Book Reviews

Situation Analysis on "Health Insurance" and Future Development in Thailand
Dr. Anuwat Supachutikul. Published by Thailand Health Research Institute, National Health Foundation, 1168 Soi Phaholyothin 22, Phaholyothin Road, Lad Yao, Jatujak, Bangkok 10900, Thailand, email address: thri@ksc.th.com, 1996. 110 pages; original: English.

Health Insurance is one of the important strategies to recruit more resources for health development advocated by major bilateral and international funding agencies to most developing countries. Several forms for Health Insurance system were developed in Thailand during the past three decades, including the Workmen's Compensation Fund, the Social Welfare Health Insurance, the Social Security Health Insurance, the Civil Services Medical Benefits Scheme, the Voluntary Public Health Card System, and the Private Health Insurance System. These schemes vary widely in target populations, benefit packages, fund managers, source of funding, payment mechanisms, and government subsidies. There are also questions on the issues of equity, efficiency, and quality of care offered by these schemes to the health care system. This book reviews the most current situation of each scheme, their strengths and weaknesses, and suggests future development to achieve equity, efficiency, and quality of care of the health insurance system in Thailand.

It thus will be a "must read" book for anyone who wants to know the real situation and learn more about health insurance system in Thailand, specifically those policy makers, health administrators, and researchers in the area of Health Economics and Health Care Financing.

Dr. Chanpen Choprapawon MD., editor. Published by the Health Systems Research Institute, Mental Health Department Building, Tiwanond Road, Nonthaburi 11000, Thailand, e-mail address: duang@hsrint.hsri.or.th, 1997. 187 pages; original: Thai.

Ageing is becoming a higher priority issue in most developing countries due to demographic transitions. Thailand is no exception. In 1995, the ageing population amounted to almost 5 million, which is almost 9% of the total population. These figures will become 15 million or 15% in the year 2020. Thus there is a need to prepare for a long term plan for health services development for the elderly. Such a plan requires accurate information on the current situation and trend of health status, health services, as well as related socio-economic conditions.

Dr. Chanpen Choprapawon, then Secretary General of the Thailand Health Research Institute, with the support of the Ministry of Public Health, Health Systems Research Institute, World Health Organization, and other academic institutes, organized a national health survey of the Thai population over 50 years in 1995.

18,000 households country-wide were selected by systemic multi-stage random sampling. The survey was carried out during June 1995-March 1996 with 74 page questionnaires.
Several interesting findings were summarised. For example 30.7% still smoke cigarettes, 29% drink alcohol, and 44.1% have daily exercise. These and other health and socio-economic information will be valuable for planners, and academicians who are interested in the field of health and social welfare services for the elderly.

**Health in Thailand, 1995-1996**

Dr. Suwit Wibulpolprasert, editor. Published by Bureau of Health Policy and Plan, Ministry of public Health, Tiwanond Road, Muang District, Nonthaburi 11000, Thailand, 1997. 204 pages; original: English.

A comprehensive description of the health situation and trends, health care system, and related socio-economic conditions of a country is usually required by public health workers, planners, and administrators. A version in English will be most beneficial to international academicians, consultants, administrators and students in public health. This 'Health in Thailand 1995-1996' is the 5th revised version of the book. It contains the most up to date figures and description of the Thai health system.

It starts by describing the general information of the country, the health related socio-economic conditions (note : economic downturn started in 1997), the general health index, specific health problems, and trends. Several components of the health care system are covered, i.e., health resources, organization, financing, and management. The evolution and development of the Ministry of Public Health, the main national health authority, as well as the policies, and strategies of the current National Health Development Plan are also described. Finally it also compares the strategies and the achievements of previous health development plans.

Thus, it is an important reference for all concerned, notably those in the international health field, health systems researchers, planners, public health administrators, as well as the general public.

