

*directing council*



PAN AMERICAN  
HEALTH  
ORGANIZATION

XIX Meeting

*regional committee*

WORLD  
HEALTH  
ORGANIZATION



XXI Meeting

Washington, D. C.  
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Provisional Agenda Item 17

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ORIGINAL: SPANISH

LONG-TERM PLANNING AND EVALUATION

The Director has the honor to inform the Directing Council that Document CE61/14 (Annex I) was prepared in pursuance of Resolution XIX of the XVIII Meeting of the Directing Council, paragraphs 3, 4 and 5 of which read:

"3. To support the proposal to provide a review of existing procedures and to prepare a comprehensive report, pursuant to Resolution WHA21.49, for the proposed program period 1972-76.

"4. To request the Director to give special attention, as part of the above report or in a separate document, to the long-range planning and evaluation of PAHO/PASB in relation to activities of the Inter-American Development Bank, the OAS Regional Program for Scientific and Technological Development and other regional programs in the Americas, including those of the Inter-American Economic and Social Council and the Inter-American Committee on the Alliance for Progress (CIAP), with a view to an analysis and assessment of current PAHO programs in the light of development goals and priorities of the Inter-American System.

"5. To request the Director to produce, as far as is practical, at least the preliminary results of this study in sufficient time before the 61st Meeting of the Executive Committee."

The Executive Committee at its 61st Meeting, after carefully studying Document CE61/14, resolved in its Resolution XIV:

"1. To take note of the report of the Director of the Bureau on the planning and evaluation of the work of the Organization and to request him to send it to the Governments for study by the competent authorities so that they may make such suggestions as they deem pertinent.

"2. To recommend to the XIX Meeting of the Directing Council that having taken into account the recommendations of the Governments, it approve the above-mentioned report.

"3. To request the Directing Council to urge the countries to collaborate with the Bureau in implementing the proposed long-term planning procedure.

"4. To recommend to the Director that he continue the activities designed to strengthen and increase the coordination of health plans with the activities of the Organization and those of agencies of the inter-American system fostering economic and social development activities.

"5. To instruct the Director to submit to the 64th Meeting of the Executive Committee a progress report on planning in the Americas."

In order to provide the Directing Council with more information on the method referred to in the above-mentioned document, an explanatory summary thereof, entitled "Plan for the Preparation of Four-Year Projections", has been prepared. (Annex II)

Annexes



*executive committee of  
the directing council*

PAN AMERICAN  
HEALTH  
ORGANIZATION

*working party of  
the regional committee*

WORLD  
HEALTH  
ORGANIZATION



61st Meeting  
Washington, D. C.  
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LONG-TERM PLANNING AND EVALUATION

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## LONG-TERM PLANNING AND EVALUATION

### I. INTRODUCTION

At its XVIII Meeting, the Directing Council of the Pan American Health Organization, in Resolution XIX, expressed its support for the proposal to provide a review of existing procedures and to prepare a comprehensive report for the proposed program period 1972-1976 and requested the Director to give special attention, as part of that report, to the long-range planning and evaluation of PAHO in relation to activities of the organizations of the inter-American system.

In response to that resolution this comprehensive report has been prepared on the formulation and implementation of PAHO programs, on the method to be used in the process of planning in the countries and economic development, and on areas in which its activities are being coordinated with those of agencies of the inter-American system.

Because of its nature, functions, and mode of operation, PAHO/WHO depends for the establishment of its policy on the decisions of the countries either individually or collectively. Hence its long-term planning is determined both by the nature of the prevalent problems and by national and regional health and development policies.

### II. HEALTH POLICIES

#### National Health Policy

This is reflected in a national health plan, if any, or in partial planning and the trends of the health services in the country and investments made in the health sector. It constitutes a local element that must be clearly identified so that it can act as a determining factor in planning the assistance activities of the Organization. Generally speaking, most of the Latin American countries are in various stages of planning, following approaches adjusted to the local situation as manifested by the nature of the problems, the resources assigned, and the orientation deriving from the level of the politico/administrative decision.

In formulating its national health policy, each Government takes into consideration the decisions of the Governing Bodies of international organizations that are directly or indirectly related to the health problems in its country.

#### Regional Health Policy

The incorporation of health activities into economic and social development activities which PAHO/WHO had been advocating since 1959 was recognized in the Act of Bogota in 1960.(1)

Accordingly, the American Republics signed the Charter of Punta del Este which defined an action program for the period 1961-1971, the main purpose of which was to accelerate economic and social development (2). In the health field the objective established was as follows: "to increase life expectancy at birth by a minimum of five years... To attain this goal it will be necessary to provide adequate potable water supply and sewage disposal to not less than 70 per cent of the urban and 50 per cent of the rural population; to reduce the present mortality rate of children less than 5 years of age by at least one half; to control the more serious communicable diseases...; to eradicate those illnesses, especially malaria, for which effective techniques are known; to improve nutrition; to train medical and health personnel to meet at least minimum requirements; to improve basic health services at national and local levels; and to intensify scientific research ...". To achieve these objectives, a ten-year public health program was drawn up. It provided for the preparation of national health plans, the improvement of statistics, the provision of personnel training, the expansion of urban and rural health services, sanitation programs, the control or eradication of diseases, and the improvement of nutrition.

Both the Act of Bogota and the Charter of Punta del Este emphasized the need for the simultaneous promotion of social welfare and economic development. Thanks to the endeavors of public health workers of the Continent and the efforts of PAHO/WHO, health activities have been incorporated into economic and social development activities. By the same token, the Governing Bodies of the Organization and the Special Meetings of the Ministers of Health have defined the strategy to be followed in achieving the objectives of the Ten-Year Public Health Program.

