

Application to the WHO Best Practice Award 2005

Award Category:

**Pro-poor and equity enhancing
Healthy Cities Initiatives**

**Healthy City Seoul: Implementing the City's Pro-Poor and Equity
Enhancing Health and Welfare Policies**



Submitted by:

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WHO Best Practice Award Proposal: SEOUL
A pro-poor and equity enhancing Healthy City

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I. Background

Seoul, the capital of the Republic of Korea, covers an area of 605.4 km², and has a population of about 10,2 million. In 2005, Seoul's total budget is 13,025,874,000 \$US.

During the 1960's the pace of urbanization increased rapidly. Growing numbers of businesses, government office buildings, universities and research institutes in Seoul perpetrated the concentration of Koreans into their country's capital. A fourth of the country's population now lives in Seoul. The Seoul Metropolitan Government faces the challenges of any mega-city, including increasing air and water pollution, housing problems, issues of traffic and public transportation, meeting the educational needs, ensuring secure employment, ensuring food safety and hygiene, providing social support and shelter, and meeting the health needs of all citizens.

With the rapid economic growth, the nation's income increased 50.8 times from 249 dollars in 1970 to 12,646 in 2003, and the income differences between the social classes increased. According to urban family research from the National Statistical Office, the income ratio between the high class and low class increased dramatically after the economic crisis in the late 1990s, and the distribution structure worsened. The economic crisis increased poverty rates and also contributed to a poor health systems structure.

After the economic crisis about 50% of the entire productive population, were short-term employees, implying a worsening of the employment situation. The link between an insecure job situation, low - income and greater health inequity is



known. Underprivileged citizens are faced with greater barriers to appropriate and adequate health and medical services.

The proportion of the population living in absolute poverty¹ is expected to decrease due to constant economic growth. However, the gap between the poor and the rich is expected to continue to increase, because of an unbalanced income distribution structure. Therefore, the social problems of the underprivileged class, including welfare recipients², poor and hungry children, old people, orphans, homeless people, and the people who live in sub-standard housing, will increase. The Seoul Metropolitan Government (SMG) has invested a lot of money and time to alleviate the medical problems of the poor. In 2003, the Government established the “4-Year Vision: Seoul in 2006”. Seoul’s vision regarding its “Health and Welfare Policy” is to increase healthy life and reduce the (health) equity gap between the classes.

This WHO Best Practice Award Proposal summarizes the efforts of the Healthy City: Seoul regarding the implementation of the City’s Health and Welfare Policies, including, for example, the recently initiated policy entitled: “**Increasing the accessibility of health services for under-privileged citizens**”. Other policies described include the policies: “protection and support of the homeless”, “jobs for the disabled” and “financial support for medical services”.

The work of Seoul’s Government is done in close collaboration with the city’s 25 autonomous districts and with health related non-governmental organizations (NGOs) and civil society organizations.

¹ Persons living in absolute poverty are living with a monthly income below the minimum cost of living, which is shown in table 1.

² See table 1 for an explanation of “welfare recipient”

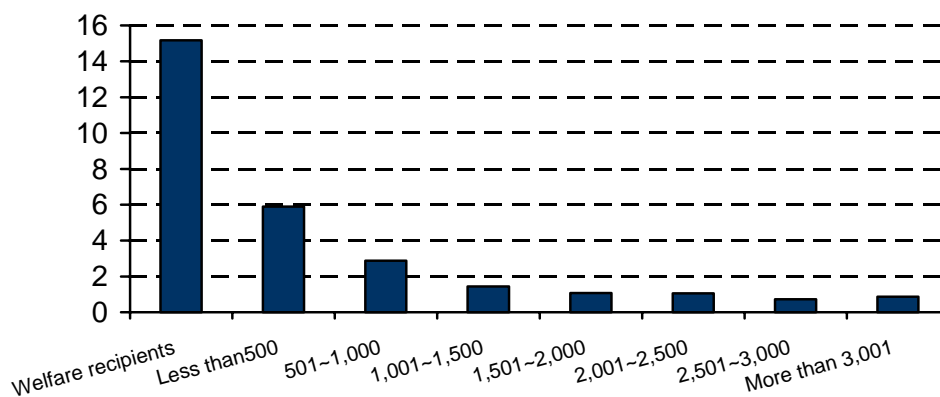


II. The Policy Strategy

A. Rationale for the Policy

Compared to the average population, under-privileged citizens have a higher rate of disease and disability. The number of disabled persons increases with decreasing income, as shown in figure 1, below. About 15% of disabled persons are welfare recipients, about 5.9% have an income of less than 1000 US\$ and only about 0.9% of disabled citizens have an income of more than 3000 US\$.

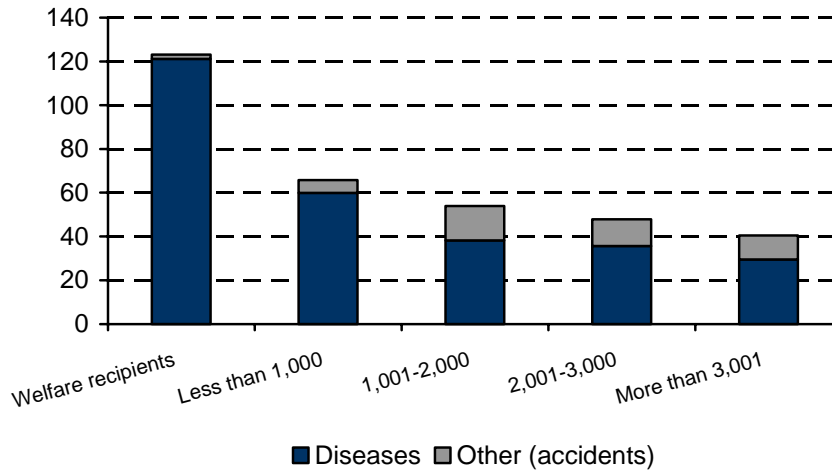
Figure 1: Disabled citizens by income (in US\$ and percent) (Seoul's Citizens Public Health Index, 2001)



Most of the hospitalized citizens in Seoul are welfare recipients as shown in figure 2, below. 123 per 1000 hospitalized citizens are welfare recipients and about 65 per 1000 are from low-income households.

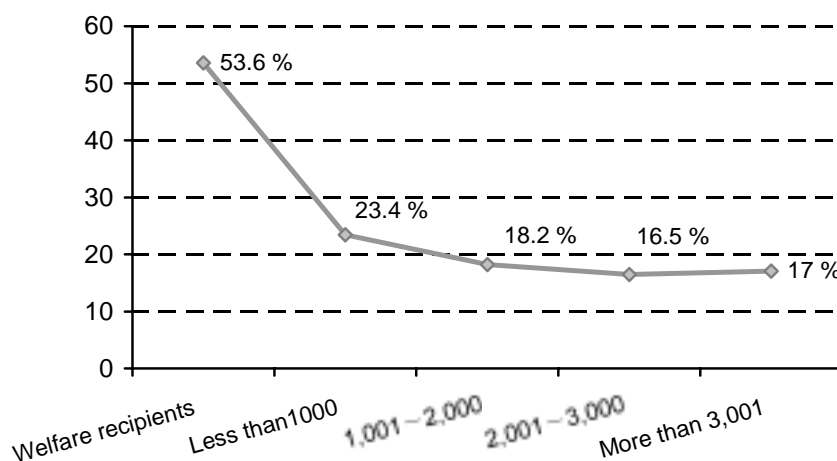


Figure 2: Hospitalization by monthly income (in US\$, per 1000 hospitalized citizens) (Seoul's Citizens Public Health Index, 2001)



Two-week ambulatory services are mostly used by welfare-recipients and low-income persons, as shown in figure 3, below. The two-week ambulatory services are used to 53.6% by welfare-recipients and only to 17% by citizens with an income of more than 3000 US\$

Figure 3: Use of two-week ambulatory services by income (in US\$ and percent) (Seoul's Citizens Public Health Index, 2001)



In Seoul, the overall leading cause of chronic disease is hypertension. Among welfare-recipients and low-income persons (earning less than ~1000 US\$/month) the leading cause is also hypertension. However, hypertension ranks 3rd for the income groups earning more than 1000 US\$. Diabetes is the 6th leading cause of chronic disease in Seoul. However, it ranks 2nd among welfare recipients and persons earning less than 1000 US\$ per month. Hypertension and diabetes are non-communicable diseases, which can be prevented (and alleviated) by changing one's lifestyle. However, the welfare recipients and low-income citizens represent the population group, which is the least likely to change their life styles.

