙江省知识产权局	Heilongjiang Intellectual Property Administration	https://hlipa.hlj.gov.cn/
41 ₂₂ 42	黑龙江省中医药管理局	Heilongjiang Provincial Administration of Traditional Chinese Medicine	https://tcm.hlj.gov.cn/
3 23	广东省人民政府	People's Government of Guangdong Province	http://www.gd.gov.cn/
44 ₂₄ 45	广东省发展和改革委员会	Guangdong Provincial Development and Reform Commission	https://tcm.hlj.gov.cn/ http://www.gd.gov.cn/ http://drc.gd.gov.cn/ http://edu.gd.gov.cn/
46 ²⁵	广东省教育厅	Department of Education of Guangdong Province	
47 ₂₆	广东省科学技术厅	Department of Science and Technology of Guangdong Province	http://gdstc.gd.gov.cn/
18 19 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/
50 ₂₈	广东省民政厅	Department of Civil Affairs of Guangdong Province	http://smzt.gd.gov.cn/
1 2 ²⁹	广东省财政厅	Department of Finance Guangdong Province	http://czt.gd.gov.cn/
3 30	广东省人力资源和社会保障厅	Human Resources and Social Security Department of Guangdong Province	http://gdstc.gd.gov.cn/ http://gdii.gd.gov.cn/ http://smzt.gd.gov.cn/ http://czt.gd.gov.cn/
54 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/
56 ³²	广东省农业农村厅	Department of Agriculture and Rural Affairs of Guangdong Province	http://dara.gd.gov.cn/
57 ₃₃		Health Commission of Guangdong Province	http://wsjkw.gd.gov.cn/
58— 59 ³⁴		Guangdong Administration for Market Regulation(Guangdong Intellectual	http://amr.gd.gov.cn/
60	权局)	Property Administration)	

70	
rotected i	
/ copyright,	
ight, including for uses related to text and data mining, AI t	
Ō,	
r uses i	
related to	ignerile:
tex	ניטט
to text and data mining	silielit onbelleni (Apro)
mining,	(DEO)
rainin	
and	
similar	
g, and similar technologies.	

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/
5 6 7 8 9 0 1 1 2 3 4 5 6 7 8 9 0 1 1 2 3 4 5 6 7 8 9 0 1 1 2 3 4 5 6 7 8 9 0 1 1 2 3 4 5 6 7 8 9 0 1 7 8 9 0 1 8 9 0 1 7 8 9 0 1 8 9 0 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1		TO TORREST ENGNONS	

Supplementary File 3 Search terms

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

Supplementary file 4

Page 35 of	76		BMJ Open		by copyr	ī
1 2 3 4 5 5 7 7 3	Supplementary file 4 The essenti	ial data items of Included Province-Level and co	rresponding N	Vational-Level Policy Docum	ng for u	25 27 28 29 29 29 29 20 20 20 20 20 20 20 20 20 20
0 1 1 2 numbe	Chinese title	English title	Time of realise	Releasing department	 	Referenced National-Level Policy Documents
3 4 5		11th five-ye	ear plan (2009	-2010)	t Superie	
16 H1 17 18 19	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	ar Britis	Plan and Recommended Priorities for the Health Care System (2009-2011) commendations by the CPC Central Committee and the State will on Deepening the Reform of the Medical and Health Care
21 22 G1 23 24	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	Syst	Work Plans for the five Key Reforms of the Medical and Health of 2010
24		12th five-	year plan (2011-2	015)	g, aı	3
25 26 H2 27 28 29 H3 30	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	imSystem of the control of the contr	Work Plans for the Five Key Reforms of the Medical and Health
29 30 31 32 33	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	chnologies.	Work Plans for the Five Key Reforms of the Medical and Health
34 H4 35 H4 36 37 38 ———	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	5	Opinions of the State Council on Supporting and Promoting the Copment of the Traditional Chinese Medicine Industry

		binjope I by col	Page 36 of 76			
1 2 3					pyright, inclu	Page 36 of 76
4 5 H5	 黑龙江省加强乡村医生队伍建设	The Implementation Plan for Strengthening the	28-Sep-2011	People's Government of	a. Guid	Note: The General Office of the State Council on Further
6	实施方案	Construction of the Rural Doctor Team in Heilongjiang		Heilongjiang Province	⊆ Stre h	thening the Construction of Rural Doctor Teams
7		Province			US ET	
8 9 H6	黑龙江省爱卫会关于加强健康教	Guidelines of the Heilongjiang Patriotic Health Campaign	23-Mar-2012	Heilongjiang Patriotic Health	Sang	ards for the Essential Public Health Service Package-2011 version
10	 育与健康促进工作的指导意见	Committee on Strengthening Health Education and Health	ļ	Campaign Committee	gne slate	
11		Promotion			mer bd tc	}
12 13 H7	黑龙江省人口发展"十二五"规划	The Twelfth Five-Year Plan for Population Development	30-Sep-2012	People's Government of	Tran I	th Five Veer Dlan for National Denulation Development
14		Plan in Heilongjiang Province		Heilongjiang Province	uper	nions on the Traditional Chinese Medicine Capacity Building
15 H8	黑龙江省基层中医药服务能力提	The Implementation Plan of the Traditional Chinese	13-Mar-2013	People's Government of	o e c	unions on the Traditional Chinese Medicine Capacity Building
16 17	升工程实施方案	Medicine Capacity Building Project at the Grassroots Level	ļ	Heilongjiang Province		at the Grassroots level
18		in Heilongjiang Province				Implementation Plan of the Traditional Chinese Medicine
19						ity Building Project at the Grassroots Level
20 H9	黑龙江省巩固完善基本药物制度	The Implementation Plan on Improving the Essential	31-Dec-2013	People's Government of	P Opin	ons of the General Office of the State Council on Improving the
22	和基层机构运行新机制实施方案	Medicine System and the New Mechanism of Grassroots		Heilongjiang Province	Esse	tial Medicine System and the New Mechanism of Grassroots
23		Operation in Heilongjiang Province			Оре	tion
24 25 H10	关于城市公立医院改革试点指导	Guidelines on the pilot reform of urban public hospitals	16-Sep-2014	*Health Commission of		commendations by the CPC Central Committee and the State
26	意见	!		Heilongjiang	⊘ Coun	il on Deepening the Reform of the Medical and Health Care
27		!		Province/*Establishment	Syste	il on Deepening the Reform of the Medical and Health Care m ice of the State Council on Issuing the 12th Five-Year Plan for
28 29		!		Committee of Heilongjiang	6 2N 2	ice of the State Council on Issuing the 12th Five-Year Plan for
30		ļ ļ		Province/*Heilongjiang	Deep	ning Health System
31		!		Development and Reform	nologies.	delines on the Pilot Reform of Public Hospitals
32 33		ļ ļ		Commission/*Heilongjiang	ies.	delines on the Pilot Reform of Public Hospitals
34		!		Human Resources and Social		
35		!		Security Bureau	gence	
36 37		!		/*Finance Bureauo of	"	
38				Heilongjiang Province		<u>.</u>
39					grapmque	
40 41					ping	
42					ue c	
43 44		For peer review only - http://bmj	jopen.bmj.cor	m/site/about/guidelines.xh	tml =	-

				/*Price Supervision and	pen-2024-097826 on 25 Apr En
				Administration of Heilongjiang	n 25
				Province	Apr
H11	黑龙江省基本公共服务体系建设	The Implementation Plan of Establishing Basic Public	22-Sep-2014	*Heilongjiang Development and	다 요 프
	实施方案	Service Systems in Heilongjiang Province		Reform Commission/*Education	D25. D
				Department of Heilongjiang	Dow lent
		Torpeer		Province/*Heilongjiang Civil	Downloaded from ment Superieur (Al
		7		Administration Information Net	aded and
		\mathcal{O}_{\triangle}		/*Finance Bureauo of	d fro
		7500		Heilongjiang	
		- C/-		Province/*Heilongjiang Human	http://b BES) . mining.
				Bureau/*Department of Housing	Jjopo
				and Urban-rural Development of	en .b
				Heilongjiang	ig, a
				Province/*Department of Culture	nd:
				of Heilongjiang/*Health	http://bmjopen.bmj.com/ on June 10, 3ES) . mining, Al training, and similar techno
				Commission of Heilongjiang	lar 1
				Province/*Heilongjiang Provincial Food and Drug	ne 1
				Administration/*Radio and	
				Television Administration of	mjopen.bmj.com/ on June 10, 2025 at Agenc
				Heilongjiang	s. at A
				Province/*Heilongjiang	gen
				Provincial Sports	0
				Bureau/*Heilongjiang Press and	Bibliographique

Page 37 of 76

43

1 2 3				J., 2 Jpc.,		ppen-2024-097826 or
5					Publication Bureau/*Heilongjiang Federation of the Disabled	6 on 25
7 8 9 10	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	Windows of the State Council on Accelerating the Development of the
11 12 13 14 15 16 17 18 19 20 21 22 23 24 27 28 29 30	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 Bureauo 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	tem De on Further Improving the Work of Special Support for Planned to Manched Families and data mining, and similar technologies Plan for Further Improvement of Medical Services Plan for Further Improvement of Medical Services
31 32 33 34 35 36 37	Н14	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	t Agence
38 39 40 41 42 43 44			For peer review only - http://bmj	open.bmj.cor	m/site/about/guidelines.xhtn	Bibliographique de I

Page 38 of 76

						opyright, including patriotic Health
2						24-0
3						978 <i>2</i>
5	H15	│ │ 黑龙江省爱卫会关于进一步加强	Opinions of the Heilongjiang Patriotic Health Campaign	7-May-2015	Heilongjiang Patriotic Health	Opin on Sorthe State Council on Further Strengthening Patriotic Health
6		新时期爱国卫生工作的实施意见	Committee on Further Strengthening Patriotic Health Work		Campaign Committee	Workin the New Period
7 8			in the New Period			Apr En
9	H16	黑龙江省深化医药卫生体制改革	the key Work Arrangements on Deeping the Reform of the	10-Jun-2015	Heilongjiang Provincial Leading	The summary in 2014 and key tasks in 2015 for Deepening the reform
1φ		2015 年重点工作任务	Medical and Health System in Heilongjiang Province of		Group for Deepening Reform of	and health system
11			2015		the Medical and Health System	Dovernment to
13	H17	黑龙江省全面推开县级公立医院	The Implementation Plan on Promoting Comprehensive	24-Aug-2015	People's Government of	mentation Opinions of the General Office of the State Council on
14		综合改革实施方案	Reform of County-level Public Hospitals In Heilongjiang		Heilongjiang Province	approximation Comprehensive Reform of County-level Public Hospitals
15			Province			nd eur
17	H18	黑龙江省人民政府办公厅关于促	Implementation Opinions of the General Office People's	20-Jan-2016	People's Government of	Sopment Plan of Traditional Chinese Medicine Health Service
18		进中医药健康服务发展的实施意	Government of Heilongjiang Province on Promoting the		Heilongjiang Province	2 020)
19		见	Development of Chinese Medicine Health Services			ng.
20 21 22	H19	关于促进黑龙江省社会办医加快	Several Measures to Promote the Accelerated Development	6-Feb-2016	People's Government of	Notice on Several Policy Measures to Promote the Accelerated
22		发展若干措施	of Social Medicine in Heilongjiang Province		Heilongjiang Province	Development of Socially-Run
23 24 25 26 27 28 29 30	G2	关于建立全科医生制度的实施意见	Guiding Opinions on Establishing General Practitioner System	20-Apr-2012	People's Government of	Guiding Opinions of the State Council on Establishing General Practitioner
2 1 25					Guangdong Province	System
26	G3	广东省老龄事业发展"十二五"规划	The Twelfth Five-Year Plan for the Development of Aging	26-Apr-2012	People's Government of	The welfth Five-Year Plan for the Development of China's Aging Affairs
27			Affairs in Guangdong Province		Guangdong Province	nila J
28 29	G4	转发卫生部办公厅关于落实 2012 年	Forwarded Notice of the General Office of the Ministry of	3-Aug-2012	Guangdong Provincial Health	Noting of the General Office of the Ministry of Health on the implementing
		医改任务做好农村卫生服务有关工	Health on the implementing 2012 healthcare reform tasks to		Department	2012 ealthcare reform tasks to improve rural health services
31		作的通知	improve rural health services			2012 ealthcare reform tasks to improve rural health services
32 33	G5	广东省卫生事业发展"十二五"规划	The Twelfth Five-Year Plan for the Development of	13-Jul-2012	People's Government of	Recommendations by the CPC Central Committee and the State Council on
32 33 34		的通知	Health Services in Guangdong Province		Guangdong Province	Deer ning the Reform of the Medical and Health Care System
35 36	G6	广东省县级公立医院综合改革试点	The Implementation Plan on Comprehensive Reform of County-	30-Oct-2012	People's Government of	①N dice of the State Council on Issuing the 12th Five Year Plan for
36 37		实施意见	level Public Hospitals In Guangdong Province		Guangdong Province	Deepening Health System Reform
38						②Ornions on the pilot comprehensive reform of county level public hospitals
39						уга Р
40 41						phique
42						ue de
40						-

Page 39 of 76

G7	广东省慢性非传染性疾病防治工作	Chronic Disease Prevention and Control Work Plan in	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	copyright, includings Chronic Disease Prevention and Control Work Plan (2012-201:
	规划(2012-2015 年)	Guangdong Province (2012-2015)		Department/*Guangdong Provincial	1 25 for
				Development and Reform	Apr
				Commission/*Department of	s reig
				Education of Guangdong Province	Description of the later of the
				/*Department of Science and	n Dov
				Technology of Guangdong Province	t Su vnic
				/*Economic and Informatisation	t an
				Commission of Guangdong	₫ ē č ₫ + †
				Province/*Department of Civil	ata L
				Affairs of Guangdong Province	nini Shat
				/*Department of Finance of	ng.//b
				Guangdong Province/*Human	A B jo
				Resources and Social Security	rain pen
				Department of Guangdong Province	in .b m
				/*Environmental Protection	an Gi.
				Department of Guangdong Province	
				/*Department of Housing and	mile on .
				Urban-rural Development of	ar te
				Guangdong Province	chn 20
				/*Department of Agriculture and	000
				Rural Affairs of Guangdong	gies.
				Province/*Guangdong Provincial	, † ,
				Department of Foreign Trade and	Agenc
				Economic Cooperation/*Radio and	Φ
				Television Administration of	Bibliographique

Page 40 of 76

				Guangdong Province/*Guangdong Provincial Press and Publication Bureau/*Guangdong Provincial Sports Bureau/*Guangdong Provincial Food and Drug Administration	oen-2024-097826 on 25 April 2025. Dov Enseignemen
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 of the State Council on Issuing the 12th Five Year Plan for Deepening of the State Council on Improving the
G 9	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	Deniums of the General Office of the State Council on Improving the Seminary 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	Worksummary 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	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	Development of the Traditional Chinese Medicine Industry and Similar Notice on Implementing the National Essential Public Health Service Package To 2004 Chnologies at Ag
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	Oping on sof the General Office of the State Council on Accelerating the Development of Commercial Health Insurance

Page 41 of 76

				BMJ Open		Page 42 of 76
1						Page 42 of 76
2 3 4						-09782
5	G14	广东省深化医药卫生体制改革近期	The main points of work of Guangdong Province on Deeping	14-Jul-2015	People's Government of	Maje Work Plans for Deepening the Reforms of the Medical and Health
6		工作要点	the Health System Reform in recent times		Guangdong Province	System of 2014
7			The Implementation Plan on Fully Deepening Comprehensive	2215		Apr
9	G15	广东省全面深化县级公立医院综合	Reform of County-level Public Hospitals In Guangdong	11-Nov-2015	People's Government of	ਲ κ = 1 Signature Signat
10		改革的若干意见	Province		Guangdong Province	S D D D D D D D D D D D D D D D D D D D
11 12	G16	广东省城市公立医院综合改革的实	Implementation Opinions on the Comprehensive Reform of	11-Nov-2015	People's Government of	O O Opinions of the General Office of the State Council on the Pilot
13		施意见	Urban Public Hospitals in Guangdong Province		Guangdong Province	rehensive Reform of Urban Public Hospitals
14			13th five-	-year plan (2016-20	.020)	t and
15 16	H20	关于推进医疗卫生与养老服务相	Implementation Opinions on Promoting the Integration of	30-Mar-2016	*Health Commission of	Opinions on Promoting the Integration of Medical Health and
17	J	结合实施意见	Medical Health and Elderly Services	1	Heilongjiang	DE De By Services
18	J		O _F	1	Province/*Heilongjiang Civil	n H H H H H H H H H H H H H H H H H H H
19 20	J			1	Administration Information	ng.
	J		J	1	Net/*Heilongjiang Human	njoj
22	J			1	Resources and Social Security	rain pen.
23 24	J			1	Bureau/*Heilongjiang	Griding Opinions on Promoting the Integration of Medical Health and at Congress Services BEST (Bay Services Mining. Al training. and sin open balls on o
27 25	J			1	Development and Reform	j.co
21 22 23 24 25 26 27 28	J			1	Commission/*Department of	in the sire of the
27	J			1	Industry and Information	on Ju
28 29	J			1	Technology of Heilongjiang	June lar tec
30	J			1	Province/*Heilongjiang Province	10,:
31	J			1	Public Security Department	mjopen.bmj.com/ on June 10, 2025 a
32 33	J			1		ie 5 at
34	J			1	Heilongjiang Province/*State-	> 0
35	J			1	owned Assets Department of	Jence
36 37				'	Heilongjiang Province	
38						σ
39						<u>, ii</u>
40						liograf
40 41						liographiq
40 41 42						bliographique de l

					opyright, includ <u>ing for uses</u>
				/*Department of Housing and	326 on 326 on
				Urban-rural Development of	n 25
				Heilongjiang	April Ens
				Province/*Department of	is ci.
				Tourism of Heilongjiang	il 2025. Downloaded t seignement Superieu s related to text and c
				/*Heilongjiang Provincial	m Do
				Working Committee on Aging	wnle
				People's Government of	t ar
		' /		Heilongjiang Province	id directions
H21	黑龙江省深化医药卫生体制改革	The key Work Arrangements on Deeping the Reform of the	14-Jul-2016	People's Government of	Work Plans for Deepening the Reforms of the Medical and Heal
	2016 年重点工作任务	Medical and Health System in Heilongjiang Province of		Heilongjiang Province	3 W of 2016
		2016			ing.//b
H22	黑龙江省人民政府办公厅关于促	Implementation Opinions of the General Office of People's	30-Sep-2016	People's Government of	Guizelines of the General Office of the State Council on Promoting the
	进医药产业健康发展的实施意见	Government of Heilongjiang Province on Promoting the		Heilongjiang Province	Heathy Development of the Pharmaceutical Industry
		Healthy Development of the Pharmaceutical Industry			ing.
H23	黑龙江省医疗卫生服务体系规划	Heilongjiang Provincial Healthcare Service System	13-Oct-2016	People's Government of	National Medical and Health Service System Planning Outline (2015-
	(2016—2020年)	Planning (2016-2020)		Heilongjiang Province	<u>w</u> 202
H24	黑龙江省民政事业"十三五"发展	The Thirteenth Five-Year Plan for the Development of Civil	3-Nov-2016	Heilongjiang Civil	Thir tenth Five-Year Plan for the Development of Civil Affairs
	规划	Affairs in Heilongjiang Province		Administration Information Net	r tec
H25	黑龙江省全民健身实施计划	The National Fitness Implementation Plan of Heilongjiang	5-Dec-2016	People's Government of	National Fitness Program (2016-2020)
	(2016-2020年)	Province (2016-2020)		Heilongjiang Province	, 202
H26	黑龙江省中医药发展"十三五"规	The Thirteenth Five-Year Plan for the Development of	11-Jan-2017	People's Government of	Outline of the Strategic Plan for the Development of Traditional Chine
	划	Chinese Medicine Industry in Heilongjiang Province		Heilongjiang Province	Medine (2016-2030)
H27	2017 年全省中医药工作要点	The key department on Chinese Medicine work in	17-Feb-2017	Heilongjiang Provincial	Outline of the Strategic Plan for the Development of Traditional Chine
		Heilongjiang Province of 2017		Administration of Traditional	Medianine (2016-2030)
				Chinese Medicine	bliographique de l

Page 43 of 76

				BMJ Open		by cor	Page 44 of 2	76
1						byright	n-2024	
2 3 4						, inclu	-nq782	
4 5 6 7	H28	关于深入推进 2017 年进一步改善	Notice on Further Promoting the Priorities of the 2017	31-Mar-2017	*Health Commission of		হাতাn Plan for Further Improvement of Medical Services	í.
6		医疗服务行动计划重点工作的通	Action Plan for Further Improvement of Medical Services		Heilongjiang Province	2 ②Pi	gramme of key work for the in-depth implementation of the Action	Í
7 g		知			*Heilongjiang Provincial	Se line	For Further Improvement of Medical Services in 2017	į į
8 9 10					Administration of Traditional	seic s re	± 20	i İ
				<u> </u>	Chinese Medicine	gner Jate	For Further Improvement of Medical Services in 2017	i i
11	H29	关于建立城乡居民基本医疗保险	Guiding Opinions on the Establishment of the Basic	21-Apr-2017	*Heilongjiang Human Resources		ons of the State Council on Integrating the Basic Medical Insurance	j į
12 13 14 15 16 17		制度的指导意见	Medical Insurance System for Urban and Rural Residents		and Social Security Bureau		n for Urban and Rural Residents	i i
14					*Finance Bureau of Heilongjiang	t and	<u>ထို</u>	i I
15					Province	ieur d d;	í ₹	i İ
1Ψ 17			~~~		*Heilongjiang Civil	(AE	à l	İ
18			Deer		Administration Information Net	Min SES		Í
19					*Audit Office of Heilongjiang) ing,	· 116	Í
2Ψ 21			4	/	*Education Department of	Alt	//bmiopen.bmi.co	İ
22					Heilongjiang Province	Al training	n n n n n n n n n n n n n n n n n n n	Í
23					*Heilongjiang Provincial Leading	ing	· m	Í
24					Group of Poverty Alleviation and	, and	2	Í
26					Development	d si	<u>á</u>	Í
27					*Heilongjiang Regulatory Bureau	mile		Í
28					of China Insurance Regulatory	er te	ا ا	Í
2 p 30_				<u> </u>	Commission	chn	2	, Ĺ
19 20 21 22 23 24 25 26 27 28 29 30 31 32 33	H30	黑龙江省慢性病综合防控示范区	The trial Implementation plan for the construction of model	1-Jun-2017	Health Commission of	O O O	on June 10	í.
32		建设实施方案(试行)	areas for comprehensive prevention and control of chronic		Heilongjiang Province	ieg@C	thina's mid- and long-term plan for the prevention and treatment of	Í
34			diseases in Heilongjiang Province			chro	c diseases (2017-2025)	Í
35						3N	ional Chronic Disease Comprehensive Prevention and Control	Í
36				<u> </u> '		Dem	Instration Zone Construction Management Measures	ĺ
3 7 38						-	<u> </u>	ļ
39						ي د	ographique	
40						7	3 T	
41 42								
43			For peer review only - http://bmj	vionen hmi co	m/sita/ahout/quidelines vhtr	ع د	<u>a</u>	
44			ror peer review only - http://bing	open.binj.com	n/site/about/guidennes.xntn	711 -		

