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All of Me is a song that is very romantic and very deep. Presented by singer born in Pringfield, Ohio United States John Legend with his name before he was known to John Roger Stevens. About 'All of Me' Not only as a famous singer, John Legend is also a songwriter, pianist, and actor. The United States man became known for the song that exploded in the All Me Market. All of Me scored a lot of success because a lot of people liked it. The single, released on 12 August 2014, has never moved out of the top ten of the UK charts for eighteen consecutive weeks. All I'm said to have been downloaded up to 804,500 times. In 2014, Toby Gad became the most popular single in the UK. John Legend won the title of platinum single with the song All of Me. Not only successfully in the U.S. and the United Kingdom, the song All of Me also successfully distributed its wings to dominate the charts of Australia and seven other countries, namely Canada, Ireland, Portugal, New Zealand, Sweden, Switzerland and the Netherlands, which also achieved satisfactory results. The meaning of the song All of Me also gave an emotional feeling conveyed by John Legend through the lyrics of the song. In fact, the meaning of the song All of Me is just a love song between the couple. But who would have thought that the cliché song became a huge success all over the world. Many people like this song because it has music that makes a romantic impression and the meaning of the song All of Me is very deep. Simple music but can still be enjoyed by many people are not surprised if it is very successful in the market. All of Me is a single by John Legend that was included on his fourth album. In America alone, All of Me has reached the Billboard Hot 100. Download WordPress ThemesDownload WordPress Topics FreeFree Download WordPress ThemesDownload WordPress Topics download udemy paid courseDown Premium WordPress Topics Freemunity content download free All Me Piano Sheet Music free piano notes John Legend notes piano notes John Legend piano notes with a partially open lock icon full playback, but there are all the features of the player disabled. Premium members of the song are completely open. With Chords / With Lyrics / Pop Created Kalyani Music All of Me Sheet Music for Voice All of Me Sheet Music for Guitar All of Me Leaf Music for Alto Saxophone All of Me Sheet Music for Alto Saxophone 1 All of Me Music Sheet for Alto Saxophone 2 All of Me Sheet Music for backup vocals All of Me Music Sheet for Baritone Horn All of Me Music Sheet Music for Baritone Saxophone All of Me Music Sheet for Bass Clef Instrument All of Me Music Sheet for Bass Of Me Music Sheet for Bb Instrument All of Me Music Sheet for C Instrument All of Me Music Sheet Music for Cello All of Me Cello Music Sheet 1 All of Me Music Sheet Music for Cello 2 All of Me Sheet Music for Clarinet All of Me Sheet Music for Clarinet 1 All of Me Sax Music Sheet 2 All Of Me Music Sheet for Double All Bass of Me Music Sheet for Eb Instrument All of Me Sheet Music for F Instrument All of Me Sheet music for Flute 2 All of Me Sheet Music for Kalimba All of Me Sheet Music for The Goboo All of Me Sheet Music for Piano Accompaniment All of Me Sheet Music / 4 Hands All of Me Sheet Music for Recorder All of Me Leaf Music for SAT Chorus All of Me Leaf Music for SATB Chorus All of Me Sheet Music for Sopranos All of Me Music for tenor Saxophone All of Me Sheet Music for Treble Clef Instrument All of Me Sheet Music for Trombone All of Me Sheet Music for Trumpet All of Me Sheet Music for Ukulele All of Me Leaf Music for Alta All of Me Sheet Music for Violin All of Me Sheet Music for Violin 1 All of Me Sheet Music for Violin 2 All Of Meby John Legend for Piano Solo (Big Note Book) \$2.99 (save 63%) If you become a Member! (learn more...) This is Hal Leonard's digital item that includes: This music can be instantly opened with the following apps: About All Of Me Digital Music for Piano Solo, a large note bookNOTE: chord instructions included. Publisher: Hal LeonardContributors to this music title:John Stephens (writer)Toby Gad (writer) This item includes: PDF (digital sheet note to download and print), Interactive sheet music (for online playback, Translation:Piano Solo (Big Book Notes)Genre: Love, Pop, Rock, Wedding, Festival, Kids John\_Hadlow Clarinet: Advanced/Teacher/Director/Director/Director in General: Difficulty: The quality of the arrangement: Precision: 11/10/2015 9:52:41 PM All Of Me One of my most enjoyable arrangements to play together. He has a good sense and precision in his writing as well as a band break written so I can play along with on a karaoke track. 0/0 people found this review useful. Have you found this review useful? LOG IN to comment on this review. skrony Tube: Advanced /Director or Conductor In general: Difficulty: Arrangement quality: Precision: 10/22/2015 7:38:52 AM All To Me It's #180; ideal version that you can use with or without a singer 0/0 people found this review useful. Have you found this review useful? LOG IN to comment on this review. piano\_deb Piano: Advanced/Director or Conductor In General: Difficulty: Location quality: Precision: 4/3/2017 8:45:47 AM Great Agreement Of the Great Arrangement - 0/0 People found this review useful. Have you found this review useful? LOG IN, comment on this review. The report found that China has become the fastest growing fast-growing The world's consumer market though industry authorities have taken measures such as raising the tobacco tax to control this trend. Worker's Daily reported January 2. In 2009 and 2015, the country substantially abolished the tax on cigarettes, respectively, but high prices were far from enough to cool demand. According to statistics, the tax on cigarettes in China is 59 percent of the selling price, but it is still less than the global average of 75 percent. The payability of Chinese smokers rose 85 percent from 2001 to 2016 and even doubled among low-income consumers, according to a professor at the University of International Business and Economics, Cheng Rong. In addition, the incidence of smoking among low-income groups is higher than among high-income groups, and rural residents smoke more than urban dwellers, according to the zhen report. Smoking rates among the country's 200 million people are higher than those of other people. Hu Angan, a professor at Tsinghua University, says higher smoking rates in poor areas and poor families are the main cause of recurring poverty due to the treatment of tobacco-related diseases. World experience shows that raising tobacco taxes can effectively reduce tobacco use and reduce health care costs. Cheng said, calling for higher