The shown above indicate that the economic burden of welfare-recipients and low-income citizens is perpetuated by the costs of more frequently needed medical services.

Health inequalities influence the society as a whole. Investment in health equities benefits all parts of society.

=>To alleviate health inequities (including unequal health status and unequal access to health services), the Seoul Metropolitan Government's Vision 2006 includes strong Health and Welfare Policies, which will be described in this proposal.



B. Target Groups

The Health and Welfare Policies target the following 'under-privileged' citizens:

Welfare recipients (see explanation, box 1, page 12)

Unclassified (poor) citizens (see table 1)

Infants and children

Elderly

Disabled

Illegal foreign workers / migrant workers

People with rare diseases / terminally ill (see Annex 1 for list of diseases)

HIV/AIDS patients

The type and amount of support provided by the Seoul Metropolitan Government differs for each of these target groups.

Box 1: Definition: Welfare Recipient

A **Welfare Recipient** is a citizen whose income is under the minimum cost of living (see table 1), who has no one to depend on financially, who doesn't have any support, and who cannot depend on him or herself (Welfare Law, Article 5).



Table 1: Minimum cost of living (by size of family) (Ministry of Health and Welfare, 2005)

Family Size	1 person	2 people	3 people	4 people	5 people	6 people
Minimum Cost of Living (=eligibility criteria to receive welfare & medical welfare (~US\$/month)	401.46	668.50	907.93	1,136.33	1,302.91	1,447.80
“Unclassified (poor) citizens” (~US\$/Month)	481.76	802.20	1,089.51	1,363.59	1,563.50	1,773.36

Box 2: Definition: Grade 1 Medical Welfare Recipient

Grade 1 medical welfare recipient (=same income criteria as welfare recipients): a person without anyone to depend on financially, and whose monthly income is below the minimum cost of living (table 1).

* Children under 18 years old, adults older than 65 years old, the seriously disabled, middle and high school students who are under 20 years old, etc.

Box 3: Definition: Grade 2 Medical Welfare Recipient

Grade 2 medical welfare recipient: All welfare recipients who are not classified as Grade 1 medical welfare recipients fall into this category.

Box 4: Definition: “Unclassified (poor) Citizens”

Citizens who do not qualify for welfare, but whose income is below 120% of the minimum cost of living, and who do not have anyone (relatives) to depend on financially. (See table 1).



Table 2: Distribution of the target groups (Division of Health Policy, 2004)

Target Group	Number of citizens	Percent
Welfare recipients	170,526	1.7 (of 21.9%)
“Unclassified” (poor) citizens	204,632	2.0 (of 21.9%)
Infants, children	796,610	7.7 (of 21.9%)
Elderly	689,986	6.7 (of 21.9%)
Disabled	267,365	2.6 (of 21.9%)
Illegal foreign workers / migrant workers	114,690	1.2 (of 21.9%)
People with rare diseases or the terminally ill	3,680	0.04 (of 21.9%)
AIDS patients	1,106	0.01 (of 21.9%)
Total number of underprivileged citizens	2,248,595	21.9
Total population of Seoul	10,287,847	100



C. Example of a “Policy Approach”

The following provides a concrete example, of how the policy entitled: **“Increasing the accessibility of health services for under-privileged citizens”** was developed for Seoul.

Definition: Equity of Accessibility to Health Services

Full access to health services means: that all citizens who need health services can get health services in time.

Equity of accessibility to Health Service means: providing equal accessibility to health services for all health needs regardless of gender, age, income, education, local area, and social and economic factors.

Figure 4: Method for increasing access to health services

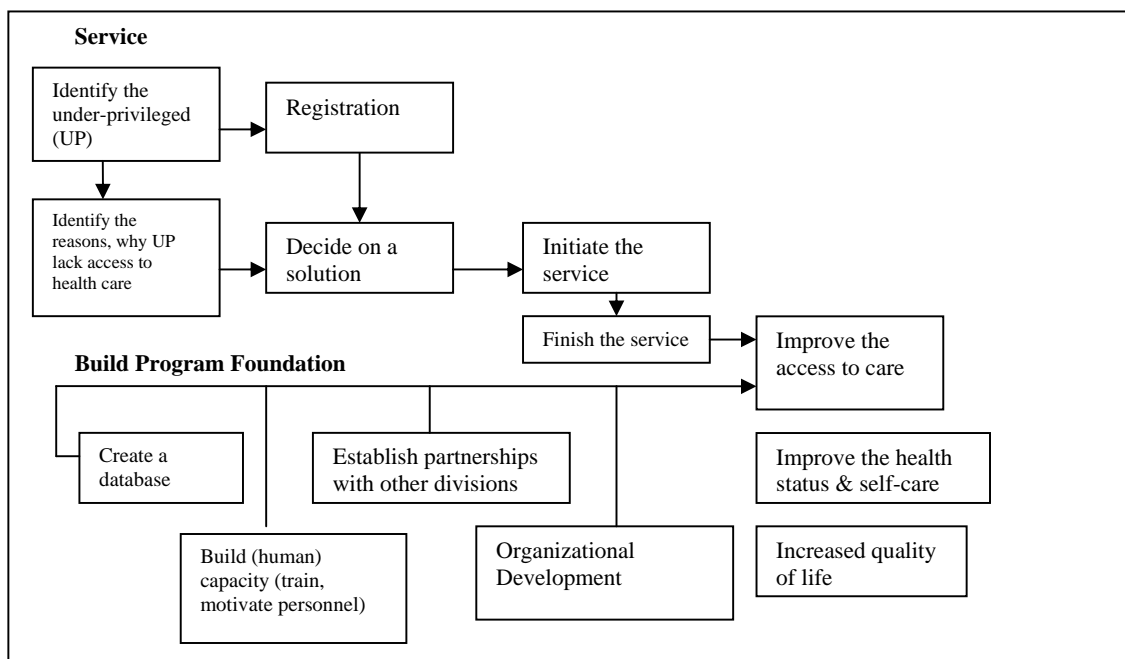
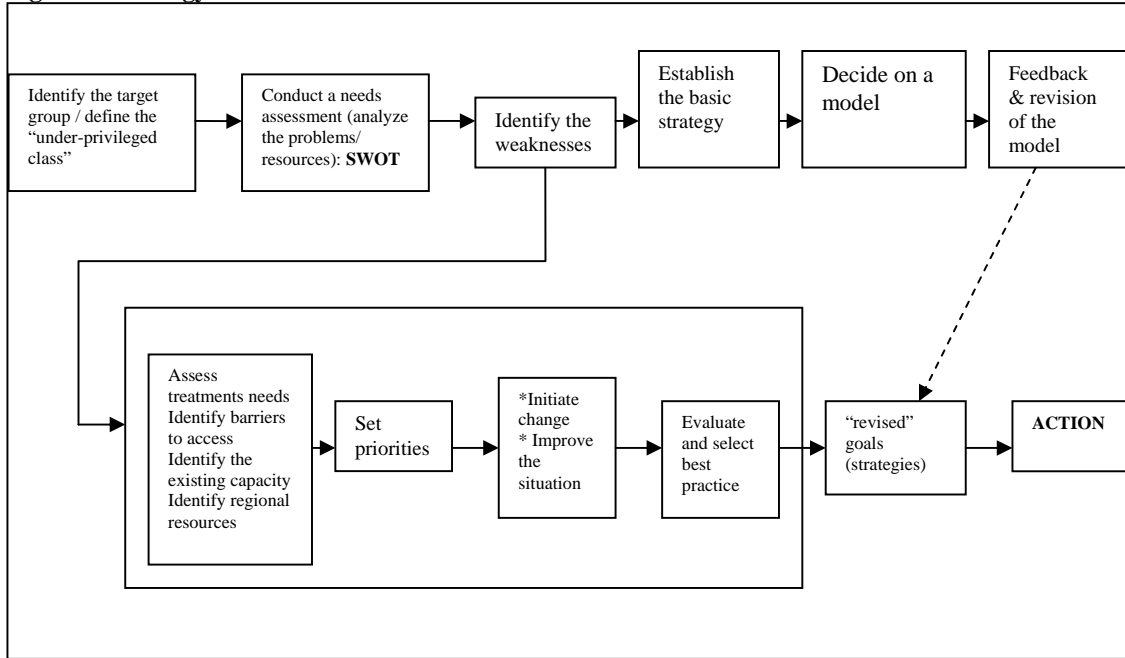