Pag	e 45 of 76	;		BMJ Open		bmjopen-2024-
1 2 3						-2024-097826 /right, includ <u>i</u>
5	H31		Guiding Opinions of the General Office of People's	30-Jun-2017	People's Government of	Guiting Opinions of the General Office of the State Council on
6		│ │ 进医疗联合体建设和发展的实施	Government of Heilongjiang Province on Promoting the		Heilongjiang Province	Properting the Establishment and Development of Medical Alliance
7		│ │ 意见	Establishment and Development of Medical Alliance			S. B. B. B. B. B. B. B. B. B. B. B. B. B.
8			Systems			n rii
10	Н32	黑龙江省深化医药卫生体制改革	The key Work Arrangements on Deeping the Reform of the	14-Jul-2017	People's Government of	Work Plans for Deepening the Reforms of the Medical and Health
11		2017 年重点工作任务	Medical and Health System in Heilongjiang Province of		Heilongjiang Province	க்க ந தெர்தா of 2017
12 13			2017			tes tes
14	Н33	黑龙江省"十三五"促进民族地区	The 13th Five-Year Plan for Promoting the Development of	1-Aug-2017	People's Government of	a The a 3th Five-Year Plan for Promoting the Development of ethnic
15		和人口较少民族发展规划	ethnic regions and ethnic groups with a small		Heilongjiang Province	a colours and ethnic groups with a small population
16 17			population in Heilongjiang Province			ata i
18	H34	在我省建档立卡农村贫困人口中	The Implementation Plan on Strengthening the Contracting	27-Nov-2017	Health Commission of	on Implementing the Contracting Services for Chronic Disease
19		加强慢病签约和有关公共卫生服	of Chronic Disease and Related Public Health Services		Heilongjiang Province	Fame Doctors of Poor Populations
20 21		务的实施方案	among the Rural Poor People with Recorded Cards in		Heilongjiang Provincial Leading	m _j o
22 23			Heilongjiang Province		Group of Poverty Alleviation and	pen.br
					Development	ing.
24 25	Н35	黑龙江省防治慢性病中长期规划	Mid- and long-term plan for the prevention and treatment of	28-Nov-2017	People's Government of	Ching's mid- and long-term plan for the prevention and treatment of
26		(2017—2025年)	chronic diseases in Heilongjiang Province (2017-2025)		Heilongjiang Province	chronic diseases (2017-2025)
27	Н36	黑龙江省人民政府办公厅关于进	Implementation Opinions of the General Office of the	28-Dec-2017	People's Government of	Guitelines of the General Office of the State Council on Further
28 29		一步深化基本医疗保险支付方式	People's Government of Heilongjiang Province on Further		Heilongjiang Province	Dee Enring the Reform of Basic Medical Insurance Payment Methods
30		改革的实施意见	Deepening the Reform of Basic Medical Insurance Payment			10, 20 chnolo
31			Methods			202
32 33	H37	黑龙江省支持社会力量提供多层	The Implementation Plan on supporting social forces to	31-Dec-2017	People's Government of	The implementation Plan of the General Office of the State Council on
34		次多样化医疗服务发展健康产业	provide multilevel and diversified medical services to		Heilongjiang Province	supporting social forces to provide multilevel and diversified medical
35		实施方案	develop the health industry in Heilongjiang Province			serves to develop the health industry
36 37	H38	黑龙江省国民营养计划(2017—	National Nutrition Programme of Heilongjiang Province	30-May-2018	People's Government of	National Nutrition Plan (2017-2030)
38		2030年)	(2017-2030)		Heilongjiang Province	blio
39						liographique
40 41						ɔhiq
42						ue Q

43

1				ымэ Ореп		op Page 40 01 7 oppyright, including word plan for family doctors contracting services with chronic diseases
2						24-0978 ht, inclu
5	Н39	_ │ │ 关于进一步做好农村贫困人口慢	Notice on Further Implementing the Contracting Services	26-Jul-2018	Health Commission of	Worg plan for family doctors contracting services with chronic diseases
6		病签约服务工作的通知	for Chronic Diseases of the Rural Poor Population		Heilongjiang Province	of or documented poor people
8	H40		Action Plan for Healthy Ageing in Heilongjiang Province	5-Dec-2018	*Health Commission of	Solutional Nutrition Plan (2017-2030)
9 10		(2018—2020年)	(2018-2020)		Heilongjiang Province	Thatteenth Five-Year Plan on Healthy Ageing
11					*Heilongjiang Development and	Φ Ξ ·
12			to, peer		Reform Commission	Downloaded fro
13 14			Oh		*Education Department of	ext a
15					Heilongjiang Province	aded and and and and and and and and and an
16			100		*Department of Industry and	d from http://br eur (ABES) .
17 18			CO.		Information Technology of	N DE T
19					Heilongjiang Province	http://bmjopen.bmj.com/ on June 10, BES) . mining, Al training, and similar techno
20					*Heilongjiang Civil	bm.
21					Administration Information Net	ltra
23					*Finance Bureauo of	in in b
24					Heilongjiang Province	g, amj.c
22 23 24 25 26 27 28					*Heilongjiang Human Resources	nd s
20 27					and Social Security Bureau	in on
					*Department of Nutural	lar t
29 20					Resources of Heilongjiang	ech
30 31					*Department of Housing and	0, 20
32					Urban-rural Development of	mjopen.bmj.com/ on June 10, 2025 at Agen
33					Heilongjiang Province	s. at A
34 35					*Heilongjiang Provincial Sports	gen
36					Bureau	Ce
37 38						3. DI-
39						ogra
40						ąp hi
41						que
42 43			Farman visit of the 10	taman bast	/-t /- h k / 1 - 1 1 - 1	Bibliographique de I
44			For peer review only - http://bmj	Jopen.bmJ.coi	m/site/about/guidelines.xhtr	mı –

Page 46 of 76

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 21 22 23 24 25 27 28 29 30					*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	pen-2024-097826 on 25 April 2025. Downloaded from http://bmjopen.bmj.com/ Enseignement Superieur (ABES) .
26 27 28 29	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	31-Jan-2019	Disabled People's Government of Heilongjiang Province	Guiding Opinions of the General Office of the State Council on
30 31 32 33 34	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	Diagnosis and Treatment System 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	Proporting the Establishment of a Tiered Diagnosis and Treatment System Ontily of the General Office of the National Health Commission on officer and Doctor Contracting Services in 2019
35 36 37 38 39 40 41 42 43			For peer review only - http://bmj	jopen.bmj.coi	m/site/about/guidelines.xhtı	gence Bibliographique de I

Page 47 of 76

H43	黑龙江省卫生健康委等十一部门	The Implementation Opinions of the Heilongjiang	2019-06-04	*Health Commission of	opyright, including the General Office of the State Council on Improving the Council on Improvin
	关于完善国家基本药物制度的实	Provincial Health Commission and Eleven Other		Heilongijang Province	ONational Basic Drug System
	施意见	Departments on Improving the National Essential Medicine		*Department of Science and	April 2025. Down
		System		Technology of Heilongjiang	s reig
				Province	25.
				*Department of Industry and	Dov
				Information Technology of	vnloa t Sup
				Heilongjiang Province	t ande
				*Finance Bureau of Heilongjiang	aded from http://bmjopen.bmj.com/ on June 10, 2025 aperieur (ABES) .
				Province	ata r
				*Heilongjiang Province	m http://bmjopen.bmj.com/ ABES) . a mining, Al training, and si
				Department of Commerce	ng.//b
				*Administration for Market	M jo
				regulation of Heilongjiang	ra in
				Province	ing.bm
				*Radio and Television	, an co
				Administration of Heilongjiang	
				Province	
				*Heilongjiang Province	June
				Healthcare Security	chn.
				Administration	, 2025 ologie
				*Heilongjiang Provincial	gies.
				Administration of *Traditional	·
				Chinese Medicine	Agenc
				Heilongjiang Provincial Drug	0
				Administration	Bibliographique

 Page 48 of 76

Page 49 of 76	5		BMJ Open		omjopen-
1 2 3					omjopen-2024-097826 on 25
4 5 6 7 8				*Public Resources Trading Center of Heilongjiang	mjopen-2024-097826 on 25 April 2 Ensei by copyright, includ <u>ing for uses r</u>
9 H44 11 12 13	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	Res 20 a constant of the General Office of the State Council on Promoting the constant of "Internet + Medical" Health text up a constant of the constant of t
15 H45 16 17 18 19 20	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	and the continue on Implementing the Basic Health Insurance Schemes for Urban and Bural Residents in 2019
21 H46 23 24 25 26 27	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 Shorting Drugs
28 29 30	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	Sopin on State Council on Implementing the Healthy China Action
31 H48 32 33 34 35 36	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	© Depine on Solution on Implementing the Healthy China Action © Depine on Solution of the State Council on promoting the Development of the Constitution of the State Council on promoting the Development of the Constitution Opinions of the Ministry of Civil Affairs on Further Expanding the Supply of Elderly Services and Promoting the Constitution of Elderly Services
38 39 40 41 42 43 44 45		For peer review only - http://bm	jopen.bmj.co	m/site/about/guidelines.xhtr	bliographique de l

						opyright,
1						ight
2						70978 2000 Pons of the Central Committee of the Communist Party of China and
3 4,						7826
5	H49	中共黑龙江省委黑龙江省人民政	The Implementation Opinions of the Heilongjiang	1-Jun-2020	People's Government of	Opingons of the Central Committee of the Communist Party of China and
6		府关于促进中医药传承创新发展	Provincial Committee of the Communist Party of China and		Heilongjiang Province	the State Council on Promoting the Inheritance, Innovation and
7		的实施意见	People's Government of Heilongjiang Province on			popular of Traditional Chinese Medicine
8 9			Promoting the Inheritance, Innovation and Development of			s reig
1φ			Traditional Chinese Medicine			25.
11 12	H50	关于深入推进医养结合发展的实	Implementation Opinions on Further Promoting the	1-Jun-2020	*Health Commission of	Opinions on Further Promoting the Development of Healthcare
13		施意见	Development of Medical and Nursing Care Integration		Heilongjiang Province	ont management of the control of the
14					*Heilongjiang Civil	a a de
15 16			· O -		Administration Information Net	d eur
17			Deer		*Heilongjiang Development and	d from http://bieur (ABES) .
18			(O)		Reform Commission	n http
19					*Education Department of	p://bmjopen.bmj.com/ ing, Al training, and s
21					Heilongjiang Province	mjo Alt
22					*Finance Bureauo of	rain pen
23					Heilongjiang Province	ing.
2 4 25					*Heilongjiang Human Resources	j.co
26					and Social Security Bureau	sir m/ c
27					*Department of Nutural	on Ju
28 29					Resources of Heilongjiang	une une
30					*Department of Housing and	10,
20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36					Urban-rural Development of	mjopen.bmj.com/ on June 10, 2025 a
32					Heilongjiang Province	ies.
34					*Administration for Market	at Agenc
35					regulation of Heilongjiang	enc
36 37					Province/*Heilongjiang Province	e Bi
38-					Healthcare Security	bi io
39						Bibliographique de
40						phic
41 42						_u
43			For peer review only - http://bmj	open.bmi.cor	m/site/about/quidelines.xhtr	ក់ nl –
44			ror peer review only map, rom	- p - 1 11 21 11 1 1 1 1 1 1 1 1 1 1 1 1 1	, s.te, about, galaciii lessAllti	•••

Page 50 of 76

					pen-2024-097826 on 25 April Ens
				Administration/*Department of	
				Industry and Information	for 25
				Technology of Heilongjiang	Aprii Ens
				Province/*Heilongjiang	s reig
				Provincial Administration of	late
				Traditional Chinese Medicine	I 2025. Downseignement
H51	关于进一步规范医疗机构与养老	Implementation Opinions on Further Regulating the	16-Jun-2020	*Health Commission of	State of the State
	机构签约合作的实施意见	Contractual Cooperation between Medical Institutions and		Heilongjiang Province	tangent of Further Promoting the Development of Healt of
		elderly care institutions		/*Heilongjiang Civil	d eur
		elderly care institutions		Administration Information Net	ata Om
		\Q_{k}		/*Heilongjiang Provincial	m m m m m m m m m m m m m m m m m m m
				Administration of Traditional	(mg) : (/b) : (mg) : (m
				Chinese Medicine	AII i
H52	关于做好 2020 年城乡居民基本医	Notice on Implementing the Basic Health Insurance	28-Aug-2020	*Heilongjiang Province	Notice on Implementing the Basic Health Insurance Schemes for Usual Residents in 2020
	疗保障工作的通知	Schemes for Urban and Rural Residents in 2020		Healthcare Security	and Fural Residents in 2020
				Administration/*Finance Bureauo	
				of Heilongjiang	.com/ on June 10, 2025 a
				Province/*Heilongjiang	on .
				Provincial Tax Service, State	ar te
				Taxation	e 10,
				Administration/*Education	, 2025
				Department of Heilongjiang	<u>gies</u>
				Province	at A
H53	黑龙江省合理膳食行动省部合作	Implementation Programme of the Provincial-Ministerial	16-Oct-2020	People's Government of	"Hearthy China 2030" blueprint
	项目实施方案	Cooperation Project on Reasonable Dietary Action in		Heilongjiang Province	ë B
		Heilongjiang Province			Bibliographique de

Page 51 of 76

43

			BMJ Open		by cop	Page 52 of 76
					pyright, includ	
G17	广东省加快推进分级诊疗制度建设	The Implementation Plan on Accelerating the Establishment of a	16-May-2016	People's Government of	Guide	ng Opinions of the General Office of the State Council on Promoting the
'	实施方案	Tiered Diagnosis and Treatment System in Guangdong Province	<u> </u>	Guangdong Province	⊇ Esta §	shment of a Tiered Diagnosis and Treatment System
G18	广东省中医药健康服务发展规划	Development Plan of Traditional Chinese Medicine Health	30-Jun-2016	People's Government of	USDEN T	opment Plan of Traditional Chinese Medicine Health Service (2015-
!	(2016-2020年)	Service in Guangdong Province(2016-2020)		Guangdong Province	S 2000	ng Opinions on Promoting the Integration of Medical Health and Elderly
	广东省人民政府办公厅关于促进医	Guiding Opinions of the General Office of the People's	12-Jul-2016	People's Government of	næn later	ng Opinions on Promoting the Integration of Medical Health and Elderly
G19	疗卫生与养老服务相结合的实施意	Government of Guangdong Province on Promoting the		Guangdong Province	d co	es
	见	Integration of Medical Health and Elderly Services			ାଞ୍ଜ ଲ =	<u> </u>
	广东省促进医药产业健康发展实施	The Implementation Plan on Promoting the Healthy	14-Sep-2016	People's Government of		ines of the General Office of the State Council on Promoting the
G20	方案	Development of the Pharmaceutical Industry in Guangdong		Guangdong Province	d di	by Development of the Pharmaceutical Industry
		Province			(AB	ns on Controlling Unreasonable Increases in Medical Expenses in
G21	关于控制公立医院医疗费用不合理	The Implementation Plan on Controlling Unreasonable	18-Sep-2016	*Health and Family Planning	n i	ns on Controlling Unreasonable Increases in Medical Expenses in
!	增长的实施方案	Increases in Medical Expenses in Public Hospitals		Commission of Guangdong	Publ	Hospitals
!			1	Province/*Guangdong Provincial	Al ti	
!		1		Development and Reform	rain	
!		1		Commission/*Department of	ing,	
!		1		Finance of Guangdong Province	anc	8
!		1		/*Human Resources and Social	d sir	
!		1		Security Department of Guangdong	nila	_
!		1		Province/*Traditionaal Chinese	r tex	
!		1		Medicine Bureau of Guangdong	chno,	-
!				Province	plog	
G22	广东省加快推进家庭医生签约服务	The Implementation Plan on Accelerating the promotion of	28-Oct-2016	*Medical Reform Office of	Guid	ng Opinions on Promoting Contracted Services of Family Doctors
!	制度的实施方案	Contracted Services System of Family Doctors in Guangdong		Guangdong Province/*Health and	, , , , , , , , , , , , , , , , , , ,	
!		Province		Family Planning Commission of	6	
!		1		Guangdong Province/*Guangdong		<u>n</u>
!				Provincial Development and		<u> </u>
					g a	
		For peer review only - http://bm	jopen.bmj.co	m/site/about/guidelines.xhtr	nl -	
	G18 G19 G20 G21	实施方案 G18 广东省中医药健康服务发展规划 (2016-2020年) 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 广东省促进医药产业健康发展实施 方案 G20 关于控制公立医院医疗费用不合理 增长的实施方案 G21 关于控制公立医院医疗费用不合理 增长的实施方案	(G17	「	F 新名店映構建分報修介制度建设 The Implementation Plan on Accelerating the Establishment of 支援方案 Feople's Government of Guangdong Province (2016-2020) Feople's Government of Guangdong Province (2016-2020) From the People's Government of Guangdong Province on Promoting the Integration of Medical Health and Elderly Services From the People's Government of Guangdong Province (2016-2020) From the People's Government of Guangdong Province (2016-2020) From the People's Government of Guangdong Province (2016-2020) From the People's Government of Guangdong Province (2016-2020) From the People's Government of Guangdong Province (2016-2020) From the People's Government of Guangdong Province (2016-2020) From the People's Government of Guangdong Province (2016-2020) From the People's Government of Guangdong Province (2016-2020) From the People's Government of Guangdong Province (2016-2020) From the People's Government of Guangdong Province (2016-2020) From the People's Government of Guangdong Province (2016-2020) From the People's Government of Guangdong Province (2016-2020) From the People's Government of Guangdong Province (2016-2020) From the People's Government of Guangdong Province (2016-2020) From the People's Government of Guangdong Province (2016-2020) From the People's Government of Guangdong Province (2016-2020) From the People's Government of Guangdong Province (2016-2020) From the People's Government of Guangdong Province (2016-2020) From the People's Government of Guangdong Province (2016-2020) From the People's Government of Guangdong Province (2016-2020) From the People's Government of Guangdong Province (2016-2020) From the People's Government of Guangdong Province (2016-2020) From the People's Government of	The Implementation Plan on Accelerating the Establishment of a general Office of Guangdong Province

					pen-2024-097826 on 25 April 2025. Downloaded from Enseignement Superieur (A
				Reform Commission/*Department of	
				Civil Affairs of Guangdong	for 25
				Province/*Department of Finance	Apr En
				of Guangdong Province/*Human	s reic
				Resources and Social Security	D25.
				/*Department of Guangdong	d n D C C C C C C C C C C C C C C C C C C
				Province/*Traditional Chinese	while state of the
				Medicine Bureau of Guangdong	t per
		' /		Province/*Guangdong Federation of	id d
		$N_{\mathcal{O}}$		the Disabled	
G23	关于开展健康城市健康村镇建设的	The Implementation Plan on the Development of Healthy Cities	1-Dec-2016	Guangdong Patriotic Health	Opinions on the Development of Healthy Cities and Healthy Villag
	实施意见	and Healthy Villages and Towns		Campaign Committee	and Bowns
G24	广东省贯彻《中医药发展战略规划	The Implementation Plan on Outline of the Strategic Plan for the	30-Dec-2016	People's Government of	Dutline of the Strategic Plan for the Development of Traditional Chinese
	纲要(2016-2030年)》实施方案	Development of Traditional Chinese Medicine (2016-2030) in		Guangdong Province	Medine (2016-2030)
		Guangdong Province			Medine (2016-2030)
	广东省人民政府办公厅关于促进和	The Implementation Plan of the General Office of the People's	8-Feb-2017	People's Government of	Guiding Opinions of the General Office of the State Council on Promoting
G25	规范健康医疗大数据应用发展的实	Government of Guangdong Province on Promoting and		Guangdong Province	<u>van</u> degulating the Development of Healthcare Big Data Applications
	施意见	Regulating the Development of Healthcare Big Data			m on
		Applications			guand Regulating the Development of Healthcare Big Data Applications on The State of Healthcare Big Data Applications on The State of Healthcare Big Data Applications
G26	广东省"十三五"深化医药卫生体制	The "13th Five-Year Plan" for deepening the reform of the	12-May-2017	People's Government of	The 3th Five-Year Plan" for deepening the reform of the medical and hear of the 3th Five-Year Plan" for deepening the reform of the medical and hear of the 3th Five-Year Plan" for deepening the reform of the medical and hear of the 3th Five-Year Plan" for deepening the reform of the medical and hear of the 3th Five-Year Plan" for deepening the reform of the medical and hear of the 3th Five-Year Plan" for deepening the reform of the medical and hear of the 3th Five-Year Plan" for deepening the reform of the medical and hear of the 3th Five-Year Plan" for deepening the reform of the medical and hear of the 3th Five-Year Plan" for deepening the reform of the medical and hear of the 3th Five-Year Plan" for deepening the reform of the medical and hear of the 3th Five-Year Plan" for deepening the reform of the medical and hear of the 3th Five-Year Plan" for deepening the reform of the medical and hear of the 3th Five-Year Plan" for deepening the reform of the 3th Five-Year Plan" for deepening the 3th Five-Year Plan" for deepening the reform of the
	改革规划	medical and health system in Guangdong Province	,	Guangdong Province	o osyste 3
	一 广东省推进医疗联合体建设和发展	The Implementation Plan on Promoting the Establishment and	30-Jun-2017	People's Government of	Guiding Opinions of the General Office of the State Council on Promoting
G27))的实施方案	Development of Medical Alliance Systems in Guangdong	30 Juli 2017	Guangdong Province	the Heablishment and Development of Medical Alliance Systems
		Province			gen
G28		Mid- and long-term plan for the prevention and treatment of	30-Jun-2017	People's Government of	Chingg mid- and long-term plan for the prevention and treatment of chronic
	(2017 - 2025 年)	chronic diseases in Guangdong Province (2017-2025)	. ,	Guangdong Province	diseases (2017-2025)

Page 53 of 76

43

				BMJ Open		by copy Page 54 of 7
1 2 3						Page 54 of 7 Page 54 of 7 Page 54 of 7 Page 54 of 7 Page 54 of 7
5	G29	广东省进一步改革完善药品生产流	The Implementation Plan on Further Reform and Improvement	14-Jul-2017	People's Government of	Several Opinions of the General Office of the State Council on Further
6 7		通使用政策实施方案	of Policies on the Production and Circulation of Medicines in Guangdong Province		Guangdong Province	Reform and Improvement of Policies on the Production and Circulation of
8 9	G30	广东省促进老龄事业发展和养老体	The Implementation Plan on promoting the development of	3-Aug-2017	People's Government of	"Mitteenth Five-Year Plan" for National Aging Affairs Development and
10 11		系建设实施方案	Aging Affairs Development and the constraction of Pension System Establishment Plan		Guangdong Province	A State of the Control of the Contro
12— 13	G31	"十三五"广东省健康促进与教育工	"Thirteenth Five-Year Plan" of Guangdong Province for	21-Aug-2017	Haalth and Comile. Dlamina	Whimpouth Eine Voor Dlou!! for National Health Dromation and Education
14 15		作规划	Health Promotion and Education Work		Commission of Guangdong	Dimensional Five-Year Plan for National Health Promotion and Education To Description of the Plan for National Health Promotion and Education To Description of the Plan for National Health Promotion and Education To Description of the Plan for National Health Promotion and Education To Description of the Plan for National Health Promotion and Education To Description of the Plan for National Health Promotion and Education To Description of the Plan for National Health Promotion and Education To Description of the Plan for National Health Promotion and Education To Description of the Plan for National Health Promotion and Education To Description of the Plan for National Health Promotion and Education To Description of the Plan for National Health Promotion and Education To Description of the Plan for National Health Promotion and Education To Description of the Plan for National Health Promotion and Education To Description of the Plan for National Health Promotion and Education To Description of the Plan for National Health Promotion and Education To Description of the Plan for National Health Promotion and Education To Description of the Plan for National Health Promotion and Education To Description of the Plan for National Health Promotion and Education To Description of the Plan for National Health Promotion and Education To Description of the Plan for National Health Promotion and Education To Description of the Plan for National Health Promotion and Education To Description of the Plan for National Health Promotion and Education To Description of the Plan for National Health Promotion and Education To Description of the Plan for National Health Promotion and Education To Description of the Plan for National Health Promotion and Education To Description of the Plan for National Health Promotion and Plan for National Health Promotion and Plan for National Health Promotion and Plan for National Health Promotion and Plan for National Health Promotion and Plan for National Health Prom
16— 17	G32	转发关于做好 2017 年国家基本公共	Forwarded Notice on Implementing the National Essential	28-Sep-2017	Province *Health and Family Planning	O S TO S ON Implementing the National Essential Public Health Service Package
18	ļ	卫生服务项目工作的通知	Public Health Service Package in 2017	20 50,	Commission of Guangdong	m m m m m m m m m m m m m m m m m m m
19 20		!			Province /*Department of Finance).//bi
2		!	1		of Guangdong Province	mjopen.bm
21 22 23	ļ	!	1		/*Traditional Chinese Medicine	ain.
23 24			<u> </u>	1	Bureau of Guangdong Province	ng bm
25	G33	广东省改革完善短缺药品供应保障	The Implementation Plan on Reforming and Improving the	16-Nov-2017	*Health and Family Planning	amplementation Opinions on Reforming and Improving the Mechanism for wishortage Drug Supply Guarantee in on June 10, 2025 at b
26 27	ļ	机制实施方案	Mechanism for Shortage Drug Supply Guarantee		Commission of Guangdong	Shortage Drug Supply Guarantee
28	ļ	!	1		Province/*Guangdong Provincial Development and Reform	
29	ļ	!	1		Commission/*Economic and	ne 1
30 31	ļ	!	1		Informatisation Commission of	0, 21
32 33	ļ	!	1		Guangdong Province/*Department	on June 10, 2025 at
33 34		!	1		of Finance of Guangdong Province	s. at Ag
35		!	1		/*Human Resources and Social	gence
36	l	!	1		Security/*Department of	o o o o o o o o o o o o o o o o o o o
37 38					Guangdong Province/*Department	iblic
39						Bibliographique de I
40 41						phic
41 42						he c
43 44			For peer review only - http://bmj	jopen.bmj.co	m/site/about/guidelines.xhtr	.ml = -

