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By Gyulah Vilmon

- HUNGARY -

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ORGANIZATIONAL DEVELOPMENT OF HEALTH AFFAIRS

- Hungary -

[Following is the translation of an article by Dr. Gyula Vilmon in Nepegeszsegugy (People's Health Affairs), Vol 41, No 4, Budapest, April 1960, pages 87-90.]

For the past fifteen years, since the liberation, our principal endeavor has been to replace the capitalistic public health administration by a socialistic organization. This trend manifested itself in a change in the content of activities, in the development of new organizational patterns to handle new tasks, in the use of new methods, and in a metamorphosis of our attitudes and approach. In bringing about the profound changes in organization and approach we were met by significant difficulties. The rate of development was governed by the phases of socialist building and by the possibilities inherent in the various phases. Thus, in the period immediately after the liberation, when the principal task consisted in meeting the most basic needs of the population and of public health care, we had to make the old methods serve. During the period of the Three-Year Plan, however, socialist features were increasingly introduced to satisfy changing requirements. Such new branches of the health service as the reinforcement and expansion of outpatient clinics, organization of canteen meals, institution of health and welfare norms in the newly reconstructed plants, evidence the improving conditions of living and health care of the working people.

The first Five-Year Plan may be designated as the period of planned organization of the socialist public health administration. The initial, decisive act in this respect is our Constitution which declares: "The Hungarian People's Republic protects the health of the working class and assists them in case of unemployment. This protection and assistance is administered by an inclusive system of social insurance and by the organization of medical care services."

By government Decree No. 283/1950 MT, the Ministry of Health was brought into existence. The decree outlines the authority of the Minister of Health as the supreme executive of health affairs, responsible for the organization of health care, for the supervision by representation in local health organizations, and for centralization and standardization of health affairs.

The fact that health care was declared a concern of the state and the Ministry of Health called into existence rendered the purposeful and planned realization of the basic propositions of socialist health administration possible.

Uniformity and centralization of health affairs necessitated the assumption of certain responsibilities obviously pertinent to health administration. We could no longer tolerate that medical instruction should disregard the necessity for conformance with the requirements of health service standards. This recognition necessitated the separation of medical schools from the university system and their placement under the general superintendence of the Minister of Health.

The industrial development of the post-liberation era engendered the increasing realization that protection of the health of the working people, improvement of working conditions, introduction of the most advanced methods of prevention of industrial injuries are all, without doubt, public health issues and that assuming the responsibility for these, removing them from the competence of the industrial ministries, is justified. Along with the assumption of tasks from outside agencies, some responsibilities, within the Ministry's own competence, have been reassigned for immediate supervision by the Minister. We took over the direction of health protection and epidemiological affairs from the OKI [Országos Kozegeszsegugyi Intezet -- National Institute of Public Health] resulting not only in a better coordination of these services but also in the reorganization of the OKI into a scientific research institute. Other areas placed under the direct authority of the Minister were: dissemination of health information, organization and supervision of education for individual and collective prevention of disease.

In order to establish uniform health services and to carry through the principles of socialist public health, norms of professional competence, purpose, and planning had to be set up. These high endeavors could only be achieved by scientific planning to evolve indexes and norms. To plan is to evolve, on the basis of exhaustive analysis, the most efficient and most economical methods toward the achievement of the desired purpose. The task has not been an easy one; the toil of many years was necessary to learn it, but at this point we may state that we have come a long way in planning and in working out evaluative indexes.

The setting up of central and research institutes served the purpose of uniform health care services. These institutes, in their capacity as centers of specific information, rendered possible the uniform execution of the tasks of organization, direction, methodology, research, and education. The creation of the Scientific Council of Health had the same purpose. The Council stands for a uniform approach and insures this in its advisory and referral functions.

An important phase in the development of socialistic public health is marked by the emergence of local councils. Health departments, like other specialized divisions of the councils, became executive organs independent in all matters pertaining to health issues.

The new organizational forms opened up new perspectives for efficient operation as well as for different approaches to health work. Soon it became evident that fulfillment of requirements and demands in the public health field is not exclusively the concern of the Ministry of Health. Through the councils, amelioration of the living and working conditions of the working people became possible by coordination of the executive functions of these organs. The leaders of the national economy became convinced that productivity is in direct ratio to the well-being and health of the workers. The cooperation between the health departments and special departments of councils led to cooperation with other executive branches. A new era began in the history of health administration when executive authority was given to the heads of health departments. In the past, progressive physicians, concerned with the good of the people, had been insisting on this authority because of their conviction that in the absence of such authority the goals of public health administration could not be achieved. They were well aware that without executive powers, public health rulings come under the competence of general executive organs, consisting mainly of legally-oriented men, to be dealt with at their discretion. The endowment of executive authority gives due importance to health requirements in all areas of the people's economy. The authority to appoint his staff, offers the department head the chance to select his co-workers on the basis of professional merit.

II.

Having been taken into state's competence, and with the help of centralized direction, new organizational forms of health administration were initiated in almost all fields of health care.