Figure 5: Strategy to increase the access to health services

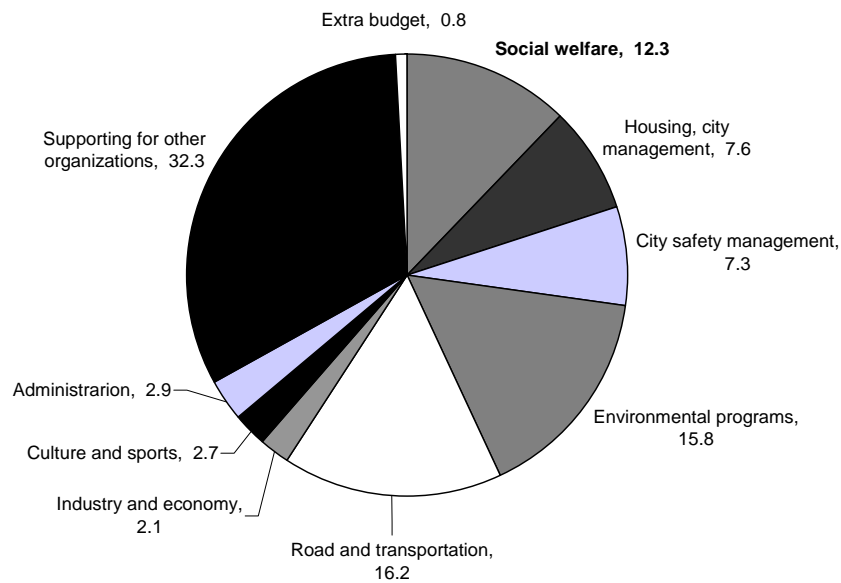


III. Achievements of Policy Implementation

A. Increase in the City's Budget for Health and Welfare

Seoul's total budget in 2005 is 13,025,874,000 US\$. The resource distribution is as follows³:

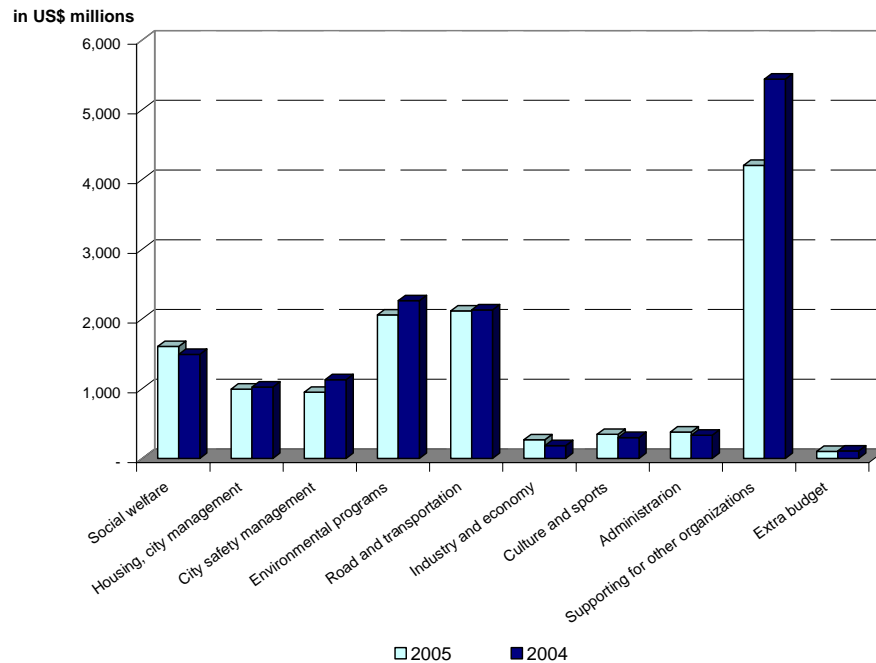
Figure 6: Distribution of Seoul's total budget (2005) by Area (in percent) (Seoul Metropolitan Government)



³ For more information, see also: http://english.seoul.go.kr/gover/organ/organ_04budg_05.htm (Accessed, June 2005)



Figure 7: Change in Seoul’s Budget from 2004 – 2005 (Seoul Metropolitan Government)



The budget for “social welfare” (which includes the city’s health budget) is 12.3% or 1,863,178,000 US\$ of Seoul’s total budget in 2005. Compared to 2004, the total budget of Seoul is lower, however the social welfare budget has increased by 10.3%, most of which is being used to support the low income, under-privileged class.

The budget for social welfare in 2005 specifically allocated to the under-privileged class is 831,671,000 US\$ (44.6%), low-income elderly welfare 196,692,000 US\$ (10.6%), welfare for the disabled 205,272,000 US\$ (11.0%), maternal and child health 279,795,000 US\$ (15.0%) and health related services 349,748,000 US\$ (18.8%).

The maternal and child health budget in Seoul increased enormously from 13.0% to 15.0% and 15.6% to 18.8% in 2004 and 2005.



Table 3: Seoul's Social Welfare Budget (in US\$ / 1US\$=1000 Korean Won)

	Expense in 2004		Expense in 2005		Budget spent (by Sept. 15, 2005)
	Amount	Percent (%)	Amount	Percent (%)	Percent (%)
Health and Welfare	1,688,827,000	100.0	1,863,178,000	100.0	85.5
Social welfare	803,309,000	47.6	831,671,000	44.6	97.7
Welfare for the Disabled	207,985,000	12.3	205,272,000	11.0	80.4
Maternal and child welfare	219,548,000	13.0	279,795,000	15.0	74.8
Elderly welfare	194,708,000	11.5	196,692,000	10.6	70.5
Health related services	263,277,000	15.6	349,748,000	18.8	76.7
Seoul's total budget	14,407,647,000		13,025,874,000		

Source: Internal document, Seoul Metropolitan Government, 2004 (Numbers include the budget for distributed to Seoul's autonomous district)



B. Improvements in Seoul's Organizational Structure: Health and Welfare

B.1. Past situation

Seoul had 1 office, 19 bureaus, 63 division, 3 project offices, 45 affiliated offices, 29 city-run organizations and 16,510 employees. The former Welfare and Women's Bureau, was in charge of the welfare for the under-privileged class until 2004. The Bureau consisted of 7 division, 33 teams, 8 affiliated offices and 1,355 employees.

B.2. Organizational changes (improvements)

To enforce welfare of the under-privileged class and to increase the equity in health, in January 1, 2005, Seoul divided the Welfare and Women's Policy Bureau into the Welfare and Health Bureau and the Women and Family Policy Bureau. The Welfare and Health Policy Bureau consists of 6 divisions, 25 teams, 4 affiliate offices, and 1,217 employees and the Women and Family Policy Bureau consists of 3 divisions, 15 teams, 2 affiliate offices and 163 employees. Compared to 2004, this is an increase by 2 divisions, 7 teams and 25 employees.⁴ (See table 4).