I				78 Clu
	AO/-		Administration	open-2024-097826 on 25 April 2025. Downloade Enseignement Superic
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	The Council of the General Office of the State Council on Further Deepening of The Council of The Council of The Coun
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	Al tribingenth Five-Year Plan on Healthy Ageing and similar technologies. Al Agence Bibliographique

Page 55 of 76

43

1 2 3 4						pen-2024-097826 on 25 April 2025. Downloaded from http://bm Enseignement Superieur (ABES) .
5					/*Human Resources and Social	ling
6					Security/*Department of	25 25
7 8					Guangdong Province/*State-owned	Apr
9					Assets Department of Guangdong	s rei
10					Province/*epartment of Housing	D25.
11					and Urban-rural/*Development of	D Doi
12 13					Guangdong Province/*Guangdong	wnlc
14					Provincial Sports Bureau	t an
15			' /		/*Traditional Chinese Medicine	ideu
16 17			$\mathcal{N}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}}}}$		Bureau of Guangdong Province	ata
18			to, peer		/*Guangdong Federation of the	M Http
19					Disabled/*uangdong Provincial	ing.//b
20 21			4		Working Committee on Aging	
22	G37	广东省支持社会力量提供多层次多	The Implementation Plan of the General Office of the State	16-Jan-2018	People's Government of	Opinions of the General Office of the State Council on supporting social
23		样化医疗服务的实施方案	Council on supporting social forces to provide multilevel and		Guangdong Province	force to provide multilevel and diversified medical services to develop
24 25–			diversified medical services to develop health industry			mealth industry National Population Development Plan (2016-2030)
26	G38	广东省人口发展规划(2017-2030	Population Development Plan of Guangdong Province(2017-	22-Feb-2018	People's Government of	National Population Development Plan (2016-2030)
27		年)	2030)		Guangdong Province	imila
28 29	G39	广东省促进"互联网+医疗健康"发展	action plan of Guangdong Province on Promoting the	5 I 2010	People's Government of	Opin on the General Office of the State Council on Promoting the
30_		行动计划 (2018-2020 年)	Development of "Internet + Medical " Health	5-Jun-2018	Guangdong Province	Development of "Internet + Medical " Health
31	G40	广东省卫生和计划生育委员会关于	The Implementation Plan of Guangdong Provincial Health and	3-Apr-2021	Health and Family Planning	OGuid Sines on the Implementation of Health Poverty Alleviation Project
32 33		卫生计生新时期精准扶贫精准脱贫	Family Planning Commission for the three-year program on		Commission of Guangdong	yies 25 a
34		三年攻坚的实施方案	precision poverty alleviation and poverty eradication in the new		Province	. t Age
35			era of health planning			enc
36 37						е В
38						Bibliographique de
39						gra
40						p nic
41 42						lue .
43			For peer review only - http://bmj	ionen hmi cor	m/site/ahout/quidelines vhtr	a. e
44			Tot peer review only Tittp://billj	jopeni.birij.eui	ii, sice, aboat, galaciii ies.xiiti	III

Page 56 of 76

Pā	age 57 of 76			BMJ Open		д by сор	
1 2 3						yright, inclu	Work Plans for Deepening the Reforms of the Medical and Health
4 5	G41	│ │ 广东省深化医药卫生体制改革近期	The Major Work Plans for Promoting the Construction of	26-Sep-2018	People's Government of	Maje	Work Plans for Deepening the Reforms of the Medical and Health
6		重点工作任务	Chinese Medicine Preventive Healthcare Service System in	1	Guangdong Province	Syste	of the latter half year of 2018
7 8			Guangdong Province			use ET	A
9	G42	广东省改革完善仿制药供应保障及	The Implementation Plan of the Guangdong Province on the	30-Oct-2018	People's Government of		
10)	使用政策实施方案	Reform and Improvement of the Policies on the Supply,		Guangdong Province	217801	wement of the Policies on the Supply, Security and Use of Generic
12)		Security and Use of Generic Drugs				
13	C 43	广东省贫困地区健康促进三年攻坚	The Implementation Plan of the Three-year action program on	30-Dec-2018	Health Commission of Guangdong	ēTooe	year action program on health promotion in poor areas
14		行动实施方案	health promotion in poor areas in Guangdong Province		Province	peri	0.00
15 16					Poverty Alleviation and	eur d da	d fr
17	7		700		Development Office of Guangdong	(AB	
18 19	`		- 04		Province	lini	
20		广东省改革完善医疗卫生行业综合	The Implementation Plan of Guangdong Province on the	28-Feb-2019	*People's Government of	Γ.	ng Opinions of the General Office of the State Council on the Reform
2		监管制度实施方案	Reform and Improvement of the Comprehensive Supervision		Guangdong Province	and I	provement of the Comprehensive Supervision System of the Medical
22			System of the Medical and Health Care Industry				
25 24 25 26 27 28	³ G45 1	广东省促进护理服务业改革与发展	The Implementation Plan of Guangdong Province on promoting	26-Mar-2019	*Health Commission of Guangdong	ල් Guid	nce on promoting the reform and development of the care service
25	5	实施方案	the reform and development of the care service industry		Province/*uangdong Provincial	D indu	ry B
26) 7				Development and Reform	simi	
28	3				Commission/*epartment of	lar 1	
2)				Education of Guangdong Province	ech	7
30 31					/*epartment of Civil Affairs of	, and similar technologies.	9 2
32	2				Guangdong Province	ogie	2025 at
33							>
34 35	 				Guangdong Province	9	gence
35 36	5				/*uman Resources and Social		
37 38	7				Security/*epartment of Guangdong		
39		1		ı	1	'	Bibliographique de
40						1	D
41 42						!	
43	3		For peer review only - http://bmj	jopen.bmi.cor	m/site/about/quidelines.xhtr	nl	
44	1			,			

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 *Health Commission of Guangdong Province *Health Commi
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 *Health Commission of Guangdong *Health Commission of Guangdong *Province *Workplans for fully upgrading the comprehensive capacity of county
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 *Health Commission of Guangdong *Health Commission of Guangdong *Province *Workplans for fully upgrading the comprehensive capacity of county
Federation of the Disabled/*Traditional Chinese Medicine Bureau of Guangdong Province *Health Commission of Guangdong *Health Commission of Guangdong *Tomation ABES *Toma
Federation of the Disabled/*Traditional Chinese Medicine Bureau of Guangdong Province *Health Commission of Guangdong *Health Commission of Guangdong *Province *Woodplans for fully upgrading the comprehensive capacity of county
Federation of the Disabled/*Traditional Chinese Medicine Bureau of Guangdong Province *Health Commission of Guangdong *Health Commission of Guangdong *Province *Woodplans for fully upgrading the comprehensive capacity of county
Federation of the Disabled/*Traditional Chinese Medicine Bureau of Guangdong Province *Health Commission of Guangdong *Workplans for fully upgrading the comprehensive capacity of county
Federation of the Disabled/*Traditional Chinese Medicine Bureau of Guangdong Province *Health Commission of Guangdong *Workplans for fully upgrading the comprehensive capacity of county
*Health Commission of Guangdong Workplans for fully upgrading the comprehensive capacity of county
*Health Commission of Guangdong Workplans for fully upgrading the comprehensive capacity of county
*Health Commission of Guangdong Workplans for fully upgrading the comprehensive capacity of county
*Health Commission of Guangdong Workplans for fully upgrading the comprehensive capacity of county
Province/*raditional Chinese Medicine Bureau of Guangdong Medicine Bureau of Guangdong
Medicine Bureau of Guangdong
Province 2 2.
Health Commission of Guangdong Notice of the General Office of the National Health Commission on Family
Health Commission of Guangdong Province Province Health Commission of Guangdong Province Of the General Office of the National Health Commission on Family Contracting Services in 2019
tec
*Health Commission of Guangdong The state Council on Improving the National Popularies of the State Council on Improving the National
*Health Commission of Guangdong Province/*uangdong Provincial Development and Reform *Health Commission of Guangdong Province/*uangdong Provincial Development and Reform *Health Commission of Guangdong Province/*uangdong Provincial Basi Orug System *Development and Reform *Health Commission of Guangdong Province/*uangdong Provincial Basi Orug System *Health Commission of Guangdong *Health Commission of Guangdong Province/*uangdong Provincial *Health Commission of Guangdong *Health C
Development and Reform
Commission/*epartment of Industry and Information Technology of
Φ
Guangdong Province/*epartment of Finance of Guangdong Province Taphique age

BMJ Open

Page 58 of 76

Pag	ge 59 of 76	5		BMJ Open		втјорег
1 2 3						mjopen-2024-097826 o
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	G49 G50	广东省深化医药卫生体制改革 2019 年重点工作任务 广东省建设"互联网+医疗健康"示范 省行动方案	Major Work Plan of Guangdond Province for Deepening the Reforms of the Medical and Health System of 2019 Action Plans for the Construction of "Internet+Medical Health" Demonstration Province of Guangdong Province	18-Jul-2019 13-Nov-2019	Medical Reform Office of Guangdong Province *Health Commission of Guangdong Province/*Department of Industry and Information Technology of Guangdong Province/*Healthcare Security Administration of Guangdong Province/*Guangdong	Tor use it is a specific to the Medical and Health in the specific to the Medical and Health is a specific to the Medical and Health is a specific to the Medical and Health is a specific to the Medical in the Medical and Health in the Medical in
20 21 22 23 24 25					Data Management Bureau /*Traditional Chinese Medicine Bureau Of Guangdong Provinc	Al training, and complementing the Healthy China Action on Line Complementing the Healthy China Action
26 27	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	Opin on the State Council on Implementing the Healthy China Action
28 29 30 31 32 33 34	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	ON Decice on further promoting the experience of Fujian Province and Sanming ON Decice on further promoting the experience of Fujian Province and Sanming ON Decice on further promoting the medical and health system ON Decice on further promoting the medical and health system ON Decice on further promoting the experience of Fujian Province and Sanming ON Decice on further promoting the experience of Fujian Province and Sanming ON Decice on further promoting the experience of Fujian Province and Sanming ON Decice on further promoting the experience of Fujian Province and Sanming ON Decice on further promoting the experience of Fujian Province and Sanming ON Decice on further promoting the experience of Fujian Province and Sanming ON Decice on further promoting the experience of Fujian Province and Sanming ON Decice of Fujian Province and Sanming ON
35 36 37 38	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
39 40 41 42 43 44			For peer review only - http://bmj	open.bmj.cor	n/site/about/guidelines.xhtn	graphique de I

					pen-2024-097826 on 25 April Ens copyright, includ <u>ing for uses</u>	
				Commission /*Department of	ing	
				Education of Guangdong Province	25 for	
				/*Department of Civil Affairs of	Apri En	
				Guangdong Province/*Department	il 20 seiç s re	
				of Finance of Guangdong Province	l 2025. Dow seignement related to	
				/*Human Resources and Social	nen d to	
				Security Department of Guangdong	t Sup text	
				Province/*Healthcare Security		
		to, peer		Administration of Guangdong	ded from http://lerieur (ABES).and data mining	
		NO -		Province/*Traditional Chinese	om (AE	
		\Q_{k}		Medicine Bureau Of Guangdong	min	
				Province	ing,	
G54	广东省紧密型县域医疗卫生共同体	Guidelines for the Operation of Chronic Disease Management	15-Jun-2020	*Health Commission of Guangdong	Notice	on promoting the construction of close-knit county medical and
	慢病管理中心运行指南(试行)等	Centres in Close-knit County Medical and Health Communities		Province/*Traditional Chinese	pealth ca	are communities
	15 个指南	in Guangdong Province (Trial) and 15 other guidelines		Medicine Bureau Of Guangdong	ing.	
				Province	jj.cc , an	
G55	转发国家医保局 财政部 国家税务	Notice on Implementing the Basic Health Insurance Schemes	18-Aug-2020	*Healthcare Security	Notia	on Implementing the Basic Health Insurance Schemes for Urban a
	总局关于做好 2020 年城乡居民基本	for Urban and Rural Residents in 2020 which was transmitted		Administration of Guangdong	Rura	desidents in 2020
	医疗保障工作的通知	from the Circular of the National Health Insurance , the		Province/*Department of Finance	June ar te	
		Bureau Ministry of Finance and the State Administration of		of Guangdong	chn	
		Taxation		Province/*Guangdong Provincial	, 20 olo	on promoting the construction of close-knit county medical and are communities on Implementing the Basic Health Insurance Schemes for Urban at desidents in 2020
				Tax Service, State Taxation	25 at gies.	
				Administration	it Ac	
G56	关于加强我省医疗联合体中医药工	Notice on the Effectively Strengthening Chinese Medicine	31-Aug-2020	WThe Middle of Object NATION	Notice	on the Effectively Strengthening Chinese Medicine work in the
	作的通知	work in the Construction of medical treatment combinations in		*Traditional Chinese Medicine	Constru	action of medical treatment combination
		Guangdong Province		Bureau of Guangdong Province	sibliographique	

Page 60 of 76

43

Page 61 of 76				BMJ Open		bmjope
1 2 3						mjopen-2024-097826 or by copyright, includ <u>ing</u>
5					/*Health Commission of	
6					Guangdong Province	for
8	G57	广东省深化医药卫生体制改革近期	Major Work Plans for Deepening the Reforms of the Medical	27-Sep-2020	Medical Reform Office of	Work Plans for Deepening the Reforms of the Medical and Health
9		重点工作任务	and Health System in Guangdong Province in Recent Times		Guangdong Province	ທັດ 🚊
10			14th five-	year plan (2021-2	2025)	atec
12	H54	中共黑龙江省委黑龙江省人民政府	Implementing Opinions of the Heilongjiang Provincial	19-Mar-2021	People's Government of	The Depending Opinions of the CPC Central Committee and the State Council
13		关于实现巩固拓展脱贫攻坚成果同	Committee of the Communist Party of China and the People's		Heilongjiang Province	ieving Effective Linkage between Consolidating and Expanding the
14		乡村振兴有效衔接的实施意见	Government of Heilongjiang Province on Achieving Effective			A managements of Poverty Eradication and Rural Revitalization
15 16			Linkage between Consolidating and Expanding the			d drade
17			Achievements of Poverty Eradication and Rural Revitalization			ata r
18	H55	黑龙江省人民政府办公厅关于推动	Implementation Opinions of the General Office of the People's	28-Dec-2021	People's Government of	mentation Opinions of the General Office of the State Council on
19		公立医院高质量发展的实施意见	Government of Heilongjiang Province on Promoting High-		Heilongjiang Province	Properting High-Quality Development of Public Hospitals
20 21			Quality Development of Public Hospitals			Alt:
22	H56	黑龙江省人民政府办公厅关于建立	Implementation Opinions of the General Office of the People's	31-Dec-2021	People's Government of	Guidelines of the General Office of the State Council on Establishing and
23		健全职工基本医疗保险门诊共济保	Government of Heilongjiang Province on the Establishment and		Heilongjiang Province	mpigving the Outpatient Co-payment Guarantee Mechanism for Employees'
24 25		障机制的实施意见	Improvement of Outpatient Co-payment Protection Mechanism			Basig Medical Insurance
26			for Employees' Basic Medical Insurance			σ =
27	H57	黑龙江省人民政府办公厅关于健全	Implementation Opinions of the General Office of the People's	31-Dec-2021	People's Government of	mplementation Opinions of the General Office of the State Council on
28 29		重特大疾病医疗保险和救助制度的	Government of Heilongjiang Province on Improving the		Heilongjiang Province	mp wing the Medical Insurance and Relief System for Serious Diseases
30		实施意见	Medical Insurance and Relief System for Serious Diseases			Timpie ving the Medical Insurance and Relief System for Serious Diseases
31	H58	黑龙江省全民健身实施计划	The National Fitness Implementation Plan of Heilongjiang	31-Dec-2021	People's Government of	National Fitness Program (2016-2020)
32 33		(2021—2025年)	Province (2021-2025)		Heilongjiang Province	lies at
34	H59	黑龙江省"十四五"医疗保障事业发	Heilongjiang Provincial "14th Five-Year Plan" for the	31-Dec-2021	People's Government of	The th Five-Year Plan for Universal Health Care Coverage
35		展规划	Development of Medical Protection Career		Heilongjiang Province	enco
36 37 38 39 40 41 42 43 44			For peer review only - http://bmj	jopen.bmj.cor	m/site/about/guidelines.>	Bibliographique de l

2	
3	
4	
5]
6	
5 6 7	
8	
9	
10	
1	_
12]
13	
14	
15	
16-	
17]
18	
19	
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	
21	
22	
23	
24 25	
25	
26	
25 26 27 28 29]
28	•
29	
30	
31	
29 30 31 32 33 34 35	
33	
34	
35	(
36	
37	
36 37 38 39 40 41	
39	
40	
41	
42	

3 4						826
5	H60	黑龙江省"十四五"中医药发展规划	The Fourteenth Five-Year Plan for the Development of Chinese	31-Dec-2021	People's Government of	Ognions of the Central Committee of the Communist Party of China and
5			Medicine Industry in Heilongjiang Province		Heilongjiang Province	The Stre Council on Promoting the Inheritance, Innovation and Development
7 3						Aditional Chinese Medicine
9						of the Strategic Plan for the Development of Traditional Chinese
10						Taditional Chinese Medicine Taditional Chinese Medicine Taditional Chinese Medicine Taditional Chinese Taditional Chinese Taditional Chinese Taditional Chinese
1 1 1 2	H61	关于做好第六批国家组织药品集采	Notice on the Implementation of the Sixth Batch of Nationally	11-May-2022	*Heilongjiang Province Healthcare	on Improving the National Organization of Supporting Measures and
' <i>‡</i> 13		(胰岛素专项)落实工作的通知	Organised Collective Procurement of Drugs (Insulin Specific)		Security Administration/*Health	Containing of Medicines (Insulin Specific)
14					Commission of Heilongjiang	loaded end
15					Province	ideu
16— 17	H62	关于做好 2022 年城乡居民基本医疗	Notice on Implementing the Basic Health Insurance Schemes	31-Aug-2022	*Heilongjiang Province Healthcare	on Implementing the Basic Health Insurance Schemes for Urban and
18		保障工作的通知	for Urban and Rural Residents in 2022		Security Administration/*Finance	Residents in 2022
19					Bureauo of Heilongjiang Province	Residents in 2022
20						
22					Heilongjiang Province	://bmjopen.bmj.con
20 21 22 23 24 25 26					/*Heilongjiang Provincial Tax	nd.r
24					Service, State Taxation	յ.cc
∠⊅ 26					Administration	j.com/
	H63	黑龙江省省本级职工基本医疗保险	Implementation Measures of Outpatient Co-payment Protection	22-Dec-2022	*Heilongjiang Province Healthcare	Suid lines of the General Office of the State Council on Establishing and
28		 门诊共济保障机制实施办法	Mechanism of Basic Medical Insurance for Employees at the		Security Administration /*Finance	Improving the Outpatient Co-payment Guarantee Mechanism for Employees'
28 29 30 31			Provincial Level in Heilongjiang Province		Bureau of Heilongjiang Province	Basi Medical Insurance
31					People's Government of	0 N
32 33 3 4		广东省加快医学教育创新发展实施	The Implementation Plan of Guangdong Province on	29-Jan-2021	1	Guiding Opinions of the General Office of the State Council on Accelerating
33 24——	G59	方案	Accelerating the Innovative Development of Medical Education		Guangdong Province	the Innovative Development of Medical Education
35	G60	广东省关于加快发展老年护理服务	The Work Plan of Guangdong Province on Accelerating the	23-Mar-2021	*Health Commission of Guangdong	①N Gice on Strengthening the Elderly Care Services
35 36 37		的工作方案	Development of the Elderly Care Services		Province/*Traditional Chinese	②G dding Opinions on the Establishment and Improvement of a Health
					1 Tovinee/ Traditional Chinese	Server System for the Elderly
38 <u> </u>						ogra
40						ap ph
41						phique
12 12						de
43 4 <i>4</i>			For peer review only - http://bm	jopen.bmj.cor	m/site/about/guidelines.xhtm	nl -

rag	C 03 01 7 C	,		DIVID OPEN		оре
1						open-2024-097826 on 25
2						14, in in
3 4						-097826
5					Medicine Bureau Of Guangdong	ing :
6					Province	
8		中共广东省委 广东省人民政府关于	Implementation Opinions of Communist Party of Guangdong	31-Mar-2021	People's Government of	And the CPC Central Committee and the State Council
9	G61	实现巩固拓展脱贫攻坚成果同乡村	Province and the People's Government of Guangdong Province		Guangdong Province	8 8 ≡ 200
10		振兴有效衔接的实施意见	on Achieving Effective Linkage between Consolidating and			A prevenents of Poverty Eradication and Rural Revitalisation
1 1 12			Expanding the Achievements of Poverty Eradication and Rural			Dow to
13_			Revitalisation			te Sul
14	G62	广东省巩固拓展医疗保障脱贫攻坚	The Implementation Plan of Guangdong Province on	6-Jul-2021	*Healthcare Security	monamentation Opinions on Consolidating and Expanding the Achievements
15 16		成果有效衔接乡村振兴战略实施方	Consolidating and Expanding the Achievements of Medical		Administration of Guangdong	Control of the Contro
17		案	Protection against Poverty Eradication and Effectively Linking		Province/*Department of Civil	Revitalisation Strategy
18			the Rural Revitalisation Strategy		Affairs of Guangdong Province	http://bmjopen.bmj.com/ on BES) . mining, Al training, and simi
19 20					*Department of Finance of	ng.://br
21					Guangdong Province/*Health	mjopen.bmj.com/ on June 10, 2025 a
21 22 23 24 25 26 27 28 29 30					Commission of Guangdong	aini
23					Province/*Rural Revitalization	ing.
2 1 25					Administration of Guangdong	anc
26					Province/*Guangdong Provincial	t sin
27					Tax Service, State Taxation	
29 29					Administration/*Guangdong	June lar tec
30					Provincial Regulatory Bureau of	inno
31					China Banking and Insurance	2025
32 33					Regulatory Commission (CBIRC)	e
34	G63	 广东省深化医药卫生体制改革近期	Major Work Plans for Deepening the Reforms of the Medical	4-Aug-2021	People's Government of	Maj Work Plans for Deepening the Reforms of the Medical and Health
35 36_		重点工作任务	and Health System in Guangdong Province in Recent Times		Guangdong Province	System of 2021
30_ 37				I		
38						oli og
39						Jrap
40 41						Bibliographique
42						ē a
43			For peer review only - http://bmj	open.bmj.coi	m/site/about/guidelines.xhtr	a. ml –
44						

Page 63 of 76

1 2 3 4				·		pen-2024-097826
5		广东省医疗保障局关于开展医保支	Guidelines of the Guangdong Provincial Health Protection	30-Sep-2021	Healthcare Security Administration	Opin on sof the Central Committee of the Communist Party of China and the
6 7	G64	付改革促进中医药传承创新发展的	Bureau on Carrying Out Health Insurance Payment Reform to		of Guangdong Province	State ouncil on Promoting the Inheritance, Innovation, and Development of
8		指导意见	Promote the Inheritance, Innovation, and Development of			MT Indicational Chinese Medicine
9			Chinese Medicine			STATE On all Chinese Medicine
10	G65	广东省"十四五"时期医疗保障事业	The Implementation Plan for the High-quality Development of	25-Dec-2021	Healthcare Security Administration	th Five-Year Plan for Universal Health Care Coverage
1 1 12		高质量发展实施方案	Medical Security in Guangdong Province during the "14th Five-		of Guangdong Province	Downl to te
13			Year Plan" Period			t Su
14	G66	广东省加快发展康复医疗服务工作	The Implementation Plan on Accelerating the Development of	4-Jan-2022	*Health Commission of Guangdong	S C S S C S C S C S C S C S C S C S C S
15 16		的实施方案	Rehabilitation Medicine in Guangdong Province		Province/*Guangdong Provincial	ed fro
17			700		Development and Reform	
18			70eer		Commission/*Department of	m http://bmjopen.bmj.com/ on June 10, ABES) . a mining, Al training, and similar techno
19 20					Education of Guangdong Province	ng.
21					/*Department of Civil Affairs of	njopen.bmj.com/ on June 10, 20
21 22					Guangdong Province/*Department	rain pen
23 24					of Finance of Guangdong	
2 1 25					Province/*Healthcare Security	j.co
25 26					Administration of Guangdong	
27					Province/*Traditional Chinese	
28 29					Medicine Bureau of Guangdong	r te
30					Province/*Guangdong Federation of	10,
31					the Disabled	0 20
32 33	G67	广东省深入推广福建省三明市经验	The Implementation Plan of Guangdong Province on Deepening	20-Jan-2022	Guangdong Provincial Leading	mplementing Opinions on Deepening the Reform of the Medical and Health
3 4		深化医药卫生体制改革实施方案	the Reform of the Medical and Health System by Further		Group for Deepening Reform of the	System by Further Promoting the Experience of Sanming City, Fujian
35			Promoting the Experience of Sanming City, Fujian Province		Medical and Health System	Provence
36 37 38 39 40 41 42 43			For peer review only - http://bmi	iopen.bmi.coi	m/site/about/quidelines.xhtn	e Bibliographique de l
43 44			For peer review only - http://bmj	jopen.bmj.co	m/site/about/guidelines.xhtn	nl 💆

