Textual Analysis of China' s Village Clinic Construction Policies from a Policy Instrument Perspective: Postprint

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Abstract

Background Village clinics constitute a crucial component of the rural medical and health service system, and the sustainability of their construction and development directly determines the quality and effectiveness of rural medical and health services.

Objective To conduct quantitative and visual analyses of policy texts concerning village clinic construction in China, investigate the focal points and deficiencies within the village clinic construction policy system, and provide evidence-based references for the formulation and improvement of relevant policies.

Methods The official websites of the State Council and the National Health Commission, as well as the Peking University Law Database, were accessed. Search keywords included "village clinic," "village health post," "rural medical and health institution," "primary-level medical and health institution," and "rural health," with the search timeframe set from January 1, 2009, to March 1, 2023. An analytical framework was constructed across three dimensions: policy tool type, health system macro-model, and policy effectiveness for coded policy analysis. UCINET 6 software was employed for social network analysis of issuing entities, and NVIVO software was utilized to divide the period into three phases for word frequency analysis of policy texts.

Results A total of 56 policy texts were included, yielding 304 policy codes. In the policy tool dimension, supply-side tools accounted for the largest proportion (50.99%), while demand-side tools represented a smaller share (11.18%). In the health system macro-model dimension, the internal system accounted for the majority (74.67%), whereas the external system constituted a smaller

portion (25.33%). Regarding policy effectiveness, 2018 demonstrated the highest policy effectiveness (15 points), while 2012 showed the lowest (3 points). Joint issuance among multiple departments was relatively uncommon, whereas single-department issuance predominated. Policy attention was primarily concentrated on talent development.

Conclusion The internal and external structure of policy tools is imbalanced, with an overemphasis on supply and insufficient attention to demand. Top-level policy design for village clinic construction is deficient, with an inadequate number of targeted documents. The inter-departmental collaborative and linkage mechanism requires further improvement.

Full Text

Preamble

The Policy Texts Related to the Construction of Village Clinics in China from the Perspective of Policy Tools

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Abstract

Background: Village clinics are an important component of China' s rural medical and health service system, and the sustainability of their construction and development directly affects the quality and effectiveness of rural medical and health services.

Objective: To conduct quantitative and visual analysis of policy texts related to village clinic construction in China, explore the key focuses and deficiencies of the village clinic construction policy system, and provide evidence-based references for policy formulation and improvement.

Methods: We searched the official websites of the State Council, the National Health Commission, and the Beida Fabao database using keywords including "village clinic," "village health post," "rural medical and health institution," "primary-level medical and health institution," and "rural health." The search period was from January 1, 2009, to March 1, 2023. We constructed

an analytical framework from three dimensions: policy instrument type, health system macro-model, and policy effectiveness, and conducted coding analysis. UCINET 6 software was used for social network analysis of issuing bodies, and NVIVO software was used to divide the period into three phases for word frequency analysis.

Results: A total of 56 policy documents were included, yielding 304 policy codes. In the policy instrument dimension, supply-side instruments accounted for the largest proportion (50.99%), while demand-side instruments accounted for a relatively small proportion (11.18%). In the health system macro-model dimension, the internal system accounted for the largest proportion (74.67%), while the external system accounted for a relatively small proportion (25.33%). In the policy effectiveness dimension, policy effectiveness was highest in 2018 (15 points) and lowest in 2012 (3 points). There were fewer joint departmental issuances and more single-department issuances. Policy attention focused primarily on talent construction.

Conclusion: The internal and external structure of policy instruments is imbalanced, emphasizing supply over demand. Top-level policy design for village clinic construction is lacking, with too few targeted documents. The mechanism for inter-departmental collaboration and coordination needs further improvement.