⁴ For more information, see also: http://english.seoul.go.kr/gover/organ/organ_01cha.htm (Accessed June, 2005)



Table 4: Restructuring of the former Health and Women's Policy Bureau

	2004	2005	Number of new organizational structure
Organization	1 Bureau 7 Divisions 33 Teams	2 Bureaus 9 Divisions 40 Teams	1 Bureau 2 Division 7 Teams
Bureau Director	Bureau Director ("Grade 3")	Welfare and Health Policy Bureau: Director ("Grade 2") Women and Family Policy Bureau: Commissioner ("Grade 1" highest grade before "Vice-Mayor")	Increased the grade
Employees	1,355	1,380	Hired 25 new employees

B.3. The new Welfare and Health Policy Bureau

To increase equity in health for the under privileged class, the SMG created two new divisions 7 new teams and hired 25 new employees, within the Welfare and Health Policy Bureau. The Health Promotion Division was newly established with two teams and 13 employees in 2005. The Health Promotion Division employs one medical doctor, one international advisor for health promotion, one nutritionist, one sports physiologist, three nurses, and six administrators. The second new division is the Youth Division.

The Welfare and Health Policy Bureau now consists with six divisions such as Social Welfare Division, Senior Citizen's Welfare Division, Rehabilitation Division, Public Hygiene Division, Health Policy Division, and Health Promotion Division. The Social Welfare Division provides support for under-privileged citizens. The Senior Citizen's Welfare Division supports the elderly, the Rehabilitation Division



supports the disabled, the Public Hygiene Division is concerned with food safety and sanitation and public hygiene, the Health Policy Division develops and implements the city's health policies, covers maternal and child health, and manages the city's hospitals and local public health centers, and the Health Promotion Division develops the city's health promotion strategies and implements the healthy and safe city projects.

B.4. The new Women's and Family Policy Bureau

The Women's and Family Policy Bureau consists of three divisions, namely the Women's Policy Division, Family Caring Division and the Youth Division. The Women's Policy Division is in charge strengthening women's (human and financial) resources and increases women's and family's welfare. The Family Caring Division is supports infants and disabled children, and the Youth Division promotes the well-being of children and adolescents.

B.5. Increased number of staff in local public health centers

In 2004, about 88 staff worked in each of the 25 district-level public health centers, whose main clients are under-privileged citizens. (Thus, a total of 2,189 employees worked for the citizen's health at the local level). In 2005, an additional four health employees have been hired for each public health center, resulting in a total of 90 employees, which were newly hired this year. Now, 92 employees, including doctors, nurses, dietitians and pharmacists work at the district level. (See table 5)



Table 5: Increase in the number of Public Health Center Staff (District Level)

	2004	2005	Number of new employees
Per district public health center	88	92	4
Total (25 districts)	2,189	2,279	90

The efforts to improve the basic infrastructure for health and welfare, as described above, show the political commitment of Seoul Metropolitan Government to invest in health and welfare.

C. Efforts to Reduce Under-privileged Citizen's Economic Burden

Seoul considers the people who cannot work or with no ability to work such as people less than 18 years old and older than 65 years old, the seriously disabled, and (poor) pregnant woman as the grade 1 medical welfare recipients⁵ and provides their full medical expenses. (85% of the medical expenses are covered for welfare recipients in the 2nd level).

Citizens with rare diseases or the terminally ill, including people who require long-term care, need constant medical service, which leads to economic hardships. To support their difficult economic situation, the SMG provides them with free medical service for 71 diseases (see ANNEX 1 for the list of diseases). Whether or not citizens are eligible for full compensation depends on the disease, the family situation and the person's economic situation.

⁵ See explanation box 2, page 13.



The “unclassified” (poor) citizens do not receive (long-term) welfare, however, they have an economically hard time because their program has failed or they had an unexpected accident. About 2% of Seoul’s population belongs to the “unclassified” class (204632 persons). Seoul provides a short-term welfare fee and medical expenses to the “unclassified” (poor) citizens with the same standard as for a welfare recipient. To help homeless people, Seoul manages four ‘Counseling & Protection Offices’, one ‘Medical Office’ and 64 ‘community centers’, so they can take a rest physically and mentally.

Table 6: Health and Welfare Programs’ Budget (in US\$)

Program Name	2004	2005	Budget spent (09/15/2005)	Number of visitors (patients) (08/30/2005)
Medical fee for welfare recipients (Class 1 and 2)	307,291,000	335,800,000	335,143,000	210,525
Medical fee for homeless people	1,445,000	1,547,000	1,407,000	6,327
Medical fee for people with rare diseases and the terminally ill	8,944,000	10,794,000	8,636,000	2,448
Medical fee for drug addicts	172,000	82,000	58,000	21
Free cancer screening for the low income class	2,481,000	7,850,000	6,225,000	90,287
Medical test for the disabled	100,000	100,000	80,000	1,444
Medication fees for elderly who are older than 65 years	600,000	600,000	507,000	360,000
Medical fees for HIV/AIDS patients	1,662,000	1,676,000	1,297,000	1,106
Medical test (screening) for foreigners	194,000	300,000	233,500	2,134
Medical testing to be registered as disabled	149,000	55,000	10,000	**
Medial tests (screening) for the elderly	72,000	103,000	51,000	**
Medical expense for premature infants and children with congenital birth defects	275,000	629,000	299,407	130
Counseling dementia for the elderly	146,000	169,000	115,000	**
Total	323,531,000	359,705,000		

**** So many places offer this service. In the limited time available, we were not able to collect the numbers from all the places (if needed we could send this data at a later time)**



D. Expanding medical services for the under-privileged

Seoul manages 10 public hospitals and one dental clinic, of which three are managed directly by the Seoul Metropolitan Government. The management of seven is outsourced and one is managed by a local public corporation. The public hospital provides treatments mainly for tuberculosis, disabled children who have no guardians, mental diseases, homeless people and low-income citizens.

From 2001, the Seoul National University Hospital has promoted the expansion of the facilities and technological services to enforce public health services to the under-privileged (e.g. homeless citizens and welfare recipients).

From 2001, the municipal hospitals invested 103,600,000 US\$ into Eunpyeong, Eastern (Dongbu), and North-Western (Seobuk) municipal hospitals to improve their technological services in order to treat tuberculosis and mental diseases and to treat sick homeless citizens. This was completed in 2004.

As of August 2005, Seoul has established the Municipal Dental Clinic for the Disabled, which has 13 chairs. For elderly citizens, the Municipal Northern (Bukbu) Elderly Hospital, which is a special hospital for dementia and cerebral palsy, will open at the beginning of 2006.

The construction of the Children's Hospital for seriously disabled and orphaned children, opened in 2004. The Municipal Boramae Hospital is currently being expanded from 550-880 beds, and new medical facilities to prepare for increasing medical demands.

In order to solve the local unbalance of public health facilities (general and municipal hospitals), the Seoul Medical Center, which is currently located in a



place that already has sufficient public health facilities, is being relocated to an area with many under-privileged citizens and limited access to care, to balance the medical facilities in Seoul.