Page 64 of 76

Pag	Page 65 of 76 BMJ Open			d by co			
1 2 3 4_						by copyright, includ	bmiopen-2024-097820
5	G68	广东省人民政府办公厅关于推动公	Implementation Opinions of the General Office of the People's	10-Feb-2022	People's Government of Guangdong	Impl	mentation Opinions of the General Office of the State Council on
6		立医院高质量发展的实施意见	Government of Guangdong Province of the State Council on		Province		ting High-Quality Development of Public Hospitals
7 8_			Promoting High-Quality Development of Public Hospitals			En	ions of the Central Committee of the Communist Party of China and the
9	G69	广东省建设国家中医药综合改革示	The Implementation Plan for the Construction of National	14-Jun-2022	People's Government of Guangdong	S Pin	ons of the Central Committee of the Communist Party of China and the
10		范区实施方案	Chinese Medicine Comprehensive Reform Demonstration Zone		Province	as The	council on Promoting the Inheritance, Innovation and Development of
11 12			in Guangdong Province				onal Chinese Medicine
13	G70	广东省深化医药卫生体制改革近期	Major Work Plans for Deepening the Reforms of the Medical	7-Aug-2022	People's Government of	ğ/Ω	Work Plans for Deepening the Reforms of the Medical and Health
14		重点工作任务	and Health System in Guangdong Province in Recent Times	7-Aug-2022	Guangdong Province	peri	of 2022 on of 2022 on on Implementing the Basic Health Insurance Schemes for Urban and
15 16	G71	转发国家医保局 财政部 国家税务	Notice on Implementing the Basic Health Insurance Schemes	15-Aug-2022	*Healthcare Security	egir d da	on Implementing the Basic Health Insurance Schemes for Urban and Residents in 2022
17		总局关于做好 2022 年城乡居民基本	for Urban and Rural Residents in 2022 which was transmitted		Administration of Guangdong		Residents in 2022
18		医疗保障工作的通知	from the Circular of the National Health Insurance , the		Province/*Department of Finance	ninir	
19 20			Bureau Ministry of Finance and the State Administration of		of Guangdong Province	າg, /	
21			Taxation		/*Guangdong Provincial	Al tr	
22					Tax Service, State	aini	
23 2 4					Taxation Administration	ng,	
25	G72	广东省医疗卫生服务体系"十四五"	The 14th Five-Year Plan of Guangdong Medical and Healthcare	25-Aug-2022	*Health Commission of Guangdong	an'Hea	hy China 2030" blueprint
26		规划	Service System		Province/*Guangdong Provincial	sim	
27 28					Development and Reform	iilar	
29_					Commission		
30						hno	,
31 32						logi	2025
33							<u> </u>
34						Ġ	Agence
35 36							
37							
38							
39 40						7	Bibliographicue
41						<u>.</u>	
42							е О
43 44			For peer review only - http://bmj	open.bmj.cor	m/site/about/guidelines.xhtm	nl :	<u> </u>
45							
16							

Supplementary file 5

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

11	Highly Referenced Policy	Number	Associated Strategies and Actions
13	Initiatives		
14 15		81 (Heilongjiang) 148 (Guangdong)	①Reforming the Management Mechanism and Performance Evaluation
16 17 18			System of Public Hospitals and deepen the reform of personnel systems in public hospitals.
19 20 21		0,	②Implementing Government Incentive Policies for Public Hospitals, and
22	Construction of Medical		establish a scientific compensation mechanism.
23 24 25	Alliance Systems		© Implementing Government Incentive Policies for Public Hospitals, and establish a scientific compensation mechanism. ③ Promoting Pilot Reforms of the Salary System in Public Hospitals. ④ Improving the Internal Division of Labor and Collaboration
26 27		(0)	(4) Improving the Internal Division of Labor and Collaboration
28 29 30			Mechanisms within Medical Alliances and strengthening the construction of regional centers.
31 32			Mechanisms within Medical Alliances and strengthening the construction of regional centers. (a) Clarifying the Functional Positioning of Hospitals at Various Levels and optimizing the allocation of medical resources. (b) Mutual Recognition of Inspection and Test Results within Medical Alliances. (c) Establishing a Unified Provincial Medical Security Service System.
33			and optimizing the allocation of medical resources.
34 35			t ar
36			(a) Mutual Recognition of Inspection and Test Results within Medical
37			Alliances.
38		189 (Heilongjiang)	3-00
39 40	The Basic Health Insurance	176 (Guangdong)	①Establishing a Unified Provincial Medical Security Service System.
41	System	170 (Guanguong)	, A
42	System		②Promoting Reforms in Compound Medical Insurance Payment Methods
43			and implementing comprehensive medical assistance policies.
44 45			and implementing comprehensive medical assistance policies.
46			and implementing comprehensive medical assistance policies. 3 Optimizing Direct Settlement Services for Cross-Regional Medical Treatment
47			Treatment.
48			
49 50			(4) Improving and Unifying the Supervision of the Medical Insurance Fundamental and implementing management measures for designated medical institutions.
51			and implementing management measures for designated medical
52 53			institutions
54			ÿ,
55			⑤Standardizing Basic Medical Insurance Benefits and achieving unified
56 57			medical insurance coordination within regions.
5 <u>7</u>		l	1

1 2 3 4 5 6 7 8 9 10	
12 13 14 15 16 17 18 19 20 21	Sti
22 23 24 25 26 27 28 29 30 31 32	
32 33 34 35 36 37 38 39 40 41	
41 42 43 44 45 46 47 48 49 50	
51 52 5 <u>3</u> 54 55 56 57 58	,

2		1		
3 4 5			©Unifying the Directory and Standards for Chronic and Special Disease	
6			Outpatient Services Province-wide.	-
7 8 9			②Advancing Reforms and Supervision of Medical Service Pricing in an	
10			Orderly Manner.	1
11 12 13		50 (Heilongjiang) 77 (Guangdong)	①Exploring and Improving the Standardized Training System and	
14			Guarantee Mechanism for Resident Physicians.	P
15 16			②Facilitating Registration and Management Mechanisms for Multi-site	rotecte
17 18			Practice of Physicians.	d by
19 S 20 21	strengthen Primary Health Care Personnel	O,	③Establishing a Salary System Adapted to the Characteristics of the	copyri copyri
22 23		0,000	Guarantee Mechanism for Resident Physicians. ③Facilitating Registration and Management Mechanisms for Multi-site Practice of Physicians. ③Establishing a Salary System Adapted to the Characteristics of the Healthcare Industry and improving performance evaluation and distribution mechanisms. ④Strengthening the Construction of the Rural Doctor Workforce and formulating management measures for hiring, practicing activities, compensation, and retirement of rural doctors. ⑤Providing Preferential Policies for Primary Health Technicians in Promotion and Benefits and encourage medical students to work in ethnic areas through favorable policies. ⑥Enhancing the Training and Team Building of Traditional Chinese Medicine and Ethnic Medicine Practitioners at the Grassroots Level ①Implementing Support and Guidance Policies for Social Capital in Medical Services. ②Facilitating the Establishment of Private Medical Institutions and encouraging the participation of private capital. ③Enhancing the Regulatory System for Private Medical Institutions and	ght, incl
24 25 26			Strengthening the Construction of the Rural Doctor Workforce and	luding
27			formulating management measures for hiring, practicing activities,	for u
28 29			compensation, and retirement of rural doctors.	Ens
30 31			⑤Providing Preferential Policies for Primary Health Technicians in	eignen relate
32			Promotion and Benefits and encourage medical students to work in ethnic	nent d to
33 34			areas through favorable policies.	Sup
35 36			©Enhancing the Training and Team Building of Traditional Chinese	erieur and da
37 3 8			Medicine and Ethnic Medicine Practitioners at the Grassroots Level	(AB
39 40		40 (Heilongjiang) 25 (Guangdong)	①Implementing Support and Guidance Policies for Social Capital in	ES) . nining,
41 42			Medical Services.	Al tr
43 44	Diversified Medical Service		②Facilitating the Establishment of Private Medical Institutions and	aining,
45 46	System		encouraging the participation of private capital.	and
47 48			③Enhancing the Regulatory System for Private Medical Institutions and	simila
49			improving the service capabilities and quality of private hospitals.	ır tec
50 51 52				similar technologies
53			diversified and competitive medical service system.	gies.
54 55 56	Traditional Chinese Medical (TMC) Service System	152(Heilongjiang) 89(Guangdong)	①Enhance Grassroots TCM Service Capacity and enrich the content of	ė
57			grassroots TCM services and promote appropriate TCM techniques	
58 59				,
6 0				_ }

2			
3	,		
4 5	,		②Strengthen the TCM Talent Pool and improve the evaluation and
6	!	1	incentive system for TCM talent.
7	,	1	mentive system for 1 cm anom.
8	,		③Utilize TCM Advantages. Leverage TCM's unique strengths in disease
9	,		prevention, diagnosis, and rehabilitation.
10 11	!		prevention, diagnosis, and renaumation.
12	ļ		Support the Development of TCM Health Services and actively support
13 14	ļ		industries related to TCM health services.
15	!	1	Pro
16	ļ		(5) Reform and Improve TCM Management Systems and enhance the
17 18			management of ethnic medicine.
19 20	ļ		(a) Reform and Improve TCM Management Systems and enhance the management of ethnic medicine. (b) Improve TCM Informatization and Infrastructure and enhance the application level of TCM informatization. (c) Establish Standards for "Internet + Healthcare" and develop an integrated online and offline healthcare service model covering prediagnosis, diagnosis, and post-diagnosis. (c) Use Informatization to Improve Hospital Management and Enhance hospital management and convenient services through information technology. (c) Integrate and Improve the Information System for Medical Insurance Funds and optimize the information system for medical insurance funds. (d) Promote the Informatization of Integrated Medical and Elderly Care
21 22	!		application level of TCM informatization.
23	-1	26 (Heilongjiang)	
24	!	34 (Guangdong)	①Establish Standards for "Internet + Healthcare" and develop an
25	!		integrated online and offline healthcare service model covering pre-
26 27	!	, (O)	diagnosis, diagnosis, and post-diagnosis.
28	!		E m-
29	!	•	②Use Informatization to Improve Hospital Management and Enhance
30 31	!		hospital management and convenient services through information
31 32	,		technology.
33	!	1	o nt s
34	!		③Integrate and Improve the Information System for Medical Insurance
35 36	!	1	Funds and optimize the information system for medical insurance funds.
37	Digitalization Health System		Tunds and optimize the information system for medical insurance rands.
38	Digitalization Health System		(4) Promote the Informatization of Integrated Medical and Elderly Care
39			and use information technology to develop intelligent TCM health and
40 41			alderly gare cornings
42			elderly care services.
43			⑤Build an Informatized Basic Public Health Service Platform and
44 45			©
45 46		FF (II - '1 '')	manage basic public health services through an informatized platform.
47		55(Heilongjiang) 116(Guangdong)	 (4) Promote the Informatization of Integrated Medical and Elderly Care and use information technology to develop intelligent TCM health and elderly care services. (5) Build an Informatized Basic Public Health Service Platform and manage basic public health services through an informatized platform. (7) Progressively Promote the Tiered Diagnosis and Treatment System and implement bidirectional referrals. (8) Promote Balanced Distribution of High-Quality Medical Resources and one of the stribution of high-quality medical resources.
48 49		110(Guanguong)	implement hidirectional referrals
49 50	Tiered Health Service Delivery		implement oldirectional feterrals.
51	System		②Promote Balanced Distribution of High-Quality Medical Resources and
52	System		angura an aguitable distribution of high quality modical resources
53 54			ensure an equitable distribution of high-quanty medical resources.
55			③Strengthen Support Measures for Tiered Diagnosis and Treatment and
56			improve and implement supporting policies for tiered diagnosis and
57 58			treatment.
59			iteatificiti.
60			4

1 2 3 4 5 6 7 8	Т
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	

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

(a) Promote the Development of the TCM Health and Elderly Care Industry and support the growth of the TCM health and elderly care industry. (a) Encourage the "Medical-Nursing Combined" Elderly Care Model and develop community-based integrated medical and elderly care services, including home-based palliative care. (a) Develop Talent Training and Team Building for Elderly Care Services and expand the workforce for integrated medical and elderly care services and expand the workforce for integrated medical and elderly care services (b) Develop Talent Training and Team Building for Elderly Care Services and expand the workforce for integrated medical and elderly care services (c) Develop Talent Training and Team Building for Elderly Care Services and expand the workforce for integrated medical and elderly care services (c) Develop Talent Training and Team Building for Elderly Care Services and expand the workforce for integrated medical and elderly care services (c) Develop Talent Training and Team Building for Elderly Care Services (c) Develop Talent Training and Team Building for Elderly Care Services (c) Develop Talent Training and Team Building for Elderly Care Services (c) Develop Talent Training and Team Building for Elderly Care Services (c) Develop Talent Training and Team Building for Elderly Care Services (c) Develop Talent Training and Team Building for Elderly Care Services (c) Develop Talent Training and Team Building for Elderly Care Services (c) Develop Talent Training and Team Building for Elderly Care Services (c) Develop Talent Training and Team Building for Elderly Care Services (c) Develop Talent Training and Team Building for Elderly Care Services (c) Develop Talent Training and Team Building for Elderly Care Services (c) Develop Talent Training and Team Building for Elderly Care Services (c) Develop Talent Training and Team Building for Elderly Care Services (c) Develop Talent Training and Team Building for Elderly Care Services (c) Develop Talent Training and Team Building for Elderly Care
(ABES) Guangdong) ① Standardize Contracted Service Projects and Funding Management and Funding Management and Funding of contracted services. ② Implement and Promote Family Doctor Contracting Services and improve related policies and supporting documents. ③ Optimize the Income Distribution and Incentive Mechanism for Family Doctor Teams and enhance the motivation and remuneration for family doctors.

		bmjopen-2024-097826 on 25 April 2025. Downlo Enseignement Su I by copyright, including for uses related to text en en ope BM	
The Pattern of Extension Policies	Extention	Province 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-participation of traditional Chinese medicine (TCM) institution allowing qualified TCM professionals, especially renowned TCM practitioners, to establish TCM professionals allowing qualified TCM professionals, especially renowned TCM practitioners, to establish TCM professionals, especially renowned TCM practitioners, to establish TCM professionals, especially renowned TCM practitioners, to establish TCM professionals, especially renowned TCM practitioners, to establish TCM professionals, especially renowned TCM practitioners, to establish TCM professionals, especially renowned TCM practitioners, to establish TCM professionals, especially renowned TCM practitioners, to establish TCM professionals, especially renowned TCM practitioners, to establish TCM professionals, especially renowned TCM practitioners, to establish TCM professionals, especially renowned TCM practitioners, to establish TCM professionals, especially renowned TCM practitioners, to establish TCM professionals, especially renowned TCM practitioners, to establish TCM professionals, especially renowned TCM practitioners, to establish TCM professionals, especially renowned	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 stouck establish a TCM appropriate technology promotions 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 services centers and township health centers should be able to be appropriate to the content of the conte	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).

ographique de l

appropriate technologies, and 75% of village health

	then region to better	appropriate teemlorogies, and 7570 or viriage natural	
	guide implementation.	stations should be able to provide more than grants	
		types (Implementation Opinions of the Heilong	
		Provincial Committee of the Communist Par	
		China and Heilongjiang Provincial Government and	
		Promoting the Inheritance and Innovation	
		Development of TCM, June 1, 2020).	
Refine the Measures	Based on local	Health insurance agencies at all levels	
	conditions, provincial	responsible for signing fixed-point sexpositions	
	governments may	agreements with eligible medical institutes	
	develop specific	clarifying mutual responsibilities, rights, cance	
	implementation plans,	obligations, and controlling unreasor able of	
	operational steps, or	expenditures through contract management.	
	timelines for measures	aims to maintain the reimbursement ration for	
	proposed in national	inpatient medical expenses within policy coverage at	
	policies.	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 puber in	
		a timely manner. Medical expenses incurred by	
		insured residents at designated medical institutions	
		payable by the urban and rural residents' medica	
		insurance fund, should be advanced by the	
		designated medical institutions, with subsequen	
		settlement between the medical insurance agency	

and requirements within

their region to better

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).

43

Bibliographique de l

The Pattern of Reduction Policies	implementation of policies and the achievement of their goals.	7826 on 25 April 2025. Dow Enseignement cluding for uses related to Province	Nation
Decrease Scope of Application	When formulating local	Actively conducting pilot projects for multissing	
Decrease Scope of Application	policies, provincial	practice of licensed physicians (Notification or the	
	governments may	Main Work Arrangements for the Five Key Ref	
	narrow the scope of	of the Medical and Health System in Heilong	number of practice sites, and expanding the pilot
	application to specific		scope to all qualified cities (Notification on the
	areas or populations	Province in 2011).	Main Work Arrangements for the Five Key
	within their jurisdiction.	njopen. Al traini	Reforms of the Medical and Health System in
		en.t	2011 [State Office [2011] No. 8]).
Lower the Goal	In some cases,	Conducting hierarchical diagnosis and treatment	Accelerating the promotion of hierarchical
	provincial governments	pilot projects in public hospital comprehe	diagnosis and treatment, focusing on
	may lower the standards	reform pilot cities (Notification on the Key Task	comprehensive reform pilot provinces and public
	of national policies due	Deepening Medical and Health System Reform in	hospital comprehensive reform pilot cities, and
	to local conditions being	Heilongjiang Province in 2016, July 14, 2016). 💆 💆	conducting pilot projects in about 70% of
	unable to meet national	hno!	prefecture-level cities (Notification on the Key
	standards or to better	hnologies	Tasks for Deepening Medical and Health System
	balance resource	es.	Reform in 2016 [State Office [2016] No. 26]).
	allocation and policy	Age	
	implementation effects.	nce	

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 fully cannot implement all aspects of the national policies.

Directly Delete the Content

BMJ Open

BMJ Open

Strengthening the construction of national BCM of the construction of national BCM clinical research bases, key TCM hospitals in the inheritance and innovation project, and regularity TCM (specialty) diagnosis and treatment century (Implementation Opinions of the Heilong Provincial Committee of the Communist Park China and Heilongjiang Provincial Government China and Heilongjiang ur (ABES) data mining, Al training, and similar technologies

Accelerating the construction of TCM evidencebased medicine centers, screening 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).

://bmjopen.bmj.com/ on

June 10, 2025 at Agence Bibliographique de l

Supplementary file 6

Reference

- 1.Organization, W.H. Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Restrict Settings. 2010.
- 2.Organization, W.H., Regional action framework for noncommunicable disease prevention and control in the Western Pacific (2005).

 3.State Council, C., Circular of the General Office of the State Council on Printing and Distributing China's Medium- and Loggi am 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 Gibble Burden of Disease Study 2017. The Lancet,
- 2019. **394**(10204): p. 1145-1158.
- 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 7.Jin, Y., et al., A scoping review of national policies for child road injury in China. The Lancet Regional Health - Western Paties 2024. 46.

d by copyright, including for

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:	BMJ Open
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, Yuhan; 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.

Introduction

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

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

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

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

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

76 tailored recommendations for implementation.

Methods

Study Design

- 79 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
- 82 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
- 87 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
- 92 socioeconomic conditions[16]. Provinces in China have imbalanced progress in
- 93 socioeconomic and health development, such as the basic healthcare and urbanization ratio
- 94 among regions. To analyze regional variations, the study focused on two provinces with
- 95 contrasting economic conditions: Heilongjiang (northern, less developed) and Guangdong
- 96 (southern, economically advanced). Heilongjiang, China's northernmost province, has 30.99
- 97 million residents, spans 473,000 square kilometers, and has a GDP per capita of 15,901 RMB.
- 98 Guangdong, the most populous province, has over 100 million residents, covers 179,800
- 99 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
- 102 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
- 107 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

- length, so primary health care was instead prioritized during screening and data extraction.
- Boolean operators (e.g., AND, OR) were not permitted, so keywords were used individually.
- The snowball method was employed to identify additional relevant policies by reviewing
- references within retrieved records. Input from policy experts at the Chinese Center for
- 114 Disease Control and Prevention and academic specialists further ensured no significant
- omissions.
- 116 Two authors (JR, PY) independently reviewed the titles and full text of identified records.
- Disagreements were resolved by consensus or with input from a third reviewer (LX). The
- inclusion criteria required documents to: (1) focus on NCD prevention and management
- through a PHC approach, and (2) issued by designated provincial ministries since the 2009
- health reform[7]. The review began with the March 17, 2009 release of the
- 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,
- 2023(The selected timeframe spans China's healthcare reform trajectory, from its national
- systemic restructuring launch to the completion of provincial adaptations of subsequent
- strategies. This 14-year scope accommodates policy diffusion delays while tracking phased
- adjustments between central mandates and regional execution, systematically revealing
- central-local dynamics).
- 128 The exclusion criteria comprised: (1) National-level policies, and (2) Program-or
- campaign-specific documents (e.g., announcements, activity reports), and (3) Government
- responses or interpretations of previous regulations, and (4) Clinical or pharmaceutical
- guidelines A comprehensive outline of the policy exclusion criteria, including specific
- document types and their rationale for exclusion, can be found in **Supplementary File 4**..

Data Extraction

- For each policy document analyzed, we extracted the title, ministry, and release date,
- grouping them into the corresponding five-year plan of the Chinese central government
- (supplementary file 5). Policy papers were categorized as individual or joint releases (issued
- by one or multiple provincial government departments), and the frequency of joint releases
- was used to assess multi-sectoral collaboration in policy development.
- 139 In China's policy-making context, national policies for PHC-focused NCD management are
- prospectively formulated by the State Council and its affiliated ministries[17]. These policies
- are disseminated to provincial governments, which adapt and issue relevant documents based
- on local conditions. Building on prior research on PHC system responses to national NCD
- prevention and control policies in Mainland China, this study extends the analysis to the
- provincial level[12]. National-level documents referenced in provincial policies were also
- obtained to facilitate a comparative analysis of their alignment and adaptation.

Policy Content Analysis

- 147 After policy screening, three researchers (RJ, YP, and LX) applied the WHO's six building
- 148 blocks framework to extract concrete policy themes and understand strategies for
- 149 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

169 Results

Figure 1.

Policy Document Retrieval

171 The initial search yielded 13,645 records from Heilongjiang and Guangdong provincial

using NVivo 12(QSR International) software. The analysis framework of methodology is in

- governments and their 22 affiliated ministries. After applying inclusion criteria, 4,714 records
- 173 remained with 135 eligible policy documents (63 from Heilongjiang and 72 from Guangdong)
- 174 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
- 176 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

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.

Thematic Framework of Policy Strategies

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

Concepts of Extension and Reduction

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

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., Heilongijang 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.

Discussion

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

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

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

 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

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

Strengths and limitations

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

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

health administrators and PHC providers.

Recommendations and Conclusions

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

440 Competing interests

The authors declare no conflict of interest for this study.

442 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.

448 Figure legend

- Figure 1. The analysis framework of methodology.
- 450 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
- 452 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
- 458 extension for Scoping Reviews (PRISMA-ScR) Checklist
- Supplementary File 2: The essential data items of Included Province-Level and corresponding
- 460 National-Level Policy Documents.
- Supplementary File 3: Search terms
- 462 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
- 468 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...
- 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.
- 477 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.

