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Health Public Insurance
Guest Editor
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INTRODUCTION

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Few subjects of public policy have become as complex as health insurance. From the richest countries of the Continent to those of smaller income levels, common effects live: aging, high cost of technology, tension between the financing to health services and the consumption of other goods, and visions of equality against great social diversity. It could be thought that with the great improvements in health of the populations the obstacles to define a policy would diminish, but apparently the opposite has happened. Indeed for that reason we are optimistic when facing the debates around the best policies of social insurance in health; these are discussions about how to make better something than without a doubt has given favorable results in the past. The articles of this number deal with some of the important problems in this debate.

Jorine Muiser, Andrew Herring and Juan Rafael Vargas deal with one the most interesting cases in the history of social security in the Americas, the one of Costa Rica. Approximately 90% of the population is covered by social security—including insurances for retirement and health—, but since the nineties a difficulty to obtain universality is perceived. There are explaining arguments based on the payroll tax, on the situation of poor homes and on the condition of the immigrants.

On the other hand, Ramiro Guerrero analyzes the case of Colombia, which launched in the nineties an ambitious project to reach universality of health insurance. As in Costa Rica, in Colombia the effort has run into difficulties. The structure of the labor market turns out to be key in the explanation, but the institutional restrictions and the difficulty to implant effective administrative processes are also indicated as possible causes. As a whole, these factors have determined an advance of the program slower than anticipated.

The Canadian model is considered in several ways a case of success: it combines guarantees of integrality and universal access with a decentralization of the functions of organization and administration of consumption of health services towards the provinces, and of the services towards private and public suppliers. The model has been very popular, but it has been questioned with regard to the limits it imposes on the possibilities of private financing. It also faces a challenge related to the growth of the relative importance of non-hospital services and inputs that force to reframe internal regulations. Carolyn Tuohy relates this situation, about which there are diverse proposals on the table in the political atmosphere of Canada.

Mexico has not tried a program of insurance with the integrality and access features of Costa Rica, Canada or Colombia (approximately in the order in which they have enacted it). During the decade that still runs Mexico launches the *Seguro Popular*, a program that aims to extend social

security to all, but without incorporating the elements of consolidation present in the other countries. The article of Tapen Sinha and Sandra Orcí describes this program and investigates if the incorporation of new population, typically of low income, affects the structure of costs of social insurance. Its main conclusion is that the insured population has a greater incidence of diseases with high cost of attention than the uninsured population.

In this issue of Well-being and Social Policy we have tried to include articles that support the debate around social insurance in health. This is an issue in which simple answers are hardly ever found, and a long term effort is required to understand the idiosyncrasy of each country and the best mix of regulation and financing options. Additionally, the studied cases point out to the need of a dynamic evaluation of policies.