The Ministry considered the standardization of health care one of its foremost tasks. The task was particularly urgent in the health care of insured workers. In the past, health insurance agencies provided care selectively for the various strata of society. An end was put to this practice by the merger of the various social insurance agencies. The unified insurance institution necessitated and facilitated the reorganization of standard care and the expansion of the network of district physicians. The application of the territorial principle offered new solutions to outpatient and home patient care, facilitating at the same time planned and gradual development. This meant not only an increase in the number of district physicians, but also establishment of new outpatient clinics and larger non-professional staffs.

Beyond the standard care, the specialized outpatient clinics, heretofore run by the insurance agencies, had to be taken over and reorganized within the framework of the unified territorial system. Lately the number of specialized outpatient clinics has been considerably increased. In 1938, the Budapest outpatient clinics treated 20,000 patients during 435.5 hours per day; in 1959, it was necessary

to attend to 84,000 patients in 9,171 hours per day. In contrast to the negligible ratio of hours spent in rural outpatient clinics previous to the liberation, today about half of the national figure [number of hours] is allotted to specialized outpatient clinics in rural districts.

The establishment of plant health services is in accordance with the concepts of socialistic public health administration as regards the priority of care for industrial workers. The increase of plant physicians from 324 in 1951 to 839 in 1959 is indicative of the trend in this type of service. While the company physicians of the old type company insurance system had functioned chiefly as insurance officers, the activities of the plant physicians today are concentrated primarily on prevention and medical care. The preventive and medical care service to miners is being furnished by the network of mining district doctors, established in 1960. The basic principles of socialistic public health administration are reflected in the development and accessibility of our hospital system. In 1938 there were approximately 46,000 hospital beds available to the civilian population; in 1959 there are 69,958 at the disposal of non-military patients in need of hospitalization. As a result of the development program, 83,000 more patients could be treated in hospitals in 1959 than in 1938. The hospital's place in the health care system also changed -- it is no longer an institution, isolated from its environment, whose sole task is the conscientious treatment of the patients within its walls. Now hospitals are assuming the task of organization and professional guidance in all matters relating to prevention and health care in its community. The hospital's medical leadership, each in his specialized field, is responsible for determining the tasks, working out organizational measures, and evaluating the work accomplished in needed areas. It is also their responsibility to provide opportunity for professional growth to specialists working under their guidance. In the interest of a more meaningful relationship between inpatient and outpatient care, measures were taken to combine hospitals and outpatient clinics.

Significant progress in the fight against prevalent mass diseases has been evident since the liberation. This fight has been successfully intensified by such measures as institutionalization and extension of organized care, conformity in the principles and approaches to issues, and introduction of new work methods. The establishment of national policy-making organs, making possible the application of uniform principles and methods on a national scale, was instrumental in the development of all branches of health care. The special health centers were removed from the competence of the former health care service organization and transferred to the therapy and preventive services which now functions in close cooperation with the inpatient and outpatient centers. The designation "therapeutic-preventive services" is not merely a formal title; it expresses the qualitative change in the guiding principles and practices of health work.

The activities of these centers extend progressively beyond the walls of the institutions; wide-spread screening examinations are being performed in order to detect cases of disease. Along with the former special services organization, institutes for oncological and neurological illnesses, for trachoma, and for sports health care have been set up. The spadework for the specialized care of heart and ulcer patients and rheumatic patients is under way.

Prior to the liberation, maternal and infant care reached only about 60 per cent of the rural population. Since then, soon after the reorganization of these services after the chaos of the war, developmental and organizational work has been accelerated, and new institutional types introduced.

The former health service organization, separated as it was from the special health centers, found itself in a position to devote its undivided efforts to maternal and baby care, functioning practically throughout the entire country. The number of health nurses doubled, counselling in infant and child care matters is being performed increasingly by medical specialists. Midwives are given more and more responsibilities in the supervision of pregnant mothers. The number of hospital deliveries increased from 20 per cent prior to liberation to 80 per cent, thanks to the increased number of hospital beds available in maternity clinics and obstetrical departments of hospitals. Prior to the liberation, there were 5,500 beds available for this purpose while there are now over 8,000. Newborn babies are cared for in special sections; premature babies in the capital are placed in a clinic reserved for this specific service, while in the country special hospital departments are available.

The growing employment of women in production justified the rapid expansion of the nursery school system. Prior to the liberation there were approximately 1,000 places in nursery schools; at present there are 27,115 places available for babies. There are 4,836 places in seasonal rural nursery schools. Numerous nurseries exist for the permanent placement of babies.

The school physician services, formerly available only in the capital, are now being extended to other cities, while in villages the responsibility for the health care of school children is shared by the district physicians and health nurses.

Revolutionary changes have been brought about in the field of public health and epidemiology. In the past, this work was the responsibility of the medical officers who, in addition, had to perform the administrative and organizational duties of their territory. They were unable to handle such a multitude of assignments. Later, the heads of council health departments were even less equipped to do all this since they were expected, in addition to the tasks of the former medical officers, to meet planning, financial and statistical requirements. It has become imperative that the heads and staff of council health departments restrict their activities exclusively to planning, organization and administration of health affairs, while an independent organ has been created to handle public health and epidemiological problems.

