Where the Sky is High and the Hospital is Faraway: Strategies for Rural Public Health Education in Yunnan, China

The young seller sits on a low stool behind a canvas advertising his product and speaks quickly into a microphone headset. Gathered around him, a small crowd watches as he spreads a modest amount of his curative skin potion on the underarm of a willing volunteer. As the vendor dabs the liquid on the local man’s arm, he gestures toward pictures on the canvas to explain and market his medicine, a red liquid stored in small elixir bottles. Several streets away, thirty government health workers dressed in the blue and black uniforms of officialdom unfold a carnival of public health, setting up information booths, hanging posters and parking a medical van in which doctors will provide free HIV/AIDS education and consultations. Dancers of the Bai and Yi minority nationalities perform on the outdoor stage of the recently restored town theater, and after several routines yield the floor for a short children’s skit on food cleanliness performed by the government employees. The doctors and organizers of this health fair work for the Yunnan provincial government and visit one or two towns a week to educate local people on two health issues: HIV/AIDS and food and water sanitation. They, along with the snake oil salesman, have coordinated their visit with the Friday market in Sideng – a farming village of three thousand people nestled in the Shaxi valley outside Dali. The short distance separating the fast-talking vendor of the homemade snake tonic and the government-organized public health fair illustrates the curious development and paradoxical nature of Chinese rural public health. At the same time the government unveils efforts to prevent and treat modern diseases such as HIV/AIDS, rudimentary health issues like water and food quality still merit considerable attention, and snake-oil salesmen continue to capitalize on the lack of health-related knowledge to coax rural
people into buying untested tonics and curatives. Paralleling the reform era revolutions witnessed in China’s economy and society, Chinese rural public health remains engaged in the initial stages of a dynamic development process combining the efforts of government agencies, foreign organizations and local people to improve the state of non-urban public health. Examining the shortcomings of rural healthcare not only offers an understanding of the poverty and development challenges facing China’s countryside, but also provides an opportunity to understand the increasingly complex involvement between non-governmental health groups and the Chinese Communist Party.

*Evolution of Chinese Public Health: Current Challenges*

After the communist takeover in 1949, the Maoists introduced a system of low cost preventative healthcare modeled after the Soviet Union’s network of anti-epidemic and hygienic stations. The Party’s lack of resources placed the focus on inexpensive preventative care, and Mao’s preoccupation with peasant revolution directed the country’s healthcare efforts to rural areas. In his June 26 Directive, Mao urged the Ministry of Health to “put the emphasis on the countryside” and criticized healthcare providers for favoring “urban lords.” By the mid-1960s, a three-tiered county-township-village network grounded on cooperative medical insurance provided health coverage to most of China’s countryside. Although the quickly trained, inexpert barefoot doctors of the Cultural Revolution stand as the primary representatives of this rural cooperative

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system, the low cost to farmers and the provision of simple preventative care greatly reduced infant mortality and nearly eliminated diseases such as smallpox, plague and cholera by the time of Mao’s death. Historians, generally critical of Mao’s administration, tend to reserve praise for the widespread, effective service his healthcare plan provided using limited financial and human means. While China’s public healthcare system during the Maoist era cannot be described as technologically progressive, its organizational supremacy produced an enormous increase in health quality and offered the first significant health coverage to the majority of China’s rural population.

If political bias during the Maoist era favored rural public health, changes during the reform period allowed urban communities to emerge as victors in the battle for health resources and funding. The introduction of market principles and the abolishment of agricultural communes in the early 1980s eliminated the communal welfare funds that supported China’s rural healthcare network. China’s Minister of Health in the 1980s, Cui Yueli, reversed Mao’s rural directive by advocating “equal treatment of the city and countryside.” Changes in the system, however, favored urban areas and destroyed any semblance of equilibrium between different demographic groups. One study by Yanzhong Huang found that “the proportion of villages offering Cooperative Medical Care, a community-based health insurance scheme, dropped rapidly from 90 percent in 1979 to just 11 percent in 1983. Meanwhile, the number of ‘barefoot doctors’…fell by one-fifth, reducing the number of available medical personnel in the countryside.” As access to healthcare declined, the introduction of market mechanisms transformed clinics

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4 Huang, 1.
5 Ibid.
6 Ibid.
and hospitals from institutions supported by cooperative insurance into profit-making organizations forced to remain solvent absent government funding. Consequently, patients began paying for medical services out-of-pocket and, according to a 1998 study by the Ministry of Health, 87.4% of rural residents and 44.1% of urban dwellers no longer receive any assistance from health insurance.\(^7\)

The evolution of hospitals and clinics into profit-making institutions represents a withdrawal of government spending in providing basic social services and constitutes the root cause of many health problems facing rural China. According to Liming Lee, “eighty percent of health resources are allocated to the cities, among which two thirds are being allocated to big hospitals….Primary health care and health resources in rural areas are severely insufficient.”\(^8\) Tan Laiyong, a professor of public health at Kunming Medical College, commented that “the whole health system is geared toward hospital medical practice, even in the countryside. There is no community healthcare system. There are mother and child (MCH) health lines to provide screening, vaccination and disease prevention, but these doctors also run clinics on the side.”\(^9\) Laiyong believes that the financial independence of hospitals, rather than streamlining costs and improving efficiency and care, actually reduces quality of treatment. He explained that township doctors earn a fixed salary from the government regardless of how many patients they treat, but that they also receive commissions for prescribing medicine. As a result, “there is no incentive to use the simplest care because prescriptions earn money. Township doctors prescribe lots of drugs – such as amoxicillin – which are cheap in the city, but are

\(^7\) Ibid., 2.
\(^8\) Lee, 334-335.
\(^9\) Tan Laiyong, interview by author, 10 May 2007, Kunming, China.
Rampant over-prescription not only poses a major health risk to patients, but also drives up costs to make medical care even more out-of-reach for rural communities. According to the Ministry of Health’s 1998 survey, prescription drugs compose 70-80% of outpatient fees in rural areas compared with 62% in cities. In many places, even the few Chinese with medical insurance cannot afford to visit township doctors because over-prescription makes basic services unaffordable. In order to remain financially solvent, rural doctors bias care toward expensive drug prescriptions that further impoverish China’s lowest income demographic and amplify the difficulty of receiving cost-effective medical treatment.

