Network of Asia-Pacific Schools and Institutes of Public Administration and Governance (NAPSIPAG) Annual Conference 2005
BEIJING, PRC, 5-7 DECEMBER 2005

THEME: THE ROLE OF PUBLIC ADMINISTRATION IN BUILDING A HARMONIOUS SOCIETY

WORKSHOP ON HEALTH CARE

Constructing the Emergency Management System of Chinese Public Health System

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Abstract:

P.R. China has coped with many emergent public health events over its more than fifty year history, such as the cholera epidemic of Yang Jiang City in Guang Dong province in 1961 and Hepatitis A eruption in Shanghai in 1988. Yet, the sudden emerging of SARS in early 2003 had seriously threatened the health and life of Chinese people. Eventually, the SARS syndrome had been surpassed, but the lesson was provoking. After the SARS event in 2003, Chinese government adopted a number of measures to prevent the spreading of similar contagious disease. Much progress has been made so far. In the wake of SARS crisis, this empirical case study (conducted in the September of 2005) examines the public health system of Jiangxi province, finding out the current circumstances, revealing the remaining areas need to be addressed. Using the survey data and focus group study, this research analyzes and proposes a number of policy subsystems to strengthen the public health preventive system in China.

PART ONE  INTRODUCTION

SARS is a new sort of contagious disease spreading to thirty three countries and regions from November 2002 to June 2003. In China, twenty four provinces, autonomous regions and municipalities affiliated to the State Council have found cases of SARS patients. SARS stands for Severe Acute Respiratory Syndrome. The seven-month SARS problem triggered a few public health issues and related economic, social, culture, psychological problems. The event also has significant impact on China’s politics, economy, and society, especially on China’s public health development. It is thus meaningful to analyse the impact, finding out the remaining problems and exploring the construction and future paths of public health emergency preparedness and response system in China.

The history of human being is a history of mankind struggling with the diseases that threaten their survival and development. When look back, we can see that human beings have been plaguing by the various diseases all the time and human beings have never stopped to battle with these diseases. The epidemic of contagious diseases has accompanied the civilization process of human and has profound and comprehensive impacts on civilization. Such strokes frequently were more severe than that bright about by wars, revolutions and riots, because they hit the core element of productivity—human being themselves. These strokes not only hit the bodies but also the psychic and spirit of human being. The SARS explosion in the Spring of 2003 confirmed this point.

The SARS explosion lasted for about 220 days—from the start of 16 November of 2002 in Guangdong Province until 24 June 2003 when WHO announced that the warning for travelers to China was withdraw. The SARS epidemic has caused 8430 cases of patients in thirty three countries. In China, there were 5327 reported cases, of which 349 dead. It was reported that SARS has caused a loss of 50 Billion USD for Southeast Asia and 51 Billion Chinese RMB (Ping, 2005).

From the first emerging case to the last cured one of SARS, Chinese Communist Party, the new term of administration and various levels of local governments have tried their best and thus achieved temporary succeed. Nevertheless, SARS crisis revealed the weakened areas of public health system in China. Areas that China needs to address could be, among others, lacking the recognition and concepts of how to face the emergent public health events; lacking the responding mechanism of emergent public health events; incompleteness of disease prevention and control system; information network of disease is not smooth; laboratory quick diagnosis system is not established; enforcement and monitoring workforce of public health is weak; medical relief system is not fit with the requirements, severe deflects of public psychic; inaccurate mass communication with the public; incomplete relevant laws and regulation; unclear government function and weak coordination and so forth (Wu, 2003).
The experience of SARS prevention and remedy indicates that it is imperative to strengthen the emergency management which is an important security guarantee of the safety of the country, social stability and the interests of public. Emergency management is also an important content of implementing social management and public service function. To enhance the extent of public safety and the capacity of handling the emergent public event, prevent natural disaster and reduce the loss of other accidents, ensure the safety of the lives and property, maintain the social stability, it is imperative to build up a comprehensive system of social prevention system.