**Defining and Measuring the Social Accountability of Medical Schools**


Countries worldwide increasingly demand more value for money in health care. Medical schools, which both shape the health care system and are shaped by it, must continue to be socially responsible on their own initiative. In addition, they must accept and acknowledge being held accountable by society: they must demonstrate social accountability. This paper proposes a framework by which medical schools can gauge their progress in helping to promote health care systems characterized by a balance between relevance, quality, cost-effectiveness and equity through their activities in education, research and service delivery. Further studies are suggested to test the validity of the framework and any tools resulting from it, define more specifically the benchmarks of progress in addressing social accountability, and expand the framework to apply to other health profession schools and health sector institutions.
It is a very useful tool for administrators of medical schools for testing their social accountability.

**SEARO, Regional Health Report 1998-Focus on Women.**

Published by World Health Organization-South-East Asia Region, New Delhi, 1998. 80 pages; original: English.

Within the context of overall development, gender inequalities are increasingly recognized as a major deterrent. In the area of health, such inequalities are sometimes glaring. It is women who die in the process of reproduction, who pay the highest toll for untreated sexually transmitted diseases, who bear the largest brunt of poverty, who are the major victims of domestic violence, and who yet, are conditioned to remain silent.

This report contains the latest regional information as well as country situations. It includes the profile of women's health, its determinants, the current response, and the future vision. It thus does not merely reflect a concern for women, but also conveys a feeling of great hope and optimism that women will achieve their health rights.

This report is a must for all health policy makers, administrators, and academicians.


Issued as the World Health Organization marks its 50th anniversary, the report takes an expert look at health trends over the past five decades, assesses the current global situation, and predicts how health conditions, diseases, and the tools for managing them will evolve up to the year 2025. Using the latest data gathered and validated by WHO, the report paints a picture of a world posed to achieve unprecedented good health—if the lessons learned during recent decades are understood and heeded.

It is clear from this report that we are slowly learning one of life's most important lessons: "not just how to live longer, but also how to stay longer in good health with less dependence on others.

It is thus a very important document for policy makers, and health administrators at all levels to prepare themselves for health development in the 21st century.

**Human Resources Development (HRD) Assessment Instrument for Non-Governmental Organizations (NGOS) and Public Sector Health Organizations**


This instrument is part of the Health and Family Planning Manager's toolkit. It is intended to provide managers with rapid assessment tool to identify the organization's characteristics with respect to the core functions of a Human
Resource Development system. It is best administered by a committee of staff internal to the organization or by an external consultant to facilitate the process. Six main HRD components are included, i.e., HRD capacity; HRD planning; HRD data, Personnel policy and practice; Performance management; and Training. Twenty-three subcomponents are included in these six components.

In most health care organizations, more than 60% operating budget is devoted to human resources. In an era of health sector reform HRD issues must be addressed if organizations are to successfully manage decentralizations, public/private partnerships, downsizing and expansion as well as the drive toward organizational sustainability. Thus this instrument is most beneficial for managers of health care organizations to assess their HRD capacity and serve as a basis to develop strategies to improve the HRD system of the organization. This instrument can be accessed through internet at http://www.erc.msh.org/toolkit

**Workload Indicators of Staffing Need (WISN): A Manual for Implementation**


In this era of health sector reform, there is pressing need to ensure optimal number, and equitable allocation and deployment of HRH at all levels. Several methods are available to determine HRH requirements, from the simplest population ratios to the more complex health systems development and economic demand method. Nevertheless these techniques usually can not give the optimal staff pattern and categories and optimal allocation and deployment of current HRD geographically and functionally. The WISN method, which is simple to operate, use, technically acceptable, comprehensible and realistic, will produce all types of needed results.

The book describes the WISN in detail with examples of real uses in some countries. It covers four section, i.e., the WISN method and its uses, steps in design and implementation of the method, technical factors, and examples of WISN activity standards already used of individual staff categories. Most important of all, it describe clearly the constraints and limitation of WISN

This manual is thus a very useful tool for health planners, managers as well as researchers and consultants in the area of HRD.