- 392(10156): p. 1461-1472.
- Haque M, Islam T, Rahman NAA, et al. Strengthening Primary Health-Care Services 4.
- to Help Prevent and Control Long-Term (Chronic) Non-Communicable Diseases in
- Low- and Middle-Income Countries. Risk Management and Healthcare Policy.2020;13:409-426.
- 5. Li X, Lu J, Hu S, et al. The primary health-care system in China. The Lancet, 2017. 390(10112): p. 2584-2594.
- Shen, M., W. He, L. Li. Incentives to use primary care and their impact on healthcare 6. utilization: Evidence using a public health insurance dataset in China. Social Science & Medicine, 2020;255:112981.
- 7. State Council, Opinions of the CPC central committee and the state council on deepening the health care system reform. 2009, http://www.gov.cn/test/2009-04/
- 08/content 1280069.htm.(accessed Oct2, 2023). (in Chinese)
- 8. WHO., Healthy China 2030, in https://www.who.int/healthpromotion/conferences/9gchp/healthy-china/en/.(accessed
- Nov10, 2023). (in Chinese)
- 9. Varghese C, Nongkynrih 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;364:1327.
- 10. Rule J, Ngo DA, Oanh TT, et al. Strengthening Primary Health Care in Low- and Middle-Income Countries. Asia Pacific Journal of Public Health, 2013. 26(4): p. 339-348.
- Lu J, Lu Y, Wang X, et al. Prevalence, awareness, treatment, and control of 11. 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, Cai C, Jiang W, 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.2022;31:100390.
- Wang L, Peng W, Zhao Z, et al. Prevalence and Treatment of Diabetes in China, 13. 2013-2018. JAMA. 2021;326(24):2498-2506.
- 14. Tricco AC, Lillie E, Zarin W, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. Annals of Internal Medicine, 2018. 169(7): p. 467-473.
- 15. WHO, Monitoring the building blocks of health systems a handbook of indicators and their measurement strategies. 2010. (accessed Nov10, 2023).
- 16. NCD Countdown 2030 collaborators. 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, Jin Y, Er Y, 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;12:100168.
- 18. Wei X, Li H, Yang N, 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.
- 19. State Council, China's State Council promulgated the Circular on China's Mid- and Long-term Plan of NCD Prevention and Treatment (2017-2025). https://www.gov.cn/zhengce/content/2017-02/14/content 5167886.htm. (accessed
 - Nov10, 2023) (in Chinese).

- Chen, P., F. Li, P. Harmer. Healthy China 2030: moving from blueprint to action with 20. a new focus on public health. The Lancet Public Health. 2019;4(9):e447.
- 21. 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.
- 22. Ministry of Finance. Management of subsidy for implementation of national drug system in primary health care institutions. essention
- http://www.mof.gov.cn/gkml/caizhengwengao/wg2014/wg2014010/201504/t2015040
- 1 1211569.htm (in Chinese).
- 23. Li X, Krumholz HM, Yip W, et al. Quality of primary health care in China challenges and recommendations. Lancet 2020. 395: 1802-12.
- 24. Liu WY, Hsu CH, Liu TJ, 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;8:618046.
- 25. 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.
- Lu, X., Q. Wang, and D. Wei, Do Health Insurance Schemes Heterogeneously Affect 26. Income and Income Distribution? Evidence from Chinese Agricultural Migrants Survey. International Journal of Environmental Research and Public Health, 2020;17(9):3079...
- 27. 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.
- 28. Jin J, Wang J, Ma X, Wang Y, Li R. Equality of Medical Health Resource Allocation in China Based on the Gini Coefficient Method. Iran J Public Health, 2015;44(4):445-457.
- 29. Zhang T, Xu Y, Ren J, 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):42.
- Wang HHX, W.J., Zhou ZH, et al. General practice education and training in 30. southern China recent development and ongoing challenges under the health care reform. Malaysian Family Physician, 2013;8(3):2-10.
- 31. Kabir A, Karim MN, Islam RM, et al. Health system readiness for non-communicable diseases at the primary care level: a systematic review. BMJ Open.

2022;12(2):e060387.



5 6

8

45

Page 18 of 75

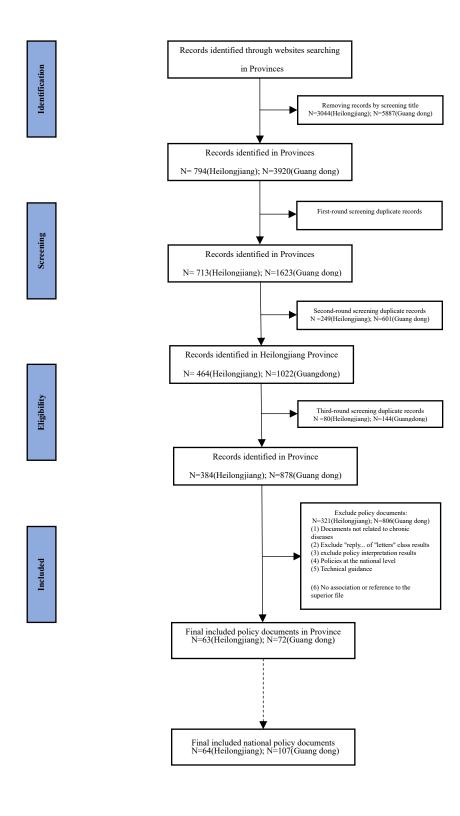
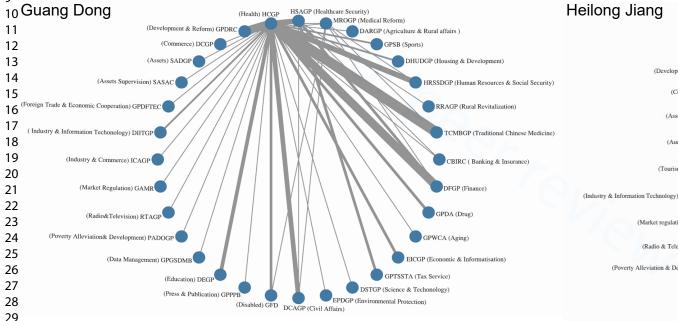
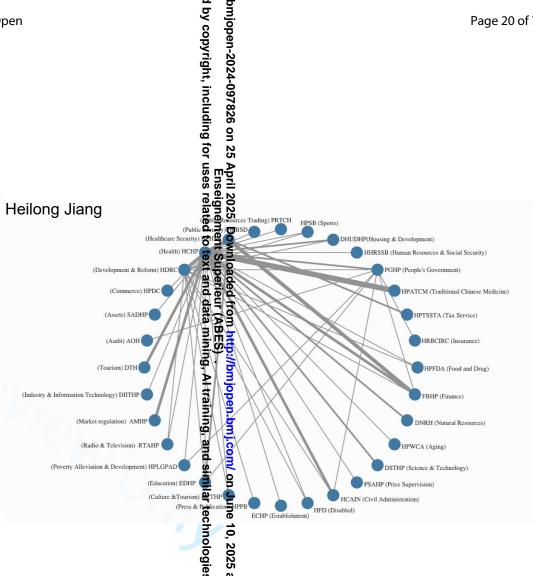


Figure 2. The flow chart of policy identification and search





ographique de l

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; ARGP: Department of Agriculture and

bmjopen-2024-097826 d by copyright, includ

 Rural Affairs of Guangdong Province; GPSB: Guangdong Provincial Sports Bureau; DHUDGP: Department of Housing and Bag 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 Grand Banking and Insurance Regulatory Commission; DFGP: Department of Finance of Guangdong Province; GPDA: Guangdong Provincial Drug Administration; Grand Gran

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 Drog 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; HCASN: Heilongjiang Civil Administration Information Net; HFD: Heilongjiang Federation of the Disabled; ECHP: Establishment Committee of Heilongjiang Province; HPPS: Heilongjiang Press and Publication Bureau; DCTHP: Department of Culture and Tourism of Heilongjiang Province; EDHP: Education Department of Heilongjiang Province; HPLGPAD: Heilongjiang

BMJ Open

BMJ Open

BMJ Open

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

Public Security Department; PRTCH: Public Resources Trading Center of Heilongjiang

Total Commerce; HPHSA: Heilongjiang Province Healthcare Security Administration of Heilongjiang Province Heilongjiang Province Heilo

from http://bmjopen.bmj.com/ on June 10, 2025 at Agence Bibliographique de l

del

42

43

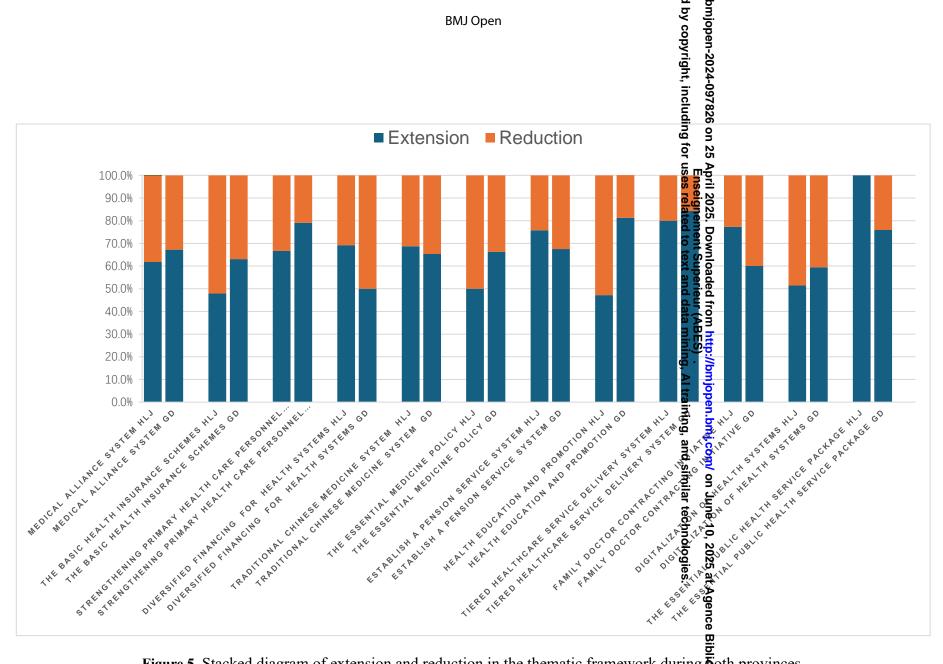


Figure 5. Stacked diagram of extension and reduction in the thematic framework during soft provinces.

raphique de l

Supplementary File 1

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

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
FITLE			
Title	1	Identify the report as a scoping review.	1
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	2
NTRODUCTION		, , , , , , , , , , , , , , , , , , ,	1
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‡	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	
IBI = Joanna Briggs Institute: PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses				

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

- * Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.
- † A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).
- ‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.
- § The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

From: Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMAScR): Checklist and Explanation. Ann Intern Med. 2018;169:467–473. doi: 10.7326/M18-0850.

Supplementary file 2

The policy source of departments affiliated with the province government website

(Heilongjiang and Guangdong)

Government administration

Province

People's Government of Heilongjiang Province

Education Department of Heilongjiang Province

Heilongjiang Development and Reform Commission

Department of Civil Affairs of Heilongjiang Province

Heilongjiang Resources and Social Security Bureau

Health Commission of Heilongjiang Province

Heilongjiang Provincical Sports Bureau

Heilongjiang Bureau of Statistics

Finance Bureau of Heilongjiang Province

Department of Science and Technology of Heilongjiang Province

Department of Industry and Information of Technology of Heilongjiang

Department of Housing and Urban-rural Development of Heilongjiang

Department of Agriculture and Rural Affairs of Heilongjiang Province

Administration for Market Regulation of Heilongjiang Province

Heilongjiang Province Healthcare Security Administration

Heilongjiang Provincial Rural Revitalization Bureau

Heilongjiang Provincical Durg Administration

Heilongjiang Intellectual Property Administration

Department of Education of Guangdong Province

Department of Civil Affairs of Guangdong Province

Department of Finance Guangdong Province

Health Commission of Guangdong Province

Property Administration)

People's Government of Guangdong Province

Heilongjiang Provincial Food and Material Reserve Bureau

Guangdong Provincial Development and Reform Commission

Department of Science and Technology of Guangdong Province

Heilongjiang Local Financial Supervision and Administration Bureau

Heilongjiang Business Environment Construction Supervision Bureau

Heilongjiang Provincial Administration of Traditional Chinese Medicine

Department of Industry and Information Technology of Guangdong Province

Human Resources and Social Security Department of Guangdong Province

Guangdong Administration for Market Regulation(Guangdong Intellectual

Department of Agriculture and Rural Affairs of Guangdong Province

Department of Housing and Urban-rural Development of Guangdong Province

10ID 11₁ 12 13²

14₃

15 16⁴

175

18

19

 20^{6} 2₁₇

2_{2₈}

2510

26₁₁

28¹²

2913

30 31¹⁴

3215

33₁₆

3₅17

3618

37₁₉

39²⁰

40₂₁

41_22

4323

4424

46²⁵

Name in Chinese

黑龙江省教育厅

黑龙江省民政厅

黑龙江省财政厅

黑龙江省政府办公厅

黑龙江省科学技术厅

黑龙江省工业和信息化厅

黑龙江省人力资源和社会保障厅

黑龙江省住房和城乡建设厅

黑龙江省卫生健康委员会

黑龙江省市场监督管理局

黑龙江省农业农村厅

黑龙江省体育局

黑龙江省统计局

黑龙江省医疗保障局

黑龙江省乡村振兴局

黑龙江省知识产权局

广东省人民政府

广东省教育厅

广东省民政厅

广东省科学技术厅

广东省工业和信息化厅

黑龙江省中医药管理局

广东省发展和改革委员会

黑龙江省地方金融监督管理局

黑龙江省营商环境建设监督局

黑龙江省粮食和物资储备局

黑龙江省药品监督管理局

黑龙江省发展和改革委员会

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

URL of website

https://drc.hlj.gov.cn/

https://jyt.hlj.gov.cn/

https://kjt.hlj.gov.cn/

http://gxt.hlj.gov.cn/

https://mzt.hlj.gov.cn/

http://hrss.hlj.gov.cn/

https://zfcxjst.hlj.gov.cn/

https://wsjkw.hlj.gov.cn/

https://amr.hlj.gov.cn/

https://tyj.hlj.gov.cn/

https://tjj.hlj.gov.cn/

https://ybj.hlj.gov.cn/

https://lsj.hlj.gov.cn/

https://mpa.hlj.gov.cn/

https://hlipa.hlj.gov.cn/

https://tcm.hlj.gov.cn/

http://www.gd.gov.cn/

http://drc.gd.gov.cn/

http://edu.gd.gov.cn/

http://gdstc.gd.gov.cn/

http://gdii.gd.gov.cn/

http://smzt.gd.gov.cn/

http://czt.gd.gov.cn/

http://hrss.gd.gov.cn/

http://dara.gd.gov.cn/

http://amr.gd.gov.cn/

http://zfcxjst.gd.gov.cn/

http://wsjkw.gd.gov.cn/

https://dfjrjgj.hlj.gov.cn/

https://bec.hlj.gov.cn/?from=screen

https://fpb.hlj.gov.cn/fpb/index.shtml

https://www.hlj.gov.cn/index.shtml

https://czt.hlj.gov.cn/czt/index.shtml

https://nynct.hlj.gov.cn/nynct/index.shtml

广东省市场监督管理局(知识产

权局)

5934

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/
5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5			

Supplementary File 3

Search terms

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

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.

9_						rei 20				
10 11 12	Serial number	Chinese title	English title	Time of realise	Releasing department	and Signature of the Control of the				
13 14 15		11th five-year plan (2009-2010)								
16 17 18 19 20	Н1	黑龙江省医药卫生体制改革近期 重点实施方案(2009-2011 年)	The Plan and Recommended Priorities on Deeping the Health System Reform in Heilongjiang Province Reform (2009-2011)	30-Nov-2009	People's Government of Heilongjiang Province	Plan and Recommended Priorities for the Health Care System (2009-2011) Commendations by the CPC Central Committee and the State Council on Deepening the Reform of the Medical and Health Care System				
21 22 23	G1	广东省医药卫生体制五项重点改革 2010 年度主要工作安排	Work Arrangements of Guangdong Province for the Reform of the Medical and Health Care System in Five Key Aspects (2010)	24-Aug-2010	People's Government of Guangdong Province	Mais Work Plans for the five Key Reforms of the Medical and Health System of 2010				
24			12th five-	year plan (2011-2	015)	nj.co				
25 26	Н2	黑龙江省医药卫生体制五项重点	Work Arrangements of Heilongjiang Province for the	2-Apr-2011	People's Government of	Work Plans for the Five Key Reforms of the Medical and Health				
27		改革 2011 年度主要工作安排	Reform of the Medical and Health Care System in Five Key		Heilongjiang Province	System of 2011				
28			Aspects(2011)			ar te				
2 9 30	Н3	关于做好人社系统承担的 2011 年	Notice on Improving the Reform for the Medical and Health	17-Jun-2011	Heilongjiang Human Resources	Work Plans for the Five Key Reforms of the Medical and Health				
31		度医药卫生体制改革工作的通知	System of 2011 issued by Heilongjiang Provincial Leading		and Social Security Bureau	system of 2011				
32			Group for Deepening Reform of the Medical and Health			System of 2011 O System of 2011 E S S S S S S S S S S S S S S S S S S				
33 34			System			F #				
35	H4	黑龙江省人民政府关于扶持和促	Implementation Opinions of the People's Government of	20-Jun-2011	People's Government of	Som Opinions of the State Council on Supporting and Promoting the				
36		进中医药事业发展的实施意见	Heilongjiang Province on Supporting and Promoting the		Heilongjiang Province	Development of the Traditional Chinese Medicine Industry				
3∤ 38			Development of the Traditional Chinese Medicine Industry							
37 38		た 回5) 学业人成り人他态光								

	l = 5.5	1		1	ਲੋਂ ਲੈ ਹੋਰ ਰੋGuiælines of the General Office of the State Council on Further
Н5	黑龙江省加强乡村医生队伍建设 	The Implementation Plan for Strengthening the	28-Sep-2011	People's Government of	=
	实施方案 	Construction of the Rural Doctor Team in Heilongjiang		Heilongjiang Province	Stretthening the Construction of Rural Doctor Teams
		Province			April
Н6	黑龙江省爱卫会关于加强健康教	Guidelines of the Heilongjiang Patriotic Health Campaign	23-Mar-2012	Heilongjiang Patriotic Health	Sandards for the Essential Public Health Service Package-2011 version
	育与健康促进工作的指导意见	Committee on Strengthening Health Education and Health		Campaign Committee	025. □
		Promotion			t e g o
Н7	黑龙江省人口发展"十二五"规划	The Twelfth Five-Year Plan for Population Development	30-Sep-2012	People's Government of	or Mational Population Development
		Plan in Heilongjiang Province		Heilongjiang Province	a 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Н8	黑龙江省基层中医药服务能力提	The Implementation Plan of the Traditional Chinese	13-Mar-2013	People's Government of	
	升工程实施方案	Medicine Capacity Building Project at the Grassroots Level		Heilongjiang Province	at the Grassroots level
		in Heilongjiang Province			Implementation Plan of the Traditional Chinese Medicine
					Cape ty Building Project at the Grassroots Level
Н9	黑龙江省巩固完善基本药物制度	The Implementation Plan on Improving the Essential	31-Dec-2013	People's Government of	pinons of the General Office of the State Council on Improving the
	和基层机构运行新机制实施方案	Medicine System and the New Mechanism of Grassroots		Heilongjiang Province	Essential Medicine System and the New Mechanism of Grassroots
		Operation in Heilongjiang Province			Opention
H10	关于城市公立医院改革试点指导	Guidelines on the pilot reform of urban public hospitals	16-Sep-2014	*Health Commission of	Recommendations by the CPC Central Committee and the State
	意见			Heilongjiang	Council on Deepening the Reform of the Medical and Health Care
				Province/*Establishment	m or in the state of the state
				Committee of Heilongjiang	2Natice of the State Council on Issuing the 12th Five-Year Plan for
				Province/*Heilongjiang	Deepening Health System
				Development and Reform	Deersining Health System OGG Addelines on the Pilot Reform of Public Hospitals OGG Addelines on the Pilot Reform of Public Hospitals
				Commission/*Heilongjiang	jies at
				Human Resources and Social	
				Security Bureau	Agence Bibliographique
				/*Finance Bureauo of	© DD
				Heilongjiang Province	5

				/*Price Supervision and	pen-2024-097826 on 25 Apr En
				Administration of Heilongjiang	n 25
				Province	Apr En
H11	黑龙江省基本公共服务体系建设	The Implementation Plan of Establishing Basic Public	22-Sep-2014	*Heilongjiang Development and	다 요 프
	实施方案	Service Systems in Heilongjiang Province		Reform Commission/*Education	D25. D
				Department of Heilongjiang	Dow lent
		Torpeer		Province/*Heilongjiang Civil	Downloaded from ment Superieur (Al
		7		Administration Information Net	aded and
		\mathcal{O}_{\triangle}		/*Finance Bureauo of	d fro
		7500		Heilongjiang	
		- C/-		Province/*Heilongjiang Human	http://b BES) .
				Bureau/*Department of Housing	Jjopo
				and Urban-rural Development of	en .b
				Heilongjiang	ig, a
				Province/*Department of Culture	nd:
				of Heilongjiang/*Health	http://bmjopen.bmj.com/ on June 10, 3ES) . mining, Al training, and similar techno
				Commission of Heilongjiang	lar 1
				Province/*Heilongjiang Provincial Food and Drug	ne 1
				Administration/*Radio and	
				Television Administration of	mjopen.bmj.com/ on June 10, 2025 at Agenc
				Heilongjiang	s. at A
				Province/*Heilongjiang	gen
				Provincial Sports	0
				Bureau/*Heilongjiang Press and	Bibliographique

Page 33 of 75

43

				ын орсп		્રું :	age 54 of 2
1 2						ight,	
3						inclu	10 0 0 0 0 0 10 10 10 10 10 10 10 10 10
4 5					Publication Bureau/*Heilongjiang	ding	
6					Federation of the Disabled		N N
7 8	H12	黑龙江省人民政府办公厅关于支	Opinions of the General Office of the People's Government	17-Oct-2014	People's Government of	ς ΣΟΙΙΙ	ons of the State Council on Accelerating the Development of the
9		持民办养老产业发展的意见	of Heilongjiang Province on Supporting the Development of		Heilongjiang Province	E <u>G</u> [d	Service Industry
10			Private Pension Industry			gnei	Solve State Council on Accelerating the Development of the
11 12	H13	关于进一步做好计划生育家庭特	Implementation Opinions on Further Improving the Work of	23-Oct-2014	*Health Commission of	o Sti	on Further Improving the Work of Special Support for Planned
17 13		别扶助工作的实施意见	Special Support for Planned Parenthood Families		Heilongjiang	e Pere	hood Families
14					Province/*Heilongjiang Civil	75 5	
15 16			' /		Administration Information Net	erieur and da	
17			' Peer		/*Finance Bureauo of	a D	
18			(O ₆)		Heilongjiang	BES) . mining	
19					Province/*Heilongjiang Human	ng.	
20 21 22 23 24 25 26 27 28 29 30					Resources and Social Security	Al training	
22					Bureau/*Department of Housing	rain	
23					and Urban-rural Development of	ing,	
24 25					Heilongjiang Province	ano	8
26					/*Department of Justice of	d sir	
27					Heilongjiang	nila	<u>-</u>
28 29					Province/*Heilongjiang	r tec	
3 <u>0</u>					Federation of the Disabled	ğ j	5
31	H14	黑龙江省医疗机构进一步改善医	The Implementation Plan of Heilongjiang Province on	10-Mar-2015	*Health Commission of	Acti	Plan for Further Improvement of Medical Services
32 33		疗服务行动实施方案	Further Improvement of Medical Service Action in Medical		Heilongjiang	ies.	ייט בייט
32 33 34 35			Institutions		Province/*Heilongjiang	ú	P
- 1					Provincial Administration of		
36 37					Traditional Chinese Medicine		D D
38							
39 40						3	
40 41						<u>.</u>	
42						9	
43			For peer review only - http://bmj	open.bmj.cor	m/site/about/guidelines.xhtr	nl :	<u> </u>
44							

