

*executive committee of  
the directing council*



PAN AMERICAN  
HEALTH  
ORGANIZATION

*working party of  
the regional committee*

WORLD  
HEALTH  
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59th Meeting  
Washington, D. C.  
July-August 1968

Provisional Agenda Item 16

CE59/3 (Eng.)  
CORRIGENDUM  
8 July 1968  
ORIGINAL: SPANISH

PROGRESS ACHIEVED IN THE COORDINATION BETWEEN THE SERVICES AND PROGRAMS OF  
THE MINISTRIES OF HEALTH, SOCIAL SECURITY INSTITUTES AND OTHER INSTITUTIONS  
THAT CONDUCT ACTIVITIES RELATED TO HEALTH

CORRIGENDUM TO THE ENGLISH TEXT ONLY

Substitute paragraph 3 on page 1 for the following:

Since then, some of these countries have introduced further improvements into their coordination machinery while others such as Brazil and the Dominican Republic which until recently had not done so, have now established such machinery.



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At its XVII Meeting held at Port of Spain, Trinidad and Tobago, in October 1967, the Directing Council adopted Resolution XX, the fifth operative paragraph of which stated: "To recommend to the Director that in consultation with the Organization of American States, he explore ways of organizing a study group composed of recognized authorities" to advise the Organization on ways and means of coordinating the medical care services of Ministries of Public Health with those of Social Security Institutes.

The above-mentioned resolution arose out of the discussion by the Directing Council of the Report of the Director (CD17/18) on "The progress obtained in coordinating the services and programs of Ministries of Health, Social Security Institutes, and other institutions that conduct activities related to health". The report covered the laws, decrees, and regulations governing the coordination of medical services which had been enacted by the countries up to September 1967. The countries mentioned were Argentina, Colombia, Costa Rica, Cuba, Chile, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Peru, and Venezuela.

Since then, some of these countries have introduced further improvements into their coordination machinery while others have established such machinery. At the present time only Brazil and the Dominican Republic have not initiated coordination activities. The new developments are as follows:

ARGENTINA

The Secretary of State for Public Health officially informed the Director of the Bureau of the promulgation of Law 17230 establishing the National Commission of Social Institutions and Services whose task it will be to put into practice concepts on, and establish machinery for, coordination.

The above-mentioned law is supplemented by the "law on the regionalization of health services" which establishes integrated medical care community services. Their activities will be carried out in accordance with

modern concepts of integrated health care and will cover the promotion, protection, and restoration of health, rehabilitation, education, training, and research.

### BRAZIL

The Ministry of Planning and General Coordination, in collaboration with the Ministry of Health, is studying a national health system, the purpose of which is to apply a national health policy through the administrative decentralization of individual and community health services. Medical care is to be primarily in private hands but the public authorities will be responsible for stimulating, coordinating, and partially financing the services provided. Activities will be the responsibility of local agencies which, in administering and executing them, follow the guidelines laid down by the policy-making agencies of the Ministry. These local agencies will be non-profit-making institutions which, through systems of mutual insurance, capitalization, charity, and employer assistance, will finance community health services. In principle the beneficiary will defray part of the service costs but in many instances his share shall be nominal, as in the case of indigent persons, who will pay only 3% of the service cost. Membership of the scheme will be optional and a person may join by enrolling in one of the local health services. The service will be financed by compulsory health insurance contributions (present contribution to the Social Insurance and Rural Fund), by a budgetary allotment from the Federal Government, and by contributions from state and municipal governments.

### COSTA RICA

Decree No 16 of November 1967 established the National Committee for the Coordination of Public Health, Medical Care, and Social Security Activities. It is composed of the Minister of Public Health, the Manager of the Costa Rican Social Security Fund, and a representative of the Ministry and of the Social Security Fund. Its purpose is to find ways and means of streamlining existing resources and preventing duplication in the establishment of new medical care centers or facilities.

### CHILE

Law 16781 of 2 May 1968 makes dental and medical care available to present and retired members of the Employees' Social Insurance Agencies through a national health system which is to be managed by an Advisory Health Council under the chairmanship of the Minister of Health and composed of the chief medical officers of all the public services providing medical services plus representatives of the medical, dental, and pharmaceutical associations and representatives of employees and manual workers. The medical services will be provided by the Employees' National Medical Service. The beneficiary will be free to choose both who is to provide him with professional care and the establishment in which he is to be cared for. The Employees' National Medical Service is entitled to make agreements with the National Health Service or with any other public or private establishment.