cigarette prices to reduce smoking among low-income smokers. With 316 million smokers, China has grown to become the largest tobacco market in the world. Data provided by Hu showed that 6.4 million deaths could be related to smoking in 2015. The treatment of tobacco-related diseases resulted in 53 billion yuan of direct losses and 297 billion yuan of indirect losses for China in 2014, according to statistics. In total, these two expenditures account for 10.59 per cent of national health expenditures this year. In recent years, China has imposed a strict smoking ban in more than 20 cities, but the campaign covers less than 10 percent of the country, which is far from effective. Jiang Yuan, deputy director of the China Center for Disease Control and Preventive's Tobacco Control Authority, said raising tobacco prices and taxes is one way to combat smoking. BEIJING, Dec 26 (Xinhua) -- The Information Office of the State Council of the People's Republic of China on Wednesday published a white paper on medical and medical services in China. Below is the full white paper: Medical and Medical Services in China Information Office of the State Council of the People's Republic of China December 2012. Beijing foreign Good Health is a prerequisite for promoting all-around human development. And it's the common desire of human society to improve people and ensure their right to health care. For China, a major developing country, medicine and health care are vital for billion, and is one of the major issues concerning the well-being of its people. China pays great attention to protecting and improving the health of its people. As the Constitution states, the state develops medical and medical services, promotes modern medicine and traditional Chinese medicine... all to protect people's health. On the basis of this constitutional provision, China has established a complete system of laws and regulations relating to medical and medical services. Over the years, China has worked hard to develop its medical and medical services with Chinese characteristics in line with the policy of making rural areas at the heart of our work, putting disease prevention first, supporting both traditional Chinese medicine and Western medicine, relying on science, technology and education, and mobilizing the entire community to work together, improving people's health and servicing socialist modernization. Through the tireless efforts that have been made, health systems and health systems covering both urban and rural populations have begun to develop disease prevention and control capabilities, expanded health insurance coverage, made continuous progress in medical science and technology, and improved health. In order to put in place basic health and medical systems covering both urban and rural communities and to ensure that every resident has access to safe, effective, convenient and affordable basic health and medical services, China has continued to promote reform of its medical and medical system and has made important achievements at this stage. Basic health conditions have improved. Judging by the important indicators that express national health, the health of the Chinese people is now one of the leading countries in the developing world. In 2010, life expectancy was 74.8 years - 72.4 years for men and 77.4 years for women; the maternal mortality rate fell from 51.3 per 100,000 in 2002 to 26.1 per 100,000 in 2011; infant mortality and mortality rates for children under five years of age continued to fall, with the first falling from 29.2 per thousand in 2002 to 12.1 per thousand in 2011, and the second from 34.9 per thousand to 15.6 per thousand, which prematurely reached the UN Millennium Goal in this area. Health and medical care in China - Figure 1: Life expectancy per capita in China (years), according to a fact sheet published by the Information Office of the State Council on December 26, 2012. (Xinhua) -- No, no, no. Health and care in China - Figure 2: The maternal mortality rate in China (one in 100,000) from 1990 to 2011, a fact sheet published by the Information Office of the State Council on December 26, 2012. (Xinhua) -- No, no, no. Medical and Medical Services in China- Figure 3: China's Baby China from 1991 to 2011, according to a fact sheet published by the Information Office of the State Council on December 26, 2012. (Xinhua) -- No, no, no. Health and medical care in China - Figure 4: The mortality rate for children under five years of age in China from 1991 to 2011, according to a fact sheet published by the Information Office of the State Council on December 26, 2012. (Xinhua) -- No, no, no. Medical and medical systems have been established, covering both urban and rural residents. Of these systems, the first is a public health system that covers disease prevention and control, health education, maternity and childcare, mental health, health emergencies, blood collection and supply, health monitoring, family planning and some other specialized public health services, as well as a community health and health system that provides public health services. Secondly, it is a health care system. In rural areas, it is a three-tier network of health services that includes a district hospital, village hospitals and rural clinics, with a district hospital playing a leading role and village hospitals and rural clinics. And in cities and towns, we are talking about a new type of urban health care system, which includes the division of responsibilities, as well as cooperation between different types of hospitals at all levels and community health centres. Third, it is a system of medical safety. This system includes mainly basic health security, supported by many forms of supplementary health insurance and commercial health insurance. The basic health security system covers basic health insurance for working urban dwellers, basic health insurance for non-working urban dwellers, a new type of rural cooperative health care and urban and rural health care, which, respectively, cover the urban population, the unemployed urban population, the rural population and people suffering from economic hardship. And fourth, it is a pharmaceutical supply chain that covers the production, circulation, price control, procurement, shipment and use of pharmaceuticals. Recent work has focused on the creation of a national system of essential medicines. The structure of health financing is constantly being improved. China's health spending comes from the government's total tax revenue, social health insurance, commercial health insurance, out-of-pocket expenses. In 2011, total health spending in China reached 2,434.591 billion yuan, 1,806.95 yuan per