Keywords: Rural health; Village clinic; Health policy; Policy tools; Policy analysis

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Main Text

Village clinics serve as the "foundation" of China' s three-tier rural healthcare service network, aiming to protect the health of rural residents by undertaking tasks such as infectious disease surveillance, planned immunization, maternal and child health care, health education, and the diagnosis, treatment, and referral of common and frequently occurring diseases. Their development directly affects the vital interests of the vast rural population [1]. In 2023, the "Opinions on Further Deepening Reform to Promote the Healthy Development of the Rural Medical and Health System" was issued, emphasizing the need to strengthen capacity building in village clinics and highlighting their importance in consolidating the rural medical and health system [2]. The orderly development of village clinics and the steady improvement of their service capabilities depend critically on the effective implementation of policy instruments. As the main policy actors driving policy objectives, government departments should optimize policy instruments from multiple perspectives to facilitate goal achievement. Existing literature on village clinic construction policies typically focuses on specific aspects: (1) quantitative studies on talent-related policies, primarily using analytical frameworks combining policy instruments with time [3], policy instruments and problems [4], policy instruments and policy targets,

and policy effectiveness [5]; (2) research on policy matching and implementation, mainly investigating policy implementation processes and environments [6]; and (3) studies on policy objectives, focusing on talent team construction and the development of traditional Chinese medicine services [7-8]. Currently, there are few comprehensive quantitative analyses of overall village clinic construction policies, and the connection between research content and policies in relevant literature is insufficient [9]. Based on this, this study analyzes policy texts related to village clinic construction from the dimensions of policy instruments, the macro-model of the health system, and policy effectiveness, using NVIVO and UCINET 6 software to explore current policy focuses and shortcomings, providing evidence for improving relevant policies and promoting the healthy development of village clinics in China.

1.1 Data Sources

We accessed the official websites of the State Council, the National Health Commission, and related ministries, as well as the Beida Fabao database, searching for policy texts related to village clinic construction using the keywords "village clinic," "village health post," "rural medical and health institution," "primary-level medical and health institution," and "rural health." The search period was set from January 1, 2009, to March 1, 2023. Inclusion criteria were: (1) policies issued by central government-level authorities; (2) policies that directly stipulated or reflected village clinic construction content, including support elements for construction (human resources, financial resources, materials, etc.). Exclusion criteria were: (1) documents only marginally related to village clinic construction, such as the "Regulations on the Administration of Medical Institutions (2022 Edition)," which only stipulates planning and approval procedures for village health posts without containing construction-related content; (2) documents that mentioned relevant keywords but contained no substantive policy content, such as the "Opinions of the CPC Central Committee and the State Council on Key Work for Comprehensively Promoting Rural Revitalization in 2023," which mentioned "strengthening service capacity building for medical and health care at the township and village levels" but provided no specific implementation details. Policy retrieval was completed by two researchers who screened documents according to inclusion and exclusion criteria, with disagreements resolved through discussion. A total of 56 policy documents were included, with examples shown in Table 1 .

1.2 Policy Analysis Framework Design

Policy instruments refer to the various means employed by public policy actors to achieve policy objectives, and their optimal utilization determines policy goal attainment [10]. As policies for village clinic construction have increased, policy instrument entries have gradually improved. To comprehensively analyze the village clinic construction policy system, this study constructed a three-dimensional policy analysis framework (Figure 1 [Figure 1: see original paper])

from the dimensions of policy instrument type, health system macro-model, and policy effectiveness.

1.2.1 X Dimension: Policy Instruments Based on Rothwell and Zegveld's policy instrument classification theory, we constructed an analytical framework from three aspects: supply, demand, and environment [11]. Policy instrument content includes: (1) government support through human, material, financial, and information resources to drive village clinic construction from the supply side; (2) government stabilization of the village clinic service market through procurement and subsidies to pull construction from the demand side; and (3) government creation of a favorable external environment to indirectly influence village clinic construction.

1.2.2 Y Dimension: Health System Macro-Model Coordinated operation between internal and external systems in the health system macro-model is key to promoting policy objective achievement. Based on characteristics of village clinic construction policies and drawing on health system macro-model theory, we constructed the Y-dimensional framework from three internal system sub-modules (structure-process-outcome) and four external sub-modules (political, economic, social, and technological). Structure refers to government investment in village clinic construction, including infrastructure, personnel, and resource allocation. Process involves supervision, personnel management, and regulatory controls to ensure effective resource allocation and policy goal achievement. Outcome defines the objectives to be achieved through village clinic construction. Political aspects involve inter-departmental collaboration and policy prioritization. Economic aspects include financial guarantees and differential medical insurance payments. Social aspects involve strengthening publicity to create a favorable atmosphere. Technological aspects involve government support for information technology in village clinic construction.