According to the arrangement of the Central Committee of Chinese Communist Party and the State Council, China would build up the responding mechanism of emergent public health events within three years. The construction of the public health emergency preparedness and response system in China include Directing System of Emergent Public Health Events, the Disease Prevention and Control System, Medical Relief System and Implementation and Monitoring System of Health (Zhao, 2003). Under the leadership of the Chinese Communist Party and Chinese Government, and also with the concerted efforts of relevant organizations and numerous medical staff, the responding public health system has been initially build up and is in the stage of improving. The national government and local governments have adjusted the structure of public expenditure, greatly increased the input of public health, strengthening the prevention and control system of disease, improving the medical relief system and the construction of health enforcement and monitoring system.

After three year’s efforts, we have built up an elementary responding mechanism of emergent public health events. Yet, many works need to be completed. With the case study of Jiangxi Province, this paper intends to find out the current circumstances, reveal the remaining areas need to be addressed. Using the survey data and focus group study, this research analyzes and proposes a number of policy subsystems to strengthen the public health preventive system in China.

PART TWO LITERATURE REVIEW

USA

The public health emergency preparedness and response system in the USA is one of the most advanced systems in the world. Through the vertical coordination of “Federal-State-Local” public health sector and horizontal collaboration of related government organizations, United States has built a comprehensive and multi layer responsive network of public health emergency. When significant public health emergency happens, leading system would enhance to Federal emergency programs via CDC. Then President can decide whether the country will enter the “emergency status” according to the nature and seriousness of the emergency, and start the Federal emergency program (Zhang, 2003).

At present, in improving the responsive system of emergent public health events, US government focuses on the following aspects. Firstly, improving the preparedness planning and readiness assessment. Strengthening the strategic leadership, directing, assessment and coordination capability, enhancing and maintaining the capacity of Federal, State and Local government agencies in responding the emergent public health; ensuring the coordinated operations of every aspects. Secondly, improving the surveillance and epidemiology capacity; improving the routine mechanism of surveillance, strengthening the epidemiology capacity. When the emergent event happens, the system can rapidly response, identifying the nature of the event and immediately report the progress of the event to provide scientific bases for correct decision-making. Thirdly, the building of laboratory-biological agents/chemical agents: build three levels of laboratory network over the nation, strengthening the research of hazardous biological and chemical materials. Fourthly, health internet work/communication and information technology: build effective information communication network that based on computer network, strengthening communication between public and health workers; strengthening the protection for materials and
information system, safely constructing information communication system of public health. Fifthly, communicating health risks and health information dissemination: help state and local public health organizations to build effective public health risk exchanging mechanism, enhancing their ability to communicate with the public in terms of relevant information. Such works could include training the conveying technique personnel, accreditation of primary spokesperson, print pamphlet for public, report information on time, effectively interact with mass media. Lastly, education and training: training relevant personnel of public health event, using multiple channels to communicate and educate the public with relevant knowledge (Liu and Hu, 2003).

China

The SARS event of 2003 has revealed the weakness of China’s public health responsive system. Thus the building and improvement of emergent public health system have been raised to noticeable agenda setting for the government. To effectively prevent and immediately control and eliminate the threaten of public health event, ensure the health and life of public, maintain the normal social order, as well as build a legal system of “smooth flow of information, rapid reaction, forceful directing, clear responsibility” to cope with the emergent public health event. The Chinese State Council formally promulgated the Response Regulation for Emergent Public Health Event on 12 May of 2003. The regulation is based on the Prevention and Remedy Law of Contagious Disease of People’s Republic of China and other relevant laws as well as summarizing the experience of preventing SARS in early 2003. The promulgation of the regulation is an immediate product of SARS event, but the domain of the regulation is applicable to all the public health events. The SARS incident made China recognizing the importance, necessity and emergency of building a comprehensive responsive system of public health event. What China is exploring is to borrow the advanced experience of other countries and combining its own context to build an emergent responsive system of public health event with Chinese characteristics.

PART THREE  RESEARCH QUESTIONS AND METHODOLOGY

This paper is mainly interested in two research questions:

1. In order to construct the emergency management system of Chinese public health system, what are the status quo and remaining issues need to be settled?
2. What are the policy implications for constructing the emergency management system of Chinese public health system?

As such, the authors of this paper adopted empirical research methodology—case study—as a means to explore the aforementioned issues. We combined survey questionnaires, focus group, individual interview and literature review to realize our intended objectives.

We selected part of the Jiangxi Provincial health organizations and some of the public health agencies from Nanchang and Ganzhou cities. One way is questionnaire survey, another way is focus group and the third way is individual interview. We also referenced materials from other provinces to have a better understanding of the issue nationwide.