The First Special Meeting of the Ministers (3), which was held in 1963, recommended a series of measures for implementing the above-mentioned program. Subsequently the principle that the improvement of health conditions is fundamental to the economic and social development of Latin America was supported by the Meeting of the Presidents of America held in 1967 (4) when they reaffirmed the need to continue activities for attaining the goals of the Charter of Punta del Este, namely the control or eradication of communicable diseases, the provision of water supply and sewage disposal services, the improvement of nutrition, and personnel training. They recommended that maternal and child health programs include educational programs on overall family guidance methods, and emphasized the advisability of incorporating national and regional health plans into general development plans as early as the pre-investment phase. The measures recommended by the First Special Meeting of Ministers, which were confirmed and added to by the Declaration of the Presidents of America, were considered at the Second Meeting of Ministers held in 1968 (5). That meeting discussed the progress made in achieving those objectives and reiterated the need to intensify health planning, to give due attention to health and population dynamics, and to expand programs of research on health.

In virtue of Resolution XXXVII, the Directing Council of the Pan American Health Organization, at its XVII Meeting, decided to incorporate into the policy of the Organization the proposals set forth in the Declaration of the Presidents of America.

This then is how the present health policy for the Region was defined. It constitutes one of the terms of reference guiding the projection of PASB/WHO assistance activities in the coming years.

### World Health Policy

This is derived from the decisions taken by the Sixteenth General Assembly of the United Nations (1961) on the First Development Decade in which it was suggested to the countries that they intensify their efforts to accelerate economic and social progress. The Governing Bodies of WHO, interpreting the above-mentioned recommendation in the health field, recommended that countries adopt a ten-year plan with such objectives as: a) preparation of national health plans for the development of public health programs, coordinating these programs with other related plans in the economic and social fields; b) education and training of health personnel; c) establishment of goals and targets for the decade; d) assignment of increased national resources to the control of disease and the improvement of health.

Subsequently, in 1968, the Twenty-First World Health Assembly adopted Resolution WHA21.49 (7) which recommended that the Regional Committees give particular attention to long-term health planning and the formulation and evaluation of health programs and to the possibilities of regional and inter-regional cooperation in the development of such plans. These ideas are in accord with the goals of the Second United Nations Development Decade, which will begin in 1971 and in the course of which it is hoped to quicken the economic and social development of the countries initiated in the first decade.

### III. PAHO/WHO PLANNING

In general terms, the work of the Organization is derived from the programs of the Governments and is based on the regional health policy, bearing in mind coordination with agencies of the inter-American and United Nations systems. To begin with, international agencies, and in particular multilateral agencies, cannot operate as autonomous agencies; on the contrary, their activities are complementary to and not substitutes for the activities sponsored and undertaken by Governments. For several years PAHO/WHO planning has been carried out in program areas in which each country or group of countries wishes to obtain the assistance of the Organization. The program has been prepared in two stages; the first, at the country level, on the basis of the consultations with the national health authorities, the second, at the zone or headquarters level, at which proposals and data received from the country are compiled with a view to establishing a regional program and budget, which is subsequently submitted to the Directing Council and, on being approved, becomes the program of work of PAHO. The projects financed with funds from the World Health Organization are transmitted to the Director-General for incorporation in the WHO program. The decision to respond to the requests of the countries depends on the priorities assigned by the health authorities, and the funds available to the Organization. In this way the projection of activities and funds is made for a period of three years.

Method

The proposal to adopt longer-term planning, four years or more, has made it necessary to revise present procedures and to devise a method which, for the purposes of planning PASB/WHO activities, may be applied to all countries and to the Region, and which relates health plans to economic and social development plans. In addition to being a consolidated, unitary and minimum system it must be adapted to the different circumstances surrounding health and diseases in the Americas. In devising it the following considerations have been taken into account:

- Health activities must be planned in the context of the economic and social development of the country in each period in which they are analyzed and projected. Only the strictly essential indicators will be used.
- The minimum system would be sufficiently flexible to allow projections to be made in specified countries on the basis of further data.
- The system must enable priorities to be established, the activities to be undertaken by the Organization to be defined, and a budget to be prepared in accordance with the categories at present in force.
- The targets of the Ten-Year Public Health Program of the Charter of Punta del Este will be used as yardsticks.
- National health plans, if being implemented, will be the basis of 4-year projections of the Organization.
- In the countries which have only reached the stage of an appraisal of the health situation, the data collected will be included in the system to be used by PAHO/WHO.
- Where a country has no plan or has made no appraisal of the health situation, sources of information to be used will be official sources, such as those of the United Nations or of the OAS - in the case of economic and social indicators - and those of PAHO/WHO in the case of vital and health statistics, resources, and services.
- The system will be put into practice through the joint efforts of international and national public health workers. The assistance proposals of WHO and PAHO must be subject to yearly scrutiny by the central office in formulating the integrated PAHO/WHO program and budget and to the decisions of the PAHO Directing Council and Conference and the World Health Assembly.

The method proposed, which is at present being worked out, is to be known as "Four-year Projections of PAHO/WHO Assistance in the Americas". It is a dynamic method and is based on joint efforts of national and international public health workers in each phase of local activities. The procedure will consist of the following steps:

1. Joint definition of the health situation in the country and of the determining factors.
2. Joint formulation of proposed changes in the situation in a specified period, in the light of economic and social development.
3. Identification of problem areas (priorities).
4. Definition of the activities required to bring about the changes planned, in the light of:
  - a) national health policy as expressed in a health plan or the national economic social development plan or implicit in general programming and the way in which resources are assigned.
  - b) regional policy established by the Governing Bodies and which, in the present decade, is reflected in the goals of the Charter of Punta del Este.
5. Analysis of the activities which the country will carry out and identification of the areas in which immediate and future PAHO/WHO assistance is needed. Preparation of a stock of projects, selection of feasible projects.
6. Formulation of PAHO/WHO assistance programs and determination of base lines for evaluation. Preparation of PAHO/WHO budgetary requirements.
7. Annual evaluation to ascertain progress in achieving the objectives of the project.
8. Redefinition of objectives and priorities, analysis of new areas and problems, and beginning of a new cycle.

The details of the method will be worked out in the second half of 1969, and it is expected to put it into use in the course of the present year for the program period 1970-1974. Therefore, sufficient experience will be available to allow procedures to be refined and joint planning improved for the period 1972-1976.