ECUADOR

The Minister of Public Health has reported to the Bureau that the future total integration of services is being planned and that a beginning has been made in some areas through integrated health service programs.

EL SALVADOR

The Minister has reported to the Bureau that the Ministry of Public Health (the General Health Directorate) "has continued to hold coordination meetings with the authorities of the medical school of the University of El Salvador and those of the Salvadorian Social Security Institute". As a result, preliminary negotiations have been begun with PASB and IDB for the initiation of a coordinated program of hospital construction.

HONDURAS

A recent Presidential Decree established a high-level coordinating committee composed of representatives of all institutions in the country conducting health activities (Ministry of Public Health, Honduran Social Security Institute, and the National Social Welfare Council) as well as representatives of the Ministry of Economic Affairs and the Higher Council of Economic Planning. At the same time, with the technical assistance of the Bureau and the financial assistance of IDB a pre-investment study was begun on the construction of a teaching hospital in Tegucigalpa, to be jointly administered by the Ministry of Public Health and the Autonomous University of Honduras under an agreement to that effect.

DOMINICAN REPUBLIC

On the joint initiative of the Ministry of Public Health and Social Welfare and the Dominican Social Security Institute, PASB, in collaboration with the OAS, has been giving technical assistance in connection with the standardization of the administration of hospitals belonging to both institutions and the preparation of plans for the regionalization of services which provide for the complete coordination of the Dominican Social Security Institute with the hospitals of the Ministry.

Present Status of the Coordination of Medical Services

The progress made in coordination in 1967 and 1968 has been very satisfactory, as is evidenced by the laws, decrees, or agreements for the establishment of programs for the coordination of health services with medical care services and, in many instances, administrative regionalization. As a rule, a coordinating committee has been established at the central level and usually works closely with the health planning and economic planning agencies.

Needless to say, the patterns and the scope of this coordination vary from country to country. Whereas in some the basic object of coordination is hospital construction programs, in others a central policy-making body has been set up in the Ministry of Public Health and in still others, especially those which are federations, maximum decentralization is achieved whereby the direction and execution of activities is totally in the hands of local health agencies, as is provided for in the laws recently enacted in Argentina or those under study in Brazil. On the other hand, in other countries, foremost among which is Mexico, there has been a tendency to extend the coverage of Social Security services and to support their activities with preventive activities. Thus, they are providing universal coverage and integrating preventive, curative, and welfare activities in the way recommended by PASB/WHO and OAS expert committees.

It is worthwhile pointing out that two countries, Brazil and Chile, are beginning to speak of a national health system as a means of extending the coverage of medical care services, in accordance with the historical and cultural tradition of the country and with due respect to its juridical or administrative system. In speaking of medical care administration it is almost commonplace to say that the experience of one country, however successful it may be, cannot be transferred to another country, unless proper adjustments are introduced to adapt it to the medical and social characteristics of that country. Data drawn from studies in cultural anthropology and social psychology, the traditional relationship between the physician and his patient, the degree of development of administrative structures and the systems of social protection are factors which cannot be neglected in setting up a "system" designed to make maximum use of all resources available for meeting the demand for services and satisfying the wishes of the community about how services are to be provided. In this process of adaptation, each country must adopt its own system of coordinating its resources, which must be attuned to the national characteristics. Such a system appears to be what the countries are beginning to call a "national health system".

All these experiments are, however, very recent, and many of them are still being studied and planned. Consequently it is difficult to draw any conclusions about methods and results since they have not yet been put to the test of time. The Director therefore believes that it is too early to attempt to assess the results since there is no background information for evaluating the trends mentioned above. For these reasons, the Director believes it is better to postpone the meeting of a study group, as recommended in the fifth operative paragraph of Resolution XX of the Directing Council mentioned at the beginning of this document.

However, we are alive to the evolution of events so that we can choose the most appropriate moment for holding a meeting of a study group. Such a meeting might be preceded by meetings of representatives of countries with a similar medico-social infrastructure and of those which have adopted an identical policy for the coordination of their medical care services.