

Annex DABSTRACTHEALTH MANPOWER IMPLICATIONS OF HEALTH INSURANCE DEVELOPMENTS  
IN EUROPE AND ASIA. MUTUAL LESSONS?

by Professor Dr Detlef Schwefel  
Gesellschaft für Strahlen- und Umweltforschung mbH  
MEDIS Institut für Medizinische Informatik und Systemforschung

European trends: Almost all European countries are now covered by far-reaching non-profit health insurance schemes within a broader context of social insurance. The extension of the coverage of social insurance including health insurance in Europe more or less followed the pattern below:

- (1) from workers to nations;
- (2) from accidents to unemployment insurance;
- (3) from voluntary to compulsory insurance;
- (4) from control to confidence and right;
- (5) from cash to kind;
- (6) from workers to the self-employed;
- (7) from poor to rich, from weak to strong;
- (8) from self-help to institutions;
- (9) the state played a rather unclear role;
- (10) political parties played a rather undetermined role;
- (11) socioeconomic factors were not decisive;
- (12) diffusion was not a major factor.

Asian trends: Asia has some particularly interesting health insurance plans. Starting about 10 years ago in a predominantly private-provider system with high shares of out-of-pocket payments by the consumers, full coverage by national insurance is expected to have been achieved as early as July 1989 in the Republic of Korea. Thailand's health insurance is organized differently: a multiple system has been complemented by a voluntary health care programme which mainly benefits the rural self-employed. The Philippines are now discussing options for extending the coverage of health insurance to the more than 30 million Filipinos not yet covered. These three Asian systems add some interesting and complementary as well as correcting features to the 12 tendencies of public or national health insurance development encountered in Western Europe.

- (13) from free riders to participants due to co-payments and deductibles;
- (14) from slow development to rapid change as in the Korean case;
- (15) from compulsory back to voluntary participation as shown in Thailand;
- (16) from disease to health to development in the same system;
- (17) from research to information about health and health care;
- (18) from information to management of health care;
- (19) the dialectics of progress will benefit many a country.

These trends show that developments may have different paths in spite of some universal uniformity, and that we can learn from each other although we also could and should try to follow new and innovative ways.

Health personnel quality implications: The trends of public or national health insurance in Europe and Asia have a bearing on the quality of health personnel. A very broad knowledge and understanding in social sciences, management, economics and information is required to cope with our tasks ahead. We would also get this result when analysing trends in morbidity, demography, technology, etc.

Annex D

Training course material: It is in the areas below that WHO Headquarters and some of its Regional Offices and their collaborating centres have developed and tested courses for training and upgrading health personnel to be able to respond to actual needs.

- **Health personnel planning:** The WHO "Guidelines for Health Manpower Planning", developed by Dev K. Ray et al., were assessed rather positively by the participants during four seminars in Portugal. Evaluations show that the "Guidelines" are a very good instrument for training and retraining professionals. Even a relatively close adherence to the training modules provided - with only minor national modifications - leads to convincing results.
- **Health management:** Some time ago, the Managerial Process for National Health Development (MPNHD) was one of the favourite issues promoted by WHO. Even from its uninauguration, it was questioned whether this process was not too technocratic and top-down oriented to cope with pluralistic political structures and policy issues. Simply preparing a plan document would not suffice. Rather, an iterative and interactive process of continuously linking the main issues of strategic management would be more relevant. Based on several German-speaking experiences of adapting MPNHD, future plans include more health orientation of policies and the tools necessary for policy formulation, implementation and evaluation, such as health systems indicators, management information systems, and scenario techniques. There seems to be a considerable felt need for courses which exemplify such iterative and interactive problem-solving cases.
- **Health economics:** As recent surveys have shown, health economics is a subject that attracts widespread interest and action in many countries. Training modules for health economics have been developed by a large group of health professionals. After considerable debate about content and form, the modules now cover the following five topics:
  - relationship between the health sector and the economy;
  - health policy implementation and performance;
  - encouraging efficient behaviour by consumers and providers;
  - priority-setting and strategy selection;
  - equity, equality and reduction of status differentials.

Some European countries eagerly took up the modules. Even though a proper evaluation is still missing, the health economics modules of the WHO Regional Office for Europe are certainly a highly important contribution from Europe to improve the quality of human resources for health elsewhere as well.

- **Health (management) information:** One especially important bottleneck for good planning and management is the scarcity of good and relevant data in a situation where too much useless information is available. Training material is to be developed soon.

Conclusion: Improving the quality of available human resources for health by relevant short-term courses is certainly an essential step to a reasonable personnel policy. Longer-term public health training courses such as are offered, for example, in Baltimore, Liverpool, London, Manila or Nairobi, might be even better provided that they really address the issues mentioned here in sufficient depth and length. Nevertheless, there are certain opportunity costs. In some cases, it might be much better to think more intensively about the proper professional mix in health institutions.



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