1.2.3 Z Dimension: Policy Effectiveness Policy effectiveness reflects policy authority, with different policy levels indicating government priority. Generally, higher-level administrative authorities issue stronger and more formal policies with greater effectiveness. Referencing Zhao Xueqin et al.' s approach to quantifying policy effectiveness [12], we scored the 56 policy documents by effectiveness level, with scoring rules shown in Table 2 .

1.3 Policy Coding and Analysis Methods

(1) We used Excel 2019 to quantitatively code policy content according to the format policy number-specific clause/chapter. For example, 1-4-10 represents the first policy document "Opinions of the CPC Central Committee and the State Council on Deepening Medical and Health System Reform," Chapter 4 on improving systems and mechanisms to ensure effective operation of the medical and health system, and point 10 on "supporting

village clinic construction and providing reasonable subsidies for public health services undertaken by village doctors." If one code covered different items, it was coded repeatedly.

(2) Based on different periods faced by village clinic construction, we divided the 56 policy texts into three phases: New Medical Reform Launch Period (2009-2015): The 2009 "Opinions of the CPC Central Committee and the State Council on Deepening Medical and Health System Reform" proposed vigorously developing rural medical and health service systems, supporting village clinic construction through multiple forms, and significantly improving rural medical and health conditions and service quality; Poverty Alleviation Period (2016-2020): During China' s comprehensive poverty alleviation and moderately prosperous society construction, the CPC Central Committee and State Council emphasized accelerating standardized construction of county-township-village three-tier health services in impoverished areas and strengthening capacity building of township health centers and village clinics; Comprehensive Rural Revitalization Promotion Period (2021-present): The 2021 "Opinions of the CPC Central Committee and the State Council on Comprehensively Promoting Rural Revitalization and Accelerating Agricultural and Rural Modernization" (Central Document No. 1) made overall arrangements for comprehensively promoting rural revitalization in the new development stage, emphasizing the need to strengthen rural primary-level medical and health system construction and improve standardized construction and health management levels in village clinics [13-15].

We used NVIVO software for quantitative and visual analysis of policy texts. NVIVO, based on grounded theory methodology, organizes, analyzes, and shares data through qualitative analysis techniques to form conceptual qualitative analysis methods, widely used internationally [16]. The "word cloud" function in NVIVO reveals policy text focus points and visually displays keyword distribution.

(3) We used UCINET 6 software to conduct Social Network Analysis (SNA) on issuing bodies of the 56 policy texts. SNA is a set of theories and methods for analyzing relationship structures and their attributes in social networks, focusing on relationship patterns among actors [17]. By constructing a co-occurrence matrix of policy issuing bodies, we analyzed the closeness of collaborative relationships among them.

Results

2.1 X Dimension: Basic Policy Instrument Distribution

A total of 304 policy codes were extracted from 56 policy documents. Supply-side instruments were most prevalent (155 codes, 50.99%), followed by environmental instruments (115 codes, 37.83%), while demand-side instruments were least used (34 codes, 11.18%). Specifically, secondary policy instruments showed

imbalances: among demand-side instruments, pension subsidies were most used (5.99%) while others were underutilized; among supply-side instruments, talent construction was most frequent (14.47%) while infrastructure construction (3.29%) and information support (4.28%) were less used; among environmental instruments, supervision and assessment were most common (10.86%) while strategic measures were less used (5.26%), as shown in Table 3 .

2.2 Y Dimension: Health System Macro-Model Analysis

The Y dimension yielded 304 codes, with 227 (74.67%) in internal system modules and 77 (25.33%) in external system modules, showing structural differences. The internal system focused most on the structure sub-module (46.05%) and least on the outcome sub-module (8.88%). The external system focused more on the economic sub-module (12.50%) and less on social (0.66%) and technological (4.28%) sub-modules, as shown in Table 4 .

2.3 Z Dimension: Policy Effectiveness Analysis

Based on policy effectiveness scoring of the 56 documents, 2018 had the highest policy effectiveness (15 points) while 2012 had the lowest (3 points). Policy effectiveness was relatively high in 2009 (start of new medical reform), 2016 (start of poverty alleviation period), and 2021 (start of rural revitalization period), with scores of 12, 13, and 10 points respectively, as shown in Table 5 .