## Evaluation

An evaluation procedure is already being used to measure the results of the assistance activities of PAHO/WHO. As already pointed out, these activities are complementary to those carried out by the Governments so that the application of the system being tested is based on information from official sources. It is to be hoped that the process will be gradually extended, especially when a national health plan is in operation. The scheme provides for periodical evaluation at the regional and national levels as well as the redefinition of assistance areas in accordance with the progress made. Basic factors in this system of evaluation are the measurement of the degree of achievement of the objectives and aims of the program in which PAHO/WHO is assisting; the priority of the problems which those programs and projects are intended to solve; and the effectiveness of the procedures used to solve them. Evaluation is thus coordinated with planning and is of use in deciding on the necessary changes in policy, in priorities, and in the allotment and reallocation of resources.

## Factors Conditioning the Planning

Several factors that must be taken into account in the planning for the period 1972-1976 are immediately obvious. One is the redefinition of objectives for the period, in the light of the progress made in achieving the goals of Punta del Este. These results will necessarily have to be reviewed and evaluated in the next two years. The financing of the health sector will also undoubtedly influence the planning of PAHO/WHO activities. In the same way, the Second United Nations Development Decade, in its worldwide projections and its bearing on health activities, must be taken into account.

The degree of success in attaining the goals of Punta del Este will determine the activities to be undertaken in the period beginning in 1972. The appraisals made for Latin America as a whole show that for the year 1967 (8) substantial progress had already been made in several fields. Life expectancy at birth, the objective for which was an increase of five years for the period 1961-1971, had reached 2.3 years between 1960 and 1966 and it is expected that at least 80 per cent of the objective will be achieved by 1971. In infant mortality less than 50 per cent of the target had been achieved by the end of the first five years of the decade. Mortality of children between the ages of 1 and 4 years had declined more quickly; in South America more than 90 per cent of the reduction recommended for the first five years of the decade was obtained and in Middle America, 69 per cent. In the case of water supplies the program was clearly successful in urban areas, since 19 out of 24 countries had exceeded the target of providing 70 per cent of the urban population with water service. Nevertheless, estimates show that, by 1971, only 23 per cent of the rural population would have such services. According to information provided by the countries, if the Punta del Este goal is to be achieved by 1971, it will be necessary to provide water services for 35.5 million inhabitants of urban areas and 45.5 million of rural areas. Enormous investments will be required and it will be necessary to redefine the objectives both in quantity and over time, particularly in the rural areas.

Progress has been made in eradicating malaria; it is estimated that, by the end of the decade, programs will be in operation in all the malarious areas of Latin America and that an increasing number of persons will be living in areas in the maintenance and consolidation phases. It is also expected that smallpox eradication will be in its final stages. High priority will continue to be given to nutrition and feeding in the vulnerable sectors of the population. The possibilities of improving the diets of persons will depend on the food and nutrition policy guiding national production, imports, and exports of foodstuffs and providing for the coordination of public and private institutions that contribute to, or participate in, the program. The extension of health service coverage, which has shown definite progress, will continue to receive the necessary emphasis in the rural areas. The development of health manpower will be given priority in the remainder of this decade and in the following decade.

The Governments are aware of the importance of improving available resources, and of new domestic investments or external capital. As already stated, the countries are at different stages of health plan formulation and implementation. The weakness of the administrative structures and methods, which has become evident, is receiving increasing attention by the national authorities. Furthermore, despite the efforts made to coordinate health plans with economic and social development plans, much remains to be done. The interest of the countries in giving due consideration to health and population dynamics, as set forth in the Declaration of the Presidents of America, indicates that by the end of the present decade an increasing number of countries will have established a population policy, which will determine PAHO/WHO assistance in this field.

These comments have, it is hoped, thrown some light on pertinent considerations in reformulating regional health policy in the years subsequent to 1971.

As to the availability of resources for financing the health sector according to recent information (9) in Latin America, in the period 1961-1968, there was an increase in investments in the social sector, especially in education and health. Increasing difficulty is being experienced in obtaining funds from the public sector for carrying out health programs. The problem has three aspects: how to improve the output of present resources in terms of more and better services; what are the possibilities of developing internal mechanisms for the financing of the services either from the public or private sector; and finally, what are the prospects for multinational and international financing.

Several activities are being promoted by the United Nations in preparation for the Second Development Decade. A preliminary document (6) containing the comments of the Member Governments and organizations has been circulated and was discussed at the meetings of the Development Planning Committee of the Economic and Social Council of the United Nations in March of this year. It describes the likely trends in several program areas in each of the Regions and also suggests some changes in the order of priorities, pointing out that

specified fields will continue to receive preferential attention such as health planning, development of health manpower, control of communicable diseases, maternal and child health, nutrition and sanitation.

#### IV. RELATIONS WITH AGENCIES OF THE INTER-AMERICAN SYSTEM

As indicated in Resolution XIX, the Directing Council of the Pan American Health Organization at its XVIII Meeting requested the Director to give special attention, as part of his report or in a separate document, to the long-range planning and evaluation of PAHO/WHO in relation to activities of organizations of the inter-American system, in particular the Inter-American Development Bank and the Organization of American States.

The economic and social development of Latin America delineated in the Charter of Punta del Este and subsequently reemphasized at the Meeting of Presidents held in 1967, also constitutes the frame of reference for these agencies.

In general, it may be stated that the activities of all those organizations have been coordinated with those of PAHO/WHO. There is also a growing interest in the coordination of plans in pertinent areas.

##### Organization of American States

There are many specific areas of OAS programs which are closely related to the activities for the protection and promotion of health, the development of health manpower, and research contemplated in the long-term PAHO/WHO planning. They include social, economic and scientific and technological aspects of the OAS program. These activities are carried out either by the Pan American Union or the specialized organizations of the OAS. PAHO/WHO also assists the OAS and its committees in coordinating economic and social development activities with health activities.

The areas in which cooperation has been closest are personnel training programs, foot-and-mouth disease, housing, water supply, social security, statistics, population, community development, science and technology, and child care.