We sent out 150 survey questionnaires, the response rate is 100%. The questionnaires were sent to the public health agencies in provincial, prefecture and county level. These organizations include hospitals, CDC, health surveillance, health administration, medical education and other organs. Jiangxi Provincial Health Bureau (10), Jiangxi Provincial Medical University (10), Jiangxi Provincial CDC, Jiangxi Provincial Health Surveillance Institute (15), Health Bureau of Nanchang City (10), Health Bureau of Ganzhou City (10), CDC of Ganzhou City (30), The First People’s Hospital of Ganzhou City (30), Health Surveillance Institute of Ganzhou (20).

The survey questionnaires contain three open-ended questions. 1) In your opinion, whether our provincial public health responsive system is complete or not? What are the main problems? 2) What are the main issues to be considered for our provincial public health responsive system? 3)
What are your recommendations for constructing our provincial level public health responsive system.

For focus groups, we have conveyed three focus group talks, including administrative staffs of public health, medical personnel of hospitals, CDC and health surveillance staffs. Main concerns of the focused group are: understanding the suggestions and recommendations for Jiangxi Pro vincial public health responsive system, what are the remaining problems and what strategies and measures could be adopted based on the realities?

To perceive the potential difference of the views from different professional groups, we have conducted three focused group respectively

Focus Group One: administrative staffs of public health. Date: Afternoon of 5 September 2005, more than three hours. Eight participants, all at the position higher than deputy section chief. Four from public health bureau of Ganzhou City; One from Ganzhou Municipal Surveillance Institute; Three from County Public Health Bureau.

Focus Group Two: front-line doctors. Date: Morning of 6 September 2005, lasted for three hours and an half. Eleven participants, all have intermediate professional experience and qualifications. Among them, one from Public Health Bureau of Ganzhou City, Four from Gannan Medical College Affiliated Hospital; Four from the First People’s Hospital of Ganzhou City; Two from Ganzhou Municipal Hospital.

Focus Group Three: CDC and Health Surveillance Staffs. Date: Afternoon of 6 September 2005, lasted four hours. Eleven participants, all have a title at the level above deputy section chief or intermediate professional qualification. Among them, one from Public Health Bureau of Ganzhou City, six from municipal CDC and three from Public Health Surveillance Institute.

Individual interview. We have interviewed one bureaucrat at the Bureau/Ting level from the Ministry of Public Health. We are interested to know his understanding of current situation of public health responsive system in China, what are the defects and in what areas we need to pay more attention.

The Ministry of Public Health has conducted a research via survey questionnaires regarding the construction of public health responsive system in China in February of 2005. There were 76 respondents, 25 have bachelor degree, 31 have master degree, 15 have doctoral degree and 5 did not indicate their education length. Among them there are 24 (31.6%) administrative staff, 51 (67.1%) professional personnel, one failed to indicate.

With the above first- and second-hand data, we could continue our analysis and propose our policy recommendations.

PART FOUR
ANALYSIS OF CURRENT PUBLIC HEALTH RESPONSIVE SYSTEM OF P.R. CHINA

China has vast territory (9600,000 square kilometers) with a population about 1.3 billion. Its economic and social development is among the low level of the world. Emergent public health events frequently happen in China.

China has dealt a number of emergent public health events over the last five decades. Cases in points are the cholera epidemic of Yang Jiang City in Guang Dong province in 1961 and Hepatitis A eruption in Shanghai in 1988. Thus China has accumulated some experience in prevent and cure contagious diseases. Nevertheless, the strategy of China in dealing with the emergent public
health events tended to be tentative and forcible administrative means. This approach may have immediate effect but have a consequence of wasteful of resources. Ad hoc agencies will be dispersed along with the ending of crisis. Thus the rich experience of handling crisis has not been summarized and become systematized and institutionalized. It is impossible for nationwide sharing of the experience.

The sudden epidemic of SARS in 2003 has caused significant impact on Chinese economic development, societal stability and foreign relations. In analyzing the experience of struggling with SARS, we recognized that, for the spreading of SARS in early stage, despite a number of objective factors, the main reason are the defects of the public health responsive system and incompleteness of the mechanism of effective responsive to the emergent public health system. China lacks a strong capacity in coping with and managing of crisis. China lacks necessary preparedness to address emergent events.

