

V. PRINCIPAL ACTIVITIES (FY 1976)

Health Projects Division

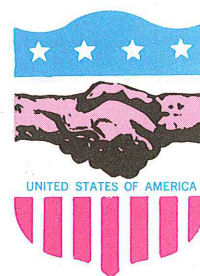
- * Feasibility surveys to select demonstration sites.
- * Design and implementation of research projects for a comprehensive health care delivery system demonstration at selected sites which will cover a population of 500,000.
- * Seminar on health service programs for rural residents and low-income residents in urban areas.
- * Workshop on effective methods for community health programs.
- * Establishment of a support system for demonstration projects.
- * Setting up of foundations for pilot health insurance programs.
- * Development of organization and information, education and communication activities for promoting participation of community residents.

Manpower Development Division

- * Staff pre-service & in-service training.
- * Overseas training.
- * Textbook development & compilation.
- * Publication of information materials.
- * Management of library & information services.
- * Development of audio-visual materials & equipment.
- * Workshop on the development of manpower & training.

Planning & Research Division

- * Baseline survey for health demonstration projects.
- * Evaluation surveys of previous and on-going projects.
- * Development of evaluation methodologies.
- * Evaluation studies of health demonstration projects.
- * Publication of evaluation reports of the health demonstration projects.
- * Data processing, analysis, and operation of data bank.
- * Operation of advisory committee.
- * Contract of research projects.
- * Foreign advisor technical assistance.



This is supported by USAID

KHDI

1976

KOREA
HEALTH
DEVELOPMENT
INSTITUTE

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I. BACKGROUND

In Korea, there are excellent medical specialists and highly advanced hospital facilities in the major urban areas, but these are normally accessible only to a small economically advantaged group. In the rural areas, it is estimated that only 63% of persons who are ill have access to medical facilities while 37% receive no treatment whatsoever (according to a study published in 1975). About one half of persons who seek care obtain their primary curative services from pharmacies or drug stores, 21% from modern hospitals or clinics and 8% from health centers; while 21% obtain the services from herb doctors or others.

This situation makes it imperative that Korea develop a national program to extend health services to those now generally not served by the existing system.

To help meet these needs, a formal request for loan support to establish County Health Care Centers was made by the Korean delegation at the 1972 conference of the International Economic Commission for Korea (IECOK).

On the basis of this request, the United States Agency for International Development (USAID) dispatched a feasibility study team to Korea in November 1973.