capita. Total expenditures accounted for 5.1% of the country's GDP. In comparable prices, health expenditures increased by an average of 11.32% per year from 1978 to 2011. Individual out-of-pocket spending fell from 57.7% in 2002 to 34.8% in 2011, showing that health funding works better in areas of areas risk-free and re-distribution. In 2011, spending on hospitals and outpatient facilities amounted to 1,808.94 billion yuan, and for public health institutions - 204.067 billion yuan, which is 71.74% and 8.09%, respectively, of total health spending. Of the total expenditures on hospitals, urban hospitals, county hospitals, community health centres and medical centre settlements, 64.13 per cent, 21.28 per cent, 5.17 per cent and 9.3 per cent, respectively. Health and medical care in China - Figure 5: China's total health spending and its share of GDP from 1978 to 2011, according to a fact sheet published by the State Council Information Office on December 26, 2012. (Xinhua) -- No, no, no. Health and medical care in China-Figure 6: China's Health Financing Structure (%) from 2000 to 2011, according to a fact sheet published by the Information Office of the State Council on December 26, 2012. (Xinhua) -- No, no, no. Health resources are constantly evolving. By the end of 2011, the number of health and medical facilities across the country was 954,000, an increase of 148,000 from 2003. Licensed physicians reached 2,466,000, or 1.8 per thousand people, up from 1.5 per thousand in 2002. The number of registered nurses was 2,244,000, or 1.7 per thousand, up from 1,000 in 2002. The number of hospital beds reached 5,160,000, or 3.8 per thousand people, compared to 2.5 per thousand in 2002. There has been a marked improvement in the use of health and medical services. In 2011, health facilities across the country received 6.27 billion outpatients, up from 2.15 billion in 2002; and took in 150 million inpatients, up from 59.91 million in 2002. In the same year, Chinese residents applied to health facilities for medical care by an average of 4.6 times; 11.3 out of every 100 people were hospitalized. The use rate of hospital beds reached 88.5%, and an average of 10.3 days in hospital. These figures show that it is becoming more convenient for the doctor and more accessible to obtain medical services. In 2011, 83.3% of all households (80.8% in rural areas) were able to go to health facilities within 15 minutes, compared with 80.7% in 2002. Management and quality control systems for medical services are constantly being improved. A system of donation without compensation has been established to ensure blood supply and safety. II. The reform of medical and medical systems over the years of efforts by China has made remarkable advances in the development of its medical enterprises, which, however, still fall far short of the public's requirements in the field of and the demands of economic and social development. Especially as China has evolved from a planned economy into a market economy, the old health care system has undergone a Changes. Thus, it has become an issue important for the Chinese government to provide better and more affordable health care and health care for the population. In the 1980s, the Chinese government initiated reform of health and health systems and accelerated reform in 2003 after winning the fight against SARS. In March 2009, the Chinese government unveiled Opinions on Deepening Health and Health Reform, which is a new round of reforms in this area. The main objective of the reform was to provide the country-wide basic health and medical services as a public product and to ensure that everyone, regardless of location, nationality, age, gender, profession and income, had equal access to basic health and medical services. And the basic principles to be followed in reform are to provide basic services, improve such services at the grass-roots level and create effective mechanisms. Medical reform is a social program that covers a wide range and includes complex tasks. And it is a difficult and difficult task to deepen this reform in China, a developing country with a large population, low per capita income and a large gap between urban and rural areas. For more than three years, the Chinese government has worked hard to find a balance between improving health and health care on the one hand and socio-economic development on the other, trying to find a solution to this global problem. Thanks to persistent efforts, China has made positive progress in this new round of medical reform. Basic health-care systems cover both urban and rural residents. By 2011, more than 1.3 billion people had joined the three main health insurance systems covering both urban and rural residents, i.e. basic health insurance for working urban dwellers, basic health insurance for non-working urban dwellers and a new type of rural cooperative health care, with their overall coverage expanded from 87% in 2008 to 95% in 2011. This signalled that China had established the world's largest basic health security network. Funding for health care and the reimbursement ratio of medical expenses have been increased, and government subsidy standards for the new rural cooperative health care system have been increased from 20 yuan at the beginning to 200 yuan per person per year in 2011, benefiting 1.315 people/once in 2011 compared to 585 people/times in 2008. The reimbursement rate for hospitalizations covered by the policy has been increased to about 70 per cent and the reimbursement rate has been expanded, it costs outpatient treatment. Real-time reimbursement has been accepted for medical expenses, making it more convenient for people to have their medical expenses settled. Reform has been carried out on payment forms, including sickness payments and the total prepayment, which allows health insurance to play a more restrictive role in relation to health facilities, as well as to control costs and make health facilities more efficient. Critical health insurance is included in a new type of health care system for rural cooperatives. By 2011, some 230,000 patients with congenital heart defects, late-term diseases, breast cancer, cervical cancer, multidrug-resistant tuberculosis and childhood leukemia had received subsidies for underlying and serious diseases, with actual facilities accounting for 65% of their total costs. In 2012, lung cancer, oesophageal cancer, stomach cancer and eight other major diseases were included in the rural pilot program of insurance against major diseases, and the reimbursement rate reached 90%. Critical disease insurance has been introduced for both urban and rural residents, with certain amounts of money allocated