Page 34 of 75

Pag	e 35 of 75	;		BMJ Open		bmjopen-2024-
1 2 3						including Opin Opin Opin Opin Opin Opin Opin Opin
5	H15		Opinions of the Heilongjiang Patriotic Health Campaign	7-May-2015	Heilongjiang Patriotic Health	Opin ons of the State Council on Further Strengthening Patriotic Health
6		│ │ 新时期爱国卫生工作的实施意见	Committee on Further Strengthening Patriotic Health Work		Campaign Committee	Workin the New Period
7			in the New Period			u se Ep
8 9	H16	黑龙江省深化医药卫生体制改革	the key Work Arrangements on Deeping the Reform of the	10-Jun-2015	Heilongjiang Provincial Leading	ि के चें चिक्रा Assummary in 2014 and key tasks in 2015 for Deepening the reform
10		2015 年重点工作任务	Medical and Health System in Heilongjiang Province of		Group for Deepening Reform of	a complete the system
11			2015		the Medical and Health System	n Doy
13	H17	黑龙江省全面推开县级公立医院	The Implementation Plan on Promoting Comprehensive	24-Aug-2015	People's Government of	mentation Opinions of the General Office of the State Council on
14		综合改革实施方案	Reform of County-level Public Hospitals In Heilongjiang		Heilongjiang Province	Proproducting Comprehensive Reform of County-level Public Hospitals
15			Province			id du fr
17	H18	黑龙江省人民政府办公厅关于促	Implementation Opinions of the General Office People's	20-Jan-2016	People's Government of	popment Plan of Traditional Chinese Medicine Health Service
18		进中医药健康服务发展的实施意	Government of Heilongjiang Province on Promoting the		Heilongjiang Province	₹ 2020)
19		见	Development of Chinese Medicine Health Services) · //b
21	H19	关于促进黑龙江省社会办医加快	Several Measures to Promote the Accelerated Development	6-Feb-2016	People's Government of	Notice on Several Policy Measures to Promote the Accelerated
22		发展若干措施	of Social Medicine in Heilongjiang Province		Heilongjiang Province	Development of Socially-Run
23	G2	关于建立全科医生制度的实施意见	Guiding Opinions on Establishing General Practitioner System	20-Apr-2012	People's Government of	Guiding Opinions of the State Council on Establishing General Practitioner
24 25					Guangdong Province	a System
26	G3	广东省老龄事业发展"十二五"规划	The Twelfth Five-Year Plan for the Development of Aging	26-Apr-2012	People's Government of	The welfth Five-Year Plan for the Development of China's Aging Affairs
27			Affairs in Guangdong Province		Guangdong Province	im on L
2 8 29	G4	转发卫生部办公厅关于落实 2012 年	Forwarded Notice of the General Office of the Ministry of	3-Aug-2012	Guangdong Provincial Health	Notice of the General Office of the Ministry of Health on the implementing
30		医改任务做好农村卫生服务有关工	Health on the implementing 2012 healthcare reform tasks to		Department	2012 dealthcare reform tasks to improve rural health services
31		作的通知	improve rural health services			, 202 olog
32 33	G5	广东省卫生事业发展"十二五"规划	The Twelfth Five-Year Plan for the Development of	13-Jul-2012	People's Government of	Recommendations by the CPC Central Committee and the State Council on
34		的通知	Health Services in Guangdong Province		Guangdong Province	Deer hing the Reform of the Medical and Health Care System
35	G6	广东省县级公立医院综合改革试点	The Implementation Plan on Comprehensive Reform of County-	30-Oct-2012	People's Government of	①Notice of the State Council on Issuing the 12th Five Year Plan for
36 37		实施意见	level Public Hospitals In Guangdong Province		Guangdong Province	Deepening Health System Reform
38						②O nions on the pilot comprehensive reform of county level public hospitals
39						угар
40 41						phique
42						ue o

43

	1	I	ı	I	copyright, includings Chronic Disease Prevention and Control Work Plan (2012-201:
G7	广东省慢性非传染性疾病防治工作	Chronic Disease Prevention and Control Work Plan in	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	Chings Chronic Disease Prevention and Control Work Plan (2012-201:
	规划(2012-2015 年)	Guangdong Province (2012-2015)		Department/*Guangdong Provincial	or u
				Development and Reform	Ses Ens
				Commission/*Department of	reigi
				Education of Guangdong Province	25. L
				/*Department of Science and	l to
				Technology of Guangdong Province	ext Sulph Su
				/*Economic and Informatisation	ade peri
				Commission of Guangdong	d francisco
				Province/*Department of Civil	ta n
				Affairs of Guangdong Province	nin Shittp
				/*Department of Finance of	ng.://b
				Guangdong Province/*Human	Alt Bjo
				Resources and Social Security	rain pen
				Department of Guangdong Province	in .b m
				/*Environmental Protection	an G
				Department of Guangdong Province	<u>si</u>
				/*Department of Housing and	on .
				Urban-rural Development of	ar te
				Guangdong Province	6 h
				/*Department of Agriculture and), 20
				Rural Affairs of Guangdong	gies
				Province/*Guangdong Provincial	ss. at A
				Department of Foreign Trade and	Agenc
				Economic Cooperation/*Radio and	Φ
				Television Administration of	Bibl
			,		Bibliographique

Page 36 of 75

1 2 3 4 5 6 7 8 9					Guangdong Province/*Guangdong Provincial Press and Publication Bureau/*Guangdong Provincial Sports Bureau/*Guangdong Provincial Food and Drug Administration	pen-2024-097826 on 25 April 2025. Dov Enseignemen
1 2 13	G8	广东省"十二五"期间深化医药卫生	Notice on Issuing the 12th Five-Year Plan for Deepening Health	29-Dec-2012	People's Government of	of the State Council on Issuing the 12th Five Year Plan for Deepening
14		体制改革实施方案	System Reform in Guangdong Province		Guangdong Province	X 등 있 의 등 사용 System Reform
15 16		广东省巩固完善基本药物制度和基	Opinions on Improving the Essential Medicine System and the	5-Sep-2013	People's Government of	ns of the General Office of the State Council on Improving the
17	G9	层运行新机制实施方案	New Mechanism of Grassroots Operation in Guangdong		Guangdong Province	Semial Medicine System and the New Mechanism of Grassroots Operation
18			Province			minir
19 20	G10	广东省深化医药卫生体制改革近期	The main points of work of Guangdong Province on Deeping	22-Aug-2014	People's Government of	Worksummary in 2014 and key tasks in 2015 for Deepening the reform of the
21_		工作要点	the Health System Reform in recent times		Guangdong Province	Aned al and health system
22 23		广东省推进中医预防保健服务体系	The Work Plan for Promoting the Construction of Chinese	9-Sep-2014	Traditional Chinese Medicine	Som Opinions of the State Council on Supporting and Promoting the
24	G11	建设工作方案	Medicine Preventive Healthcare Service System in Guangdong		Bureau Of Guangdong Province	Development of the Traditional Chinese Medicine Industry
25			Province			and com
26 27 28 29 30 31 32 33 34	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	Development of the Traditional Chinese Medicine Industry and on on on Implementing the National Essential Public Health Service Package on 2004 chnologies at Ag
35	G13	广东省人民政府办公厅关于大力发	Implementation Opinions of the General Office of the People's	20-May-2015	People's Government of	Opingons of the General Office of the State Council on Accelerating the
36 37		展商业健康保险的实施意见	Government of Guangdong Province on Vigorously Developing		Guangdong Province	Development of Commercial Health Insurance
38			Commercial Health Insurance) Jio
39 40 41 42 43 44			For peer review only - http://bmj	open.bmj.cor	n/site/about/guidelines.xhtr	graphique de l

Page 37 of 75

					by copyright, including f	Page 38 of 75	
1						2024 yright	
2						-0978; , inclu	
4 5	G14	广东省深化医药卫生体制改革近期	The main points of work of Guangdong Province on Deeping	14-Jul-2015	People's Government of	Majo Work Plans for Deepening the I	Reforms of the Medical and Health
6		工作要点	the Health System Reform in recent times		Guangdong Province	⊆ Syst ⊕ of 2014	
7 8			The Implementation Plan on Fully Deepening Comprehensive			S D D T I I I I I I I I I I I I I I I I I	
9	G15	广东省全面深化县级公立医院综合	Reform of County-level Public Hospitals In Guangdong	11-Nov-2015	People's Government of	Implementation Opinions of the Gener	ral Office of the State Council on
10		改革的若干意见	Province		Guangdong Province	and the comprehensive Reform of	County-level Public Hospitals
1 1 12	G16	广东省城市公立医院综合改革的实	Implementation Opinions on the Comprehensive Reform of	11-Nov-2015	People's Government of	One of the General Office	ee of the State Council on the Pilot
13_		施意见	Urban Public Hospitals in Guangdong Province		Guangdong Province	ehensive Reform of Urban Publ	ic Hospitals
14			13th five-y	year plan (2016-2	020)	v uperi	
15 16	H20	关于推进医疗卫生与养老服务相	Implementation Opinions on Promoting the Integration of	30-Mar-2016	*Health Commission of	aded g Opinions on Promoting the serieur (ABES). and data mining, Al training, and similar technologies.	Integration of Medical Health and
17		结合实施意见	Medical Health and Elderly Services		Heilongjiang	Electrices	
18			Ch		Province/*Heilongjiang Civil	ninii ES)	
19 20					Administration Information	://br	
					Net/*Heilongjiang Human	A no	
22					Resources and Social Security	ain:	
23 24					Bureau/*Heilongjiang	bmj	
2Ţ 25					Development and Reform	.cor	
21 22 23 24 25 26 27 28					Commission/*Department of	n√ o	
27					Industry and Information	nilar	
29 29					Technology of Heilongjiang	tec	
30					Province/*Heilongjiang Province	10,	
31					Public Security Department	202!	
32 33					/*Finance Bureauo of	es.	
34					Heilongjiang Province/*State-	Age	
35					owned Assets Department of	Jence	
36 37					Heilongjiang Province		
38						oliog	
39 40						J rap	
40 41						ibliographique de l	
42						je d	
43 44			For peer review only - http://bmj	jopen.bmj.con	n/site/about/guidelines.xhtn	ml —	

1 2 3 4						ben-2024-097826 on 25 April 2025. Downloa Enseignement Sup
5					/*Department of Housing and	ing on
6 7					Urban-rural Development of	50r
8					Heilongjiang	use En
9					Province/*Department of	s reig
1φ					Tourism of Heilongjiang	late
1 1 12					/*Heilongjiang Provincial	Dov
1¥ 13					Working Committee on Aging	r t Su
14					People's Government of	t and
15			' ()		Heilongjiang Province	a i d a:
16– 17	H21	黑龙江省深化医药卫生体制改革	The key Work Arrangements on Deeping the Reform of the	14-Jul-2016	People's Government of	Work Plans for Deepening the Reforms of the Medical and Health
18		2016 年重点工作任务	Medical and Health System in Heilongjiang Province of		Heilongjiang Province	B B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
19			2016) · //b
2 0 21	H22	黑龙江省人民政府办公厅关于促	Implementation Opinions of the General Office of People's	30-Sep-2016	People's Government of	Guigelines of the General Office of the State Council on Promoting the
22		进医药产业健康发展的实施意见	Government of Heilongjiang Province on Promoting the		Heilongjiang Province	Heathy Development of the Pharmaceutical Industry
20 21 22 23 24 25 26			Healthy Development of the Pharmaceutical Industry			in g. bm
2 4 25	H23	黑龙江省医疗卫生服务体系规划	Heilongjiang Provincial Healthcare Service System	13-Oct-2016	People's Government of	National Medical and Health Service System Planning Outline (2015-
26		(2016—2020年)	Planning (2016-2020)		Heilongjiang Province	<u>s</u> 2026
27 28	H24	黑龙江省民政事业"十三五"发展	The Thirteenth Five-Year Plan for the Development of Civil	3-Nov-2016	Heilongjiang Civil	Thireenth Five-Year Plan for the Development of Civil Affairs
28 29		规划	Affairs in Heilongjiang Province		Administration Information Net	r tec
29_ 30	H25	黑龙江省全民健身实施计划	The National Fitness Implementation Plan of Heilongjiang	5-Dec-2016	People's Government of	National Fitness Program (2016-2020)
31		(2016-2020年)	Province (2016-2020)		Heilongjiang Province	olog
32 32	H26	黑龙江省中医药发展"十三五"规	The Thirteenth Five-Year Plan for the Development of	11-Jan-2017	People's Government of	Outline of the Strategic Plan for the Development of Traditional Chinese
32 33 34		划	Chinese Medicine Industry in Heilongjiang Province		Heilongjiang Province	Medine (2016-2030)
35	H27	2017 年全省中医药工作要点	The key department on Chinese Medicine work in	17-Feb-2017	Heilongjiang Provincial	Outlande of the Strategic Plan for the Development of Traditional Chinese
36 37			Heilongjiang Province of 2017		Administration of Traditional	Medizine (2016-2030)
38					Chinese Medicine	bi io
39						bliographique
40 41						oh ig
41 42						
40						<u> </u>

Page 39 of 75

				BMJ Open		by cop	Page 40 of	75
1 2 3						yright, inclu	Page 40 of	
4 5 6 7	H28	关于深入推进 2017 年进一步改善	Notice on Further Promoting the Priorities of the 2017	31-Mar-2017	*Health Commission of		aion Plan for Further Improvement of Medical Services	1
6		医疗服务行动计划重点工作的通	Action Plan for Further Improvement of Medical Services		Heilongjiang Province	2 ②Pr	gramme of key work for the in-depth implementation of the Action	
7		知			*Heilongjiang Provincial	Š III Š	or Further Improvement of Medical Services in 2017	
8 9 10					Administration of Traditional	ies ies	<u></u> <u>></u>	
10					Chinese Medicine	gnei elate	or Further Improvement of Medical Services in 2017	
11	H29	关于建立城乡居民基本医疗保险	Guiding Opinions on the Establishment of the Basic	21-Apr-2017	*Heilongjiang Human Resources		ons of the State Council on Integrating the Basic Medical Insurance	
12 13 14 15 16 17 18		制度的指导意见	Medical Insurance System for Urban and Rural Residents		and Social Security Bureau	@S G ot	n for Urban and Rural Residents	
14					*Finance Bureau of Heilongjiang	perie t and		
15			'Deer		Province	ieur d d		
17			NO_		*Heilongjiang Civil	a) ∑	3	
18			0.6		Administration Information Net	r (ABES) . ata mining,		
19					*Audit Office of Heilongjiang) ing,		
20 21			4		*Education Department of	A t	<u> </u>	
22					Heilongjiang Province	Al training		
23					*Heilongjiang Provincial Leading	ing		
24					Group of Poverty Alleviation and	, an		
26					Development	d si		
27					*Heilongjiang Regulatory Bureau	mile		
28					of China Insurance Regulatory	ar te		
19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34					Commission		Steenth Five-Year Medicine and Health Plan	
31	H30	黑龙江省慢性病综合防控示范区	The trial Implementation plan for the construction of model	1-Jun-2017	Health Commission of	S _T	teenth Five-Year Medicine and Health Plan	
32		建设实施方案(试行)	areas for comprehensive prevention and control of chronic		Heilongjiang Province	© © ©	tina's mid- and long-term plan for the prevention and treatment of	
34			diseases in Heilongjiang Province			chro	c diseases (2017-2025)	
35 36						3N	tional Chronic Disease Comprehensive Prevention and Control	
36 37						Dem	Instration Zone Construction Management Measures	
38						5	<u>z</u> 5	
39						2		
40 41								
41 42						2		
43			For peer review only - http://bmj	iopen.bmi.cor	m/site/about/quidelines.xhtn	ր -	<u> </u>	
44				,		-		

Pag	Page 41 of 75			BMJ Open		bmjopen-2024-
1 2 3						-2024-097826
5	H31		Guiding Opinions of the General Office of People's	30-Jun-2017	People's Government of	Guiting Opinions of the General Office of the State Council on
6		进医疗联合体建设和发展的实施	Government of Heilongjiang Province on Promoting the		Heilongjiang Province	Properting the Establishment and Development of Medical Alliance
7		│ │ 意见	Establishment and Development of Medical Alliance			vs. The constant of the consta
8			Systems			s ri
10	Н32	黑龙江省深化医药卫生体制改革	The key Work Arrangements on Deeping the Reform of the	14-Jul-2017	People's Government of	Work Plans for Deepening the Reforms of the Medical and Health
11		2017 年重点工作任务	Medical and Health System in Heilongjiang Province of		Heilongjiang Province	8 m 0 of 2017
12 13			2017			wnl.
14	Н33	黑龙江省"十三五"促进民族地区	The 13th Five-Year Plan for Promoting the Development of	1-Aug-2017	People's Government of	a The a3th Five-Year Plan for Promoting the Development of ethnic
15		和人口较少民族发展规划	ethnic regions and ethnic groups with a small		Heilongjiang Province	a constant a small population
16 17			population in Heilongjiang Province			ata ata
18	Н34	在我省建档立卡农村贫困人口中	The Implementation Plan on Strengthening the Contracting	27-Nov-2017	Health Commission of	on Implementing the Contracting Services for Chronic Disease
19		加强慢病签约和有关公共卫生服	of Chronic Disease and Related Public Health Services		Heilongjiang Province	Family Doctors of Poor Populations
20 21		务的实施方案	among the Rural Poor People with Recorded Cards in		Heilongjiang Provincial Leading	m _{jo}
22 23			Heilongjiang Province		Group of Poverty Alleviation and	pen.br
					Development	ing.
24 25	Н35	黑龙江省防治慢性病中长期规划	Mid- and long-term plan for the prevention and treatment of	28-Nov-2017	People's Government of	Ching's mid- and long-term plan for the prevention and treatment of
26		(2017—2025年)	chronic diseases in Heilongjiang Province (2017-2025)		Heilongjiang Province	chronic diseases (2017-2025)
27	Н36	黑龙江省人民政府办公厅关于进	Implementation Opinions of the General Office of the	28-Dec-2017	People's Government of	Guitelines of the General Office of the State Council on Further
28 29		一步深化基本医疗保险支付方式	People's Government of Heilongjiang Province on Further		Heilongjiang Province	Dee ning the Reform of Basic Medical Insurance Payment Methods
30		改革的实施意见	Deepening the Reform of Basic Medical Insurance Payment			10, 20 chnolo
31			Methods			202
32 33	H37	黑龙江省支持社会力量提供多层	The Implementation Plan on supporting social forces to	31-Dec-2017	People's Government of	The implementation Plan of the General Office of the State Council on
34		次多样化医疗服务发展健康产业	provide multilevel and diversified medical services to		Heilongjiang Province	supporting social forces to provide multilevel and diversified medical
35		实施方案	develop the health industry in Heilongjiang Province			serves to develop the health industry
36 37	H38	黑龙江省国民营养计划(2017—	National Nutrition Programme of Heilongjiang Province	30-May-2018	People's Government of	National Nutrition Plan (2017-2030)
38_		2030年)	(2017-2030)		Heilongjiang Province	blio
39						liographique
40 41						žh iq
42						ue d

43

				ымі Ореп		op Page 42 01 7 oppyright, including with chronic diseases oppyright, including with chronic diseases
2						24-0978 ht, inclu
5	Н39	│ │ 关于进一步做好农村贫困人口慢	Notice on Further Implementing the Contracting Services	26-Jul-2018	Health Commission of	© Wor plan for family doctors contracting services with chronic diseases
6 7		病签约服务工作的通知	for Chronic Diseases of the Rural Poor Population		Heilongjiang Province	of or documented poor people
8	H40	黑龙江省健康老龄化行动计划	Action Plan for Healthy Ageing in Heilongjiang Province	5-Dec-2018	*Health Commission of	Solvational Nutrition Plan (2017-2030)
9 10		(2018—2020年)	(2018-2020)		Heilongjiang Province	The teenth Five-Year Plan on Healthy Ageing
11					*Heilongjiang Development and	19 3 ·
12					Reform Commission	to te
13 14			to, peer		*Education Department of	Downloaded fro
15			h		Heilongjiang Province	aded and and and and and and and and and an
16			100		*Department of Industry and	d from http://br eur (ABES) .
17 18			60.		Information Technology of	ME H
19					Heilongjiang Province	http://bmjopen.bmj.com/ on June 10, BES) . mining, Al training, and similar techno
20					*Heilongjiang Civil	bm ₁
21					Administration Information Net	mjopen.bmj.com/ on June 10, 2025 a
22 23 24 25 26 27 28					*Finance Bureauo of	in in b
24					Heilongjiang Province	g, a
25					*Heilongjiang Human Resources	nd s
26 27					and Social Security Bureau	simi
28					*Department of Nutural	lar 1
29					Resources of Heilongjiang	ech 1
30 31					*Department of Housing and	0, 2
32					Urban-rural Development of	025 025
33					Heilongjiang Province	2025 at Agen
34 35					*Heilongjiang Provincial Sports	ger
36					Bureau	С Ф
37						<u> </u>
38 39						iogr
40						aph
41						ii Q
42						Bibliographique de I
43 44			For peer review only - http://bmj	jopen.bmj.co	m/site/about/guidelines.xhtr	ml —

Page 42 of 75

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 21 22 23 24 25 27 28 29 30					*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	pen-2024-097826 on 25 April 2025. Downloaded from http://bmjopen.bmj.com/ Enseignement Superieur (ABES) .
26 27 28 29	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	31-Jan-2019	Disabled People's Government of Heilongjiang Province	Guiding Opinions of the General Office of the State Council on
30 31 32 33 34	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	Diagnosis and Treatment System 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	Proporting the Establishment of a Tiered Diagnosis and Treatment System Ontily of the General Office of the National Health Commission on officer and Doctor Contracting Services in 2019
35 36 37 38 39 40 41 42 43			For peer review only - http://bmj	jopen.bmj.coi	m/site/about/guidelines.xhtı	gence Bibliographique de I

Page 43 of 75

H43	黑龙江省卫生健康委等十一部门	The Implementation Opinions of the Heilongjiang	2019-06-04	*Health Commission of	pyright, including one of the General Office of the State Council on Improving to
	关于完善国家基本药物制度的实	Provincial Health Commission and Eleven Other		Heilongjiang Province	National Basic Drug System
	施意见	Departments on Improving the National Essential Medicine		*Department of Science and	April Ens
		System		Technology of Heilongjiang	s reig
				Province	late
				*Department of Industry and	2025. Downloa eignement Sup
				Information Technology of	t t Su
				Heilongjiang Province	t per
				*Finance Bureau of Heilongjiang	d ii d d: fr
				Province	aded from http://bmjopen.bmj.com/ on June 10, 2025 at Agence perieur (ABES) . t and data mining, AI training, and similar technologies.
				*Heilongjiang Province	ni mate
				Department of Commerce	ng.://b
				*Administration for Market	Alt mjo
				regulation of Heilongjiang	rain pen
				Province	
				*Radio and Television	j.co
				Administration of Heilongjiang	sir D
				Province	
				*Heilongjiang Province	r tec
				Healthcare Security	mjopen.bmj.com/ on June 10, 2025 a
				Administration	202 200
				*Heilongjiang Provincial	ଳିତ୍ର ଅଧି
				Administration of *Traditional	P Ag
				Chinese Medicine	enc
				Heilongjiang Provincial Drug	
				Administration	Bibliographique de I

Page 44 of 75

Page 45 of 75		BMJ Open		by copyri
				.2024-097826
			*Public Resources Trading Center of Heilongjiang	mjopen-2024-097826 on 25 April 2 Ensei
用44 黒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	Descriptions of the General Office of the State Council on Promoting the Description 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 3 3 0 3	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	To a disconsist on Implementing the Basic Health Insurance Schemes for Urban and Bural Residents in 2019 Bural Residents in 2019 Bural Residents in 2019
2 H46 关于进一步加强短缺药品监测预 3 警与统筹应对工作的通知 4 5 5 6 7 7	Notice on Further Strengthening the Monitoring, Early Warning and Coordinated Response to the Shortages of Medicines	23-Dec-2019	Heilongjiang Province	Dispose of the General Office of the State Council on Further Improving when the State of Guaranteeing the Supply and Stabilising the Price of Shorting Drugs
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	Opingons of the State Council on Implementing the Healthy China Action
出 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 4	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	© Dominons of the State Council on promoting the Development of the Constitution of the Ministry of Civil Affairs on Further Expanding the Supply of Elderly Services and Promoting the Consumption of Elderly Services

1 2 3 4						pen-2007, including one of the Central Committee of the Communist Party of China and
5	H49	中共黑龙江省委黑龙江省人民政	The Implementation Opinions of the Heilongjiang	1-Jun-2020	People's Government of	Opin ons of the Central Committee of the Communist Party of China and The te Council on Promoting the Inheritance, Innovation and Spart Council on Promoting the Inheritance, Innovation and Spart Council on Promoting the Inheritance, Innovation and Spart Council on Promoting the Inheritance, Innovation and Spart Council on Promoting the Inheritance, Innovation and Spart Council on Promoting the Inheritance, Innovation and Spart Council on Promoting the Inheritance, Innovation and Spart Council on Promoting the Inheritance, Innovation and Spart Council on Promoting the Inheritance, Innovation and Spart Council on Promoting the Inheritance, Innovation and Spart Council on Promoting the Inheritance, Innovation and Spart Council on Promoting the Inheritance, Innovation and Spart Council on Promoting the Inheritance, Innovation and Spart Council on Promoting the Inheritance, Innovation and Spart Council on Promoting the Inheritance, Innovation and Spart Council on Promoting the Inheritance, Innovation and Spart Council on Promoting the Inheritance, Innovation and Inheritance, Inheritance, Inheritance, Inheritance, Inheritance, Inheritance, Inheritance, Inheritance, Inheritance, Inheritance, Inheritance, Inheritance, Inhe
6 7		府关于促进中医药传承创新发展	Provincial Committee of the Communist Party of China and		Heilongjiang Province	The the Council on Promoting the Inheritance, Innovation and
8		的实施意见	People's Government of Heilongjiang Province on			Day Sopment of Traditional Chinese Medicine
9			Promoting the Inheritance, Innovation and Development of			s eig
10 11			Traditional Chinese Medicine			25. l
12	H50	关于深入推进医养结合发展的实	Implementation Opinions on Further Promoting the	1-Jun-2020	*Health Commission of	Rei 20 25 20 25. Date of Development of Healthcare of Heal
13		施意见	Development of Medical and Nursing Care Integration		Heilongjiang Province	ਗਿਲ Pation ਨੂੰ <u>©</u>
14					*Heilongjiang Civil	oaded vuperied
15 16					Administration Information Net	d fro
17			Peer		*Heilongjiang Development and	from http://bmjopen.bmj.com/ on June 10, 2025 at Agencur (ABES) .
18			· 0/		Reform Commission	nitto ES)
19 20					*Education Department of	ng.://br
20 21 22 23 24 25 26 27 28 29 30					Heilongjiang Province	njoj
22					*Finance Bureauo of	a n
23					Heilongjiang Province	ing.
25					*Heilongjiang Human Resources	j.co
26					and Social Security Bureau	y sir
27					*Department of Nutural	nila J
28 29					Resources of Heilongjiang	r tec
30					*Department of Housing and	10,
31					Urban-rural Development of	202
32 33					Heilongjiang Province	ies.
32 33 34					*Administration for Market	
35					regulation of Heilongjiang	enc
36 37					Province/*Heilongjiang Province	(0)
38-					Healthcare Security	
39 40 41 42 43			For peer review only - http://bmj	onen hmi cor	m/sita/ahout/quidalinas vhtn	Bibliographique de I
44			For peer review only - nttp://bmj	open.pmj.cor	n/site/about/guidelines.xntr	III –