Table 7: Yearly investment plan for the expansion of medical services to underprivileged (in US\$)

Programs	Total costs	2002 -2003	2004	2005	Budget spent (09/15/2005)	2006
Municipal Northern(Bukbu) Elderly Hospital	36,166,000	16,171,000	5,224,000	12,640,000	10,179,771	2,131,000
Rebuilding the Municipal Children's Hospital	24,905,000	694,000	5,405,000	5,831,000	1,054,000 (Architect design / begin of construction 11/2005)	12,975,000
Expanding facilities in Boramae hospital	71,180,000	28,000	2,688,000	25,401,000	8,265,218 (Construction start: 06/2005)	43,063,000
Dentist for Disabled	2,594,000	-	1,500,000	1,094,000	1,094,000 (Construction start 08/2005)	-
Total Program Expense	134,845,000	16,893,000	14,817,000	44,966,000	20,592,989	58,169,000



D.1. Examples of specific activities and services offered by Municipal Hospitals

Box 5: Examples of specific activities and services offered by Municipal Hospitals

- The Seoul Municipal Boramae Hospital organized diabetes events early this year and offered courses on the prevention and treatment of diabetes mellitus. They manage a volunteer system (69,376 volunteers) for nursing services and visited and provided treatment in orphanages, disabled centers and other social welfare facilities (10 times, 2,567 people).
- The Seoul Medical Center, which is managed by a local public corporation, ran the "Love Association" to financial medical support as well as all social reintegration and support program to low-income patients. They visited the homes of the elderly who have nobody to depend on, (486 elderly in the first half of 2005) and provided free medical testing. They also provided free medication and supported surgery to foreigners, offered free cancer screening. The Medical Center also supported the medical fees to low income patients in collaboration with NGOs, e.g. the "Sharing Life Association".
- The Municipal North-Western (Seobuk) Hospital collaborates with 24 medical organizations. Jointly they, provided dementia tests to the under-privileged citizens, and also provide other services, including free nursing to the elderly who have no one to depend on, phone counseling on how to take medicine or internet medical counseling.
- Autonomous associations and medical associations provide free meals to the under privileged class and free counseling to the mental disease patients, free medical testing to the foreign workers, or free eyesight recovery operations.



D.2. NGOs supporting under-privileged citizens

The Social Welfare Foundation and religious associations manage counseling offices, free medical centers, and homeless shelters in the poor areas (e.g. in parts of Jongno District, Jung District and Yeongdungpo District). They provide counseling, treatment and also job introductions.

Table 8: Number of Civil Society Organizations (NGOs) that support under-privileged citizens

Total	Social Welfare	Elderly Welfare	Disabled Welfare	Health and Medical services	Child-care	Women's organizations
182	48	29	55	13	41	6

Seoul Metropolitan Government provided financial support to 139 of the total 183 NGOs that work for underprivileged citizens. (This amounted to 1,7 million US\$). The “Public Service Steering Committee” screens and selects the NGOs. Committee members include, for example: lawyers, professors, journalists and municipal councilors.

E. Provision of District Level Health Services for Under-privileged Citizens

Under the present health service system, Seoul’s 25 districts directly provide health and medical services to under-privileged citizens at the local level. They promote various programs, as described below.

The most representative program is “Home Nursing”. Public health center nurses in the districts visit the homes of the elderly who live alone or of other under-privileged families, and offer medical services. They do check-ups (hypertension, diabetes, cancer screening) and provide medication and care for the terminally ill and for mental diseases.



Other main activities in 2005, included visits to community centers for elderly by a “medical service team” (consisting of doctors and nurses from public health centers) to provide medical services and free counseling to elderly; furthermore, a campaign was initiated in Jung District entitled “One person takes care of one family”. In this campaign employees from the district public health center visit homes and care for one family. The public health center also recruits volunteers for maternal and child health services. They offer screening of developmental stages of infants and children, testing for congenital hearing problems, manage rehabilitation of the disabled, offer free barbershop services, and also offer free dental services for the disabled.

Picture 1: Care of the elderly



Selected programs by districts:

- Program of Improving Elderly Health (participating districts): Junggu, Jongro, Yongsan, Seodaemun, Mapo, Songpa, Dongdaemun
- Program of Improving Child and Woman's Health (participating districts): Jongro, Yongsan, Seongbuk, Kumcheon, Songpa
- Program of Improving Disable's Health (participating districts): Gwangjin, Dobong, Yangcheon, Seocho
- Other activities (for example): management of hypertension, diabetes, obesity, cancer screening for the low income class, screening for other chronic (life-style related) diseases

E.1. Reducing geographical barriers to access to health services for the under-privileged citizens

Within Seoul's areas, which have limited access to health services, or in which many under-privileged citizens live, public health center branch offices are being established since 2000. These efforts will help solve the geographical barriers to health and medical services for under-privileged citizens.

During a three-year period from 2000 to 2003, 11 branch offices have already been established within the 10 areas in which a large proportion of the population is under-privileged, including e.g. Junglang District, Seongbuk District and Gangbuk District. In 2004, three branch offices were built, one is being built this year, and one branch office will be established next year (2006). Thus, a total of 16 new branch offices will be established to promote the access to health and medical services for under-privileged citizens.



New Public Health Centers are being built and the old equipment will be exchanged (per year 5 centers are supported), in order to increase the quality of health services. This will be accomplished by 2006.

Table 9: Budget to strengthen and improve health services for under-privileged citizens at the local level (2003-2006) (in US\$)

Programs	Total	Before 2003	2004	2005	Budget spent	After 2006
Established branch offices of district level public health centers	10,697,000	8,323,000	1,554,000	520,000	520,000 (completed)	300,000
Changing the old equipments of public health centers	1,545,000	600,000	300,000	345,000	345,000 (completed)	300,000
Total Program Expense	12,242,000	8,923,000	1,854,000	865,000		600,000

Picture 2: Body Composition Measurement in a Public Health Center



E.2. Reducing financial barriers to health services for under-privileged citizens

Due to economic, technical and social developments, the proportion of elderly persons has increased and continues to increase rapidly. The aged population (citizens aged 65 and over) now makes up about 6.7% of Seoul's population. The SMG provides the following support for low-income elderly (examples):

Box 7: Services to support low-income elderly

Support screening and transportation fees

Operation of 24 homes for old ages

Operation of 129 restaurants that provide free meals for the poor elderly

Free meal home delivery

Home nursing

Mobile showers

Home helpers for the elderly living alone

The municipal Northern(Bukbu) hospital will open in 2006 and it's services will be specifically for low-income elderly



Picture 3: Two Elderly in a Park



Picture 4: City Public Health Workers providing Free Medical Examinations to Citizens



The SMG provides the following support for low-income children and women (examples):

Box 8: Services to support low-income children and women

- Medical coverage for premature children and children with congenital abnormalities
- Immunization services
- Dental services
- Fees for daycare centers
- Provision of school lunch fees
- Financial support for single mothers and women with no one to depend on
- Training to help women enter the workforce
- Training and financial support for women who want to become self-employed

One of the often neglected problems of urbanization is an increase in the number of accidents and injuries, resulting in an increase in the number of disabled citizens.

To help the disabled with their economic difficulties, the SMG provides financial support for the disabled (adults and children), provides education fees for families with a disabled family member.



Box 9: Services to support the disabled

Medical fees

Rehabilitation equipment fees

Support programs to reintegrate disabled into society

Installing subway elevators (investment: 339,100,000 US\$)

Call services for taxis for the disabled (investment: 3,123,000 US\$)

Installing busses with lower floors

Implementation of a free shuttle bus services to selected locations

Implementation of a “happy call helping center” (with eight staff to assist disabled)

Operation of 43 local rehabilitation facilities for the disabled

Operation of 64 job training facilities to help reintegrate the disabled into jobs

Operation of 32 living facilities

Operation of 62 “daycare” centers

Operation of 17 short term care centers

Operation of the Seoul Metropolitan Mental Health Center to protect and help low income mentally disabled

Operation of 36 social reintegration facilities, including for example 14 living facilities, 18 day-time & training facility, one living facility for mentally disabled alcoholics, two counseling centers for alcoholics, two living facilities for mentally disabled (which are supported by hospital staff)

In August 2005 Seoul has opened the “Dental hospital for the disabled”



Picture 5: Support for disabled (on the right: President of the Eunpyeong-Gu Multiplex for Disabled).