2.4 Policy Issuing Body Cooperation Network Analysis

The social network diagram shows that the strongest nodes are concentrated in the National Health Commission (National Health and Family Planning Commission). Connection line thickness reflects inter-departmental collaboration frequency, with thicker lines indicating more cooperation, stronger information transmission capacity, and higher resource coordination [18]. Thicker lines are mainly observed between the National Health Commission, Ministry of Finance, State Administration of Traditional Chinese Medicine, National Development and Reform Commission, and Ministry of Education, indicating high-frequency joint document issuance among these departments (Figure 2 [Figure 2: see original paper]).

2.5 NVIVO Word Frequency Analysis

Word frequency analysis revealed different policy content emphases across the three periods. (1) The 23 policies issued during the new medical reform period (2009-2015) focused on terms such as health, medical care, services, institutions, doctors, primary-level, basic, and talent, indicating policymakers' emphasis on medical services, village doctors, and talent team construction. (2) The 25 policies issued during the poverty alleviation period (2016-2020) focused on health, wellness, medical care, services, institutions, management, construction, and work, with "wellness" appearing more frequently, highlighting attention

to medical and health services and institutional management capacity building. (3) The 8 policies issued during the comprehensive rural revitalization period (2021-present) focused on construction, rural areas, villages, talent, health, services, medical care, and wellness, showing policymakers' attention to talent team construction and medical and health services (Figures 3-5 [Figure 3: see original paper][Figure 4: see original paper][Figure 5: see original paper]).

Discussion

3.1 Oversupply of Supply-Side Instruments and Underutilization of Demand-Side Instruments

Comprehensive analysis of China' s village clinic construction policy system shows usage rates of 11.18% for demand-side, 50.99% for supply-side, and 37.83% for environmental instruments, indicating "oversupply" of supply-side instruments and underutilization of demand-side instruments. This suggests the government primarily drives village clinic construction through supply-side resource inputs (human, financial, material). The main reasons may include low education levels among village clinic personnel, serious aging, limited training opportunities, narrow disease treatment scope, and simple facilities [7]. To improve conditions, the government has increased supply-side inputs. However, excessive reliance on supply-side instruments and insufficient demand-side utilization create unbalanced development, likely weakening policy effectiveness and prolonging inefficient periods, which is detrimental to long-term development. Policymakers tend to focus on policy targets with many stakeholders and strong social appeal while paying less attention to issues with long benefit cycles, such as emphasizing pension subsidies while neglecting demonstration projects.

3.2 Unreasonable Internal Structure of Policy Instruments and Need for Optimization

Supply-side policy instruments showed 44 codes for talent construction but only 10 for infrastructure and 13 for information support, indicating internal imbalance. Policymakers' high attention to talent construction may relate to personnel shortages and insufficient reserves in village clinics. However, retaining talent requires not only strengthening talent construction but also coordinating other secondary instruments to create an environment where talent can truly "go down and stay." Among demand-side instruments, pension subsidies were most used while others were underutilized. Under demand-side instruments, village clinic funding sources remain single-channel. Among environmental instruments, supervision and assessment were most used while strategic measures were least used. Policymakers focus on using mandatory instruments like standardized management and administrative assessment to drive development, while detailed arrangements like strategic measures are rarely mentioned and should be strengthened.

3.3 Imbalanced Internal-External System Distribution and Varying Sub-Module Attention

Health system macro-model analysis shows 227 internal system codes and 77 external system codes. The internal system focused more on structure and less on outcomes. The emphasis on structure may reflect government efforts to optimize health resource allocation through investment to improve personnel skills and service capacity. Less attention to outcomes may be because current policy objectives are primarily long-term and phased, resulting in fewer specific targets. The external system focused more on economic sub-modules and less on social and technological ones. Greater attention to economic aspects may be because village clinics undertake basic public health service projects, with government providing reasonable subsidies through service purchasing. However, insufficient use of social sub-modules may lead to inadequate policy publicity, lack of attention from implementation bodies, and superficial policy implementation.