Page 46 of 75

					pen-2024-097826 on 25 April 2025. Dov Enseignemen copyright, including for uses related to
				Administration/*Department of	826 on
				Industry and Information	for
				Technology of Heilongjiang	Apr En
				Province/*Heilongjiang	is s ::: ree::20
				Provincial Administration of	025
				Traditional Chinese Medicine	m Do
H51	关于进一步规范医疗机构与养老	Implementation Opinions on Further Regulating the	16-Jun-2020	*Health Commission of	See al Opinions on Further Promoting the Development of He.
	机构签约合作的实施意见	Contractual Cooperation between Medical Institutions and		Heilongjiang Province	C up to a management of the control
		elderly care institutions		/*Heilongjiang Civil	nd d
		elderly care institutions		Administration Information Net	d from http://bn eur (ABES) .
		0,6		/*Heilongjiang Provincial	B B B B B B B B B B B B B B B B B B B
				Administration of Traditional	ing.//t
				Chinese Medicine	Al Sign
H52	关于做好 2020 年城乡居民基本医	Notice on Implementing the Basic Health Insurance	28-Aug-2020	*Heilongjiang Province	Notice on Implementing the Basic Health Insurance Schemes for
	疗保障工作的通知	Schemes for Urban and Rural Residents in 2020		Healthcare Security	and Rural Residents in 2020
				Administration/*Finance Bureauo	F 2.
				of Heilongjiang	on/
				Province/*Heilongjiang	iii on
				Provincial Tax Service, State	ar tec
				Taxation	e 10,
				Administration/*Education	10 <u>logi</u> i
				Department of Heilongjiang	.com/ on June 10, 2025 a
				Province	at A
H53	黑龙江省合理膳食行动省部合作	Implementation Programme of the Provincial-Ministerial	16-Oct-2020	People's Government of	"Heathy China 2030" blueprint
	项目实施方案	Cooperation Project on Reasonable Dietary Action in		Heilongjiang Province	6 B
		Heilongjiang Province			Biblic
	•		1		9
					graphique

Page 47 of 75

			BMJ Open		y copyright, inclu	Page 48 of By Opinions of the General Office of the State Council on Promoting the
G17	广东省加快推进分级诊疗制度建设	The Implementation Plan on Accelerating the Establishment of a	16-May-2016	People's Government of	di Guide	ng Opinions of the General Office of the State Council on Promoting the
	实施方案	Tiered Diagnosis and Treatment System in Guangdong Province		Guangdong Province	⊆ Esta §	shment of a Tiered Diagnosis and Treatment System
G18	广东省中医药健康服务发展规划	Development Plan of Traditional Chinese Medicine Health	30-Jun-2016	People's Government of	use A	opment Plan of Traditional Chinese Medicine Health Service (2015-
	(2016-2020年)	Service in Guangdong Province(2016-2020)		Guangdong Province	ns@ig	
þ	广东省人民政府办公厅关于促进医	Guiding Opinions of the General Office of the People's	12-Jul-2016	People's Government of	iner late	ng Opinions on Promoting the Integration of Medical Health and Elderly
G19	疗卫生与养老服务相结合的实施意	Government of Guangdong Province on Promoting the		Guangdong Province	Q By	es
f 3	见	Integration of Medical Health and Elderly Services			t Su	
4	广东省促进医药产业健康发展实施	The Implementation Plan on Promoting the Healthy	14-Sep-2016	People's Government of		lines of the General Office of the State Council on Promoting the
G20	方案	Development of the Pharmaceutical Industry in Guangdong	Î	Guangdong Province	<u>d</u> e c	by Development of the Pharmaceutical Industry
7		Province			(AE	
G21	关于控制公立医院医疗费用不合理	The Implementation Plan on Controlling Unreasonable	18-Sep-2016	*Health and Family Planning		ons on Controlling Unreasonable Increases in Medical Expenses in
•	增长的实施方案	Increases in Medical Expenses in Public Hospitals		Commission of Guangdong	J 5	
0 1 2 3 4 5 5 7 8 9 0				Province/*Guangdong Provincial	Al t	ng Opinions on Promoting Contracted Services of Family Doctors
2				Development and Reform	rain	
3				Commision/*Department of	ing.	
11 5				Finance of Guangdong Province	an	
5				/*Human Resources and Social	d siı	
Ż				Security Department of Guangdong	nila	<u> </u>
B 9				Province/*Traditionaal Chinese	r te	
				Medicine Bureau of Guangdong	chn,	
				Province) 0 0 0	
G22	广东省加快推进家庭医生签约服务	The Implementation Plan on Accelerating the promotion of	28-Oct-2016	*Medical Reform Office of	Guida	ng Opinions on Promoting Contracted Services of Family Doctors
P #	制度的实施方案	Contracted Services System of Family Doctors in Guangdong		Guangdong Province/*Health and	PA	
G22 3 4 5 7		Province		Family Planning Commission of	Agence	
5				Guangdong Province/*Guangdong	G	o 0
/ B				Provincial Development and	סומוס	

			55 G p c		χ
1 2					ppen-2024-097826 on 25 April 2025. Downloaded from Enseignement Superieur (A
3 4	1	1		l	97826 .
5 6				Reform Commission/*Department of	ng fr
7				Civil Affairs of Guangdong	or 25
8				Province/*Department of Finance	s Ens
9				of Guangdong Province/*Human	reigr
10 11				Resources and Social Security	25. I
12				/*Department of Guangdong	l ent
13		' O /-		Province/*Traditional Chinese	e Sul
14				Medicine Bureau of Guangdong	ade peri
1 5 1 6		FO _F		Province/*Guangdong Federation of	d francisco
1 7		790		the Disabled	ita (AB
18 G23	关于开展健康城市健康村镇建设的	The Implementation Plan on the Development of Healthy Cities	1-Dec-2016	Guangdong Patriotic Health	Opinions on the Development of Healthy Cities and Healthy Villages
19	实施意见	and Healthy Villages and Towns		Campaign Committee	and towns
20 21 G24	广东省贯彻《中医药发展战略规划	The Implementation Plan on Outline of the Strategic Plan for the	30-Dec-2016	People's Government of	Dutline of the Strategic Plan for the Development of Traditional Chinese
22	纲要(2016-2030年)》实施方案	Development of Traditional Chinese Medicine (2016-2030) in		Guangdong Province	Medoine (2016-2030)
23		Guangdong Province			Medine (2016-2030)
2 4 25	广东省人民政府办公厅关于促进和	The Implementation Plan of the General Office of the People's	8-Feb-2017	People's Government of	Cuicing Opinions of the General Office of the State Council on Promoting
26 G25	规范健康医疗大数据应用发展的实	Government of Guangdong Province on Promoting and		Guangdong Province	wand Regulating the Development of Healthcare Big Data Applications O O O O O O O O O O O O O
27	施意见	Regulating the Development of Healthcare Big Data			nile on
2 8		Applications			ar te
29 30 G26	广东省"十三五"深化医药卫生体制	The "13th Five-Year Plan" for deepening the reform of the	12-May-2017	People's Government of	The 33th Five-Year Plan" for deepening the reform of the medical and health
31	改革规划	medical and health system in Guangdong Province	j	Guangdong Province	The 33th Five-Year Plan" for deepening the reform of the medical and health
32	广东省推进医疗联合体建设和发展	The Implementation Plan on Promoting the Establishment and	30-Jun-2017	People's Government of	Guiding Opinions of the General Office of the State Council on Promoting
33 34 G27) 的实施方案	Development of Medical Alliance Systems in Guangdong	30-Jun-2017	Guangdong Province	the Brablishment and Development of Medical Alliance Systems
35		Province			genc
36 _{G28}	───────────────────────────────── 广东省防治慢性病中长期规划	Mid- and long-term plan for the prevention and treatment of	30-Jun-2017	People's Government of	Chingg mid- and long-term plan for the prevention and treatment of chronic
37	(2017 - 2025 年)	chronic diseases in Guangdong Province (2017-2025)	50 van 2017	Guangdong Province	diseases (2017-2025)
3 <u>8</u> 39					<u> </u>
40					g de la companya de l
41					ographique
42					9 Q

Page 49 of 75

43

			ым Орен		open-2024-097826 Including to the General Office of the State Council on Further
					-09782 ₁ , includ
G29	广东省进一步改革完善药品生产流	The Implementation Plan on Further Reform and Improvement	14-Jul-2017	People's Government of	Seven Opinions of the General Office of the State Council on Further
	通使用政策实施方案	of Policies on the Production and Circulation of Medicines in		Guangdong Province	Reform and Improvement of Policies on the Production and Circulation o
		Guangdong Province			What sines O D I O D
G30	广东省促进老龄事业发展和养老体	The Implementation Plan on promoting the development of	3-Aug-2017	People's Government of	"Mitteenth Five-Year Plan" for National Aging Affairs Development and
	系建设实施方案	Aging Affairs Development and the constraction of Pension		Guangdong Province	System Establishment Plan
		System Establishment Plan			d to
G31	"十三五"广东省健康促进与教育工	"Thirteenth Five-Year Plan" of Guangdong Province for	21-Aug-2017	Health and Family Planning	g"Thizeenth Five-Year Plan" for National Health Promotion and Education
	作规划	Health Promotion and Education Work		Commission of Guangdong	and the control of th
		· A		Province	d dr
G32	转发关于做好 2017 年国家基本公共	Forwarded Notice on Implementing the National Essential	28-Sep-2017	*Health and Family Planning	on Implementing the National Essential Public Health Service Pa
	卫生服务项目工作的通知	Public Health Service Package in 2017		Commission of Guangdong	
				Province /*Department of Finance	ng.://br
				of Guangdong Province	njop
				/*Traditional Chinese Medicine	ming. Al training
				Bureau of Guangdong Province	<u> </u>
G33	广东省改革完善短缺药品供应保障	The Implementation Plan on Reforming and Improving the	16-Nov-2017	*Health and Family Planning	amplementation Opinions on Reforming and Improving the Mechanism of Me
	机制实施方案	Mechanism for Shortage Drug Supply Guarantee		Commission of Guangdong	Shorage Drug Supply Guarantee
				Province/*Guangdong Provincial	n Julian
				Development and Reform	tec
				Commission/*Economic and	hno
				Informatisation Commission of	2025 10gi
				Guangdong Province/*Department	e s.
				of Finance of Guanguong Frovince	on June 10, 2025 at Agenc
				/*Human Resources and Social	nce
				Security/*Department of	Bibliographique de l
				Guangdong Province/*Department	≝

Page 50 of 75

					pen-2024-097826 on 25 April 2025. Dow Enseignement copyright, includ <u>ing for uses related to</u>
				of Commerce of Guangdong	ling
				Province/*State-owned Assets	1 25 for
				Supervision and Administration	Apr En
				Commission/*Industry and	s reigi
				Commerce Administration of	125.
				Guangdong Province/*Guangdong	Don men
				Provincial Food and Drug	wnik
				Administration	tt an
G34	广东省进一步深化基本医疗保险支	The Implementation Plan of the General Office of on Further	17-Nov-2017	People's Government of	Control of the General Office of the State Council on Further Deepenin
	付方式改革实施方案	Deepening the Reform of Basic Medical Insurance Payment		Guangdong Province	form of Basic Medical Insurance Payment Methods
		Methods in Guangdong Province			MES NEC
G35	广东省国民营养计划 (2017—2030	National Nutrition Plan in Guangdong Province(2017-2030)	5-Dec-2017	*People's Government of	on the Suppose of the General Office of the State Council on Further Deepening of the General Office of the State Council on Further Deepening of the General Office of the State Council on Further Deepening of the General Office of the State Council on Further Deepening of the General Office of the State Council on Further Deepening of the General Office of the State Council on Further Deepening of the General Office of the State Council on Further Deepening of the General Office of the State Council on Further Deepening of the General Office of the State Council on Further Deepening of the General Office of the State Council on Further Deepening of the General Office of the State Council on Further Deepening of the General Office of the State Council on Further Deepening of the General Office of the State Council on Further Deepening of the General Office of the State Council on Further Deepening of the General Office of the State Council on Further Deepening of the General Office of the State Council on Further Deepening of the General Office of the General Of
	年)实施方案			Guangdong Province	Alt
G36	广东省"十三五"健康老龄化规划	Thirteenth Five-Year Plan on Healthy Ageing in Guangdong	25-Dec-2017	*Health and Family Dlaming	Thir enth Five-Year Plan on Healthy Ageing
		Province		*Health and Family Planning	.bm
				Commission of Guangdong	j. co
				Province/*Guangdong Provincial	d si
				Development and Reform Commission/*Economic and	on L
				La Commission/*Economic and	ir te
				Informatisation Commission of	, 10, chn
				Guangdong Province/*Department	, 20; olog
				of Education of Guangdong	All by Spanners (2017-2030) All by Spanners
				Province/*Department of Civil Affairs of Guangdong Province	. F A 3
					Agenc
				/*Department of Finance of Guangdong Province	n n
				Guanguong Frovince	ibii
					Bibliogra
					ąphique
					que d

Page 51 of 75

43

				BMJ Open		d by cop	Page 52 of 7
1 2 3						yright, inclu	Page 52 of 7!
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20			1000000 A		/*Human Resources and Social Security/*Department of Guangdong Province/*State-owned Assets Department of Guangdong Province/*epartment 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	ng s	
23 24	G37	广东省支持社会力量提供多层次多 样化医疗服务的实施方案	The Implementation Plan of the General Office of the State Council on supporting social forces to provide multilevel and diversified medical services to develop health industry	16-Jan-2018	People's Government of Guangdong Province	raOpin Dforce	ons of the General Office of the State Council on supporting social to provide multilevel and diversified medical services to develop industry
25 26 27	G38	广东省人口发展规划(2017-2030 年)	Population Development Plan of Guangdong Province(2017-2030)	22-Feb-2018	People's Government of Guangdong Province	SNatio	al Population Development Plan (2016-2030)
28 29 30	G39	广东省促进"互联网+医疗健康"发展 行动计划(2018-2020年)	action plan of Guangdong Province on Promoting the Development of "Internet + Medical" Health	5-Jun-2018	People's Government of Guangdong Province	Ω .	ons of the General Office of the State Council on Promoting the
31 (32 33 34 35	G40	广东省卫生和计划生育委员会关于 卫生计生新时期精准扶贫精准脱贫 三年攻坚的实施方案	The Implementation Plan of Guangdong Provincial Health and Family Planning Commission for the three-year program on precision poverty alleviation and poverty eradication in the new era of health planning	3-Apr-2021		nologies.	ines on the Implementation of Health Poverty Alleviation Project
36 37 38 39 40 41 42 43 44			For peer review only - http://bmj	jopen.bmj.col	m/site/about/guidelines.xhtn		

Page 52 of 75

Page 53 of 75		BMJ Open		втјореп
1 2 3				bmjopen-2024-097826 bmjopen-2024-097826 mincludimajon:
4 5 G41 广东省深化医药卫生体制改 6 重点工作任务 7 0	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	System of the latter half year of 2018
8	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	Objectivement of the Policies on the Supply, Security and Use of Generic
14 广东省贫困地区健康促进三 14 行动实施方案 15 16 17 18	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	Experience of the State Council on the Reform
19 G44 广东省改革完善医疗卫生行 20 监管制度实施方案 21	上综合 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	And The Province of the General Office of the State Council on the Reform And The Province of the Comprehensive Supervision System of the Medical The Province of the State Council on the Reform And The Province of the State Council on the Re
23 G45 广东省促进护理服务业改革 24 实施方案 26 27 28 29 30 31 31 32 33 34 35 36 37 38	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 and similar technologies.
39 40 41 42 43	For peer review only - http://bmj	jopen.bmj.cor	n/site/about/guidelines.xhtr	Bibliographique de I

1 2 3						open-2024-097826 on 25 April Ens
4 5 6 7 8 9 10 11 13 14 15 16 17 18 19			To, Deer		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	26 on 25 April 2025. Downloaded from http:// Enseignement Superieur (ABES) .
20 21 22 23 24	G46	广东省全面提升县级医院综合能力 实施方案(2019-2021年)	The Implementation Plan of Guangdong Province for fully upgrading the comprehensive capacity of county hospitals (2019-2021)	3-Apr-2019	*Health Commission of Guangdong Province/*raditional Chinese Medicine Bureau of Guangdong Province	Workplans for fully upgrading the comprehensive capacity of county
25— 26 27 28 29	G47	转发国家卫生健康委办公厅关于做好 2019 年家庭医生签约服务工作的通知	Forwarded Notice of the General Office of the National Health Commission on Family Doctor Contracting Services in 2019	13-May-2019	Health Commission of Guangdong Province	SNotice of the General Office of the National Health Commission on Family
30 31 32 33 34 35 36 37 38	G48	关于贯彻落实国家基本药物制度的 实施意见	Opinions on fully implementing the National Basic Drug System	6-Jun-2019	*Health Commission of Guangdong	Doputens of the General Office of the State Council on Improving the National Sasis Structure System Solution System Soluti
39 40 41 42						Bibliographique

Page 54 of 75

43

Page 55 of 75		BMJ Open			bmjopen ป by copy	
1 2 3					mjopen-2024-097826 or by copyright, including	
5 6 7 8 9 G49	广东省深化医药卫生体制改革 2019	Major Work Plan of Guangdond Province for Deepening the	18-Jul-2019		1 25 Apr Er for use	
10 11 12 13 14 15 16 17 G50 18 19 20 21 22 23 24 25	年重点工作任务 广东省建设"互联网+医疗健康"示范 省行动方案	Reforms of the Medical and Health System of 2019 Action Plans for the Construction of "Internet+Medical Health" Demonstration Province of Guangdong Province	13-Nov-2019	Province/*Department of Industry and Information Technology of Guangdong Province/*Healthcare Security Administration of Guangdong Province/*Guangdong	र्मीoaded from http:// Superieur (ABES) eext and data mining	Work Plans for Deepening the Reforms of the Medical and Health of 2019 as of the General Office of the State Council on Promoting the oment of "Internet + Medical " Health as of the State Council on Implementing the Healthy China Action
26 G51 27	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	nd Simil	ns of the State Council on Implementing the Healthy China Action
28 29 30 31 32 33 34	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	technologies.	the on further promoting the experience of Fujian Province and Sanming deepening the reform of the medical and health system and policy measures on further deepening the reform of the ceutical and healthcare system through centralized procurement and brugs as a breakthrough
35 G53 36 37 38	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	Guide Guide	Opinions on the Establishment and Improvement of a Health Service for the Elderly
39 40 41 42					graphique de	

43

		BMJ Open		by cop	Page 56 o
				yright, inclu	7.20.24 20.2
0 1 2 3 4 5 6	10/0/0eer		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	by copyright, including for uses related to text and data mining	
9 0 G54 广东省紧密型县域医疗卫生 2 慢病管理中心运行指南(试 15 个指南	语体 Guidelines for the Operation of Chronic Disease Management	15-Jun-2020	*Health Commission of Guangdong Province/*Traditional Chinese Medicine Bureau Of Guangdong Province	ANotic Tanealtaning	on promoting the construction of close-knit county medical and care communities
5 6 G55 转发国家医保局 财政部 国 7 总局关于做好 2020 年城乡局 8 医疗保障工作的通知 0 1 2 3 3 4		18-Aug-2020	*TT-1dCit-	nd similar technologies.	on Implementing the Basic Health Insurance Schemes for Urban and Residents in 2020
4 5 G56 关于加强我省医疗联合体中 6 作的通知 7 8	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	1 2	on the Effectively Strengthening Chinese Medicine work in the nuction of medical treatment combination
9 0 1 2 3	For peer review only - http://bm	jopen.bmj.coı	m/site/about/guidelines.xhtn		

Page 56 of 75

			•		6 - 2
					pen-2024-097826 on copyright, includ <u>ing</u>
					2024-09782 right, incluc
					inc
	I		T	I	lu 826
				/*Health Commission of	
				Guangdong Province	for 25
G57	广东省深化医药卫生体制改革近期	Major Work Plans for Deepening the Reforms of the Medical	27-Sep-2020	Medical Reform Office of	Work Plans for Deepening the Reforms of the Medical and Health
	重点工作任务	and Health System in Guangdong Province in Recent Times		Guangdong Province	of the latter half year of 2020
		14th five-	year plan (2021-2	2025)	ate
H54	中共黑龙江省委黑龙江省人民政府	Implementing Opinions of the Heilongjiang Provincial	19-Mar-2021	People's Government of	on Departing Opinions of the CPC Central Committee and the State Council
	关于实现巩固拓展脱贫攻坚成果同	Committee of the Communist Party of China and the People's		Heilongjiang Province	ieving Effective Linkage between Consolidating and Expanding the
	乡村振兴有效衔接的实施意见	Government of Heilongjiang Province on Achieving Effective			Achievements of Poverty Eradication and Rural Revitalization
		Linkage between Consolidating and Expanding the			d e d der fr
		Achievements of Poverty Eradication and Rural Revitalization			from data r
H55	黑龙江省人民政府办公厅关于推动	Implementation Opinions of the General Office of the People's	28-Dec-2021	People's Government of	mentation Opinions of the General Office of the State Council on
	公立医院高质量发展的实施意见	Government of Heilongjiang Province on Promoting High-		Heilongjiang Province	Properting High-Quality Development of Public Hospitals
		Quality Development of Public Hospitals			Alt
H56	黑龙江省人民政府办公厅关于建立	Implementation Opinions of the General Office of the People's	31-Dec-2021	People's Government of	Guidelines of the General Office of the State Council on Establishing and
	健全职工基本医疗保险门诊共济保	Government of Heilongjiang Province on the Establishment and		Heilongjiang Province	Impressing the Outpatient Co-payment Guarantee Mechanism for Employees'
	障机制的实施意见	Improvement of Outpatient Co-payment Protection Mechanism			Basig Medical Insurance
		for Employees' Basic Medical Insurance			Type The Manual Company of the General Office of the State Council on
H57	黑龙江省人民政府办公厅关于健全	Implementation Opinions of the General Office of the People's	31-Dec-2021	People's Government of	mplementation Opinions of the General Office of the State Council on
	重特大疾病医疗保险和救助制度的	Government of Heilongjiang Province on Improving the		Heilongjiang Province	Impreving the Medical Insurance and Relief System for Serious Diseases
	实施意见	Medical Insurance and Relief System for Serious Diseases			mpræving the Medical Insurance and Relief System for Serious Diseases
H58	黑龙江省全民健身实施计划	The National Fitness Implementation Plan of Heilongjiang	31-Dec-2021	People's Government of	National Fitness Program (2016-2020)
	(2021—2025年)	Province (2021-2025)		Heilongjiang Province	gies.
H59	黑龙江省"十四五"医疗保障事业发	Heilongjiang Provincial "14th Five-Year Plan" for the	31-Dec-2021	People's Government of	The Ath Five-Year Plan for Universal Health Care Coverage
	展规划	Development of Medical Protection Career		Heilongjiang Province	ance
					<u> </u>
					Bibliographique
					yra g
					hiq
					ue c
		For peer review only - http://bm	jopen.bmj.cor	m/site/about/guidelines.>	khtml —
. o. peer rement only intepty only openionly steet about guidelines. Antim					
	H54 H55 H56 H57	重点工作任务 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 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 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 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 H58 黑龙江省全民健身实施计划 (2021—2025 年) H59 黑龙江省"十四五"医疗保障事业发	### Times ### T	## Bis and Health System in Guangdong Province in Recent Times H154	Guangdong Province Guangdong Province Guangdong Province Try 名字化医药卫生体制改革近期 Major Work Plans for Deepening the Reforms of the Medical 27-Sep-2020 Medical Reform Office of Guangdong Province People's Guangdong Province People's Government of Heilongjiang Provincial People's Government of Heilongjiang Province on Achieving Effective Linkage between Consolidating and Expanding the Achievements of Poverty Eradication and Rural Revitalization People's Government of Heilongjiang Province on Promoting High-Quality Development of Public Hospitals People's Government of Heilongjiang Province on Promoting High-Quality Development of Public Hospitals Implementation Opinions of the General Office of the People's Gevernment of Heilongjiang Province on the Establishment and Improvement of Outpatient Co-payment Protection Mechanism for Employees' Basic Medical Insurance People's Government of Heilongjiang Province on Improving the Medical Reform Office of Heilongjiang Province on Heilongjiang Province People's Government of Heilongjiang Province People's Gove