The Defects of Public Health Responsive System from Administrative Perspective

Blinded belief to the Economic Growth and Market Principles

The government emphasized that development is the focus of the country overtime. It is not a problem if “development” is understood as comprehensive social progress. However, in the practice, many local governments interpreted “development is the focus of the country” as “economic growth is the focus of the country.” Thus, in order to pursue the economic development, other areas have to make room even to be sacrificed. Public health is an area that has been put aside for economic growth. Government had not shoulder the responsibility in the area of public health. Pro-market reform led to the result that allocation of medical health resource violates not only equity principle but also efficiency principle (Ge, 2005). It seems that there is a consensus about solving the ongoing problems through the ways of development. This is basically an assumption that so long as maintaining continued economic growth and making the Cake bigger and bigger, other issues could be solved easily.

Perhaps, some observers would argue that economic growth could bring the improvement of public welfare, including public health. Indeed, when the fruit of economic growth is shared by every social class, the situation of public welfare will be improved. However, the problem is that the fruit of economic growth is not shared by the public. Under such circumstance, regardless of how fast the economic growth would be, it is impossible to improve the public welfare of the whole society.

On the other hand, the country had an over belief to the market in many areas, the arena of public health is not an exception. Medical reform includes medical insurance, medical institution, medicine production and circulation. Behind all the reforms, there is an unproved assumption: market could improve the efficiency of resource allocation, including the medical health resources. In reality, this assumption could hardly to be true. In the field of public health, the human behavior has apparent externality. Information asymmetry between supply and demand sides is characterizing medical field. Thus even follow the theories of market economy, the medical field is full of market failure.

In short, the blinded belief to economic growth resulted in government failure—government has not shoulder the responsibility it is assumed to. The blinded belief to the market resulted in market failure—the allocation of medical resources by the market violates both equity and efficiency principles.

Current System Does Not Meet the New Situation

To increase the confidence of the public in the government and improve the image of the government, it is important to improve the openness and transparency of the government in the
process of handling emergent events. This relates to the openness, punctuality and smooth flow of public information. This is also an indication of the right “to know” by the public. Many countries have built emergent management systems. International organizations also made crisis management plans to cope with the various crises such as epidemic pervasion, natural disaster and war conflict that caused the lives of millions of people (Qin, 2003).

In the USA, Federal Emergency Management Agency has assessment system, recovering system, management system, innovative system of emergency (http://www.fema.gov/tabs_disaster.shtm). Many US experts believe that public health safety is as important as defense safety, financial safety, information safety that under the umbrella of National Safety. As such, United States established and strengthened their public health responsive system. Among them, electronic network surveillance and report system is divided as different subsystem according to the types and natures of diseases. The objective is to discover the signal of disease explosion, win the time to prepare and responsive (Huang, 2003).

In China, traditional way of handling epidemic pervasion is to keep it confidential to differentiate the insiders and outsiders. Those government officials and medical staffs who are involved are considered “insiders”, while the general public is considered as “Outsiders”. Usually, the public health organizations are the only part who deeply involved with such events, the society has no available information. If government information does not open to the public, rumors become the main source of information spreading through informal channels. Furthermore, covered information unavoidably accelerates the panicky of people and creates confusion in the society.

The Consequence of Input Shortage of Public Health

The input shortage of public health and the policy of asking the health sector to find out its own ways have jeopardized and even paralysed the public health defense system. Public finance is market economy finance in essence. As such, if we consider “Market Failure” as a standard, public finance should not intervene the areas where market can effectively take care; public finance should play a role where market cannot solve or cannot effectively solve the problems (Xia, 2004). Public health is an important area with “market failure”. Public health cannot solely rely on market economy to sufficiently provide services. Thus, government intervention is necessary in terms of financing and usage arrangement. Public finance should occupy a central role in public health arena.

Perceive the Defects of Public Health Responsive System from SARS CASE

SARS emergency revealed the vulnerability and inefficiency of public health responsive system in China. At least, six problems could be identified.

First, responsive directing system is not sensitive. Medical health resource is segregated by vertical and horizontal lines. Information communication and coordination mechanism are not sound. Some local governments cannot coordinate and direct on a unitary base. Thus, it is hard to integrate resources effectively. In front of emergent public health event, the coordinating mechanism for multiple organization participation has not established. Vertical management and devolving authority from central to local government is not clear. Local government is not quite responsible for the event, for they believe what happens belong to the domain of public health sector. On the other hand, public health agencies have not formed powerful authority (Li, 2003).