##### Personnel Training

This is a matter of fellowships. The OAS Fellowship Program is a regular, continuing, and educational activity, the purpose of which is to contribute to the economic, social, scientific and cultural development of its Member States. Fellowships are awarded for advanced training abroad according to the needs expressed by their Governments. Fellowships are awarded to individuals and not to institutions.

Four staff members of the Pan American Sanitary Bureau are members of the Advisory Board of the OAS Fellowship Program and provide technical assistance by reviewing applications for fellowships in fields relating to health.

The OAS also has a professorship program by means of which it provides teaching institutions with visiting professors. In this program, also, PAHO/WHO gives technical advice on some health related aspects. This joint work will be expanded as the personnel training needs of other programs are defined.

#### Foot-and-Mouth Disease Program

In 1951, at the request of the Organization of American States, PAHO/WHO took on the organization and administration of the Pan American Foot-and-Mouth Disease Center, which was financed as an OAS Technical Cooperation Program. In view of its international character and the economic importance of foot-and-mouth disease, the IA-ECOSOC in 1966 asked the OAS and PAHO/WHO to devise a scheme for the stable financing of the Center, in consultation with the Governments of the Hemisphere. This study related to the financing proposal was submitted to the Fifth Annual Meeting of the IA-ECOSOC in 1967 which reaffirmed that PAHO/WHO should continue to be technically and administratively responsible for that Center. At its XVII Meeting in Trinidad and Tobago the Directing Council of the Pan American Health Organization approved the first budget of the Center. These decisions and resolutions were confirmed at the First Inter-American Meeting at the Ministerial Level on Foot-and-Mouth Disease and Zoonoses Control, held in 1968. For sixteen years funds from the Technical Cooperation Program enabled the above-mentioned Center to develop and to become a reference and coordination center for the prevention and control of the disease in the Hemisphere.

In July 1968 the Secretary General of the Organization of American States formally transferred the Center to PAHO/WHO. As resolved by IA-ECOSOC and CIAP, PAHO/WHO will continue to submit the annual report and the program and budget of the Center to the OAS. It will also collaborate with the OAS Technical Cooperation Program, especially in the matter of fellowships and training activities.

#### Housing and Urban Development

Considerable coordination has been achieved between PAHO/WHO and the Inter-American Housing and Planning Center (CINVA). A PASB/WHO sanitary engineer serves as a liaison officer and, in addition, helped with the teaching in the training courses of that Center. PASB/WHO is also represented at the inter-agency meetings on housing and urban development. Future possibilities of concerted action between the OAS, through CINVA, and PASB/WHO, through the Pan American Sanitary Engineering Center (CEPIS), will focus on three points which are intimately related with the CEPIS development program: a) collection and analysis of basic data on environmental and socio-economic conditions and the health situation in the countries; b) physical and architectural planning of villages including basic studies and design as well as the establishment of standards and criteria; c) collection and distribution of bibliographical material. Provision is also made for rural housing pilot projects in border areas, e.g., Ecuador with Colombia, and Colombia with Venezuela.

Provision is made in the plans for the immediate future for joint studies, especially cost analysis, sanitary installations in city planning, definition of the relations with national agencies, and methods of obtaining the assistance of other international agencies.

#### Water Supply Program

As part of the activities in this field special mention should be made of two in which the OAS and PAHO/WHO have worked in close collaboration. The first is the Santa Lucia River basin program in Uruguay, the objective of which is to obtain maximum use of this resource, including sanitation aspects. The project is being carried out with the participation of the OAS, PAHO/WHO, and the Government of Uruguay. Basic data have been collected and analyzed, and a preliminary study has been made on water supplies for Montevideo. As soon as the tripartite plan of operations is drawn up, the program to be carried out will be established.

The second concerns the Guayas River in Ecuador; PAHO/WHO will give the necessary technical advice on water pollution, water supply and sewage disposal, quality of water for other uses, and water-borne diseases.

#### Social Security

The OAS promotes the improvement and extension of national social security systems as well as their coordination with other socio-economic agencies. PAHO/WHO also encourages the coordination of the medical services of ministries of health with those of the social security services. Joint activities in this area include the study of problems of common interest and meetings on the coordination of medical care as well as technical advice to Governments. The aim is to assist in the establishment of harmonious systems to improve the use of the resources assigned to health, regardless of the institution from which they are derived, and thus to expand population coverage and the benefits provided. If the health situation in some countries is favorable and the national authorities so decide, a single health service will be established. In the near future several countries are likely to ask for technical advice in carrying out studies on the establishment of a national health service. It is planned to continue to admit staff members of social security institutions to the PAHO/WHO health planning courses.

#### Statistics

The OAS is working in three main areas: the development and improvement of national statistics, personnel training, and distribution of statistical data. There will be an increase in the exchange of information between the OAS and PAHO/WHO in the years ahead. The Inter-American Statistical Training Center (CIENES) in Santiago, Chile, will increase its collaboration with courses on vital and health statistics which will be given at the School of Public Health of Chile under the sponsorship of PAHO/WHO.

### Population

The aim of the OAS program is to stimulate each country to formulate a population policy and to implement it as part of development plans. PAHO/WHO takes part in the inter-agency committees as it does in seminars on this subject. PAHO/WHO is also prepared to provide assistance, on request, in the teaching of demography and family planning in social service schools in Latin America as well as in studies seeking to establish the relationship between high fertility and problems of social pathology. It is also ready to contribute to all special studies on demography and health and/or family planning which are planned for the future.

### Community Development and Social Welfare

The aim of the OAS programs in this field is to have public and private sectors participate, both at the national and international level. For its part, PAHO/WHO, in the light of the experience obtained in countries such as Peru, Colombia, Ecuador and certain Central American countries, plans in the next few years to strengthen its assistance to Governments in developing the health infrastructure, especially in rural areas. It hopes to elaborate and develop its plans with the OAS Community Development project.