Page 57 of 75

2	
3	
4	
5]
6	
5 6 7	
8	
9	
10	
1	_
12]
13	
14	
15	
16-	
17]
18	
19	
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	
21	
22	
23	
24 25	
25	
26	
25 26 27 28 29]
28	•
29	
30	
31	
29 30 31 32 33 34 35	
33	
34	
35	(
36	
37	
36 37 38 39 40 41	
39	
40	
41	
42	

3 4						826
5	H60	黑龙江省"十四五"中医药发展规划	The Fourteenth Five-Year Plan for the Development of Chinese	31-Dec-2021	People's Government of	Ognions of the Central Committee of the Communist Party of China and
5			Medicine Industry in Heilongjiang Province		Heilongjiang Province	The Stre Council on Promoting the Inheritance, Innovation and Development
7 3						Aditional Chinese Medicine
9						of the Strategic Plan for the Development of Traditional Chinese
10						Taditional Chinese Medicine Taditional Chinese Medicine Taditional Chinese Medicine Taditional Chinese Taditional Chinese Taditional Chinese Taditional Chinese
1 1 1 2	H61	关于做好第六批国家组织药品集采	Notice on the Implementation of the Sixth Batch of Nationally	11-May-2022	*Heilongjiang Province Healthcare	on Improving the National Organization of Supporting Measures and
' <i>‡</i> 13		(胰岛素专项)落实工作的通知	Organised Collective Procurement of Drugs (Insulin Specific)		Security Administration/*Health	Containing of Medicines (Insulin Specific)
14					Commission of Heilongjiang	loaded ext and
15					Province	ideu
16— 17	H62	关于做好 2022 年城乡居民基本医疗	Notice on Implementing the Basic Health Insurance Schemes	31-Aug-2022	*Heilongjiang Province Healthcare	on Implementing the Basic Health Insurance Schemes for Urban and
18		保障工作的通知	for Urban and Rural Residents in 2022		Security Administration/*Finance	Residents in 2022
19					Bureauo of Heilongjiang Province	Residents in 2022
20						
22					Heilongjiang Province	://bmjopen.bmj.con
20 21 22 23 24 25 26					/*Heilongjiang Provincial Tax	nd.r
24					Service, State Taxation	յ.cc
∠⊅ 26					Administration	j.com/
	H63	黑龙江省省本级职工基本医疗保险	Implementation Measures of Outpatient Co-payment Protection	22-Dec-2022	*Heilongjiang Province Healthcare	Suid lines of the General Office of the State Council on Establishing and
28		 门诊共济保障机制实施办法	Mechanism of Basic Medical Insurance for Employees at the		Security Administration /*Finance	Improving the Outpatient Co-payment Guarantee Mechanism for Employees'
28 29 30 31			Provincial Level in Heilongjiang Province		Bureau of Heilongjiang Province	Basi Medical Insurance
31					People's Government of	0 N
32 33 3 4		广东省加快医学教育创新发展实施	The Implementation Plan of Guangdong Province on	29-Jan-2021	1	Guiding Opinions of the General Office of the State Council on Accelerating
33 24——	G59	方案	Accelerating the Innovative Development of Medical Education		Guangdong Province	the Innovative Development of Medical Education
35	G60	广东省关于加快发展老年护理服务	The Work Plan of Guangdong Province on Accelerating the	23-Mar-2021	*Health Commission of Guangdong	①N Gice on Strengthening the Elderly Care Services
35 36 37		的工作方案	Development of the Elderly Care Services		Province/*Traditional Chinese	②G dding Opinions on the Establishment and Improvement of a Health
					1 Tovince/ Traditional Chinese	Server System for the Elderly
38 <u> </u>						ogra
40						ap ph
41						phique
12 12						de
43 4 <i>4</i>			For peer review only - http://bm	jopen.bmj.cor	m/site/about/guidelines.xhtm	nl -

rag	C 37 01 73	,		ынь орсп		оре
1						open-2024-097826 on 25
2						ht, ir
3						-09782 [,]
5					Medicine Bureau Of Guangdong	ing on
6					Province	n 25
7 8		中共广东省委 广东省人民政府关于	Implementation Opinions of Communist Party of Guangdong	31-Mar-2021	People's Government of	Minimum enting Opinions of the CPC Central Committee and the State Council
9	G61	实现巩固拓展脱贫攻坚成果同乡村	Province and the People's Government of Guangdong Province		Guangdong Province	□ De Arthieving Effective Linkage between Consolidating and Expanding the
10		振兴有效衔接的实施意见	on Achieving Effective Linkage between Consolidating and			a C C C C C C C C C C C C C C C C C C C
11 12			Expanding the Achievements of Poverty Eradication and Rural			D Dov
13			Revitalisation			vnlc t Su
14	G62	广东省巩固拓展医疗保障脱贫攻坚	The Implementation Plan of Guangdong Province on	6-Jul-2021	*Healthcare Security	amentation Opinions on Consolidating and Expanding the Achievements
15 16		成果有效衔接乡村振兴战略实施方	Consolidating and Expanding the Achievements of Medical		Administration of Guangdong	ical Protection against Poverty Eradication and Effectively Linking the
17		案	Protection against Poverty Eradication and Effectively Linking		Province/*Department of Civil	Revitalisation Strategy
18			the Rural Revitalisation Strategy		Affairs of Guangdong Province	http://bmjopen.bmj.com/ on BES) . mining, Al training, and simi
19 20					*Department of Finance of	ng. ://br
21					Guangdong Province/*Health	mjopen.bmj.com/ on June 10, 2025 a
21 22 23 24 25 26 27 28 29 30					Commission of Guangdong	a n
23					Province/*Rural Revitalization	ing.
25					Administration of Guangdong	ico
26					Province/*Guangdong Provincial	m) o
27					Tax Service, State Taxation	nila J
29 29					Administration/*Guangdong	June
30					Provincial Regulatory Bureau of	10,
31					China Banking and Insurance	2025
32 33					Regulatory Commission (CBIRC)	ie 5 at
34	G63	│ │ 广东省深化医药卫生体制改革近期	Major Work Plans for Deepening the Reforms of the Medical	4-Aug-2021	People's Government of	Maj Work Plans for Deepening the Reforms of the Medical and Health
35 36_		重点工作任务	and Health System in Guangdong Province in Recent Times		Guangdong Province	System of 2021
30_ 37		1	,		1	
38						sli og
39 40						rap
41						Bibliographique
42						ਰ ਹੁ
43 44			For peer review only - http://bmj	open.bmj.cor	m/site/about/guidelines.xhtr	nl —
77						

Page 59 of 75

1 2 3 4				·		pen-2024-097826
5		广东省医疗保障局关于开展医保支	Guidelines of the Guangdong Provincial Health Protection	30-Sep-2021	Healthcare Security Administration	Opin on sof the Central Committee of the Communist Party of China and the
6 7	G64	付改革促进中医药传承创新发展的	Bureau on Carrying Out Health Insurance Payment Reform to		of Guangdong Province	State ouncil on Promoting the Inheritance, Innovation, and Development of
8		指导意见	Promote the Inheritance, Innovation, and Development of			MT Indicational Chinese Medicine
9			Chinese Medicine			STATE On all Chinese Medicine
10	G65	广东省"十四五"时期医疗保障事业	The Implementation Plan for the High-quality Development of	25-Dec-2021	Healthcare Security Administration	th Five-Year Plan for Universal Health Care Coverage
1 1 12		高质量发展实施方案	Medical Security in Guangdong Province during the "14th Five-		of Guangdong Province	Downl to te
13			Year Plan" Period			t Su
14	G66	广东省加快发展康复医疗服务工作	The Implementation Plan on Accelerating the Development of	4-Jan-2022	*Health Commission of Guangdong	S C S S C S C S C S C S C S C S C S C S
15 16		的实施方案	Rehabilitation Medicine in Guangdong Province		Province/*Guangdong Provincial	ed fro
17			700		Development and Reform	
18			70eer		Commission/*Department of	m http://bmjopen.bmj.com/ on June 10, ABES) . a mining, Al training, and similar techno
19 20					Education of Guangdong Province	ng.
21					/*Department of Civil Affairs of	njopen.bmj.com/ on June 10, 20
21 22					Guangdong Province/*Department	rain pen
23 24					of Finance of Guangdong	
2 1 25					Province/*Healthcare Security	j.co
25 26					Administration of Guangdong	
27					Province/*Traditional Chinese	
28 29					Medicine Bureau of Guangdong	r te
30					Province/*Guangdong Federation of	10,
31					the Disabled	0 20
32 33	G67	广东省深入推广福建省三明市经验	The Implementation Plan of Guangdong Province on Deepening	20-Jan-2022	Guangdong Provincial Leading	mplementing Opinions on Deepening the Reform of the Medical and Health
3 4		深化医药卫生体制改革实施方案	the Reform of the Medical and Health System by Further		Group for Deepening Reform of the	System by Further Promoting the Experience of Sanming City, Fujian
35			Promoting the Experience of Sanming City, Fujian Province		Medical and Health System	Provence
36 37 38 39 40 41 42 43			For peer review only - http://bmi	iopen.bmi.coi	m/site/about/quidelines.xhtn	e Bibliographique de l
43 44	For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml ————————————————————————————————————					

Page 60 of 75

Pag	e 61 of 75			BMJ Open		by co	
1 2 3 4_						by copyright, includ	bmiopen-2024-097820
5	G68	广东省人民政府办公厅关于推动公	Implementation Opinions of the General Office of the People's	10-Feb-2022	People's Government of Guangdong	Jmpl	mentation Opinions of the General Office of the State Council on
6		立医院高质量发展的实施意见	Government of Guangdong Province of the State Council on		Province		ting High-Quality Development of Public Hospitals
7 8_			Promoting High-Quality Development of Public Hospitals			En	ions of the Central Committee of the Communist Party of China and the
9	G69	广东省建设国家中医药综合改革示	The Implementation Plan for the Construction of National	14-Jun-2022	People's Government of Guangdong	S Pin	ons of the Central Committee of the Communist Party of China and the
10		范区实施方案	Chinese Medicine Comprehensive Reform Demonstration Zone		Province	as The	council on Promoting the Inheritance, Innovation and Development of
11 12			in Guangdong Province				onal Chinese Medicine
13	G70	广东省深化医药卫生体制改革近期	Major Work Plans for Deepening the Reforms of the Medical	7-Aug-2022	People's Government of	ğ/δ	Work Plans for Deepening the Reforms of the Medical and Health
14		重点工作任务	and Health System in Guangdong Province in Recent Times	/-Aug-2022	Guangdong Province	peri	of 2022 on of 2022 on on Implementing the Basic Health Insurance Schemes for Urban and
15 16	G71	转发国家医保局 财政部 国家税务	Notice on Implementing the Basic Health Insurance Schemes	15-Aug-2022	*Healthcare Security	egir d da	on Implementing the Basic Health Insurance Schemes for Urban and Residents in 2022
17		总局关于做好 2022 年城乡居民基本	for Urban and Rural Residents in 2022 which was transmitted		Administration of Guangdong		Residents in 2022
18		医疗保障工作的通知	from the Circular of the National Health Insurance , the		Province/*Department of Finance	ES) าinii	
19 20			Bureau Ministry of Finance and the State Administration of		of Guangdong Province	າg, /	
21			Taxation		/*Guangdong Provincial	Al tr	
22					Tax Service, State	aini	
23 2 4					Taxation Administration	ng,	
25	G72	广东省医疗卫生服务体系"十四五"	The 14th Five-Year Plan of Guangdong Medical and Healthcare	25-Aug-2022	*Health Commission of Guangdong	an'Hea	hy China 2030" blueprint
26		规划	Service System		Province/*Guangdong Provincial	sim	
27 28					Development and Reform	ıilar	
29_					Commission		
30						hno	,
31 32						logi	2025
33							<u> </u>
34						Ġ	A GO
35 36							Agence
37							
38							
39 40						1	79 B
41						-	Bibliographique
42							
43 44			For peer review only - http://bmj	open.bmj.cor	m/site/about/guidelines.xhtm	ıl :	<u>- u</u>
45							
16							

Supplementary file 6

		BMJ Open BMJ Open			
Supplementary file 6 Twelve Highly C	ited Policy Initiatives and Th	bmjopen-2024-097826 on 25 April tic Analysis neir Associated Strategies and Actions from Talegne			
Highly Referenced Policy Initiatives	Number	Associated Strategies and Actions			
Construction of Medical Alliance Systems	81 (Heilongjiang) 148 (Guangdong)	(a) Reforming the Management Mechanism and the Performance Evaluation System of Public Hospitals and deepen the reform of personned for Public Hospitals. (a) Implementing Government Incentive Policies for Public Hospitals, and establish a scientific compensation mechanism. (b) Promoting Pilot Reforms of the Salary System of Public Hospitals. (c) Improving the Internal Division of Labor and collaboration Mechanisms within Medical Alliances and strengthening the construction of regional centers. (c) Clarifying the Functional Positioning of Hospitals at Various Levels and optimizing the allocation of medical resources. (d) Mutual Recognition of Inspection and Test Results within Medical Alliances.			
The Basic Health Insurance System	189 (Heilongjiang) 176 (Guangdong)	①Establishing a Unified Provincial Medical Sec@rity Service System.			
For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml					

Page 63 of 75

		<u>0</u>
	50 (Heilongjiang) 77 (Guangdong)	①Exploring and Improving the Standardized Training System and Guarantee Mechanism
		for Resident Physicians.
		②Facilitating Registration and Management
		Physicians.
Strengthen Primary Health Care Personnel	Or	③Establishing a Salary System Adapted to the Garacteristics of the Healthcare Industry
	' /O_	and improving performance evaluation and description mechanisms.
	Dr. Dear	(4) Strengthening the Construction of the Rural Postor Workforce and formulating
		management measures for hiring, practicing activaties, compensation, and retirement of
		rural doctors.
		(3) Providing Preferential Policies for Primar Hearth Technicians in Promotion and Benefits
		and encourage medical students to work in encourage medical students to work in encourage medical students to work in encourage medical students to work in encourage medical students to work in encourage medical students to work in encourage medical students to work in encourage medical students to work in encourage medical students to work in encourage medical students to work in encourage medical students to work in encourage medical students to work in encourage medical students to work in encourage medical students to work in encourage medical students to work in encourage medical students to work in encourage medical students to work in encourage medical students and e
		®Enhancing the Training and Team Building of Graditional Chinese Medicine and Ethnic
		Medicine Practitioners at the Grassroots Level
Diversified Medical Service System	40 (Heilongjiang) 25 (Guangdong)	①Implementing Support and Guidance Polices for Social Capital in Medical Services.
		②Facilitating the Establishment of Private Medical Institutions and encouraging the
		participation of private capital.
		C C C C C C C C C C C C C C C C C C C
		ibi io
		graphique
		ài g
		<u>a</u>
	For peer review only - http://br	mjopen.bmj.com/site/about/guidelines.xhtml —

		BMJ Open		
		en-20;		
		bmjopen-2024-097826 by copyright, includ		
	26 (Heilongjiang)	①Establish Standards for "Internet + Healtheare" and develop an integrated online and		
	34 (Guangdong)	¥ 5		
		offline healthcare service model covering production of the nosis, diagnosis, and post-diagnosis.		
		②Use Informatization to Improve Hospital Management and Enhance hospital management		
Digitalization Health System		and convenient services through information		
	Orpo	③Integrate and Improve the Information System for Medical Insurance Funds and optimize		
	' / / / / / / / / / /	the information system for medical insurance the information syste		
	1000	(4) Promote the Informatization of Integrated (4) Promote (4) Promote		
		technology to develop intelligent TCM heal and elderly care services.		
		⑤ Build an Informatized Basic Public Health Ceresice Platform and manage basic public		
		health services through an informatized plat		
	55(Heilongjiang) 116(Guangdong)	①Progressively Promote the Tiered Diagnoses and Treatment System and implement		
	(8 8)	bidirectional referrals.		
Tiered Health Service Delivery System		②Promote Balanced Distribution of High-Quality Medical Resources and ensure an		
		equitable distribution of high-quality medica researces.		
		③Strengthen Support Measures for Tiered Dagressis and Treatment and improve and		
		implement supporting policies for tiered diagnosis and treatment.		
		e Bib		
		Bibliographique de de mionen hmi com/site/about/quidelines xhtml		
		phiq		
		ue de		
For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml ————————————————————————————————————				

5			BMJ Open			
			bmjopen-2024-097820 by copyright, includ			
			-097826 , includ			
Th	ne 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 rectification.			
			②Establish a Comprehensive Drug Supply System and promote the collective			
			procurement and price management of media sand consumables.			
		Or	③Improve the Dynamic Adjustment of the Medical Insurance Drug List and optimize the			
		(/O ₀	management system for the Medical Insurance Ding List.			
		Or Deer	(4) Improve Drug Safety Shortage Monitoring Mechanisms and			
			enhance the monitoring and emergency respectations for drug shortages.			
			(5) Reform and Improve Generic Drug Supple Posicies and optimize policies for the supply			
			of generic drugs.			
T	he Basic Public Health Service Package	34(Heilongjiang) 83(Guangdong)	①Fully Implement Major Public Health Serge Frojects and consolidate and improve the			
	Ü		equalization system for basic public health savices.			
			②Build a Comprehensive Chronic Disease Revention and Control System, promote			
			collaboration between medical treatment and pregention, 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.			
			liogr			
			graphique de de mionen hmi com/site/about/quidelines yhtml			
			p euk			
	For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml					

	I	<u>a</u> : '6			
		Institutions and secure funding for public head to be revices.			
		⑤Strengthen the Medical and Nursing Security Stem and develop a high-quality and			
		efficient nursing service system.			
	54 (Heilongjiang) 66(Guangdong)	তি তেই তিmprove Elderly Healthcare and Promote the Sovelopment of the Elderly Health Industry			
	100	and enhance elderly healthcare services.			
Elderly medical care and security	1000	②Establish and Improve a Universal, Regional Coordinated, and Integrated Pension			
system		Security System and develop a comprehension person security system.			
		③Promote the Development of the TCM Hetath End Elderly Care Industry and support the			
		growth of the TCM health and elderly care is given by.			
		(4) Encourage the "Medical-Nursing Combination (B) derly Care Model and develop			
		community-based integrated medical and eldarly are services, including home-based			
		palliative care.			
		⑤ Develop Talent Training and Team Building for Elderly Care Services and expand the			
		workforce for integrated medical and elderly grace services.			
Health Education and Promotion	56 (Heilongjiang) 61 (Guangdong)	①Promote Healthy Lifestyles Nationwide and in plement personalized health interventions.			
		②Create a Supportive Environment for Health, and improve policies that support health.			
	1	ograp			
		raphique			
<u>a</u>					
For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml					

Supplementary file 7

Supplementary file 7	The pattern and content of extension	by copyright, including for uses r	mionen-2024-097826 on 25 April 2	
The Pattern of Extension Policies	Extention	Province	ela	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.	(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 Oninions on	Suberieur (ABES) . ext and data mining, Al trainir	Nation Evely promoting the development of non- lic TCM institutions (Opinions of the State Pencil on Promoting the Development of Pernet + Healthcare").
	For peer review only - http://bmjop	Promoting "Internet + Healthcare" for Easier Access to Medical Services, July 8, 2019).		line 10 2025 at Agence Ribliographique de l

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.

appropriate technology promotion [2019] No. 43). center, train at least 10 county-level instructors, and promote the use of no less than 45 TCM appropriate 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 and (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).

tp://bmjopen.bmj.com/ on June 10, 2025 at Agence Bibliographique de l

bmjopen-2024-09782¢ Enhancing grassroots TCM service Supporting TCM hospitals in leading the capabilities by encouraging TCM ation of medical consortia (Opinions of the hospitals to lead the construction of the Communist Party of medical consortia. By 2020, each consortia and the State Council on Promoting the county should establish a TCM Figure and Innovative Development of

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 Estrengthening the management of fixed-point and controlling expenditures through 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-ofpocket expenses should be settled

baded from http://bmjopen.bmj.com/ on June 10, 2025 at Agence Bibliographique de l

are responsible for signing fixed-point Service agreements, establishing and improving service agreements with eligible service agreements and evaluation mechanisms, and medical institutions, clarifying mutual access and exit mechanisms responsibilities, rights, and obligations, Figure Pinions of the State Council on Integrating unreasonable Etecurban and Rural Residents Basic Medical contract [2016] No. 3).

44 45 46 **Strengthen Enforcement**

by copyright, including for the For between the individual and 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).

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.

To ensure the effective implementation

Strictly enforcing hospital financial and accounting improving financial analysis and reporting systems, and strengthening g. 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).

accounting systems by establishing and magagement systems (Notification on the implementing a chief accountant Lissonance of Guiding Opinions on the Pilot system in tertiary public hospitals, **\(\bar{\bar{B}}\)** Respirm of Public Hospitals [2010] No. 20).

bmjopen-2024-097826 on 25

.com/ on June 10, 2025 at Agence Bibliographique de l

BMJ Open			d by copyright, including	- bmjopen-2024-09782		
The Pattern of Reduction Policies	Extention	Province	luding	% % 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.	multi-site practice of licensed physicians (Notification on the Main Work Arrangements for the Five Key Reforms of the Medical and Health	馬segnement uses related to	Distribution of pilot projects, increasing the best of practice sites, and expanding the scope to all qualified cities (Notification		
	10 _r	2011).	t and da	The Main Work Arrangements for the Five Reforms of the Medical and Health System 2011 [State Office [2011] No. 8]).		
Lower the Goal	100er/	treatment pilot projects in public hospital comprehensive reform pilot		Selerating the promotion of hierarchical amosis and treatment, focusing on prehensive reform pilot provinces and lic hospital comprehensive reform pilot		
	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.	System Reform in Heilongjiang Province in 2016, July 14, 2016).	ing, and similar	of prefecture-level cities (Notification on Key Tasks for Deepening Medical and the System Reform in 2016 [State Office 066] No. 26]).		
			3S.	e 10, 2025 at Agence Bibliographique de		
	For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml					

Directly Delete the Content

46

formulating local policies, When provincial governments reduce content selectively 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.

treatment centers Opinions Provincial Committee 1, 2020).

AJ Open

by copyright, including 2024-09788

Strengthening the construction of Accelerating the construction of TCM national TCM clinical research bases, **Pevidence**-based medicine centers, screening 50 key TCM hospitals in the inheritance treatments, 100 miles are treatments, 100 miles are treatments, 100 miles are treatments. and innovation project, and regional suppopriate techniques, and 100 unique TCM (specialty) diagnosis and **Figure** ulations within approximately three years, (Implementation promptly announcing them to the public. Heilongjiang blocksing on issues such as cancer, the mardiovascular and cerebrovascular diseases, Communist Party of China and Calletes, infectious diseases, Alzheimer's Heilongjiang Provincial Government sase, and antibiotic resistance, conducting on Promoting the Inheritance and Innovative Development of TCM, June Western medicine, and forming and promoting ≥about 50 integrated Chinese-Western medicine diagnosis and treatment plans by 2022 (Omnions of the Central Committee of the Communist Party of China and the State Einnevative Development of TCM [2019] No. Har technologies.

10, 2025 at Agence Bibliographique de l

Reference

- 1.Organization, W.H. Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Restrict Settings. 2010.
- 2.Organization, W.H., Regional action framework for noncommunicable disease prevention and control in the Western Pacific (2005).

 3.State Council, C., Circular of the General Office of the State Council on Printing and Distributing China's Medium- and Loggi am 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 Gibble Burden of Disease Study 2017. The Lancet, 2019. **394**(10204): p. 1145-1158.
- 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
- 7.Jin, Y., et al., A scoping review of national policies for child road injury in China. The Lancet Regional Health Western Paties 2024. 46.