Second, responsive plan lacks efficacy. Since no responsive plans for different scales of emergency public health events, the duties and tasks for relevant agencies are not clear. The management system and operation mechanism are not coordinated. Surveillance warning system is not sound and responsive equipment and facilities are far from complete. Responsive medicines and instruments and other materials are not sufficient. Thus some places are in a very passive situation for some periods. It is rare for comprehensive drill involving different agencies.
When public health events such as SARS epidemic emerge, it is hard for the public health organizations to follow suit or borrow experiences (An, 2004).

Third, the network of information report is not sound. There is no smooth channel to report epidemic. No rigorous mechanism for collecting, analyzing and reporting of epidemic exist. Governments and relevant agencies can hardly correctly comprehend the epidemic circumstance on time.

Taking Beijing as an example, there are 275 hospitals in Beijing, among them about 70 are three A hospitals. They are not inferior to advanced countries from the number of hospital. However, these 275 hospitals belong to eight systems, including the Ministry of Public Health, the Municipal Public Health Bureau of Beijing, The People’s Liberation Army, the Armed Forces, Medical Academy, Medical Branch of Beijing University, Worker’s Factory and Mines and so forth. Thus, they are comparatively independent system from the perspective of information exchange (http://industry.ccidnet.com/art/35/20040409/101608_1.html, access on 8 October 2005).

From the surface, information lag and failure are the scapegoat of the initial passive situation of SARS prevention and remedy in Beijing. When we examine the situation deeper, the problems remains to be the vertical and horizontal segregation of different hospitals as well as lacks of information exchange between them. The information lag embodies in two aspects. On the one hand, this causes the problem that administrative side of public health agencies can not garner the accurate information of public health event on a timely base; on the other hand, the front-line medical staff cannot receive relevant background materials, clinic behavior and means of prevention and remedy of public health events.

Fourth, the capacity of responsive medical relief is not enough. Many of medical organizations have not the necessary devices to address emergency. Medical staff is short of awareness of responding emergency and prevention knowledge. Thus, it is hard to prevent, control and cure such diseases. The SARS event exposed the jeopardy of hospital to be contaminated. The internal contagion management within hospitals is conducted by the Section of Contagion and Defense. However, this section is usually the weakest inside hospital and there is no effective management mechanism. There are talent drains in many places, especially in the old base of revolution, minority region, hinterland and poor area. Among the current medical staff, age structure and speciality structure is not reasonable. With current medical force, it is hard to meet the challenge of future emergent public health incidents (Focus Group two, 2005).

Fifth, prevention and control system for disease is weak. From literature, we find that about 10% to 20% civil servants of US public health agencies have MPH or relevant degrees. Among them who work in the public policy area, 5% to 6% have MPH degree. In comparison, in public health sector in China, less that 1% of the employees posses master degree. At each level of disease prevention and control, it is common that personnel without high qualification and medical equipments are in backward situation. In addition, labor division is not clear that create further low efficiency. From the requirements of emergent management, Chinese public health sector is in urgent need of an emergent responsive workforce armed with sound public health knowledge (Li, 2003).

Sixth, the mechanism of legal protection is incomplete. During the SARS period (November of 2002 to July of 2003), the only act to handle the public health emergency is Contagious Disease Prevention and Remedy Law. It is a worldwide issue to legalize the administrative authority for emergency management. In China’s constitution, there is a regulation of Emergent Status, emergent administrative power needs to be authorized by law. Despite the urgent enact of Responsive Regulations for Public Health Emergent by the State Council in 2003, on the whole it is far from complete. It is imperative to construct detailed laws that cope with different types of emergent events (Yang, 2005).
Among others, the above mentioned six problems have serious consequences. When urgent public health events happen, the epidemic cannot be effectively addressed and controlled in time. Thus results in epidemic spreading and prevail. Such situations not only threaten the health of the public, but also have significant impacts on economic development and social stability of the country (Gao, 2004).