In addition to the new emphasis on profitability, the decline in government support lessened official oversight of medical practitioners. Private clinics now compete with village-supported treatment centers for patients and funding in an aggressive, unmonitored market. Cheng Hehe, a senior director at the Yunnan CDC, illustrates the ill effects of deregulation by citing the proliferation of private STD clinics during the reform years: “Our STD management system is still very weak; the money the government provides for STDs is less than what it provides for AIDS, even though STDs are more widespread. STD doctors are unhappy that they receive so little support, so they try to earn money by opening their own private clinics.” She said that several years ago, a private clinic doctor called her and offered to pay her 50,000 RMB if she would allow him to use the CDC logo to advertise his clinic. “Of course I said ‘no.’ Common people would assume the clinic to be official and CDC certified. Since then I have seen private

10 Ibid.
11 Huang, 2.
12 Tan Laiyong.
clinics that have bought a title or name from an official government agency.”

Designed to promote local independence and decision making, the introduction of market reforms into China’s healthcare industry actually imperiled assurance of quality treatment by removing government safeguards. As Tan Laiyong points out, however, “it is ok to be profit making, but one must be profit making in the right way. Hospitals should make a profit, but by increasing efficiency, turning over patients quickly and charging good consultation fees -- not by over-prescribing drugs.” Although not inherently undesirable, a system geared toward profit adversely affects healthcare when not checked by supervisory agencies. The recent explosion of private clinics not only fuels China’s over-prescription epidemic, but also misleads and confuses people seeking medical attention.

Rural healthcare also suffers from the poor training and low education levels of village and township doctors. Laiyong, who used to run village doctor training programs in Xishuangbanna, explained that a huge spread in educational background exists among rural doctors; some doctors may only possess two or three years of medical experience while a select few may boast PhD level training. According to Li Xiaoliang and Zhang Jianping, professors at Kunming Medical College, limited knowledge may be an unintended legacy of the barefoot doctor period: “Many [village doctors] might have had parents who were barefoot doctors. When their parents retired, they still had their doctor certificate which their children inherited without any particular training. In some cases, the medical knowledge of a village doctor might be no greater than the knowledge of an ordinary person.”

Unskilled practice aside, the Maoist era achieved a more equitable

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14 Tan Laiyong.
15 Tan Laiyong.
16 Li Xiaoliang and Zhang Jianping, interview by author, 21 May 2007, Kunming, China.
distribution of medical personnel by relocating urban doctors to uncovered areas. Current medical students, however, see little incentive for practicing in the countryside. Reflecting this preference for urban residency, several students at Kunming Medical College cited poor living standards and low incomes in rural areas as reasons to remain in the city after graduation. Lai Yong considers this to be an economic, rather than medical, issue: “If you just spent 200,000 RMB to send your son or daughter to medical school, you wouldn’t want them working in a village where they earn 100 kuai a month. They could earn more as a pharmacist in the city. Rural infrastructure has to develop and grow, and until then the government has to hold things together to prevent social instability until living standards in the countryside catch up.” While the Maoist era saw the dispersal of urban healthcare professionals across China’s less developed interior provinces, the last thirty years exhibit the opposite trend: the concentration of medical expertise and service in already well-served metropolitan areas. The resulting disparity in healthcare only further compounds the development issues distancing predominately rural provinces like Yunnan from China’s more prosperous coastal cities.

The attitudes of students at Kunming Medical College find prominent expression in the official statistics; the 1993 National Health Survey found the probability of being treated by a qualified doctor in a township hospital to be less than 20%, compared with a probability of 60% in an urban hospital. Author Liming Lee reports that “the rural area of China, which makes up 70% of the total population, is served by only 37.5% of national technical health workers.” Low-quality care produces real medical problems;

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18 Tan Laiyong.  
20 Lee, 335.
Laiyong explained that 70% of the 800,000 cases of deafness in Yunnan Province result from doctors incorrectly prescribing antibiotics to children. Each year 20,000 children in Yunnan lose hearing due to the improper prescription of antibiotic drugs. Li Xiaoliang believes doctors can provide basic care, but lack experience when making tougher treatment decisions: “Village doctors might be able to provide adequate primary care based on guidelines for practice in their medical manuals, but when they meet patients with more complicated infections or encounter the side-effects of a particular drug, they will not know how to treat the patient.” Although China’s healthcare system refers to all medical practitioners as “doctors” regardless of educational background, accuracy of care remains unregulated and dependent on the abilities of individual practitioners. As the following case studies illustrate, the economics of health in China produces an imbalance of expertise privileging urban areas while denying rural communities informed, knowledgeable medical service.

Case Study 1: Shaxi Township Hospital

Near the edge of Sideng stands the Shaxi township hospital, a grey, two story collection of examination rooms lining an open-air courtyard. When I visited the hospital, a mother and child waited for a prescription to be filled at the western medicine pharmacy, and several doctors sat in the courtyard chatting over needlework. As the population center of Shaxi valley, Sideng supports the only local hospital, which administers care to the smaller surrounding villages. The staff consists of twenty-one

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21 Tan Laiyong.
22 Li Xiaoliang and Zhang Jianping.
23 Ibid.
24 Dr. Luo Jiali, interview by author, 19 April 2007, Shaxi, Yunnan, China.
doctors, fourteen women and seven men. In an example of the unspecialized care afforded rural communities, only twelve of the resident doctors possess the equivalent of a bachelor’s degree (大专). The nine remaining staff members hold the tech-school equivalent of a high school diploma (中专). Each doctor spends part of the year outside Shaxi studying medicine at various training programs and can treat patients using traditional Chinese techniques as well as western medicine. Doctors at the hospital report seeing between thirty and forty patients a day, mostly parents with young children. The most commonly treated illnesses include colds, fevers and respiratory problems. Patients with serious or long-term illnesses must travel to the county hospital in Jianchuan for treatment.

Although recent restoration efforts by a Swiss development team began laying grey-water lines for waste removal, Shaxi continues to suffer from health problems stemming from poor sanitation, and the majority of homes in Sideng still lack indoor plumbing. Even homes covered by the new sewage system, however, remain hesitant to install indoor toilets, since local knowledge of health says human waste should be located far from living areas. Food safety remains another critical issue – one specifically targeted by the government health team that visited Sideng’s Friday market. Local perceptions of public health also reveal a strong association between food and wellbeing. For example, one local woman boasted of good health and fewer colds since gaining a significant amount of weight several years ago. The attention shared between basic sanitation and food security indicates that Shaxi, despite supporting a well-staffed

25 Zhang Longfu, presentation to SIT, 18 April 2007, Sideng, Yunnan, China.
hospital, remains in the initial stages of rural health development in which even rudimentary health concerns affect community welfare.