Table 10: Budget to expand services for the elderly and the disabled (in US\$)

Program Name	2004	2005	Budget spent (by 09/15/05)	Achievement (08/30/05)
Expanding protecting facilities for the elderly suffering from dementia	38,108,000	44,400,000	36,765,000	136 facilities (2,745 people)
Support for the low income elderly	29,428,000	28,769,000	22,379,000	713,375 people
Supporting social activities for the elderly	83,566,000	89,032,000	67,415,000	49,868 people
Expanding in-home welfare services for the elderly	16,139,000	16,696,000	12,139,000	
Expanding facilities / making the city's infrastructure more disability -friendly (elevators in subways)	84,671,000	62,519,000	59,758,000	4,683 (facilities) 1,271 (elevators)
Establishing a "life foundation for the disabled"	36,160,000	39,198,000	31,829,000	
Expanding health and welfare facilities for the disabled	87,005,000	103,500,000	73,460,000	
Expanding support to women's (social reintegration / job training programs / welfare)	12,964,000	14,653,000	12,631,000	
Expanding support for low -income children (and orphans) / help reintegrate them into society	57,273,000	57,786,000	49,633,000	
Medical testing for the disabled to register as a disabled	149,000	55,000	505,000	
Improving daycare services for the disabled	149,311,000	207,356,000	147,131,000	
Total	594,774,000	663,964,000	513,645,000	



E.2. Screening and financial support for medical fees for illegal residents (migrant workers)

114,690 foreigners live in Seoul (Ministry of Justice, 2004). Many foreigners work in places where they have a high possibility of contracting communicable diseases, thus they require special medical screening and treatment. However, because of their inferior work conditions and economic difficulties, they are not receiving enough medical services. Seoul manages 10 hospitals, which offer English services for foreigners. Services provided in these hospitals include the following:

- Medical examination fees (screening, medical check - up)
- Treatment fees (for the non-insured)
- A fee of 3,000 US\$ for communicable diseases (per person and illness)
- A fee of 5,000 US\$ for non communicable diseases (per person and illness)

Seoul has provided 5,110, 5,010 and 4,920 foreign workers with free medical examination fees in 2002, 2003 and 2004, respectively.

Table 11: Budget for supportive services for foreign workers in Seoul (in US\$)

	2004	2005	Budget spent (09/15/05)	# of visitors (patients)
Screening for illegal foreign workers	193,000	300,000	114,350	1,794
Treatment fee for illegal foreign workers	75,000	1,547,000	125,342	340
Managing English services in 10 hospitals (cost per hospital)	0	100,000	100,000	14,707
Total	268,000	1,947,000		



E.3. Promoting job opportunities (reintegration) for under-privileged citizens

In order to reduce health inequities and to reduce unequal access to health care it is important to help strengthen the economic situation of the under-privileged in a sustainable way, i.e. by helping them to get jobs.

Seoul promotes various programs to help reintegrate under-privileged citizens into the workforce. Examples include:

- Public service employment: provision of 'simple' jobs in the public field to the temporarily unemployed and homeless people. (For example, the Gwangwon-Province Forest Service provided work (e.g. cutting trees, cleaning the forest) to Seoul's homeless citizens)
- Hiring administrative supporters with the SMG
- Paid job training (Job training fees were: 23,300,000 US\$ and 16,200,000 US\$ in 2004 and 2005, respectively)
- Part time jobs to the children of low income families (who are >19 years of age), e.g. during vacation
- "Silver employment exhibition": Seoul operates a job fair for elderly citizens twice a year
- Operation of a local seniors club / elderly job training
- Operation of a job agency center for the elderly
- "Reintegration working program": employment opportunities for under-privileged citizens: SMG provides 'simple' jobs such as cleaning jobs
- Provision of 30,000,000 US\$ and 32,200,000 US\$, in 2004 and 2005, respectively to low income married women who have a low ability to work, to people over 65 years old, the seriously disabled, and to pregnant women



Table 12: Budget to promote job opportunities and reintegrate under-privileged citizens into the workforce (in US\$)

	2004	2005	Achievements (09/15/05)
Supporting low income class such as welfare recipients	291,588,000	307,369,000	Subsidies for: 4,100 households Emergency subsidies for: 95,403 households
Promoting the reintegration into the workforce	36,483,000	36,651,000	16,877 reintegrated citizens
Supporting civil organizations (NGOs), (e.g. food banks)	46,241,000	61,777,000	
Public Employment Services	23,331,000	16,265,840	11,226 citizens in public labor services
Providing jobs for teenagers and helping opening the program	32,100,000	34,000,000	9,700 jobs provided to teenagers
Job training to the under privileged class	1,573,739	1,237,876	
Supporting education fee for under privileged class's job training	10,064,598	11,531,976	4,416 trained citizens
Total	441,381,337	468,832,692	

F. Provision of health information to increase health literacy

F.1. City-wide dissemination of health information

Many civil organizations such as public hospitals, district level public health centers, the Korean Medical Association, the Korean Pharmaceutical Association, the Korean National Tuberculosis Association, Korean Alliance to Defeat AIDS, Korean Hansen Welfare Association, the Korean Heart Foundation, Korea Federation for prevention promote many program for the low-income under-privileged class to increase the equity in health.



In the first week of June 2005, Seoul and SBS-TV organized and hosted the “Health Expo” and provided health information to citizens. During the Health Expo 16 special medical associations provided free medical examinations and counseling services to the under privileged class. The Korean Association of Health Promotion and the Korean Dietitian Association organized various programs for the promotion of healthy life styles.

Box 10: Health Expo June 2005

Health Expo in 2005

Period: 9 June 2005 – 12 June 2005

Place: Seoul Trade Exhibition Center

Sponsors: Seoul Metropolitan Government, SBS- TV

Participants / visitors: 30,000 people

Partners (medical associations):

Korean Neurological Association, Korean Society of Diabetes, Korean Society of Anesthesiologist, Korean Society of Obstetrics and Gynecology, Korean Society of Pediatrics, Korea Ophthalmologic Society, Korean Dermatological Association, Korean Urological Association, Korean Radiological Society, Korean Academy of Rehabilitation Medicine, Korean Academy of Family Medicine, Korean Academy of Tuberculosis and Respiratory Diseases, Korean Association of Endocrine Surgeon, Korean Society of Gastroenterology, Korean Society of Plastic Reconstructive Surgeons

Partners (supporting organizations):

Korean Association of Health, National Health Insurance Corporation, Korean Dietitians Association, Korea National Red Cross, Seoul Dentist Association,



Gangnam Public Medical Center, and other health related corporations

Partners (other government offices):

Public Hygiene Division, New Town Division, Cheonggyecheon (Stream) Restoration Project Headquarters, Water Quality Control Division, Nature & Ecology Division, Traffic System Division, Sewerage Planning Division, Rescue & Emergency Medical Service Division of Seoul Metropolitan, Office of Waterworks, Seoul Metropolitan Rapid Transit Corporation, Seoul Medical Center, Korea Occupational Safety & Health Agency, Seoul Metropolitan Office of Education

Partners (Seoul's District Level Public Health Centers):

Seongdong Public Health Center, Seongbuk Public Health Center, Dobong Public Health Center, Yeongdeungpo Public Health Center, Songpa Public Health Center, Dongdaemun Public Health Center

Partners (Other Provinces):

Wonju-city, Gangwon-Province (Planning & Budget Division), Geollanam-Province (Tourism Promotion Division, Enterprise Support Division)

Picture 6: Health Expo Eye-sight Tests



Picture 7: Health Expo: Blood Pressure Measurements



To provide fast and correct information to all of Seoul's citizens (including the under-privileged) in regards to health and safety, Seoul spent 150,000 US\$ and is currently developing a “**Healthy and Safe City Website**”, which will be launched at the end of 2005.

F.2. District-wide dissemination of health information

The 25 districts provide health education programs for, e.g. diabetes mellitus, hypertension, healthy nutrition, physical education, anti-smoking and anti-alcohol. Furthermore they offer programs to decrease prejudice against the disabled.



Communication channels include:

- Local newspapers (in all 25 districts)
- Autonomous district web pages (in all 25 districts)
- Local Cable TV programs and radios programs
- Mobile health information units

Table 13: Budget for the dissemination of health information (in US\$)

	Budget	Period
Creating a “Healthy and Safe City Website”	150,000	01.2005– 11.2005
Organizing and hosting the "Hi - Seoul Health Expo"	382,600	09.06 - 12.06.2005
Social marketing for Health Promotion Programs	370,000	01.2005 - 12.2005
Social marketing in the 25 districts	250,000	01.2005 – 12.2005
Total	1,152,600	

G. Increasing the capacity of health-related personnel

In 2005, to better the health and medical service efficiency for underprivileged citizens, two capacity building seminars were held for the 400 health-related employees in Seoul.