In social welfare PAHO/WHO is conducting studies which will enable it to define the relations between health and social welfare and thus to ensure proper coordination between programs and services in both fields. That will also make it possible to expand the activities of social workers, social anthropologists, nurses, health educators, etc. PAHO/WHO could also cooperate in the health aspects of the development of the training center the OAS proposes to set up for Mexico, Central America and Panama.

### Regional Program for Scientific and Technological Development (10)

In their Declaration at Punta del Este in 1967 the Presidents of America stated: "Science and technology offer genuine instruments for Latin American progress and must be given an unprecedented impetus at this time. This effort calls for inter-American cooperation, in view of the magnitude of the investments required and the level attained in such knowledge." As part of this initiative, the Regional Scientific and Technological Development Program was set up, the purpose of which is: a) to foster the advance of science and technology in such a way as to accelerate economic development and social welfare of the people; b) to adopt measures to promote research, teaching, and dissemination of science and technology; c) to carry out the program through national and international agencies, both public and private; d) to foster the establishment of multinational institutes for training and research in science and technology for post-graduate students and to strengthen institutes of this nature already established in Latin America; e) to create an inter-American fund for scientific and technological training.

The Inter-American Cultural Council, in cooperation with CIAP, was entrusted with the development of this program which will be financed with contributions from the Member Countries, international agencies, universities, foundations, and individuals. The budget recommended by the Inter-American Cultural Council amounts to 15 million dollars for the period 1968-69. (11)

The fields to be supported include biochemistry, genetics, microbiology, physiology, and nutrition. Assuming that a sound scientific and technological program for Latin America will include the life sciences, PAHO/WHO informed the OAS in 1967 of its great interest in participating in the biological and health aspects of the regional program. In view of the terms of reference of this program, it was proposed that PAHO/WHO should assume responsibility for the biological and health sciences projects. If this proposal were accepted, PAHO/WHO could contribute to the regional program with its knowledge of hemispheric problems, its relations with the scientific community as well as its own manpower and material resources such as scientific advice, exchange of professors, and fellowships. So far, a nutrition project costed at 40,000 dollars is under consideration. It is to be hoped that coordinated planning may be achieved by channelling efforts and resources through the Special PAHO/WHO Research Fund authorized by Resolution XVI of the XVII Pan American Sanitary Conference and reaffirmed in the specific recommendation of the Meeting of Ministers held in Buenos Aires in 1968.

#### Protection of Children

For this purpose the Inter-American Children's Institute serves as a center of social action, study, advice, documentation, and information. It conducts programs in education, social legislation, social service, and statistics. It exchanges information with PAHO/WHO and, with it, undertakes joint projects, especially training courses on specific aspects of childhood and nutrition. It is hoped to continue to work in these areas, and that PAHO/WHO may participate in the social and environmental studies the Institute is expected to undertake.

#### Inter-American Economic and Social Council (12)

The purpose of this agency is the promotion of the economic and social welfare of the American nations through effective cooperation for the better utilization of their natural resources, the development of their agriculture and industry and the raising of the standards of living of their peoples. Since 1963 it has a permanent committee, the Inter-American Committee on the Alliance for Progress (CIAP), which promotes and coordinates the activities aiming at the achievement of the objectives of the Charter. This Committee makes annual country reviews in order to evaluate the plans and to determine financial needs. Senior officials from the country under review, representatives of financing agencies such as the IDB, IDRD, AID, observers from other countries, and specialized agencies including UNDP, ILO, FAO and PAHO/WHO, take part in these reviews. Observers take part in the discussions and may submit documents and recommendations.

It is planned to increase the coordination of the immediate and long-term plans of PAHO/WHO with those of CIAP for the overall development of Latin America through a mechanism at present under study by both agencies which provides for the following:

- Increased participation of PAHO/WHO in the sub-committees of CIAP for country studies.
- By mutual agreement and in agreement with the Governments concerned selection of three or four countries in which an analysis is to be made of the relations of the health sector with the economic and social development of the country. For this purpose the PAHO/WHO country representative would become a member of the expert missions which CIAP sends to the countries.
- PAHO/WHO would prepare the chapters on health of the documents of the CIAP Secretariat.
- PAHO/WHO would take part in the sub-committee meetings, present the chapter on health, and take part in the inter-agency meetings which establish the technical and financial assistance a country needs for its economic and social development.
- By this means, a 4 to 5 year analysis would be made of the health situation in relation to the development of each of the countries, and the activities of PAHO/WHO in the health field would be taken into consideration with the remaining plans of other agencies.

#### Regional Integration Projects

As part of the activities aimed at accelerating the process of development, the Presidents of America at their meeting held in 1967 decided to foster regional integration through multinational projects, including the development of international river basins.

In the general re-evaluation of the plans in this field CIAP made in 1968, it was decided to give greater momentum to four integration movements: a) the Latin American Free Trade Association (LAFTA); b) the Central American Common Market (CCM); c) the Andean Group of LAFTA; and d) the Caribbean Free Trade Area. An analysis of these movements in the light of health plans and existing problems indicates five problem areas which should be taken into consideration in joint planning: a) the increase in trade between countries, in particular in food and drugs; b) large-scale migratory movements stimulated by poles of development; c) unexpected demand for health services by the migratory population; d) availability of health manpower; e) differences in health legislation and the adaptation of health legislation to the needs of development.

A regional development project, in which coordination with the organizations of the inter-American system is a most important element, is the River Plate Basin project. The countries involved: Argentina, Bolivia, Brazil, Paraguay, Uruguay, have decided to make a joint study preliminary to carrying out multilateral, bilateral, and national programs designed to foster the progress of the region. Specialized organizations of the inter-American system and specialized agencies of the United Nations system, including PASB/WHO, are providing assistance. PASB/WHO is participating because it is necessary to know the health problems caused by the development of a program aimed at the maximum utilization of water resources, both from the point of view of the interrelation between water supply and waste disposal and other sanitary problems. This assistance will depend upon the policy of the countries of the Basin as well as the requests submitted by them for PASB/WHO assistance. At the Sixth Meeting of Ministers of the above-mentioned Basin (13) held in 1968, the work program established included the following:

- Active and continuing participation of the health sector in the joint study and in the preparation and execution of development plans for the Basin.
- The formulation of a joint program of work based on the programs of development of the Basin.
- To design methodological models for determining project priorities. This type of activity will be incorporated into national health programs.