to health insurance for non-working urban dwellers and a new type of rural cooperative health care to purchase critical health insurance policies from commercial insurance companies in order to save urban and rural families from the heavy burden of catastrophic health costs. The Critical Disease Insurance Subsidy Policy, which covers at least 50 per cent of actual medical costs, ensures that compliance costs will be assumed by an individual after reimbursement from basic health insurance. This has effectively reduced the financial burden of individuals. In 2011, 80.90 million cases were treated in urban and rural health care across the country. The basic system of drugs is developed from scratch. A system for selecting, producing, supplying and using essential medicines, as well as covering them in the health insurance system, has been put in place. In 2011, coverage of the system was extended to all grassroots health and medical facilities covered by the Government, where these drugs were sold at zero profit, virtually excluding the practice of hospitals subsidizing their medical services through the sale of medicines. A national guide to the clinical use of essential medicines and a formula have been developed to ensure that essential medicines were used in accordance with due process in grass-roots health facilities. A new mechanism for the purchase of essential medicines has been established, must be acquired by the provinces. As a result, prices for basic medicines in grass-roots health and health facilities have fallen by an average of 30 per cent compared to pre-reform prices. All essential medicines are included in the list of reimbursed medicines covered by basic health insurance. In addition, efforts are being made to ensure that rural clinics and non-governmental health facilities are supplied with basic medicines at the grass-roots level. The reform phases have accelerated in drug production and trafficking, and drug supplies have been better secured. In addition, urban and rural health and health services at the grass-roots level have been improved. The Government has invested more to provide funding for grassroots health and health facilities. From 2009 to 2011, the central government invested 47.15 billion yuan to support the construction and development of medical facilities at the grassroots level. Various forms have been adopted to strengthen the ranks of grass-roots health workers, and preferential policies have been adopted to train and implement competent staff for rural and community health. A system of general practitioners (medical professionals with sufficient knowledge in all branches of medicine) has been established, under which general practitioners receive regular training; health workers and health-care workers at the grass-roots level are trained to upgrade them to GPs; and medical students receive special training for the needs of the central and western urban areas, for which they will not have to pay tuition fees. A project known as ten thousand doctors has been launched to support rural health care. From 2009 to 2011, more than 1,100 Grade III city hospitals assisted 955 rural county-level hospitals each year, and health care has improved significantly in rural and remote areas with backward facilities and weak capacity. Health services have become more accessible and affordable, and fewer and fewer people are becoming poor or returning to poverty because of disease. III. Prevention and treatment of infectious diseases, as well as the management of health emergencies since the founding of New China, the Chinese Government has maintained the principle of prevention first and integration of prevention with treatment and has steadily stepped up efforts to prevent and treat infectious diseases. Through preventive vaccinations, patriotic health campaigns and other preventive and control measures, China has been able to reduce the incidence of infectious diseases and bring them under control. Since the 1950s, China has actually begun to epidemics of diseases such as plague, cholera, kala-azar and leprosy. In 2011, the incidence of infectious infectious infections kept at a low level - 241.4 per 100,000 people. All these measures help to protect the health and life of the Chinese people. A national immunization programme has been implemented. The National Immunization Programme is one of China's most visible and influential health initiatives. In the early 1960s, China eliminated smallpox by vaccination, a decade in advance, before the World Health Organization (WHO) announced the eradication of the disease in 1980. China achieved the goal of eradicating polio in 2000. In 2002, the Chinese Government decided to include newborn vaccination against hepatitis B in the national immunization programme, increasing the number of four vaccines against six infectious diseases to five vaccines against seven infectious diseases. In 2007, China decided to further expand the scope of the programme, increasing the number of vaccines to 14 to prevent 15 infectious diseases and expanding the vaccination of children to adults. Since the beginning of the new round of medical reform, the scope of the national immunization programme has continued to expand and has played a positive role in reducing the incidence of infectious diseases and improving public health. The incidence of most vaccine-preventable infectious diseases has already fallen to its lowest level in history. Major infectious and endemic diseases have been effectively controlled. Many major infectious diseases, such as AIDS, tuberculosis, snail fever, hydrate disease, leprosy and malaria, are provided with medicines and treatment free of charge. In 2011, the number of people living with HIV and AIDS in China was estimated at 780,000, well below China's goal of 1.5 million people living with HIV. The incidence of infectious tuberculosis has fallen to only 66 per 100,000 people, which has reached the UN Millennium Development Goals ahead of schedule. In all counties where snail fever epidemics have erupted, the goal has been achieved to control such epidemics, limiting the number of snail fever patients to 326,000. China has taken the lead in eradicating filariasis among the 83 countries where the filariasis epidemic has hit. China continues to improve its influenza control and prevention capabilities by taking monitoring to the primary challenge. In 2010, the National Influenza Centre of the China Center for Disease Control and Prevention was officially nominated by the fifth WHO Cooperation Centre for Influenza Reference and Research. China has been a steady way of promoting the prevention and treatment of endemic diseases. It eradicated