The large-scale construction projects of the first Five-Year Plan created new requirements for hygiene. A well-trained new service organization became necessary to take care of these needs. The State Public Health superintendence opened a new chapter in the history of hygiene in Hungary. This was the first such independent service in our country to handle public health and epidemiological problems exclusively and wielding official authority to ensure the execution of its decisions.

The growing amount of public health and epidemiological tasks could no longer be handled satisfactorily without scientific and institutional support. This recognition led in 1954 to the establishment of public health and epidemiological stations, located in every megye [county] seat. The stations, in their capacity as the teaching, guiding, directing and organizing agents throughout their territory, could not assume the responsibility for administrative operations. The epidemiological sections which were organized to meet this need are subordinated to the health department of megye seats and municipalities with megye seat rights. The creation of posts of public health and epidemiology inspectors was also helpful. The health-guard network increased both in scope and quality. We are justified in asserting that by laying the foundation of the public health and epidemiological network we have filled a gap of many decades' standing.

The nationalization of pharmacies also furthered the aims of the unified health care services. This act brought about well-planned, professionally sound drug distribution. The sites of new pharmacies are now determined by professional, rather than commercial, considerations.

The creation of pharmaceutical centers and the employment of supervising pharmacists in the megyes serve to ensure the conformity of direction, organization, and methods.

Our social institutes [probably homes for the aged, disabled, or destitute], developed under the direction of our health administration, are far superior, not only quantitatively, but also as regards layout, equipment, and care, to the pitiful poorhouses maintained in capitalistic systems.

III.

The active participation of the masses, one of the basic tenets of socialist health administration, really became possible by the institution of the councils and health departments. A prerequisite for effective health work is that the significance and importance of these institutions be recognized and understood by the people, that they realize that these institutions are designed mainly in their interest, and that their development, strengthening and appreciation are principally tasks of society. This may be achieved only by inviting the participation of the masses in the accomplishment of the tasks before us. The significance of this issue for the construction of socialism

was not only accepted but vigorously promoted by the social and mass organizations. The Party, in its role as the leading force of the social and mass organizations, encourages, with increasing emphasis and in a variety of fields, the mass organizations to participate in health work.

Help in the solution of health problems is being received from the social and cultural sections of trade unions. The Union of Physicians and Health Workers performs work of great significance in offering professional and political extension training to its members. Among its activities are: organization and mobilization of workers for the fulfillment of objectives set by the Party and the government; participation in the realization of the policies of health authorities; ideological instruction for health workers; promotion of the endeavors of socialist building by ensuring devoted, self-sacrificing work by the health workers.

The Red Cross, a mass health organization, is gradually becoming more active in its participation in health affairs and assumes an increasingly important role in the elevation of the level of health culture. Especially important are its efforts in the improvement of the attitude and philosophy of youth regarding health matters. The Association for Dissemination of Scientific Information strives to interest doctors in the dissemination of natural scientific information. At the same time its purpose is to educate physicians to recognize their role and obligation in a socialist society, and to render them conscious of their responsibility for the guidance and teaching of the people. The activities of these organizations, in addition to the actual support they give, serve to instil in its members a different approach to health work, a fact which must be considered at least as valuable as the actual help. It is a contributing factor to the change in opinion and appreciation on the part of the people in regard to health affairs.

It is evident that the tasks confronting the health administration can be solved only if health affairs become public concern. One link in this chain is the future work of social and mass organizations in the interest of molding public opinion.

The results of 15 years of health administration cannot be evaluated merely in terms of an increased number of institutions, new service areas, new organizational forms, and a shift in the content values. The indispensable condition of socialist health administration is the profound conviction of its practitioners of the correctness of the basic principles of socialist health administration and their firm belief in it as the most up-to-date, most progressive system and one that is best suited to meet the needs of the working class.

Fifteen years ago we were forced to initiate socialist health administration on the foundations and philosophical background of capitalism. We possessed neither the professional knowledge nor the ideological weapons to accomplish this tremendous feat. Obviously, if left to our own devices, without the guidance, the fundamental principles, new organizational forms, and methods of Soviet health administration, not only would our progress have slowed down but we would have found ourselves confronted with insurmountable difficulties. Help from the

USSR meant not only theoretical guidance in tenets, organization and method, and direct advice from the best of Soviet scientists -- the example of Soviet health workers also helped us to revise our attitudes and thinking. The shift in attitude and approach is one of the major achievements of 15 years of progress. It is also the guarantee that, having adopted it, we shall endeavor to strengthen it, and, encouraged by the facts before us, we shall strive to fulfill the just demands of the developing socialist society.

In evaluating our results so far we are proud and happy in the realization that these exceptional achievements came about through the efforts of all of us. However, let us not allow our pride to take the form of complacency, for there are numerous lags to correct in the various fields of health administration. But, clearly envisioning the ends and in the knowledge of the means, let us strive with concerted efforts toward the common goal: the building of a socialist society and a socialist health administration.