While decisive conclusions cannot be drawn from a study of one rural township, treating Shaxi as a microcosm for rural public health in Yunnan helps illuminate the health disenfranchisement endangering non-urban dwellers. Limited resources and the technical in-expertise of the Sideng hospital staff force patients to seek specialized and even emergency care from the larger county hospital located in distant Jianchuan. This situation reflects the urban healthcare bias observed by other studies and illustrates the significant barriers to treatment many Chinese face when seeking medical attention. Although the number of prescriptions filled at the hospital remains unknown, a hospital with less than fifteen examination rooms possessed two separate pharmacies, one stocking western medicine and the other supplying traditional Chinese medicine. Combined with other pharmacies located throughout town, the concentration of medicine dispensaries indicates that prescription medication plays an important role Sideng’s healthcare picture. Moreover, doctors at the hospital reported that 80% of patients pay all fees out-of-pocket, with only 20% of patients receiving limited financial support from the Chinese government. These statistics virtually mirror the findings of the 1998 Ministry of Health survey cited above that 87.4% of non-urban residents lack any form of payment support.26 Although non-conclusive, an examination of Shaxi’s township hospital contextualizes the findings of previous studies by confirming that many rural communities lack affordable access to local medical treatment and care.

26 Huang, 2.
Case Study 2: China Primary Health Care Foundation Village Doctor Training Program

The awkwardness of first introductions floats in the air, reducing several participants to shy laughter while inducing nervous eye-contact in others. Those sitting in the circle serve as doctors in their respective villages, but now introduce each other as unknown classmates in a four week village doctor training program. All traveled for many hours on a series of buses to participate in a training course organized and taught by the China Primary Health Care Foundation (CPHCF), an organization founded by Diarra Boubacar, a Malian doctor now practicing and teaching in China. The foundation, located in the imposing shadow of the recently constructed government office compound in Mengzi – a rapidly developing city in Hong He prefecture – runs a variety of health education and outreach programs from a nicely furnished dormitory, office and classroom center that will house the village doctors during the one month semester. In addition to health work concerning leprosy, HIV/AIDS, tuberculosis and other infectious diseases, CPHCF organizes several training courses for village doctors each year, with the goal of improving the medical knowledge of rural practitioners and the care available to some of Yunnan’s poorest, most remote regions.

Course work covers topics like internal medicine, respiratory illness, infectious disease, HIV/AIDS, maternal and infant health and pediatrics. The first class of the May, 2007 semester summarized basic cell biology and human anatomy and physiology. The simplicity of some of the questions asked – “What color is blood? How many vertebrae form a human spine? What are the component parts of the respiratory system?” -- reflects

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27 Diarra Boubacar, Tao Hongji, Peng Jun and Nu Qing, interviews and fieldwork by author, 10-15 May 2007, Mengzi, Yunnan, China.
the limited medical expertise of the students. At the training program I attended, none of
the doctors surveyed possessed a bachelor’s degree, 8% stopped schooling after primary
school, 62% finished middle school, 17% graduated from high school and 13% earned
the tech-school equivalent of a high school diploma.28 Although 83% cited attendance at
other training programs, the same percentage of students had not graduated from a school
of public health, and 54% of previously trained doctors had only completed one other
training course. A majority of 54% work in villages with two doctors, but 29% of
students serve as the only doctor in their village. During the month-long course,
healthcare remains uncovered in single doctor communities unless substitute doctors can
be found from neighboring villages. Work conditions at home also present challenges for
the students. Public health offices funded by village committees (村委会卫生室) serve as
the workplace for 49% of surveyed students, while 31% work in cooperative medical
treatment clinics (合作医疗诊所) and 12% work within their own homes. Even support
from one’s village committee, however, does not guarantee an optimal clinic
environment; 42% of doctors reported working in one-room clinics or offices, indicating
the spartan conditions in which many health professionals must practice medicine.

The skill set of the participating doctors also reflects their limited educational
background. All twenty-four doctors can give immunization shots and take a patient’s
temperature, but only 70% can give sutures/stitches and a mere 37% can deliver a baby or
attend a mother during delivery – the least known skill among this sample group. If the
Shaxi hospital represents the healthcare options available to townships, the background of

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28 Statistics drawn from registration surveys filled out by participating students. The program hosted 37
students, but only 24 completed surveys.
CPHCF’s trainees testifies to the unskilled, unpracticed and under-funded medical care available in smaller villages. One can observe a sharp decline in healthcare provisions as the size of government districts decreases from county to township to village. While hardly surprising and not unique to China, the correlation between the size of administrative levels and quality of medical service becomes a serious issue when combined with other factors such as the limited educational opportunities, poor socio-economic status and difficulty of travel facing doctors and patients. Chinese rural public health may wrestle with over-prescription and uninsured patients, but these systemic issues arise from institutional failure and can be tackled through government initiatives. Even with insurance and a system less geared toward profit-making, non-urban patients would still suffer from poor care in village clinics. Education, therefore, remains the central struggle in improving the health situation of China’s countryside.

Case Study 3: Yi Village Clinic

A gravel road leaving the South end of Mengzi snakes up low mountains terraced with pomegranate and walnut trees until it ends at the mouth of a small Yi minority village. The community supports a four examination room clinic staffed by a single doctor. Aside from a meager pharmacy stocked with western medicine, syringes remain the only other medical equipment present at the clinic. Brought by Dr. Diarra of CPHCF, a team of American doctors from Loma Linda Medical College spreads out around the open-air courtyard, transforming empty benches or the shady areas underneath trees into makeshift examination rooms to check patients for high blood pressure, diabetes and

29 Fieldwork by author with Dr. Diarra Boubacar, Dr. Peter Yorgin and the Health Yunnan team, 24-27 May 2007, Mengzi, Yunnan, China.
other illnesses. A dentist with the medical mission claims a room in the clinic, unfolds camping chairs and unpacks the equipment she will use to pull teeth and check for cavities. A low, dirt wall becomes a drug counter for a portable pharmacy stocked with Ibuprofen, Tylenol, Cortisone and other non-prescription medications. Many of the locals do not speak or understand Mandarin, so communication occurs through three-way translation from English to Mandarin to the local Yi dialect. By the end of the day, approximately 50 people will receive consultations, first with a nurse and second with one of the four doctors on the American team.

If the participants in CPHCF’s training course represent the low education levels of village doctors, the Yi village clinic illustrates the humble facilities and conditions in which these doctors practice medicine. Almost completely devoid of medical equipment, this clinic even lacked a clean source of drinking water; a scummy pond with trash floating on the surface supplies both the village and the local hospital, and one local man said that villagers do not boil water before drinking. Cheng Hehe confirms that many rural people suffer from water-borne illnesses and polluted water supplies: “In rural areas, diarrhea and dysentery are very serious, mainly due to water pollution and the fact that rural people will often drink water without first boiling it. The dietary customs of rural people also contribute to illness. For example, food content is very high in fat.” Reflecting the significant fat content local diets, nearly every village resident examined by the American doctors exhibited high blood pressure. Doctors advised villagers to eat more vegetables and less meat, but in at least one case, the village doctor serving as an intermediary translator considered such dietary information unimportant and refused to communicate it to patients.
Although the presence of even a rudimentary clinic in a mountainous community might be an encouraging sign that rural people benefit from basic care, many of the patients treated by the American team had never visited a doctor. The novelty of seeing a physician became apparent when one man grew irate after his wife received pills for high blood pressure while he left his examination without medicine. According to Dr. Diarra, many first-time patients equate doctor visits with shots and medication: “For many of them, they have never been to a hospital and this might be their first time to visit a doctor so they have the expectation that they should receive medicine.”