diseases caused by iodine deficiency at the national level and led to effective control of the disease Keshaham's disease and fluoride poisoning, in particular, reducing the incidence of these diseases. Patriotic Patriotic the campaign has had fruitful results. The Patriotic Health Campaign, China's invention that has been in existence for 60 years, is a social security exercise that includes massive public participation and a close link to public health. Following the principle of prevention in the first place, the campaign has reduced the dangers of infectious diseases and promoted public health through a number of measures, such as pest eradication, health education and promotion, improved water and sanitation in rural areas, the construction of healthy towns and cities and improved environmental hygiene in both urban and rural areas. A healthy atmosphere is formed, all participants and a healthy lifestyle take part in it. China is currently exploring a more healthy urban and township mechanism based on 153 cities, 32 districts and 456 cities (counties) that have been nominated by healthy communities for their healthy environment. The capacity to manage health emergencies has been expanded. China is seeking to make its management of health emergencies more standard and law-based by issuing the Emergency Management Act and the Public Health Emergency Preparedness Regulations and Response To them, as well as amending the Infectious Diseases Prevention and Treatment Act. Based on disease prevention and control, public health monitoring and health care, China has largely established a public health emergency response system that provides unified guidance, intelligent distribution, rapid response, effective work and strong logistics. China has created and improved emergency health plans that cover prevention and control of public health emergencies such as acute infectious diseases, diseases with unknown causes and poisoning-related incidents, medical rescues in the event of natural disasters, catastrophic accidents and terrorist attacks, and medical services for important events. A four-tier emergency management system has been established covering national, provincial, urban and county levels. A system has also been put in place to assess public health's ability to respond to emergencies. The central government has organized 27 health emergencies teams to respond to four categories of incidents, namely infectious disease control, medical rescue, poisoning treatment, also the handling of nuclear and radiation incidents. Local authorities have also set up professional teams to work in health emergencies at their respective levels. China's drug reserve system continues to improve, providing sufficient supplies of medicines for health emergencies. Over the past few years, China has successfully dealt with many public health emergencies, especially pandemic threats of infectious diseases including SARS, H1N1, plague and bird flu, and has conducted urgent medical rescue rescues The 2008 Wenchuan Earthquake in Sichuan Province, the 2010 Yushu earthquake in the province of Tsinghai and the 2010 zhouchu landslide in Gansu Province, also provides medical services for the 2008 Beijing Olympics and the 2010 Shanghai Expo. The online direct reporting system is used in response to notable infectious diseases and public health emergencies. The online direct reporting system, which puts 39 infectious diseases defined by law and public health emergencies, real-time and online surveillance, was only available in China in 2004. By 2011, direct online reporting on infectious diseases had been extended to all disease prevention and control institutes, 98% of health facilities at the county level and 94% of rural clinics in China. IV. Prevention and treatment of chronic noncommunicable disorders Accelerated industrialization, urbanization and population ageing have led to a trend of constant and rapid increases in the incidence of chronic diseases and mortality caused by such diseases. Currently, about 260 million Chinese have been diagnosed to have contracted chronic diseases that have caused 85% of the total number of deaths in China and have incurred 70% of total medical expenses. The Chinese government sees the prevention and treatment of chronic diseases as an important task in improving people's health and well-being. Step by step, it has established a national chronic disease prevention and treatment service, adopted some major chronic diseases at the management level, implemented a comprehensive control strategy, expanded the overall capacity to prevent and treat chronic diseases, taken steps to reduce the factors that cause chronic diseases, and reduce the morbidity and mortality of chronic diseases, as well as the disability they cause. Integration between prevention and treatment of chronic diseases is encouraged. Since 2002, China's strategy to prevent and control chronic diseases has gradually shifted towards an equal focus on prevention and treatment, with no focus on treatment alone. At the state level, a system for the prevention and control of chronic diseases is gradually being established, which is accepted as technical support by the China Center for Disease Control, the National Center of China and the National Center for Cardiovascular Diseases of China. Prevention and control networks for chronic diseases are gradually being established in the local communities, comprising local disease control facilities, grass-roots health and medical facilities, hospitals, and professional prevention and treatment organizations. The principle of early diagnosis and early treatment was proposed for the purpose of targets for reducing morbidity, mortality and disability in the prevention and treatment of chronic diseases. The focus was on high-risk populations and people with diseases. Serious chronic diseases such as cardiovascular disease, malignant tumors, diabetes and chronic obstructive pulmonary diseases should be effective medical measures to reduce biological risk factors such as high blood pressure, hyperglycemia, high blood cholesterol and overweight/obesity, as well as behavioural risk factors such as smoking, unhealthy diet, lack of exercise and excessive exercise. Measures have been developed to combat chronic diseases and prevent it. China has issued the National Chronic Disease Control and Prevention Program (2012-2015) and other relevant policy documents and guidelines. Since 2005, major special programmes such as early diagnosis and early cancer treatment have been introduced. In 2007, a nationwide movement for a healthy lifestyle was established in the public community, using various measures and channels to