PART FIVE  POLICY RECOMMENDATIONS FOR IMPROVING THE CONSTRUCTION OF PUBLIC HEALTH RESPONSIVE SYSTEM

The sudden attack of SARS disease in 2003 made China the most stroke country in the global public health crisis. The crisis tested the Chinese government for its responsive capacity of handling emergency. It also raises challenges and questions for Chinese public health management system. The crisis exposed inexperience of Chinese government in addressing large scale public health crisis. Chinese system lacks a professional warning and treatment mechanism.

Nevertheless, following the arrangement of Central Committee of Chinese Communist Party (CCP) and the State Council and thanks to the support of each level of CCP and governments and relevant agencies as well as the concerted efforts of medical staffs, the responsive mechanism for emergent public health events has been initially set up (Access on 5 October 2005. http://www.gov.cn/yjgl/2005-09/23/content_69182.htm).

The surveys of the Ministry of Public Health and the Public Health Bureau of Jiangxi Province indicate that there is a good beginning of establishing and improving the responsive mechanism of public health events in China. Still, there are some difficulty and problems. The crisis concept and idea in the mind of public health agencies is not strong enough. The focus and style of public agencies are not tuned to effectively address the need of emergent public health events. Mass communication and education of emergent events is not sufficient. The public lacks the knowledge to protect themselves. It is easy to generate panic among public. At the grass-root, CDC and medical institutions have weak capacity to prevent and remedy epidemic disease. Medical personnel have low qualification. They have not much opportunity for learning. They can hardly identify and judge significant epidemic disease. The funding for public health is far from enough and there is no effective security mechanism. Because of funding shortage, grass-root prevention of contagious disease can hardly be launched. Last, but not least, law and regulations have yet to be completed.

When handling the emergent events, the coordination is a problem among the front-line medical staff, disease control system and health surveillance. There lacks a concerted effort between the public health sector and other departments. Many areas need to be strengthened such as public finance, education and communication for emergent management, the training of personnel, the construction of rural area public health responsive system as well as the speed and sensibility of response system (see table 5.1, 5.2 and 5.3).
Table 5.1  Survey on Constructing Responsive Mechanism of Emergent Public Health Event (Jiangxi Province)
N=150

<table>
<thead>
<tr>
<th>Item</th>
<th>No of Respondents</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund Shortage</td>
<td>75</td>
<td>50%</td>
</tr>
<tr>
<td>Low Capacity of Addressing Emergent Events</td>
<td>51</td>
<td>34%</td>
</tr>
<tr>
<td>Shallow Recognition</td>
<td>49</td>
<td>32.6%</td>
</tr>
<tr>
<td>Shortage of Professional Staff</td>
<td>42</td>
<td>28%</td>
</tr>
<tr>
<td>Little opportunity for learning and training</td>
<td>42</td>
<td>28%</td>
</tr>
<tr>
<td>Unclear function and Coordination</td>
<td>42</td>
<td>28%</td>
</tr>
<tr>
<td>Low quality and qualification of Personnel</td>
<td>37</td>
<td>24.7%</td>
</tr>
<tr>
<td>No Responsive Organization at City and County Level</td>
<td>24</td>
<td>16%</td>
</tr>
<tr>
<td>Low Capacity of handling Emergent Events at Rural Area</td>
<td>16</td>
<td>10.6%</td>
</tr>
<tr>
<td>Weak Legal Guarantee</td>
<td>15</td>
<td>10%</td>
</tr>
</tbody>
</table>

Table 5.2  Survey on Constructing Responsive Mechanism of Emergent Public Health Event of P.R. China.  
N=76

<table>
<thead>
<tr>
<th>Items</th>
<th>incomplete (%)</th>
<th>Basic complete (%)</th>
<th>Complete (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law, rule and regulation</td>
<td>52</td>
<td>48</td>
<td>0</td>
</tr>
<tr>
<td>Preparedness System</td>
<td>57</td>
<td>42</td>
<td>1</td>
</tr>
<tr>
<td>Responsive workforce</td>
<td>77</td>
<td>22</td>
<td>1</td>
</tr>
<tr>
<td>Coordination between Medical Remedy and Prevention</td>
<td>62</td>
<td>35</td>
<td>3</td>
</tr>
<tr>
<td>Coordination between different organizations</td>
<td>31</td>
<td>66</td>
<td>3</td>
</tr>
<tr>
<td>Response Material Reservation</td>
<td>81</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>Response Surveillance System</td>
<td>18</td>
<td>76</td>
<td>6</td>
</tr>
<tr>
<td>Response Warning System</td>
<td>29</td>
<td>67</td>
<td>4</td>
</tr>
</tbody>
</table>
Table 5.3 Survey on Strengthening Responsive Mechanism of Emergent Public Health Event of P.R. China. N= 76