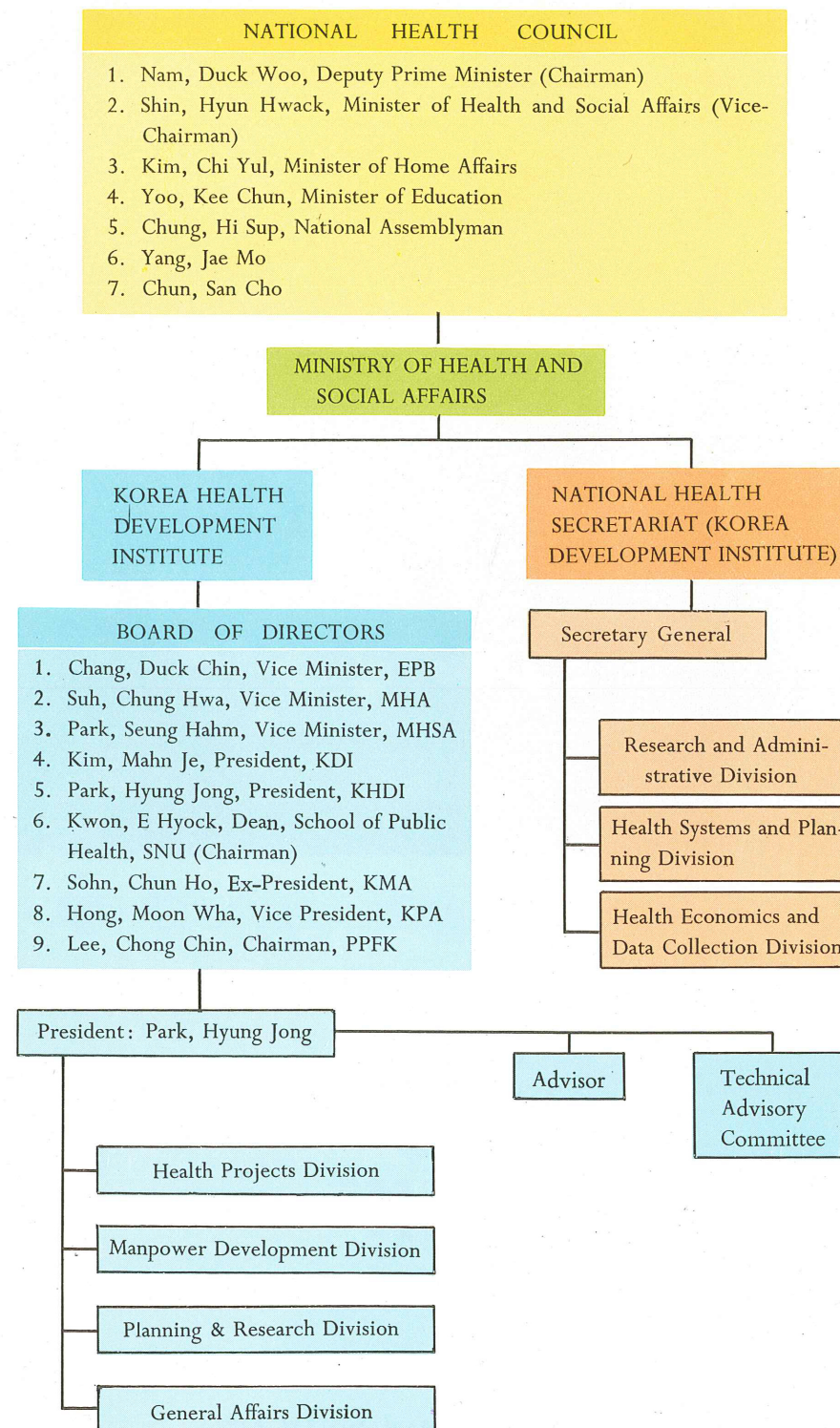
The team recommended: 1) conducting a survey of national health care needs, 2) setting up a low-cost health care system, and 3) establishing a health planning unit function in the government to be exclusively in charge of planning.

Consequently, a Health Planning Project Agreement was concluded between the Government of the Republic of Korea and the United States of America (USAID) in June 1974. Then, in November 1974 the Economic Planning Board (EPB) further requested an AID loan of \$5,000,000 for a Korea Health Demonstration Project. A loan agreement was developed, which the parties concerned signed in September 1975.

In December 1975 the law of the Korea Health Development Institute (KHDI) was promulgated and a Presidential Decree for the enactment of the KHDI Law was approved and promulgated in April 1976.

The official opening ceremony of the KHDI followed the promulgation of the law and the decree on 19 April 1976.

II. ORGANIZATION



III. NATIONAL HEALTH COUNCIL

Review and approval of:

1. The basic directions and goals for comprehensive health development planning.
2. The establishment and coordination of health and medical care delivery systems.
3. The planning and evaluation of comprehensive health and medical care demonstration projects.
4. Annual budgets, settlement of accounts and work plans of the Institute.
5. The Institute's Constitution (Articles of Incorporation).
6. Appointment of the President and Auditor of the Institute.
7. Other major policies.

IV. FUNCTIONS OF KHDI

1. Investigate, research and evaluate previous and existing projects and systems related to public health.
2. Design and develop effective and low-cost health care delivery systems as demonstration/research projects in selected geographic areas.
3. Implement, then evaluate, the effectiveness and utility/cost of the foregoing demonstration projects. (Projects should address the the following aspects of health care: prevention of disease, diagnosis, medical treatment, rehabilitation, and medical insurance.)
4. Investigate and evaluate the long and short-range needs for health services.
5. Support the improvement and maintenance of the health status of local community residents.
6. Educate and train persons engaging in health care demonstration projects.
7. Exchange information with, conduct joint research with, and/or provide support to, research institutions in Korea and in foreign countries, on national health care delivery systems.
8. Investigate, research and evaluate particular health service activities as requested by the Government.