Seoul hosted the National Healthy City Symposium on 19 November 2004 and gathered opinions from scholars and officers in the related field to discuss strategies and solutions.



Box 11: National Healthy Cities Symposium 2004

Korean Healthy City Symposium

Date: 19 November 2004. 09:30 - 17:30

Place: Conference Hall, 13th floor, Seosomun Annex 1, Seoul City Hall

Participants / Visitors: 300 people (Scholars, Experts, Officers in related fields)

Seoul also hosted an **International Capacity Building Symposium** for Korean Healthy Cities and their partners, in March 2005 and used the opportunity to share experiences with and learn from the invited international speakers.

Box 12: International Capacity Building Symposium for Korean Health Cities and their Partners, 2005

International Capacity Building Symposium for Korean Healthy Cities and their Partners

Date: 9-10 March 2005

Place: Seoul Press Center (March 9) / Conference Hall, 13th floor, Seosomun Annex 1, Seoul City Hall (March 10)

5 invited international guest speakers

Participants: 300 people



IV. Evaluation

The implementation of the Health and Welfare Policies are well documented⁶ and evaluated. There are two methods to evaluate the policy implementation. The first method is an evaluation by the Division of Evaluation (of the Seoul Metropolitan Government), which focuses on the implementation of services within the public health centers, only. Researchers from the division evaluate the public health services at the district level. The evaluation method includes a survey of about 3000 people (120 per district). 70% of the surveyed people are randomly selected at the entrance of the public health center and 30% are randomly selected households within the district. Evaluation questions include for example: rapidness of services, trustworthiness and kindness of staff, accessibility, comprehensiveness, quality of services, etc.

The second method is more comprehensive and also includes an evaluation of, for example the program plan, structure and process. For this method, each autonomous district must evaluate their programs, including those related to Health and Welfare Policies. The Division of Health Policy's Community Health Team then "evaluates the evaluation" of health related programs. The purpose of this second step is to improve the district's planning and evaluation skills, and to improve the services and programs.

Seoul (i.e. the Community Health Team) evaluated all of last year's programs. An evaluation seminar was held at the beginning of the year for the all public health

⁶ The public health centers and other medical facilities document their services as part of their regular work. Thus, the utilization of services is constantly monitored.



centers. Awards were provided to the districts, which implemented “outstanding programs” (see box 12)

Box 13: Evaluation competition of health services provided in 2004

<p>Date : 24.02.2005 – 25.02.2005 Place : Gyeongju Hotel (Located in Gyeongju city, Gyeongsangbuk -Province) Participants: 153 people (Professors, experts, and other employees of public health centers in Seoul and its districts)</p> <p><u>Presentations</u> of the Public Health Centers’ Programs, which were selected as “Outstanding Programs” (the following were selected):</p> <ul style="list-style-type: none">• Increasing Medical Accessibility for the under -privileged Class (Jung-District)• Feeding Breakfast to Elementary Students (Gangbuk District)• Managing High Blood Pressure and Diabetes (Seongdong District)• Improving the Alcohol Culture (Dongdaemoon District)• 1080 Programs for Avoiding Fat (Dongjak -District)• <p>Guest Speaker: “Background: Health Cities and Health Promotion” (Katrin Engelhardt, Advisor)</p>
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The Division of Health Policy has established a “Plan and Evaluation Team”, which is responsible for evaluating the implementation of policies. The team was established in April 2005 and includes seven members. (Four professors in the health and medical field, two health-related researchers and the Director of the Division of Health Policy).

A concrete task of the team, will be to evaluate the programs related to the policy “Increasing the accessibility of health services for under-privileged citizens” that were implemented in the first half of 2005. Very attractive awards (incentives) will be provided to outstanding programs. (See box 13). The programs will be evaluated continuously to allow a comparison over time.



Box 14: Awards presented to district public health centers, who implemented excellent programs of the city's policy: "Increasing the accessibility of health services for under-privileged citizens"

"Increasing the accessibility of health services for under-privileged citizens"

Date of Award Ceremony: October, 2005

Evaluators: "Plan and Evaluation Team"

Awards : 500,000 US\$ for 10 districts

- Outstanding District (one): 110,000 US\$ (110,000 × 1 district)
- Excellent Districts (three): 210,000 US\$ (70,000 × 3 districts)
- Good Districts (six): 180,000 US\$ (30,000 × 6 districts)



Contents of the program evaluation (evaluation criteria summarized in table 16):

- Program status
- Target group appropriateness
- Program plan (purpose, goals, strategies, measurable indicators)
- Structure (infrastructure: employees, organization, budget, etc.)
- Implementation process (in line with the program plan, integration into the local infrastructure, use of local resources, collaboration with other projects, etc.)
- Outcome (did the program reach it's goals => was it effective, applicability to other districts/ regions)

Table 14: Costs for Evaluation of Programs (in US\$ / year) (Division of Health Policy, 2005)

Program	2004	2005
Health Program Evaluation	28,680	28,680
Evaluation of the Policy: “Increasing the accessibility of health services”	-	6,000
Evaluation of Infectious Disease Program Management	-	6,000
Evaluation of the Administration Services of 25 Public Health Centers	90,000	90,000
Total	118,680	130,680



Table 15: Evaluation criteria and score (Division of Health Policy, 2005)

Score (total = 100)	Evaluation Items	Detailed Evaluation Items
Needs assessment and action plan development (30 points)	<p>Situation analysis (needs assessment) and target group</p> <p>Validity of selecting target group</p> <p>Action plan</p> <p>Program plan: participation and based on needs assessment?</p> <p>Evaluation strategy</p>	<p>Was the needs assessment conducted properly to select target group and to establish program goals & objectives</p> <p>Were detailed and measurable goals suggested?</p> <p>Was the target group appropriate?</p> <p>Was the action plan appropriate to help reach the goals?</p> <p>Did community members participate in developing the action plan?</p> <p>Was the action plan based on the needs assessment?</p> <p>Did the action plan include an evaluation strategy?</p>
Structure Evaluation (30 points)	<p>Resource management (including volunteers and partnerships with other organizations)</p> <p>Resource allocation (budget)</p> <p>Resources within the community</p>	<p>Were volunteers included into the program implementation?</p> <p>Were partnerships with other organizations established and well-maintained?</p> <p>Was sufficient budget calculated to implement the suggested strategies?</p> <p>Were resources (including facilities and equipment) made available within the community</p>
Progress Evaluation (20 points)	<p>Program implementation</p> <p>Program users</p> <p>Integrating program into the local situation</p> <p>Quality of provided service</p>	<p>Is the program well advertised?</p> <p>Was the time schedule followed?</p> <p>Were the actual program users the anticipated target group?</p> <p>Linking the program with other community programs, actions and resources</p> <p>Was the response from the community and the users positive?</p>
Results & Special Programs ("extras") (20 points)	<p>Goal achievement</p> <p>Program satisfaction</p> <p>Feedback</p> <p>Program creativity</p> <p>Generalizability</p>	<p>Did the results of the evaluation show that the goals of the program were met?</p> <p>Were the program providers and the users satisfied with the services?</p> <p>Is feedback provided to those who were involved in the program (after internal program evaluations)</p> <p>Are creative methods and/or contents used?</p> <p>Can the program be applied to other districts / areas</p>



V. Summary

This WHO Best Practice Award Proposal provided an overview of Seoul's pro-poor and equity enhancing Health and Welfare Policies. In the mega-city, Seoul, 21.9% of the population (which is equivalent to 2,248,595 million citizens) is "under privileged". Policies to support and improve the quality of life of these citizens are indispensable.