<table>
<thead>
<tr>
<th>Items</th>
<th>Significance (On average)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law, rule and regulation</td>
<td>9.36</td>
</tr>
<tr>
<td>Rapid Responsive Capacity</td>
<td>9.12</td>
</tr>
<tr>
<td>Talent Resources</td>
<td>9.00</td>
</tr>
<tr>
<td>Preparedness System</td>
<td>8.75</td>
</tr>
<tr>
<td>Information Network</td>
<td>8.70</td>
</tr>
<tr>
<td>Coordination of Different Organizations</td>
<td>8.59</td>
</tr>
<tr>
<td>Responsive Surveillance System</td>
<td>8.58</td>
</tr>
<tr>
<td>Responsive Warning System</td>
<td>8.57</td>
</tr>
<tr>
<td>Collaboration Between Medical Remedy and Prevention</td>
<td>8.46</td>
</tr>
<tr>
<td>Training and Drilling</td>
<td>8.34</td>
</tr>
<tr>
<td>Laboratory Quick Diagnosis Network</td>
<td>8.30</td>
</tr>
<tr>
<td>Responsive Routine management Organization</td>
<td>8.25</td>
</tr>
<tr>
<td>Responsive Material Reservation</td>
<td>8.05</td>
</tr>
<tr>
<td>Health Responsive Knowledge Education and Communication</td>
<td>7.93</td>
</tr>
<tr>
<td>Awareness of the Problem</td>
<td>7.62</td>
</tr>
</tbody>
</table>

(Source: Ministry of Public Health, 2005)

From the Jiangxi Survey, among the 150 questionnaire, 89 (59.3%) respondents believe that the responsive system is not complete, those who believe basic complete account for 38%.

From Table 5.1, in the local public health responsive system, lack of funding is still a bottleneck problem that plaguing the public health profession. Because of insufficient attention on the matter and corresponding shortage of funding, the public health organization can not purchase many necessary apparatus and equipment and there is not adequate training. In short, the grass-root capacity of responsive system cannot be improved. These issues should be settled soon to utilize the prevention function of local organizations.

From Table 5.2, we see that 62% respondents believe that the responsive mechanism of emergent public health is not complete. Among other items, respondents are concerned for Responsive workforce, Response Material Reservation, Preparedness System, Coordination between Medical Remedy and Prevention and legal security.
Table 3 indicates that legal protection, rapid responsive capacity, talent resource and so forth are in urgent need to be strengthened. To formulate and implement relevant laws and regulation are in harmony with the rule of law policy. In the meantime, a qualified workforce is the key to handle different types of emergent public health events.

**Principles of Improving the Public Health Responsive System.**

1. Establishing and improving a responsive system that is in harmony with Chinese context.
2. Maintaining a guideline that prevention is the priority.
3. Build a strong responsive workforce that can fight for disease prevention, control and cure.
4. Consistently Strengthen the Awareness of Crisis.

**Building the Public Health Responsive System**

1. Renewal Concept and Transform Functions.
2. Strengthen the Capacity to Handle the Emergent Public Health Events.
4. Monitoring according to laws and Establish the Responsibility System.
5. Strengthen the Education and Communication of Public Health Events.

**References:**


**Zhang Mengzhong, Ph.D,** Rutgers University-Newark Campus. His major research fields include Organizational Theory and Comparative Administrative Reforms, Public Budgeting and Finance, Public Policy, Research Methodology and Intellectual History of Public Administration. He has more than twenty articles published in English and more than thirty articles published in Chinese. He has published four co-edited books so far. Dr. Zhang is playing the role as managing editor of CHINESE PUBLIC ADMINISTRATION REVIEW. He also serves as editorial board member of PUBLIC PERFORMANCE AND MANAGEMENT REVIEW (PPMR), PUBLIC VOICES (PV), and JOURNAL OF PUBLIC MANAGEMENT AND SOCIAL POLICY (JPMSP) (all are ASPA Journals in the US).

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