That patients live near a local clinic but lack experience in hospital settings suggests high costs and low incomes deter many people from seeking medical attention. The incident with the angry patient also exposes the way in which a system geared toward prescription medication shapes local perceptions of health. The expectation for doctors to hand out medicine further biases the rural health system away from the simple, preventative care of the Maoist years toward more expensive treatment of symptoms that many patients cannot afford.

Non-governmental Organizations: A New Frontier

While government funding in the post-Mao years became increasingly restricted, the slow liberalization of Chinese society resulting from market reforms opened the door for third-party organizations to work between state and society. As government scaled back services like healthcare, many non-governmental organizations (NGOs) assumed some of the responsibilities formerly borne by government. In fields of service exhibiting large inequalities – healthcare serves as just one example -- NGOs and other

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30 Dr. Diarra, conversation with author, 26 May 2007, Mengzi, Yunnan, China.
organizations hold the potential to ameliorate some of the conditions plaguing China’s laobaixing, or common people. Wu Qing, the charismatic leader of a woman’s advocacy NGO in Beijing, articulates the unique position of NGOs in China by saying, “The work that NGOs are doing is like the independent candidate in the United States picking up new issues.” Even some government officials admit that NGOs should play an important role in certain areas of society. At the Ninth People’s Congress in March, 1998, Luo Gan, Secretary General of the State Council, remarked: “Government has taken up the management of many affairs which it should not have managed, is not in a position to manage, or actually cannot manage well.” He added that expanding the role of “social intermediary organizations” might therefore be necessary. Unimaginable during the Maoist period, Luo Gan’s comments indicate that the Party now recognizes a third sector between Party and People and acknowledges the potential of this unprecedented social space to alleviate some of the ill effects of rapid reform.

Despite such optimistic and conciliatory comments, China’s NGO sector remains largely controlled by government directives. Aware of the instrumental role environmental organizations played in the democratization of former Soviet-bloc countries in Eastern Europe, the Chinese government retains supervisory ties with many organizations. Regulations enacted by the Party after the Tiananmen Square incident in 1989 attempted to define NGOs into a narrow framework closely monitored by the state. Ten years later in 1998, the Party revised its earlier NGO policy, Regulations on the

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31 Wu Qing, presentation to CET Chinese Studies, 28 November 2006, Beijing, China.
Registration and Management of Social Organizations, to require that all organizations register with the Ministry of Civil Affairs. As Yiyi Lu explains, “current regulations require every NGO to find a ‘professional management unit’ (yewu zhuguan danwei) to act as its sponsoring agency….The professional management agency holds a wide range of responsibilities, including supervising the NGO’s ‘ideological work,’ financial and personnel management, research activities, contacts with foreign organizations and the reception and use of donations from overseas.” The revised regulations also stipulate that only one organization of each type may register at a particular administrative level, and that organizations petitioning for registration must meet certain stipulations for membership and start-up money. Of course, reality reflects a greater complexity than the law; many organizations do not register, and Andreas Edele believes that the new 1998 regulations actually increased the number of un-registered groups. Additionally, many NGOs decide to register with the Industry and Commerce Bureau as businesses or enterprises -- even though they are non-profit organizations – in an attempt to avoid the Ministry of Civil Affairs’ stringent requirements. (The International AIDS Alliance, for example, registered as an enterprise). Intended to streamline the growing NGO sector into uniformity, government attempts at control actually multiplied the complexity and diversity of Chinese civil society.

In portraying the health challenges facing rural communities, this paper employs interviews, fieldwork and participant observation with several international health NGOs

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34 Edele, 6, 10.
36 Edele, 10.
37 Ibid., 16.
38 Lu, 15.
as case studies. The following examples not only detail the varied efforts and strategies employed to improve health in rural Yunnan, but also illuminate the political climate in which foreign NGOs operate. Analysis and comparison of the different NGO programs follows the introduction of the case studies.

Public Health NGOs: Introduction to Case Studies

Save the Children (UK) 40

A British organization with offices in Beijing and Kunming, Save the Children operates programs in Yunnan, Tibet, Xinjiang and Anhui provinces. Programs include economic development, education reform and public health, but all efforts focus on improving the living conditions of children across China. Tibet serves as the location for the majority of Save the Children’s health programs, which work to provide clean, convenient sources of drinking water to Tibetan villages. Most homes in the target communities lack toilets, so attempts to improve sanitation by convincing villagers to install toilets in their homes complement the clean water initiative. Education designed for both adults and children also occupies a central role in Save the Children’s health programs. For example, they encourage pregnant mothers to deliver in hospitals since many women still risk home delivery due to the distance of hospital care. Save the Children also teaches mothers about the superior nutritional value of breast milk compared to the watered-down formula solutions many mothers substitute during nursing.

Many rural communities in Tibet lack primary schools, forcing local children to board at elementary schools located far from their homes. Save the Children not only

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40 Yan Hetao, interview by author, 2 May 2007, Kunming, China.
visits schools to teach classes in basic sanitation (hand washing, teeth brushing etc.), but also tries to improve the nutritional intake of boarding students by buying schools yaks to provide a steady, free source of milk. In Anhui and Xinjiang provinces, Save the Children works to find willing foster families for children orphaned by HIV/AIDS. They also maintain activity centers stocked with games and educational materials for these orphaned children.

International AIDS Alliance (UK)

Based in Brighton, England, the International AIDS Alliance runs programs across the world and has been operational in China since 2003. With central offices located in Kunming, the AIDS Alliance pursues projects in Yunnan, Guangxi and Sichuan provinces with a smaller, supplementary program in Beijing. Wang Hong, a program coordinator in the Kunming office, describes their approach as community-based and focused on local capacity building. They direct their efforts in three primary directions: reducing HIV/AIDS discrimination, providing treatment and care to those with HIV/AIDS and preventing the spread of HIV/AIDS. Programs target four recipient groups: people testing positive for HIV, female sex workers (FSWs), men who have sex with men (MSMs) and intravenous drug users (IDUs). Their preventative philosophy arises from the idea that drug use remains the primary vector for HIV/AIDS transfer in Yunnan, but will soon be overtaken by transmission driven by male and female sex workers. To aim education efforts toward these groups, the AIDS Alliance maintains drop-in centers and organizes educational campaigns for IDUs and male and female sex-workers throughout Yunnan.