The general plans also provide for the manpower development and immediate provision of medical care with the existing services.

The assistance activities which PASB/WHO plans to carry out as part of this program will be based on the points agreed by the Ministers and will be coordinated with the activities proposed by the specialized agencies and financing agencies.

#### Inter-American Development Bank

The programs being carried out by the countries with assistance from PAHO/WHO and funds from the IDB as well as the plans for the years ahead are based on the health policy established by the IDB. This policy, which was drawn up with the assistance of PAHO/WHO and is being implemented in close cooperation with it, was set forth in a document distributed to the health services of the countries of the Continent.

The health policy of the IDB (14) is based on the recognition that the improvement of the health conditions in the Region will help to foster economic and social progress. It also states that the Bank will consider proposals for health projects provided they form part of national health plans and indicate their importance in the solution of health problems.

### Fields of Action

The Bank is prepared to provide financing in several areas. These have been defined as a result of the discussions with PAHO/WHO and serve as a basis for present activities and for immediate and future planning.

1. Health aspects of rural development

It includes infrastructure development with additional facilities for the training of personnel and research. Also special programs for rural sanitation, malaria eradication, smallpox eradication, zoonoses control, foot-and-mouth disease control, and other mass programs.

2. Construction and/or modernization of hospitals

It must form an important part of the overall plan of the country or be an essential element in the medical education program, aimed at the training of the professional and auxiliary personnel needed to implement the national health plan.

3. Water supply and sewage disposal programs

The development of water supply and sewage disposal systems in urban areas as part of health plans are also taken into account, together with the rural programs.

4. Development of industries producing pharmaceutical and biological products, nutrients, and medical equipment.

5. Education and training of health personnel

The shortage and uneven geographical distribution of health personnel at all levels limits the execution of health plans and efficient use of existing facilities. The Bank will consider proposals, provided they have a high priority as part of the national health plan.

6. The health aspects of economic and social development

The Bank is especially interested in the health aspects of economic and social development. A project for the exploitation of water resources may be held up if proper attention is not paid to the alleviation or elimination of health problems that reduce the productivity of workers. The health implications of land settlement projects and urban development projects must receive proper attention.

## 7. Pre-investment studies

As part of their support to pre-investment studies, the Bank tries to see to it that studies of the health aspects are included when the global loans contain provisions relating to this field. It also attempts to ensure that support is given in the pre-investment program to projects aimed at promoting health planning and feasibility studies.

Examples of activities being carried out in coordination with the IDB are summarized below:

### Water Supply and Sewage Disposal

In most projects the Organization has provided the countries with technical assistance in preparing plans and projects for the development of water supply and sewage disposal systems. The first loan awarded by the Bank was to Arequipa in 1961 and, since then, loans have been approved in the amount of 421 million dollars for the construction of 3,595 water systems and 265 sewerage systems, benefitting 48 million persons in rural and urban areas. The population increase will make it necessary to revise the plans made in 1961 for achieving the targets of Punta del Este. On the basis of estimates made in 1967 it will be necessary in the next few years to provide an additional 35 million urban residents and 45 million persons living in rural areas with water supplies. This will entail total investments in excess of 2,000 million dollars in the years ahead. PAHO/WHO has made a general appraisal of the situation and will plan its activities in close relation with those of the IDB, once the countries decide on the measures to take for solving this new problem.

### Modernization of Medical Care Services

There are several projects in which PAHO/WHO is assisting the Governments in preparing proposals for submission to the Bank. Of these the following are under consideration:

A program for the Teaching Hospital of Honduras, the IDB financing of which amounts to 3 million dollars, was drawn up with the assistance of PAHO/WHO. It forms part of the national health plan and will enable the necessary health manpower - physicians and nurses - to be trained for the health sector. In El Salvador a similar plan is being prepared for the Teaching Hospital. The IDB has also awarded a loan of 3 million dollars for the improvement of the "José de San Martín" Hospital de Clinicas in Buenos Aires, Argentina.

With respect to future programming and coordination, the implementation of national health plans will entail recourse to national and international sources of financing since the present resources of the public sector are not enough to implement the programs.

### Education

The IDB is making loans to 15 countries to enable them to improve their universities, in particular construct and expand facilities for the teaching of the basic sciences including the health sciences. Examples of this type of assistance are the University of Chile, the School of Public Health of which received considerable financial support, and the Autonomous University of Santo Domingo (in medical education). Special mention must be made of the PASB/WHO medical textbook program, the aims of which are to provide low-cost medical textbooks for a total of approximately 85,000 medical students in about 130 Latin American medical schools. It entails the formation of a revolving fund which will guarantee the continuity of the program. It has made a successful beginning and negotiations are underway with the Bank for financial support because of the magnitude of the project.

### Biological Products

At the request of the Ministers of Health of Central America and Panama, PASB/WHO prepared a technical report on the possibility of establishing an institute to produce sufficient biological products to cover the needs of the health services of the area. This document was approved by the X Meeting of the Ministers of Public Health of the countries of Central America and Panama, and Guatemala was designated the host country for the institute. PASB/WHO has appointed a consultant to assist in the definitive formulation of the project, the feasibility study for which is being funded by the Central American Bank for Economic Integration. As soon as the definitive project is ready, the countries intend to apply to the Inter-American Development Bank for a loan to help finance the building and equipping of the institute.

PAHO/WHO has also been helping the health authorities of Peru to prepare a project for the construction and equipment of the new National Institutes of Health, recently organized by the Government of Peru. It envisages the organization and the development of institutes for diagnosis, research, and production and control of biological products that will serve health agencies and the animal health agencies of the country. The Government has expressed its intention to ask the IDB for a loan to help finance the project.

