

BOB-08

COSTA RICA: THE TICOS

INSTITUTE OF CURRENT WORLD AFFAIRS

c/o Universidad de Costa Rica
Escuela de Medicina
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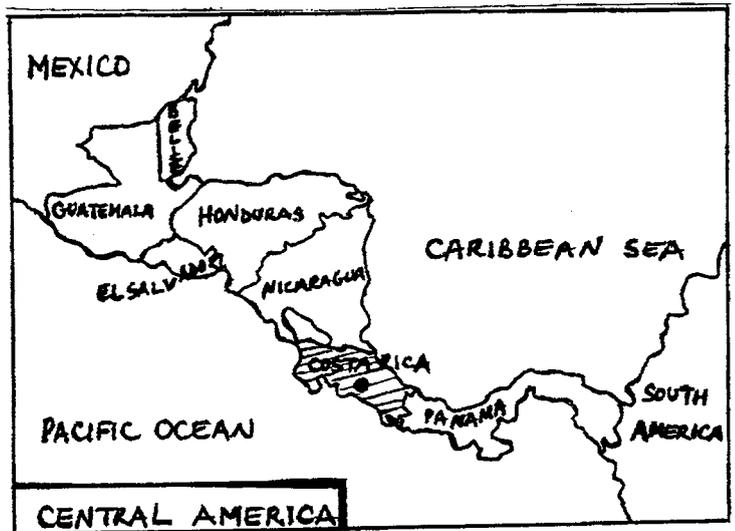
Peter Bird Martin
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Dear Peter,

The use of words in the diminutive form is very common here in Costa Rica. If you want to drink coffee you say 'por favor un cafecito', and if you are saying good-bye to a friend you say 'hasta luego'. Everything is in the 'chiquito' form here.

So one day when I was telling an 'amiguito' of mine that my country has a surface area of about 2 millions square kilometers, he was so surprised that he exclaimed, 'Dios mio, we are living in a paíscito'. Costa Rica is only 50,000 Square Kilometers and has a population of about 3 million- people who proudly call themselves, 'Ticos.'

When I was still studying in England I heard people referring to Costa Rica as 'the Switzerland' of the Americas. What have the Ticos done? Believe or not, there is no army in Costa Rica, only civil police to maintain general order since 1949. I am told that from that time on, the country has been living in relative peace (compared to its neighbors) in some kind of a unique democracy carefully looked after by successive stable governments. During that period there has been remarkable socio-economic progress all over the country. So let's examine one area of progress in Costa Rica- health care.



Bacete Bwogo is an ICWA fellow studying primary health care delivery in Costa Rica, Cuba, Kerala State in India & the U.S.A.

Since 1925 the Institute of Current World Affairs (the Crane-Rogers Foundation) has provided long-term fellowships to enable outstanding young adults to live outside the United States and write about international areas and issues. Endowed by the late Charles R. Crane, the Institute is also supported by contributions from like-minded individuals and foundations.

In general the health care system can be divided into two areas: medical care and preventive care.

MEDICAL CARE is run by two parallel systems:

The government system which is called the Caja Costarricense de Seguro Social (CCSS) or simply 'Caja'. The Caja provides a universal social security coverage for health care needs of most of the Costa Ricans population who would otherwise need some medical attention now or in the future care. It confers protection against almost all social risks, including disease and maternity (1).

The Caja is mainly responsible for curative medical care. It runs hospitals, clinics and health centers in both urban and rural areas. It employs various categories of medical personnel: doctors, dentists, nurses etc.

Most of the income of Caja come from salary contributions of those who are covered by the social security policy, though I also understand that there is a (little) contribution by the government through the Ministry of Health.

The Caja enjoys a great autonomy in the way it runs its operations, but while it does so, its operations are under the watchful eye of the Ministry of Health.

The second medical system is the private sector. It is small and operates in the free market way. I understand that many doctors in the private sector are also employees of Caja and infact many of them are moonlighting between the two systems.

It seems to me that a third system (though small) may also be existing, for example, I have seen people dispensing herbal medicines, or doing acupuncture and massages.

PREVENTIVE CARE:

This falls under the Ministry of Health which has programs for disease prevention and health promotion. It runs and operates programs for immunizations, prenatal care, family planning and also others for extending health care coverage to rural and urban communities and community participation (2).

The Costa Rican primary health care (PHC) programme was launched in 1971, and it has been credited as the key determinant of the dramatic improvement in health conditions that occurred in this country during the 1970s. The decline in infant mortality from 67

1. Carmelo Mesa-Lago, (1987). Atencion de salud en Costa Rica: Auge y crisis. Bol. of sanit. panam. 102(1), 1987. p. 1
2. Vargas, W. Gonzalez, (1992). Los servicios de salud en Costa Rica: Hacia donde vamos? CCSS. Direccion tecnica servicios de salud. Departamento de medicina preventiva. p. 1

to 21 per 1000 live births between 1970 and 1980 is an example of this improvement.

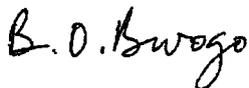
THE PRESENT HEALTH CARE DEBATE:

Despite the good health indicators that have been achieved so far, it appears the Costa Rican health care sector is headed for some reforms. What for?

Well, from what I can read up on the health care debates that have been going on, it seems to me that health professionals are dissatisfied by the present health service delivery system. Some see the continued separation of health care work (Caja for curative care, Ministry of Health for preventive, existence of private and other health care providers) as contradictory with the concept of integrated health care (2).

The health debate is still going on and it is rather complex in nature. As a matter of fact, I am not yet up-to-date with the arguments. But it is an interesting situation. And I'm looking forward to learning more. Until then, I am,

Yours sincerely,



Bacete O. Bwogo

3. Luis Rosero-Bixby, Carmen Grimaldo and Carlos Raabe (1990). Monitoring primary health care programme with lot quality assurance sampling: Costa Rica, 1987. Health Policy and Planning; 5(1):30-39. Oxford University Press. p. 1-2

2. Vargas, W. Gonzalez, (1992). Los servicios de salud en Costa Rica: Hacia donde vamos? CCSS. Direccion tecnica servicios de salud. Departamento de medicina preventiva. p. 1-2