41 Wang Hong and Liu Min.
China Primary Health Care Foundation (CPHCF)\textsuperscript{42}

In addition to the village doctor training courses described above, CPHCF administers health programs targeting leprosy, HIV/AIDS, tuberculosis and general health and sanitation. Staffers visit seven or nine leprosy villages around Hong He, with the average village housing between eight and twelve people with active leprosy infections. The largest leprosy village contains sixty afflicted individuals, while the smallest leprosy site has only one infected person. In addition to providing medical treatment, the leprosy program also tackles the social and familial discrimination plaguing leprosy patients. For instance, many schools reject children with leper parents, so members of CPHCF work to persuade school principles to allow these children to attend school. The recently unveiled HIV/AIDS program focuses on preventative education, not treatment. Aside from visits to villages, CPHCF also staffs an HIV/AIDS information office and hotline in old city Mengzi. However, the coordinator of the HIV/AIDS program admits that the center sees few visitors and receives even fewer calls.

Tao Hongji, a CPHCF staff member and graduate of Kunming Medical College, identified Tuberculosis (TB) as a growing concern in rural Yunnan. According to Tao, “you go to a village of 100 households and discover that nearly 100 people have TB. In some areas, almost every household has a person suffering from TB.” The TB program often works in tandem with CPHCF’s HIV/AIDS education initiative and efforts to improve general sanitation. Described as “community capacity building,” these broad spectrum programs combine health education with poverty alleviation to change local perceptions of health. In some villages, for example, CPHCF encourages people to

\textsuperscript{42} Diarra, Tao, Peng and Nu.
separate human and animal living spaces or to not squeeze multiple families into a single, cramped home. Compared to more specialized organizations that focus on a particular disease such as HIV/AIDS, CPHCF assumes a more general approach toward health education and treatment based on the diverse needs of local communities.

CEDAR Fund\(^{43}\)

A Christian NGO founded by several churches in Hong Kong, CEDAR Fund focuses on alleviating poverty and improving the health and livelihoods of rural communities located in Hubei and Yunnan provinces. Before establishing its own Yunnan office in 2000, CEDAR Fund supported the work of another Christian NGO in Yunnan: Project Grace.\(^{44}\) By providing funding for Project Grace’s village doctor training program, CEDAR Fund financed the education of an estimated 400 rural doctors between 1997 and 2004. June 2007 will mark the seventh anniversary of CEDAR Fund’s involvement with four Bulang villages in Xishuangbanna near the Myanmar border. Work in Xishuangbanna involves teaching women’s health classes, establishing local kindergartens, providing scholarships for study beyond elementary school,\(^{45}\) constructing toilets, granting loans to raise pigs and bringing clean drinking water to mountain villages. According to Yunnan program director KK Lee, CEDAR Fund operates on the principle that “we never give anything away for free. Whatever they [local people] can provide, we require them to provide. For example, in constructing a toilet, they might provide the

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\(^{43}\) KK Lee, interview by author, 21 May 2007, Kunming, China.

\(^{44}\) Project Grace now goes by the name “Blessing China.”

\(^{45}\) Although the government provides tuition and book fees through the ninth grade, many rural communities lack middle or high schools so students must board in neighboring towns. Scholarships between 100-120 yuan per child cover food and boarding allowances and encourage parents to allow their children to continue schooling beyond the elementary level. KK Lee.
manpower.” CEDAR Fund also designs and teaches an HIV/AIDS curriculum for elementary and middle schools in Menghai, Xishuangbanna. By invitation of the county Education Department, they plan to expand their interactive and participatory learning model into neighboring counties by 2008. At the foundation of all CEDAR Fund programs lies the notion that communities must learn how to raise their own capacities through local, sustainable development.

Family Health International (US)\footnote{Zhang Yiyu and staff, interview by author, 17 May 2007, Kunming, China. Chen Yaohong and Li Ling, presentation to SIT, 5 April 2007, Kunming, China.}

Headquartered in Washington, D.C., Family Health International (FHI) concentrates its China programs on HIV/AIDS preventative education in Yunnan and Guangxi provinces. Their efforts include both research and implementation in an initiative named A\textsuperscript{2}: Analysis and Advocacy. This empirics-driven approach informs the education and prevention work FHI conducts with three, behaviorally linked at-risk groups: intravenous drug users (IDUs), female sex workers (FSWs) and men who have sex with men (MSMs). FHI maintains an IDU drop-in center in Gejiu as well as wellness and activity centers for FSWs in Gejiu, Hekou, Pingxiang and Kunming. In addition to HIV/AIDS educational activities, the centers also provide simple job training (computer literacy, haircutting skills etc.), support groups and referrals to other services including methadone clinics and MCH hospitals. The Spring Rain Teahouse, a “safe space” and counseling center run by FHI for MSMs, also pursues intervention and anti-discrimination work in Kunming. In all project sites, condom promotion serves as FHI’s central mantra. FHI distinguishes itself from similar organizations for its reliance on
statistical data and the incorporation empirical models and trend forecasting into its outreach and education programs.

NGOs and the Government: Unavoidable Partners

From the perspective of western observers accustomed to viewing NGOs as “an autonomous sphere of voluntary associations capable of bringing pressure to bear against the state,” China’s fledgling civil society often appears to be a tightly controlled, barely autonomous extension of the Communist Party. Those studying NGOs frequently use the term GONGO, or government organized NGO, to describe China’s homegrown social organizations, and many consider these GONGOs little more than “bridges designed to reconnect the state to society, or transmission belts for government policy.” Even those domestic organizations not established by the government frequently employ bureaucratic staffers who continue to draw salaries from their former offices. Given the unique climate and structure of China’s civil society, expectations shaped by western notions of non-state actors must be amended when discussing the environment facing non-governmental organizations in China. As international institutions funded and often staffed from abroad, many of the organizations interviewed for this paper operate programs in other countries on multiple continents. Just as observers from western nations must suspend rigid definitions of what constitutes civil society, conversations with public health NGOs in Yunnan suggest that these international organizations must

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48 Ibid., 58.
49 Lu, 118.
also adapt their strategies, institutional values and corporate mindsets to China’s particular political situation.