### Control of Foot-and-Mouth Disease and Other Zoonoses

In addition to the importance to health of the availability of animal protein, the Bank has been concerned by the financial losses in Latin American countries caused by animal diseases, in particular foot-and-mouth disease, because of the restrictions it entails on livestock and livestock products and the threat to disease-free countries. With the assistance of the Pan American Foot-and-Mouth Disease Center, which is administered by PAHO/WHO, the Bank has formulated a policy for loans for financing foot-and-mouth disease control campaigns. Guidelines and criteria for the preparation and analysis of requests were jointly prepared, as were the bases for evaluating the programs.

The policy laid down by the Bank recognizes the importance of the disease and its repercussions in reducing the productivity in the live-stock sector as well as limitations it imposes on the expansion of export markets and the fact that it is an obstacle to the integration of the Central American Common Market, since that area is free of the disease. The Bank recognizes that there must be a permanent mechanism for joint activities with PAHO/WHO through the Pan American Foot-and-Mouth Disease Center. So far, the Center has assisted the countries in preparing their program requests and, lately, in carrying out and evaluating programs. So far, the IDB has made loans to Chile in the amount of 2.5 million dollars to finance the first four years of a program, the total cost of which will be 13.5 million dollars; to Paraguay in the amount of 2.8 million dollars, also to cover the cost of the first four years of the program, the total cost of which will be 7.5 million dollars; and to Argentina in the amount of 10.5 million dollars, for the first four years of the program, the total cost of which will be 48.5 million dollars. With the assistance of the Bank and the collaboration of the Pan American Foot-and-Mouth Disease Center the following projects have been prepared:

- Brazil. Large-scale program which will cover several states and will be submitted to the Bank in the first quarter of 1969.
- Peru. Which will submit a program during the second quarter of 1969.
- Bolivia. Which plans to include, in addition to foot-and-mouth disease, paralytic rabies and brucellosis; the project will be submitted to the Bank in the first quarter of this year.
- Ecuador. It is at present preparing a project and hopes to submit it to the Bank in August of this year.
- Colombia. It is preparing a program and hopes to submit it at the end of 1969.
- Uruguay. The project will include, in addition to foot-and-mouth disease, hydatidosis, which is a serious problem in that country. The project may possibly be submitted early in 1970.
- Venezuela. It has prepared a program and at present is considering the advisability of obtaining financing from the Bank.

The future projections for joint activities will be aimed primarily at the necessary support for the correct execution of the programs, periodic evaluation, and the redefinition of new program areas. As the Governments decide to deal with zoonoses such as rabies, hydatidosis, tuberculosis, and brucellosis, and the Bank and other financing agencies decide to contribute funds for that purpose, the technical advice of the Organization will be provided through the Pan American Foot-and-Mouth Disease Center.

In conclusion, the document of the Inter-American Development Bank on health policy shows the various possibilities of obtaining funds for dealing with the most important problems in Latin America. Of course, the possibility of embarking on programs in line with the characteristics of the problems will depend on the credit capacity of each country and of the importance given by each Government to health investments. What has been done so far shows the important part played by the Bank in the short period it has been in existence in the economic and social development of the Continent.

#### V. SUMMARY OF PROCEDURES

To further strengthen coordination between organizations of the inter-American system and the PASB/WHO the procedures in use may be summarized as follows:

- Exchange of information on the programs under study or in preparation, to ensure that the health sector is taken into consideration in development plans.
- Participation of PASB/WHO in studies of specific projects and national health plans being carried out in the countries with the assistance of IA-ECOSOC/CIAP.
- More active participation by PASB/WHO in the annual CIAP country reviews, including the preparation of working documents.
- Joint and periodical analysis of plans in which the health sector is or could be taken into consideration.
- Redefinition of priority areas for PASB/WHO collaboration.
- Application of the IDB health policy and permanent coordination between the IDB and PASB/WHO will continue and accelerate the solution of those problems which, because of their magnitude and the investments involved, require the contribution of external capital.
- Greater participation of PASB/WHO in the OAS science and technology program, in all projects concerned with biological and health sciences.

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PLAN FOR THE PREPARATION OF FOUR-YEAR  
COUNTRY PROJECTIONS

The need to put into effect a system whereby the collaborative activities of PAHO/WHO may be planned in terms of medium-range and long-range goals is pointed out in Document CE61/14 on "Long-Term Planning and Evaluation". In this document various considerations are put forward with regard to the PAHO/WHO planning process, with a general description of the characteristics of the method, the factors that must be taken into account for its operation, and the steps which it is suggested should be followed in its development.

A fundamental point to be noted is that the system is dynamic in nature and is based on joint action by national health technicians and PAHO/WHO staff. In order to provide more guidance on this system and the manner in which it is intended to operate, a diagram is attached which attempts to show schematically the successive steps to be taken in its cyclic development.

First Stage

The scheme envisages as starting point the establishment of a frame of reference which includes a description of the present health situation in the country. This makes it possible to use a common denominator, which for the purposes of the programming serves both for the national health authorities and as a reference for the Organization.

Once the present health situation is known, the next stage undertaken is the joint formulation of hypotheses on probable changes in that situation for years 10 and 5 from the date of commencement of the cycle. In the formulation of the hypothesis on expected changes the aim is to use a minimum number of indicators so that the method is as simple as possible as well as being dynamic, adaptable to the various situations, and making it possible to relate health with economic and social development. It is planned to use as basic indicator in this case the life expectancy at birth, on the assumption that it is closely bound up with the mortality pattern and the population structure, as well as the economic and social structure. An integral part of this phase is the description of the resources available in the health field, including an analysis of the structure of the health sector.

Second Stage

Once the common frame of reference is established the next stage would be, again jointly, to identify the problem areas recognized by the health authorities at the national level. The nature of these problems constitutes the criterion for determining global priorities. In short,

these two aspects would constitute the reference points for jointly programming with the Governments the Organization's cooperation in the short and long-term and for determining the result of the activities promoted or developed by the country concerned with a view to inducing favorable changes in the health situation and in the attention devoted to problem areas.