encourage people to live healthier lives. In 2009, the government included hypertension, diabetes and the management of the health of older people in the main public health services in the face of medical reform. In 2010, China began establishing state-level demonstration zones for chronic disease prevention and control capacity to enhance the comprehensive capacity to prevent and control chronic diseases. Comprehensive interventions were vigorously carried out in connection with oral disorders in early childhood in the prevention of tooth decay in children. A system for managing information about chronic diseases has been established. China provides comprehensive surveillance of chronic diseases, monitors the risk factors of such diseases, morbidity, causes of death, nutrition and health of people suffering from these diseases, and has created cancer registries, thereby creating and gradually improving the information system that is centered around chronic diseases and the prevalence of their risk factors in order to provide scientific baseline data for government efforts to prevent and control chronic diseases. Health education and promotion movements have been carried out. China will continue to promote national farmers' health campaigns, healthy community campaigns, healthy-mannered campaigns and other health promotion campaigns. Efforts will be made to gradually establish a health education system in which there will be close cooperation between several departments and community participation. Health-related knowledge and skills will become increasingly common among health people, and their awareness of good health and the ability to maintain health is constantly improving. Tobacco control advertising has intensified to raise public awareness of the dangers of smoking and, ultimately, to create an environment that society supports in tobacco control. Since the days of China, China The WHO Framework Convention on Tobacco Control in January 2006, various localities in China are actively working to legalize the fight against smoking in public places in smoke-free environments. Maintaining people's mental health is valued. China has issued the Mental Health Act, which regulates mental health services and protects the rights and interests of people with mental disorders. The Chinese Government is committed to improving the prevention and treatment of severe mental illness, to enhance the capacity of psychiatric institutions to treat acute or severe mental illness, and to establish a working mechanism for the prevention and treatment of severe mental illness in which psychiatric hospitals and communities support and cooperate with each other. China has included mental health professionals as a urgently needed task during the 12th Five-Year Plan and has stepped up their training. It standardized patient services and management, launched a basic system for collecting and analysing data on severe mental illness, and digitized patient data. Currently, 3,026 million people with serious mental disorders in urban and rural China receive standard management in their homes. V. Protecting the right of women and children to health is currently home to 860 million women and children in China, representing two thirds of the country's total population. The Chinese Government has established gender equality as a major national policy and has always placed great importance on the lives and health of women and children. The State was committed to improving the legal regime and related policies on women's and children's health and had signed many international conventions on the protection of women and children. China has improved its health services for women and children and implemented public health programmes for them, focusing on making these services fairer and more accessible in order to effectively protect the right of women and children to health. The legal regime and related policies for women and children's health have been improved. In October 1994, the Standing Committee of the People's Congress considered and enacted the Maternal and Infant Health Act, which shows that the management of women's and

children's affairs in China has entered a legal stage. Since the 1990s, the Chinese government has adopted the Chinese Women's Development Program (1995-2000), the Chinese Women's Development Program (2001-2010), the Chinese Women's Development Program (2011-2020), the Chinese Children's Development Program in the 1990s, Chinese Children's Development Program (2001-2010) and the Chinese Children's Development Program (2011-2020), giving priority to women's and children's health in and social development. The health care system for women and children has been improved. The Chinese health system for women and children accepts professional women and children's health organizations as their core and is based on urban and rural health services at the community level. With the technical support of large and medium-sized general hospitals and relevant research and education institutions, the State provides all-war health services to women and children. The country publishes annual reports on progress in women's and children's health and has established the world's largest monitoring network in this area, tracking cases of birth defects, deaths of pregnant and lying women, deaths of children under five years of age and complex cases of pregnant and lying women, as well as nutrition and children's health. The information collected on women's and children's health provided a solid statistical framework for Governments at all levels to develop health policies, especially women's and children's health policies. Women's reproductive health services are provided. China actively promotes premarital and prenatal health care and promotes knowledge about antenatal and postnatal care, as well as reproductive health. Intensive medical services for pregnant and lying women are available, and a full range of services have been developed for pregnant and lying women, covering antenatal screening, screening and diagnosis of prenatal defects, screening and management of high-risk pregnant and lying women, hospital births, child health care and postnatal home visits. In 2011, a total of 93.7%, 91.0% and 85.2% of pregnant and lying women, respectively, received antenatal examinations, postpartum home visits and other management medical services in China, 4.81%, 5.57% and 10.36% above 2000 statistics. The proportion of high-risk pregnant and lying women included in the medical management programme reached 99.6%. China has implemented a programme to reduce maternal mortality and eliminate neonatal tetanus, which has achieved the desired results. The