For organizations working in health, particularly HIV/AIDS, official monitoring might be more extensive than the oversight afforded groups targeting other sectors of civil society. Lu Yuan, a professor at the School for International Training and a graduate student researching NGOs in China, explained that “the government supports NGOs as long as they come to China to do charitable good works such as helping the poor, but fears not knowing which NGOs will extend their mission to advocate for political change.”\textsuperscript{50} While religious missionary organizations or groups pushing democratic reform face the most hostile response from the Chinese government, health NGOs also involve themselves in topics the government feels reluctant to openly engage. During interviews with project leaders at HIV/AIDS groups, the word 敏感, or “sensitive,” made frequent appearances, revealing the uneasy ground many of these NGOs tread. Confirming this sentiment, Wu Qing explained that her friends who serve in HIV/AIDS NGOs face frequent difficulty from government partners.\textsuperscript{51} According to CEDAR Fund’s KK Lee, one must walk a long, slow road to earn the government’s trust: “The government is very wary of letting NGOs get too close to school children because they are afraid we will brainwash them. During the first and second training sessions, we are only allowed to train teachers who then go back to their schools. Only at the third training, after developing a relationship of trust, are students allowed to come meet with us.” He attributes initial government suspicion to the sensitive nature of HIV/AIDS work, but also cites Chinese culture as a major influence: “When in China, one must engage in the

\textsuperscript{50} Lu Yuan, conversation with author, 9 May 2007, Kunming, China.
\textsuperscript{51} Wu Qing.
long process of developing guanxi. This is true throughout all parts of Chinese society.”

Accustomed to working in more autonomous environments, international NGOs unveiling programs in China quickly learn that all guanxi lead back to the Party, and that the narrow space between Party and people can only be enlarged with the acquiescence and help of the Chinese government.

Reflecting their focus on public health, all of the NGOs introduced above identified the Yunnan Center for Disease Control (CDC) as their primary government partner. CEDAR Fund and Save the Children also maintain close relationships with the Ministry of Education since their HIV/AIDS education programs target elementary and middle school students. According to Hou Wenlin, the director of CPHCF’s HIV/AIDS outreach center, “the government must agree before we can implement our programs. Without the government’s approval and support, we wouldn’t be able to work.” In addition to cooperating with the CDC office in Mengzi, Hou explained that CPHCF calls local government leaders before making outreach visits to nearby villages. Local officials arrange a time and place for the team to meet with village members and assume responsibility for advertising the events, most of which boast significant attendance.

Conversations with Save the Children and the International AIDS alliance echoed the notion that NGOs must partner with the government, often to an extent that might seem invasive to one accustomed to the laissez-faire attitude prevailing in the United States. The International AIDS Alliance, for example, works with the government in opening educational centers and coordinating peer outreach projects. In certain lines of work,

52 KK Lee. The Chinese term guanxi (关系) means “relationship” and here refers to the social networks and connections that determine one’s position with and within the Chinese Communist Party.
53 Hou Wenlin, interview by author, 11 May 2007, Mengzi, Yunnan, China.
54 Hou Wenlin.
55 Yan Hetao, Wang Hong.
NGOs depend on positive government connections in order to implement programs. FHI would be unable to conduct activities with FSWs and IDUs – two groups engaged in illegal behaviors – if the police constantly harassed them for contacts or information. Instead of a contentious relationship, Zhang Yiyu, FHI’s FSW outreach coordinator in Kunming, said: “The police understand our program and its goals. We have mutual respect and understanding for one another. Just as they understand our work is necessary, we know that their work is necessary, too. They won’t come to us asking for information about the girls [sex workers], where they live, where to find them, and they also wouldn’t follow us to find the girls.” In other words, interaction with the government extends beyond registration with the Ministry of Civil Affairs to include coordination with provincial and even village-level government officials. Rather than using paternalistic terms to describe government agencies as “supervisors,” “managers,” or “regulators,” all of the NGOs referred to government as a partner (合作伙伴) or coordinator (协调者). This terminology indicates that public health NGOs understand the political reality in which they operate and do not treat the government as an irreconcilable opponent. As Hou and Wang Hong’s comments suggest, however, NGOs and the Chinese government do not form partnerships of equals; the government retains final control over the approval and implementation of NGO programs.

Despite the unbalanced nature of state-third sector interactions and the Party’s inherent suspicion of NGOs, none of the organizations studied in this paper claimed “strained” or “poor” relations with the government. Of course, any NGO with an adversarial government relationship would probably lose its registration or, at the very most, lose its funding. However, the NGOs studied here were able to maintain positive working relationships with the government, often by building a strong working relationship with police and local government officials.

56 Zhang Yiyu.
least, find its autonomy impossibly restricted. KK Lee even said that government partners “appreciate” the interactive, participatory nature of CEDAR Fund’s education programs, a sentiment evidenced by the Ministry of Education’s recent invitation for CEDAR Fund to replicate its HIV/AIDS outreach efforts in Mengla County. Surveyed NGOs also claimed that an international background does not significantly affect their position in China either positively or negatively. Conversations with KK Lee and Yan Hetao, however, imply a more complex reality. KK Lee believes that CEDAR Fund, despite being a Christian NGO, enjoys a stronger position in China due to its ties with Hong Kong: “I actually think that our position with the government is easier because we are from Hong Kong, a part of China. For the past several years, we have enjoyed a very good relationship with the government.”

This observation draws support from the example of Project Grace, a Christian organization from the United States that changed its name to Blessing China several years ago when the government grew uneasy over its religious affiliation. CEDAR Fund, with a similar missionary background and record of financial support for Project Grace, has not provoked such a guarded government response. In comparing CEDAR Fund and Project Grace, the only significant variable appears to be a difference in country of origin, although KK Lee hinted that Project Grace cultivated a more self-consciously Christian identity. Anticipated changes at Save the Children also demonstrate the potential drawbacks to strong international affiliations. Yan Hetao explained that Save the Children recently applied to become an independent Chinese NGO separate from the founding British organization. While the impetus behind this change may partially originate from the organization’s headquarters in England, Yan

57 KK Lee.
58 Ibid.
Hetao said he believes cooperation with the government will become easier and more convenient should they become a domestic NGO.\textsuperscript{59} As an added bonus, they will also be able to raise funds from within China (筹款) to supplement the international support they expect to maintain.\textsuperscript{60}

While traditional orthodoxy on NGOs portrays extensive government interference as a corruption or even pollution of a country’s third-party sector, several of the health NGOs in Yunnan find advantages in working with the government. Wang Hong at the International AIDS Alliance pointed out two positives accruing from government partnerships: first, government agencies such as the CDC possess a wide store of knowledge, experience and connections that benefit the Alliance’s field programs and second, government agencies in Kunming help the AIDS Alliance coordinate (协调) action with local officials.\textsuperscript{61} The second point becomes especially important at the beginning of new outreach efforts since county level governments often display considerable sensitivity and resistance to the Alliance’s work with illegal target groups such as FSWs and IDUs. Government at the provincial level, however, exhibits an increasing willingness to work with the AIDS Alliance – even on sensitive topics.\textsuperscript{62} In fact, relationships might not be as biased toward the government as one might assume. Wang Hong mentioned observing a curious phenomenon in which bureaucratic officials originally distrusting of new ideas presented by the Alliance will often internalize and co-

\textsuperscript{59} Yan Hetao. Government approval for the change in registration is still pending. Yan Hetao later clarified that current cooperation with the government is not difficult or inconvenient.

\textsuperscript{60} Ibid.