### Third Stage

This is concerned with identifying the activities which will have to be developed in order to tackle the problems and achieve the desired changes. The nature of these activities would be determined by the national health policy of the country, which may be reflected in a health plan, implicit in the general programming and/or in the manner in which resources are allotted to the sector. It is at this stage that consideration must be given, not only to the national policy but also to the commitments acquired by the Government in regard to regional health policy, which stem from the decisions of the Governing Bodies of the Organization, or else from the special meetings of chiefs of state and ministers of health of the Continent.

### Fourth Stage

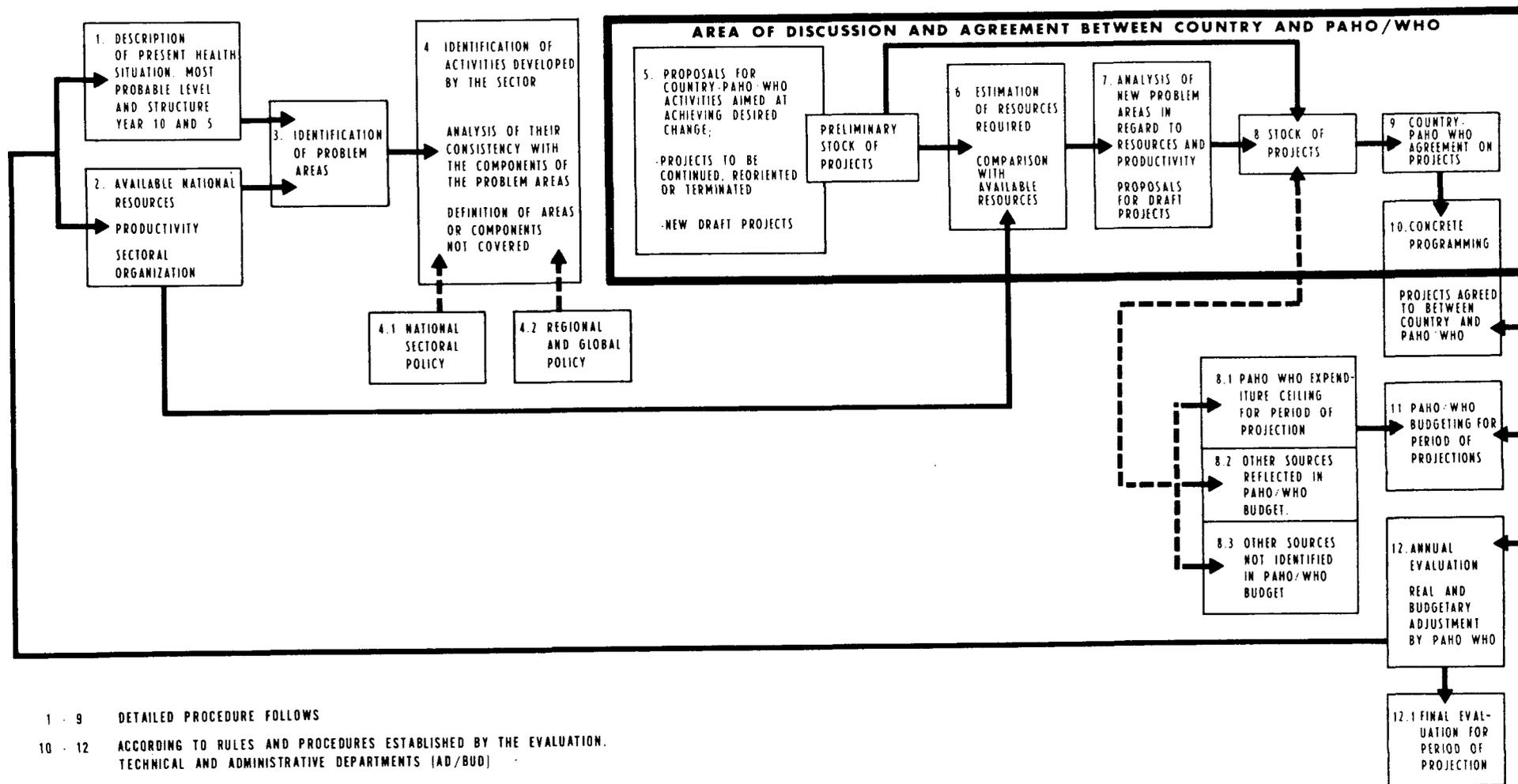
On the basis of the analysis carried out, the next stage would be to define the areas in which the Government would take action in cooperation with the Organization. It would involve the description of new projects for cooperation and/or the confirmation of programs already under way. All these projects together would constitute the "stock" or preliminary group of projects which would be taken into consideration in the light of the resources necessary for their implementation and with reference to the resources existing and actually available. The stock-taking thus conducted will make it possible to identify new problem areas which will result in preliminary proposals for draft projects.

On the basis of the list of draft projects resulting from consideration of the problem areas and national priorities, and after stock has been taken of the available resources, the next step would be the preparation of the concrete program and the finalization of the proposed budget of the Organization.

### Fifth Stage

The projects having thus been prepared, and using the above-mentioned terms of reference, the next stage would be to determine the annual evaluation process whereby the necessary adjustments could be made in the light of developments and of the progress achieved towards the attainment of the objectives. The cycle initiated with the first stage would thus begin anew.

## FLOW CHART OF THE SCHEME FOR PREPARATION OF FOUR-YEAR COUNTRY PROJECTIONS



1 - 9 DETAILED PROCEDURE FOLLOWS  
 10 - 12 ACCORDING TO RULES AND PROCEDURES ESTABLISHED BY THE EVALUATION. TECHNICAL AND ADMINISTRATIVE DEPARTMENTS (AD/BUD)

———— SEQUENCE OF THE PROCESS IN TIME  
 - - - - - EXISTING INFORMATION USED AS CRITERION AT STAGES OF THE PROCESS

THE SEQUENCE OF THE PROCESS OF DISCUSSION AND AGREEMENT IS NOT EXPLICITLY INDICATED IN THE DOCUMENT ON THE PROJECTION OF COUNTRY-PAHO/WHO