maternal mortality rate in 2011 was 26.1 per 100,000 people, 72.4% and 50.8% less than in 1990 and 2000, respectively. The state also provides medical services for screening and treatment of gynecological diseases, adolescent health, and menopause and old health, offering services that cover the entire life cycle of Chinese women. Medical services are provided for children. China has strengthened health care for newborns and adopted home-based newborn care. The State offers health services for infants, young children and pre-school children, as well as health care for children under the age of comprehensive management of children under the age of three. In 2011, some of the children under the age of three and 85.8 per cent of children under the age of seven receive comprehensive health management and health management services. Chinese children are growing healthier and faster physically, and malnutrition continues to decline. The state seeks to monitor birth defects and improve the quality of newborns, conducts screenings of neonatal diseases, early development programs for children under three years of age, rehabilitation training for children with growth disorders, early intervention for high-risk children, early intervention in cases of food allergies, help with sleep problems, early-stage care in case of damage to children's health caused by pollution, and adolescent health Among others. Children whose parents seek work away from home, children who live with their migrant parents, children with disabilities and other special groups of children also receive attention and assistance from the State, both physically and mentally. VI. The development of traditional Chinese medicine traditional Chinese medicine (TCM) has a long history in China, and is a medical science formed and developed by the Chinese people in their daily work and life, as well as attempts to treat diseases. TCM is a crystallization of the wisdom of the Chinese people, and has made an important contribution to the continued and prosperity of the Chinese nation. Known for its unique characteristics and benefits in the treatment of common diseases, common diseases and complex diseases, TCM has also proven effective in treating infectious diseases and is very popular among the Chinese public for its low cost, satisfactory therapeutic effects and mild side effects. TCM plays an indispensable role in China's medical and medical endeavors, and the Chinese government has always supported and promoted its development. TCM health services networks have been established, covering both urban and rural areas. TCM's health services networks currently cover Chinese cities, providing services to urban residents through TCM hospitals, ethnic medicine hospitals, integrated traditional Chinese and Western medicine hospitals, TCM specialized hospitals, general hospital departments, public health services, TCM outpatient departments and TCM clinics. TCM service networks have also been established in rural areas to serve rural residents through county-level TCM hospitals, as well as TCM offices or village hospitals and rural clinics. Currently, 75.6 per cent of community health centres, 51.6 per cent of community health stations, 66.5 per cent of rural and township hospitals and 57.5 per cent of rural health clinics can provide TCM services. A unique system of training qualified TCM specialists has been developed. The state accepts the cultivation of qualified as a cornerstone for Tcm. China has stepped up its efforts to assess the academic achievements and experiences of renowned and senior TCM experts, as well as to train highly qualified professionals in clinical practice. The education system for TCM staff was mainly developed in the form of academic education, textbooks for master students and the continuation of education at various levels and channels. By 2011, China had a total of 46 higher education institutions specializing in TCM and ethnic medicine, with 553,000 TCM students on campus, as well as 294,000 practising physicians and physician assistants, in addition to 97,000 licensed and pharmacists at TCM. The modernization of TCM has begun. The state actively promotes theoretical and technical innovations in TCM through the application of modern science and technology, as well as has gained important achievements in the basic theory of TCM, clinical diagnostics and treatment, TCM technology and other related areas. China is contributing to the industrialization and modernization of TCM, which has resulted in a marked increase in the industrial scale and technical level of TCM. Currently, there are about 1,500 manufacturers of TCM pharmaceuticals in China, and the variety, quantity and technology of processing of TCM pharmaceuticals improved by a wide margin. The State attaches great importance to the protection of TCM's cultural property, and 41 TCM programs are included in the list of the country's intangible heritage. International exchanges and cooperation are actively promoted. China has signed agreements with TCM or special TCM cooperation agreements with more than 70 countries, and cooperation in the application of TCM in foreign countries, as well as educational and technical cooperation of TCM, is steadily expanding. Currently, more than 160 countries and regions around the world have access to TCM. The acupuncture of TCM and moxibustion was recognized as a masterpiece of the intangible heritage of mankind, and Huangdi Neijing (Inner Canon of the Yellow Emperor), Benkao Gangmu (Compendium Matter Medica) and other treatises of TCM were incorporated into the memory of the world. The International Organization for Standardization (ISO) has set up a technical committee for TCM and has set up a secretariat in China. VII. For a long time, China has been actively involved in international health affairs and has engaged in broad intergovernmental and non-governmental multilateral and bilateral cooperation and exchanges. China has also been active in major health programmes of the international community and international organizations. The State places great emphasis on international health assistance programmes and plays a huge role in improving medical and medical conditions in many developing countries by training of health and medical professionals and conducting there to fight diseases. Support was provided to the work of the World Health Organization and other international organizations. China is actively involved in international discussions on health and exchange of experience in this area. In the 1970s, China summarized its health practices and played an important role in the signing of the Alma-Ata Declaration on Primary Health Care in 