\textsuperscript{61} Wang Hong.

\textsuperscript{62} Ibid.
opt the ideas as their own by the completion of the program.\textsuperscript{63} In this way, the language
and methodology employed by NGOs influences official conceptions of healthcare or
even becomes an embedded component of similar government health programs.
Although some professionals within the community continue to compare NGOs and the
Communist Party to “David and Goliath,”\textsuperscript{64} NGOs find ways to educate and collect
advantages from government partners.

\textit{NGO Financing: Reliance on Foreign Support}

If Chinese NGOs carefully cultivate government partnerships, they also spend
considerable energy courting the favor of foreign donors. Despite pervasive oversight and
involvement, the Chinese government does not provide financial support to foreign
NGOs. The Party’s absence in the financial arena produces one of the central paradoxes
coloring Chinese civil society: at the same time NGO regulations attempt to consolidate
control in the hands of the Party, a dearth of state funding destroys the Chinese
government’s monopoly on foreign NGO activity by forcing these organizations to look
beyond China for monetary partners. In many cases, international donors may not share
the Chinese government’s priorities or values. For example, the CEDAR Fund draws the
majority of its funding from missionary churches in Hong Kong.\textsuperscript{65} Financial
independence, therefore, gives NGOs leverage to negotiate for a greater degree of
autonomy. In his comparative study of officially-organized NGOs and grass-roots
organizations, Yiyi Lu found a direct correlation between financial dependency and

\begin{footnotes}
\item[Ibid.]
\item[Tan Laiyong.]
\item[KK Lee.]
\end{footnotes}
government control: “Top-down NGOs are less autonomous than bottom-up ones, since they are initiated by the government and receive government funding, and many of their staff are actually government employees seconded from administrative agencies or service units.”66 A parallel can be drawn between the relative autonomy of “bottom-up” NGOs and international NGOs, which also find their own funding and pay their staff members without government support. While these organizations must cooperate with state officials in implementing programs, government assistance disappears during one of the most crucial stages in any project: fundraising.

In place of the Chinese government, foreign NGOs maintain extensive, global lines of financial support. Save the Children, for example, solicits donations from foreign governments (principally the United Kingdom), non-profit foundations and large corporations (大企业).67 The International AIDS Alliance receives the majority of its support from USAID, but also attracts money from the International Fund and the Levi Strauss Foundation, which underwrote the Alliance’s HIV/AIDS anti-discrimination project in 2006-2007.68 An examination of USAID’s financial involvement reveals that international funding can shape a region’s non-profit community by serving as a catalyst for NGOs to consolidate and coordinate with one another. In addition to funding the AIDS Alliance, USAID also underwrites Family Health International and one other HIV/AIDS group in Yunnan: Population Services International (US). Wang Hong explained that USAID requires each of these organizations to find a particular focus or strength to avoid funding overlap and redundancy. Accordingly, FHI operates the FSW

66 Yi Yi Lu, 69.
67 Yan Hetao.
68 Wang Hong.
and MSM centers in Kunming, while the AIDS Alliance and PSI pursue similar projects in other locations. The three recipients of USAID also assist each other, particularly at the beginning of new programs, although Wang Hong admitted that the Chinese government remains her organization’s most direct partner.69 Author Yiyi Lu contests the idea that significant mutual support exists within China’s NGO sector,70 but his study does not examine the ability of shared funding to align different NGOs in a similar orientation. NGOs must apply and bid for USAID funding and meet certain requirements set by USAID, two conditions which promote communication between recipient organizations. According to Li Ling, an officer at FHI, USAID encourages local decision making, but also requires FHI to submit specific data and statistics since investment officials from abroad lack first-hand experience on the ground.71 Even if NGOs still direct partnerships toward the government, the presence of a common, well-endowed foreign donor introduces the potential for horizontal cooperation between NGOs. Reliance on outside financing also divides NGO attention between directives issued by the Chinese government and the expectations and attitudes of overseas donors. In other words, foreign support directly influences Chinese civil society by granting NGOs the necessary latitude to form relationships among each other and the freedom to walk avenues not paved by the Communist Party.

The elasticity afforded NGOs by international funding does encounter limitations, however. While the Chinese government surrenders a measure of control by not participating in the financing game, the Party retains the ability to influence donations flowing into China. KK Lee explained that CEDAR Fund will close its seven year project

69 Wang Hong.  
70 Lu, 104.  
71 Li Ling.
with Bulang villages at the end of 2007 because a large, 20 million dollar UN Development Fund program will move into the region and begin similar work. According to KK Lee, “the Chinese government does not want two clashing funds in one area.” As a result, CEDAR Fund plans to redirect its health programs toward another county in Xishuangbanna or another prefecture in Yunnan. This example not only demonstrates that outside groups can sometimes encroach on each other’s territory, but also reveals that the Chinese government possesses enough leverage to direct funding and shift the location of programs. In recognition of the government’s dominant position, even those organizations benefiting from the significant endowment of USAID acknowledge that a relationship with the government holds primacy over conflicting demands from international partners. Ultimately, foreign monetary support opens the possibility for greater autonomy and independence of action, but does not completely erase restrictions on third-party behavior placed by the Chinese government.

NGO Impact on Public Health

Yunnan inspires two interrelated narratives in the imaginations of Han Chinese: a land of colorful and exotic minority cultures, and a lesser-developed frontier province lacking widespread scientific and technical skills. A third conception of Yunnan as an epicenter of disease and poor health also finds frequent articulation, and many in the medical community describe Yunnan as a lodestone attracting the attention and support of both domestic and foreign health groups. This third vision of Yunnan arises from its

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72 KK Lee.
73 Cheng Hehe.
proximity to Southeast Asia’s opium growing “Golden Triangle” and its resulting reputation as the entryway for China’s HIV/AIDS epidemic in a line of transmission propelled by the mingling of at-risk groups like drug users and sex workers with the general population. 74 AIDS aside, other diseases such as dysentery, tuberculosis and even leprosy continue to pose health challenges for those working to improve Yunnan’s public health picture. This wide range of diseases, combined with consistent rural poverty, leads health professionals like Cheng Hehe to joke: “If you want to study public health, you should really come to Yunnan because there are too many health problems here!” 75 NGOs play just one role in addressing Yunnan’s varied health issues, and some in the provincial medical community view NGO impact as small and overshadowed by more far-reaching government efforts. Tan Laiyong, for instance, believes that “there is no basis for comparison between NGOs and government in terms of health programs and spending. It would be like comparing apples and oranges. The government spends billions on health.” 76 Given the layered cooperation between NGOs and government, however, one should not compare and contrast the two as separate forces working in competition, but rather as two voices singing together in concert. Even if government spending far outstrips resources in China’s non-profit community, an examination of several NGO programs in Yunnan reveals that these organizations deliver a definite contribution to community health.