3.4 Lack of Top-Level Policy Design and Low Frequency of Multi-Department Joint Documents

Policy effectiveness analysis shows relatively high effectiveness in 2009, 2016, and 2021, likely because government health authorities need guiding, macro-level, and high-effectiveness policies to establish objectives for different periods. However, analysis of high-effectiveness documents issued by the State Council General Office shows incomplete coverage of village clinic construction, addressing only certain aspects. Currently, only one document comprehensively covers overall construction: the 2014 "Management Measures for Village Clinics (Trial)" (National Health Primary Care [2014] No. 33) issued by the National Health and Family Planning Commission. Overall, top-level policy design for village clinic construction needs improvement in the comprehensive rural revitalization period. UCINET 6 SNA shows that issuing bodies are concentrated in the National Health Commission, with limited collaboration among other departments confined to a few agencies. Insufficient multi-department cooperation may hinder policy effectiveness, requiring strengthened coordination among participating entities.

Recommendations

4.1 Strengthen Demand-Side Instrument Use and Scientifically Configure Policy Instrument Combinations

Rational selection of policy instruments can enhance policy formulation 科学性, optimize implementation processes and effects, and is key to achieving policy objectives [20]. The policy instrument dimension suggests that effective use of demand-side instruments can reduce external impacts on village clinic construction and stimulate service provider vitality. We recommend increasing attention to and use of demand-side instruments. Policymakers should address not only high-attention policy targets but also instruments with slow effectiveness growth

periods. The three basic policy instruments should be scientifically configured to form multi-dimensional policy synergy. Additionally, future policy formulation should emphasize multi-department joint issuance to increase principal responsibility and enhance policy effectiveness.

4.2 Optimize Internal Structure of Policy Instruments and Balance Secondary Instruments

To address internal structural imbalances and underutilization of some secondary instruments, we recommend policymakers optimize the use of various secondary instruments. For supply-side instruments, attention should be increased not only to training and continuing education in talent construction but also to infrastructure construction, information support, and teacher development. Complete infrastructure, robust information networks, and excellent teaching staff can promote service capacity improvement and create favorable practice environments to help talent truly "go down and stay." For demand-side instruments, demonstration projects, price subsidies, and medical insurance payments should be strengthened. Demonstration projects can enhance overall service capacity, while effective use of price subsidies and medical insurance payments can improve subsidy channels and provide reasonable compensation. For environmental instruments, strategic measures should be increased to clarify responsibilities of various stakeholders and ensure policy objective achievement.

4.3 Improve Internal-External System Balance and Increase Attention to Sub-Modules

A system is an inseparable whole where reasonable internal structure enables integrated functions to exceed the simple sum of individual elements [21]. Current policies show imbalances between internal and external systems and inconsistent attention to sub-modules. We recommend increasing system balance and external system attention in future policy formulation. For internal systems, outcome sub-module use should be increased, with long-term and phased policy objectives broken down into multiple indicator nodes to ensure achievement. For external systems, social sub-module instruments should be strengthened to create favorable atmospheres through publicity, increase implementation body attention, and improve resident awareness and trust. Technological sub-module use should also be enhanced to ensure medical insurance systems cover village clinics and improve their use of insurance funds.

4.4 Improve Top-Level Policy Design and Strengthen Multi-Actor Collaboration

Top-level design means central government departments play a "steering" role while local governments implement tasks. Effective top-level design can compel local governments to work harder, and central departments must play a "meta-guidance" role to ensure local follow-through [22]. China has entered the comprehensive rural revitalization period, with village clinic responsibilities changing

accordingly. However, targeted policies for the new period are lacking. We recommend strengthening top-level policy design for village clinic construction to guide orderly development. The SNA shows issuing bodies are concentrated in the National Health Commission with limited inter-departmental collaboration. Insufficient multi-department cooperation can hinder policy effectiveness, requiring strengthened coordination among participating entities.

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Author Contributions

LI Xianjing was responsible for data collection and analysis, manuscript writing, and accountability for the work; HUANG Danqi participated in data collection and organization; PENG Rong provided methodological guidance; FENG Qiming revised the manuscript; XU Tingting was responsible for quality control and review.

Conflicts of Interest

None declared.

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Note: Figure translations are in progress. See original paper for figures.