Seoul's Vision 2006 has a strong focus on Health and Welfare Policies, and the city's strong commitment to implement pro-poor and equity enhancing policies was shown by the achievements described in this proposal. To summarize just a few achievements: the City is expanding medical services to under-privileged citizens, by increasing the number of public health center branch offices, and by building new medical facilities, e.g. the Dental Hospital for the Disabled. The City is improving the quality of medical services, by exchanging old equipment in the district's public health centers. Under-privileged citizens receive financial support for medical services, childcare and during holiday seasons to reduce their economic burden. The City's public transportation system is being made more accessible for disabled citizens, by installing elevators in subways and by increasing the number of lower-buses. These were just a few of the City's pro-poor and equity enhancing efforts.

Acknowledging these achievements, it must be emphasized that efforts must be upheld and more needs to be done to achieve the Vision of the Alliance of Healthy Cities: "...Reaching for the highest possible quality of life and equitable distribution of health...".



Annex 1: Rare and Chronic Diseases

Table 16: Rare and chronic diseases

Nr.	Name of disease	Nr.	Name of disease
1	Atypical virus infections of central nervous system	36	Cardiomyopathy
2	Cryptococcosis	37	Moyamoya disease
3	Hemophilia	38	Thromboangiitis obliterans
4	Qualitative platelet defects	39	Crohn's Disease
5	Glanzmann thrombasthenia	40	Pemphigus vulgaris
6	Thrombocytopenia, unspecified	41	Juvenile rheumatoid arthritis
7	Agranulocytosis	42	Polyarteritis nodosa
8	Functional disorders of polymorphonuclear neutrophils	43	Hypersensitivity angiitis Thrombotic microangiopathy Lethal midline granuloma Wegener's granulomatosis, Aortic arch syndrome
9	Certain diseases involving lymphoreticular tissue and reticuloendothelial system Langerhans cell histiocytosis	44	Systemic lupus erythematosus
10	immunodeficiency	45	Scleroderma
11	Sarcoidosis	46	Sicca syndrome, Other overlap syndrome, Polymyalgia rheumatica, Diffuse fasciitis, Multifocal fibrosclerosis, Relapsing panniculitis, Hypermobility syndrome
12	Adrenogenital disorders	47	Behcet's Disease
13	Primary adrenocortical insufficiency Addisonian crisis Other and unspecified adrenocortical insufficiency	48	Chronic Renal Failure
14	Phenylketonuria	49	Nephrogenic diabetes insipidus
15	Disorders of branched-chain amino-acid metabolism and fatty-acid metabolism	50	Arnold-Chiari Syndrome
16	Adrenoleukodystrophy	51	Common arterial trunk
17	Other disorders of amino-acid metabolism	52	Double outlet right ventricle
18	Lactose intolerance	53	Double outlet left ventricle
19	Other disorders of carbohydrate metabolism	54	Pulmonary atresia
20	Gaucher disease	55	Hypoplastic right heart syndrome
21	Fabry Disease	56	Congenital malformations of aortic and mitral valves
22	Mucopolysaccharidosis	57	Malformation of coronary vessels
23	disorders of glycoprotein metabolism	58	Atresia of pulmonary artery
24	Other Porphyrias	59	Congenital malformations of great veins
25	Wilson disease	60	Craniofacial dysostosis
26	Cystic fibrosis	61	Achondroplasia/Hypochondroplasia
27	Amyloidosis	62	Diastrophic dysplasia
28	Rett syndrome	63	Osteogenesis Imperfecta
29	Huntington Disease	64	Polyostotic fibrous dysplasia
30	Hereditary Ataxia	65	Neurofibromatosis
31	Myopathy and Motor Neuron Diseases	66	Fetal alcohol syndrome
32	Multiple Sclerosis	67	Prader-Willi syndrome
33	Inflammatory polyneuropathy	68	Down Syndrome
34	Myasthenia gravis and other myoneural disorders	69	Edwards syndrome
35	Myotonic disorder	70	Patau syndrome
		71	Turner's syndrome



Annex 2: Public Health Centers

Table 17: Website Addresses of District Level Public Health Centers

Nr	District	Website of Public Health Center
1	Jongno	http://health.jongno.go.kr
2	Jung	http://www.junggu.seoul.kr/junggu3/hcenter/index.php
3	Yongsan	http://yongsan.go.kr/ysbogun
4	Seongdong	http://e-bogunso.seoul.kr/site/intro
5	Gwangjin	http://www.gwangjin.go.kr/gj_health/index.jsp
6	Dongdaemun	http://www.ddm.go.kr/health/index.html
7	Jungnang	http://www.healthcare.go.kr/index.jsp
8	Seongbuk	http://bogunso.seongbuk.go.kr
9	Gangbuk	http://www.ehealth.or.kr
10	Dobong	http://www.dobong.go.kr/new/health/main.html
11	Nowon	http://health.nowon.seoul.kr
12	Eunpyeong	http://www.ehealth.seoul.kr
13	Seodaemun	http://health.seodaemun.seoul.kr
14	Mapo	http://health.mapo.seoul.kr
15	Yangcheon	http://www.yangcheon.go.kr/Health/main.asp
16	Gangseo	http://gangseo.seoul.kr/portal/health/index.jsp
17	Guro	http://health.guro.seoul.go.kr/main.asp
18	Geumcheon	http://www.geumcheon.go.kr/site/healthcenter
19	Yeongdeungpo	http://yeongdeungpo.seoul.go.kr/health
20	Dongjak	http://www.dongjak.go.kr/pub/hea/index.jsp
21	Gwanak	http://www.gwanak.go.kr/health/index.jsp
22	Seocho	http://www.seocho.seoul.kr/health
23	Gangnam	http://healthpia.gangnam.go.kr/healthpia/health_main.jsp
24	Songpa	http://ehealth.songpa.go.kr
25	Gangdong	http://www.gangdong.go.kr/pub/hlt



Annex 3: Municipal Hospitals

Table 18: Websites of Municipal Hospital

Nr	Municipal Hospitals	Website of Municipal Hospitals
1	Children's Hospital	http://childhosp.seoul.go.kr
2	Mental Hospital	http://ephosp.seoul.go.kr
3	North-Western Hospital (Seobuk)	http://sbhosp.seoul.go.kr
4	Eastern Hospital (Dongbu)	http://dbhosp.go.kr
5	Boramae Hospital	http://www.brmh.co.kr
6	Yongin Mental Hospital	http://www.yonginmh.co.kr
7	Baekam Mental Hospital	http://www.baekammh.or.kr
8	Chungryoung Mental Hospital	http://www.creh.or.kr
9	Koyang Mental Hospital	http://www.kymhosp.com
10	Seoul Medical Center	http://www.kangnamhosp.or.kr
11	Disabled Dental Hospital	http://www.sdh.or.kr



Annex 3: Internal Reference Documents

- 2005 Budget Summary (Budget Summary of Performance & Results) Seoul Metropolitan Government Feb, 2005
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- “Vision Seoul 2006” Seoul Metropolitan Government 4 year plan 2002 ~ 2006 (3rd year), Seoul Metropolitan Government Feb, 2005.
- 『Seoul Mental Health 2020』 Program (First four year plan) Seoul Metropolitan Government, July, 2004.
- “2004 Health Program Evaluating Competition” Seoul Metropolitan Government Feb, 2005.
- Policy Seminar of Increasing Accessibility to Health Services for Under Privileged Citizens, Seoul Metropolitan Government April, 2005.
- Symposium of Distributing Healthy City Project and Building Network, Seoul Metropolitan Government, 2004
- 2004 Health Expo Result Reports, SBS Production, 2004
- 2005 Seoul Mental Health Facility Status, Seoul Metropolitan Government 2005
- 2005 Seoul Metropolitan Government will be changed. Seoul Metropolitan Government, Jan. 2005.
- 2005 Medical Allowance Business Introduction, Ministry of Health & Welfare, 2005
- Introduction of Supporting Medical Fee Business for Cancer Patients in 2005, Ministry of Health & Welfare, Feb, 2005.
- Introduction of Managing Cancer Patients at Home in 2005, Ministry of Health & Welfare, 2005



- Introduction of Supporting Medical Fee Business to Rare and Terminal Illnesses in 2005, Ministry of Health & Welfare, 2005.