For certain disease threats, NGO programs address issues and needs not met by the Chinese government. CEDAR Fund’s projects with Bulang communities along the Myanmar border promote development and health in an outskirts region traditionally

74 Chen Yaohong.
75 Cheng Hehe.
76 Laiyong.
underserved by government agencies. NGOs like CEDAR Fund and Save the Children also pioneered some of the earliest HIV/AIDS education programs for primary and middle schools. More than ideals, these programs produce observable results; Luo Xiying and several other graduate students at Kunming Medical College remarked: “We have heard that in places with high infection rates that attract lots of HIV/AIDS programs – Ruili, for example -- children in primary school know more about the dangers of HIV/AIDS and its spread than most Chinese adults.”

Health education for adults proves similarly effective. The staff at FHI’s FSW center in Kunming estimates that 80-85% of female sex workers who participate in educational programs now know about the importance of using condoms. While the Kunming center does not track HIV/AIDS infection rates among female sex workers, Zhang Yiyu said that an FHI office in another district tested 400 sex workers they worked with and all 400 tested negative. According to Zhang Yiyu, “knowledge now is much better than before….This shows that the work we do, our programs, are effective and of great importance.” More than just positive anecdotes, these comments by Luo Xiying and Zhang Yiyu demonstrate the real impact NGO projects leave behind and the important role they play in cooperation with government health bureaus.

The strategies employed by NGOs also differ markedly from tactics pursued by government health programs. Whether combating leprosy or HIV/AIDS, many non-profit groups view disease not just as a collection of symptoms impacting the body, but also as a phenomenon carrying social implications for the afflicted. When visiting leprosy villages in Hong He prefecture, CPHCF provides treatment and care, but also tries to

77 Luo Xiying and friends.
78 Zhang Yiyu.
reduce discrimination against those with leprosy. The International AIDS Alliance recently completed a program funded by the Levi Strauss Foundation to decrease discrimination against MSMs, and FHI’s Spring Rain Teahouse in Kunming provides a nonjudgmental space where male sex workers receive education and group support. Health NGOs offer an especially important contribution in working with sensitive target groups like drug users or sex workers. Since Party law considers IDUs and sex workers to be engaged in illegal behaviors, government health agencies involved with these groups risk sending a contradictory message that NGOs, as outside organizations separate from the Party, can avoid. Given the squeamish attitude local governments assume toward high-risk groups, preventative education for these populations would decrease dramatically in the absence of international HIV/AIDS organizations. More importantly, IDUs and sex workers would lose a politically neutral advocate capable of influencing government attitudes and providing un-stigmatized care.

While the Chinese government spends billions on health, gaps in funding leave many issues unaddressed in favor of more attention-grabbing illnesses such as HIV/AIDS. Cheng Hehe of the Yunnan CDC believes that “leaders invest a lot of money into AIDS while other diseases and problems go neglected, such as food sanitation, dysentery and diarrhea. I think China’s leaders should examine how to improve the conditions of multiple disease threats, but instead they spend all their focus on AIDS.” Li Xiaoliang expressed a similar opinion, saying that critics object to the free AIDS care for rural and low-income urban residents since other long-term illnesses such as diabetes and hypertension do not receive similar government support. She also stated that while the

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79 Wang Hong.  
80 Cheng Hehe.
government focuses its AIDS programs on providing free treatment – as evidenced by the “Four Frees and One Care” policy – the national medical community should spend more time “developing specific strategies to target those groups at high risk for infection.”

A comparison of NGO and government efforts in Yunnan reveals a greater emphasis on preventative education in the non-profit community. While Party policies provide admirable and necessary assistance to those with HIV, NGOs drive the most cutting-edge intervention programs for at-risk groups and, as illustrated by the International AIDS Alliance, help mold government attitudes and methodologies. HIV/AIDS also preoccupies the non-profit health sector in Yunnan (all of the organizations in this study support HIV/AIDS projects), but many NGOs extend their missions to encompass other elements of public health. CEDAR Fund, Save the Children and CPHCF all contextualize their health programs in more general community development and capacity building frameworks, for example. Additionally, NGOs provide crucial medical training to rural practitioners. Yunnan’s CDC network runs similar workshops to increase the abilities of rural doctors, but most of these programs originate from under-funded county-level public health schools. Indicative of the incomplete education these schools provide, not a single person in a room of twenty doctors from the Hong He prefecture hospital in Mengzi knew how to resuscitate a non-breathing, newly-born infant – a common, lifesaving procedure in premature births. Training funded by organizations like CPHCF and CEDAR Fund supplements the education offered by publicly funded health schools, and in doing so brings outside medical knowledge to local communities.

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81 Li Xiaoliang.
82 Cheng Hehe.
Toward a Healthier Future

The intense scrutiny China’s healthcare system weathered after the SARS epidemic prompted the Communist Party to reevaluate the transparency of China’s medical community and reexamine the state of public health. Although serious problems continue to exist, recent years demonstrate growing governmental concern over health provisions in rural communities. A new government health policy, 新型农村合作医疗, represents a tempered return to the cooperative medical care available during the Maoist years. This new payment-support plan combines contributions by individuals, provincial governments and the Chinese central government to provide limited financial assistance to rural citizens seeking treatment. Coverage included in the program, however, leaves out many of the most common diseases in non-urban areas, decreasing the potential for significant improvement and change. Li Xiaoliang explains that “while major illnesses (大病) are covered, the problem is that less serious illnesses (小病) are excluded from the payment plan. As a result, many poor people feel like they are not benefiting…because more common diseases are not subsidized.”83 As China’s health system gradually works out the kinks of new and old policies, international NGOs will continue to play a vital role in modernizing rural Yunnan’s medical infrastructure and improving local knowledge of health. For its part, the government seems more and more willing to entertain partnerships with non-profit groups. Cheng Hehe told the story of Save the

83 Li Xiaoliang.
Children’s presence in China to contrast today’s attitudes toward NGOs with prevailing sentiments a decade before: “Ten years ago, a representative from Save the Children approached the CDC and Ministry of Health, but both refused to meet with him. Since then, the situation has changed a lot. Currently we work with a few NGOs, although I wouldn’t say many.”\textsuperscript{84} She went on to compliment FHI as “an organization I really admire” and to speak highly of its technical prowess and willingness to cooperate with the CDC. Conversations with NGOs and government officials indicate growing communication across the aisle and favorable prospects for health NGOs in Yunnan to earn the government’s respect and trust. Considering the complexity and range of health concerns facing Yunnan’s countryside, the future growth of NGOs will intimately intersect and impact the evolution of medical treatment and health education as market reforms continue to redefine China’s public health community and carve a space for non-governmental action and support.

\textsuperscript{84} Cheng Hehe.