1978, incorporating its medical expertise. In recent years, China has effectively maintained timely and close contacts with the World Health Organization and various countries within the framework of the International Health Standards (2005), contributing to the fight against disease on a global scale. The Chinese government donates annually to the World Health Organization, the United Nations Joint Programme on HIV and AIDS (UNAIDS), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other international efforts. China also strongly supports international work to combat chronic diseases and avian influenza, as well as tobacco control, emergency response and other related technical areas. Regional health cooperation has been strengthened. In 2003, China began cooperation with ASEAN in the fight against infectious diseases and has since accelerated its efforts to promote regional health cooperation. China is currently implementing health cooperation with peripheral countries and regional international assistance programmes through seven regional cooperation mechanisms, namely the Greater Mekong, the Central Asian region, China-ASEAN, ASEAN and China, Japan and Korea, Interchiyano-Japan-Korea, the Asia-Pacific region and the Shanghai Cooperation Organization. Since 2005, China has been working with Myanmar, Vietnam and Laos on joint malaria and AIDS prevention and control programmes, as well as cross-border cooperation programmes in the prevention and treatment of tuberculosis and dengue fever. Medical teams have been sent to developing countries to improve health in these countries. Medical teams China sends to developing countries to improve health there is a regular assistance program between the Chinese government and recipient countries in accordance with bilateral agreements. In 1963, the Chinese government sent its first medical team abroad to Algeria, and by 2011 China had sent medical teams to 73 countries. There are currently 56 Chinese medical teams operating in Algeria, Tanzania, Morocco, zimbabwe and 49 other countries. Medical teams provide free medical services to the local population, poor areas, and are introducing advanced medical technologies in recipient countries. For 50 years, Chinese medical teams diagnosed and treated 260 million cases, and their work has been highly appreciated by the people and fully recognized by the recipient governments. So far, about 900 Chinese members of the medical team have been awarded honors by recipient countries, and 50 members have died while serving abroad. Medical facilities were built in developing countries with the help of China. Since 1970, China has sought to help developing countries in Africa and other countries build health facilities and improve their health. By the end of 2011, China had helped a total of 52 countries and built 100 hospitals and health centers for them, improving health and providing health services to the local population. China has equipped hospitals with a large number of medical equipment and medicines, and in 2011 alone delivered 34 shipments of medical equipment and medicines to the recipient countries. By November 2011, 31 new projects in this area had not yet been implemented in 28 countries. China has trained health professionals for developing countries. Chinese medical teams transfer their medical knowledge and technology to local doctors through personal textbooks, lectures and training courses, improving the medical technology of recipient countries. The Chinese government supports health technology institutions to conduct appropriate training and training programmes for developing countries in China. By 2011, China had conducted more than 400 training courses for 15,000 people on health management, emergency management, food hygiene, traditional medicine, prevention and control of infectious diseases, laboratory testing, health quarantine, care skills and other fields. To help developing countries train high-level health and medical professionals, China also offers government scholarships for students from developing countries studying medicine and TCM in China. An international emergency rescue operation was carried out. In 2004, an earthquake in the Indian Ocean and the next tsunami killed large losses in southeast Asia and south Asia. China responded quickly to the emergency by sending medical rescue teams to Thailand, Sri Lanka and Indonesia to assist in the relief effort, as well as handing over medical equipment and cash in U.S. dollars to the victim through the World Health Organization. Over the past five years, the Chinese Government has responded to some 200 health emergencies by sending medical rescue teams to Guinea-Bissau, Madagascar, Pakistan, Indonesia, Haiti and other countries affected by epidemics or natural disasters, as well as providing them with basic necessities and cash. China has also sent rescue to Lebanon, the Democratic Republic of the Congo and other areas of the international peacekeeping mission to provide humanitarian medical assistance there, and his Peace Ark hospital sailed in Asian and African and four Latin American countries to provide health care to people there. Withdrawal With the faster pace of the country's industrialization and urbanization, as well as its increasingly ageing population, the Chinese people face a double threat to the health of infectious and chronic diseases, and the public needs to improve health and medical services. In the meantime, there are still problems with China's health resources, especially the lack of high-quality resources and the unbalanced distribution of those resources. China faces the difficult task of reforming and developing its medical and medical services. The Chinese government has announced that it will establish a healthy basic health and health system covering both urban and rural residents by 2020 to ensure that everyone has access to basic health and health services. To that end, China will continue to reform and develop its medical and medical services, as well as better support, ensure and enhance the health of its people. China will also continue its active role in international health affairs and work with the various parties to better improve the health of mankind. Humanity, cigarette smoking in the philippines statistics. cigarette smoking in the philippines 2019. cigarette smoking in the philippines essay. cigarette smoking in the philippines ppt. local studies about cigarette smoking in the philippines. local studies about cigarette smoking in the philippines pdf. research paper about cigarette smoking in the philippines. introduction of cigarette smoking in the philippines

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