

Raising of Capital Funds

91. In addition to providing the normal resources for financing the medical care service, measures should be taken to utilize the assets of social insurance institutions, or funds raised by other means, for financing the extraordinary expenditure necessitated by the extension and improvement of the service, more particularly by the building or equipment of hospitals and medical centres.

VI. SUPERVISION AND ADMINISTRATION OF MEDICAL CARE SERVICE

Unity of Health Services and Democratic Control

92. All medical care and general health services should be centrally supervised and should be administered by health areas as defined in paragraph 24, and the beneficiaries of the medical care service, as well as the medical and allied professions concerned, should have a voice in the administration of the service.

Unification of Central Administration

93. A central authority, representative of the community, should be responsible for formulating the health policy or policies and for supervising all medical care and general health services, subject to consultation of, and collaboration with, the medical and allied professions on all professional matters, and to consultation of the beneficiaries on matters of policy and administration affecting the medical care service.

94. Where the medical care service covers the whole or the majority of the population and a central government agency supervises or administers all medical care and general health services, beneficiaries may appropriately be deemed to be represented by the head of the agency.

95. The central government agency should keep in touch with the beneficiaries through advisory bodies comprising representatives of organizations of the different sections of the population, such as trade unions, employers' associations, chambers of commerce, farmers' associations, women's associations and child protection societies.

96. Where the medical care service covers only a section of the population, and a central government agency supervises all medical care and general health services, representatives of the insured persons should participate in the supervision, preferably through advisory committees, as regards all matters of policy affecting the medical care service.

97. The central government agency should consult the representatives of the medical and allied professions, preferably through advisory committees, on all questions relating to the working conditions of the members of the professions participating, and on all other matters primarily of a professional nature, more particularly on the preparation of laws and regulations concerning the nature, extent and provision of the care furnished under the service.

98. Where the medical care service covers the whole or the majority of the population and a representative body supervises or administers all medical care and general health services, beneficiaries should be represented on such body, either directly or indirectly.

99. In this event, the medical and allied professions should be represented on the representative body, preferably in numbers equal to those of the beneficiaries or the government as the case may be; the professional members should be elected by the profession concerned, or nominated by their representatives and appointed by the central government.

100. Where the medical care service covers the whole or the majority of the population and a corporate body of experts established by legislation or by charter supervises or administers all medical care and general health services, such body may appropriately consist of an equal number of members of the medical and allied professions and of qualified laymen.

101. The professional members of the expert body should be appointed by the central government from among candidates nominated by the representatives of the medical and allied professions.

102. The representative executive body or the expert body supervising or administering medical care and general health services should be responsible to the government for its general policy.

103. In the case of a federal state, the central authority referred to in the preceding paragraphs may be either a federal or a state authority.

Local Administration

104. Local administration of medical care and general health services should be unified or co-ordinated within areas formed for the purpose as provided for in paragraph 24, and the medical care service in the area should be administered by or with the advice of bodies representative of the beneficiaries and partly composed of, or assisted by, representatives of the medical and allied professions, so as to safeguard the interests of the beneficiaries and the professions, and secure the technical efficiency of the service and the professional freedom of the participating doctors.

105. Where the medical care service covers the whole or the majority of the population in the health area, all medical care and general health services may appropriately be administered by one area authority.

106. Where, in this event, the area government administers the health services on behalf of the beneficiaries, the medical and allied professions should participate in the administration of the medical care service, preferably through technical committees elected by the professions or appointed by the area or central government from among nominees of the professions concerned.

107. Where a medical care service covering the whole or the majority of the population in the health area is administered by a representative body, the area government, on behalf of the beneficiaries, and the medical and allied professions in the area, should be represented on such body preferably in equal numbers.

108. Where the medical service is administered by area offices or officers of the central authority, the medical and allied professions in the area should participate in the administration, preferably through executive technical committees, elected or appointed in the manner provided for in paragraph 106.