



*executive committee of  
the directing council*

PAN AMERICAN  
HEALTH  
ORGANIZATION

*working party of  
the regional committee*

WORLD  
HEALTH  
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REPORT ON THE III SPECIAL MEETING OF MINISTERS OF HEALTH AND STEPS NECESSARY  
TO IMPLEMENT THE DECISIONS ADOPTED

Resolution XIII approved by the XXI Meeting of the Directing Council of the Pan American Health Organization stated that:

THE DIRECTING COUNCIL,

Having heard the statement by the Director of PASB on the III Meeting of Ministers of Health of the Americas, held in Santiago, Chile, 2-9 October 1972; and

Considering that the recommendations made by the III Meeting of Ministers of Health of the Americas constitute valuable guidelines on the direction to be taken by the programs of the countries during the next decade,

RESOLVES:

1. To incorporate into the Organization's policy the recommendations of the III Meeting of Ministers of Health of the Americas, held in Santiago, 2-9 October 1972.
2. To request the Director of PASB to study the implications of the recommendations of the III Meeting of Ministers of Health, and the consequent modifications of objectives and priorities in the program of the Organization, and to report thereon to the XXII Meeting of the Directing Council.

3. To recommend to the countries that, within their planning process, they identify the priority health problems and establish objectives for each of them in accordance with the manpower, physical, and financial resources available, taking into account the regional health goals.
4. To request the Director of PASB to convene as soon as possible a working group of personnel responsible for planning and information and of health economists, with a view to designing an evaluation system that can be adapted to the unique conditions of the countries and still be flexible enough to give comparable results, which in turn will make possible a continent-wide evaluation of the achievements of the decade.
5. To recommend to PAHO that, in consultation with experts of the countries, general guidelines be drawn up for determining the present financing of health investments and the changes required to carry out the plans and programs envisaged in the Ten-year Health Plan for the Americas, 1971-1980.
6. To suggest to the health authorities of the countries that they initiate cost studies of their health services and, when they deem it possible, cost-benefit studies, particularly in areas with the largest investment.
7. To recommend to PAHO that it prepare the necessary designs to ensure comparability of the cost studies.
8. To recommend that PASB furnish advisory services to countries requesting them, in all matters relating to the financing of the health sector, for example: the financial analysis of the sector, analysis of health expenditures, programming of investments, management and financing of specific projects and of external credits, so that the countries will gradually come to know what financial resources are earmarked for health and how they are related to the benefits obtained.

Although the Directing Council instructed the Director to report on the subject to the XXII Meeting of the Directing Council, the importance of the decisions adopted emphasizes the need to keep the Executive Committee up to date on the actions being proposed and carried out in this undertaking.

It is worthy of note that Resolution XIII incorporates in the Organization's policy the recommendations of the III Special Meeting of Ministers of Health of the Americas. In so doing, the Directing Council established a frame of reference up to 1980, that is, a guide for all PAHO/WHO activities in the Region. This proposal means that, according to our interpretation,

the Governments must determine, based on their health policy, plans and programs, what they expect to gain from international cooperation. This complements national efforts, and is based for this reason on those aspects where its contribution will help achieve the goals set by each country.

It therefore seems appropriate to draw attention to the General Program of Work of PAHO for the period 1973-77, approved by the XVIII Pan American Sanitary Conference. It should be pointed out that its formulation, the nomenclature in use, and the standards it sets coincide, in terms of the Region, with the basic elements of the Ten-year Health Plan for the 1971-80 period.

On the other hand, the "Basic Documents" which were submitted to the Governments for the preparation of this Plan were published in the light of an evaluation of what had been achieved in the previous decade, on information contained in the Quadrennial Projections of 22 countries, and on background documents submitted by Governments not yet applying this system.

As Governments detail their health policy, identify the problems of greatest importance for their well-being and development, determine priorities and specific goals, and spell out the strategies for meeting them, PASB will continue to cooperate with them, as established by the General Program of Work, 1973-77. This includes incorporating every modern method and technique arising out of scientific progress, to the extent applicable given the realities of the Continent. This effort is illustrated for both today and the immediate future in the Program and Budget which is submitted for the consideration of the Governing Bodies.

With respect to point 2 of Resolution XIII, it is clear that the objectives and priorities of the Organization's program are those decided on by the Governments of each country, with PAHO/WHO cooperation. As far as any modification of the work of the Organization resulting from the Ten-year Health Plan, we propose to examine this, both with respect to the infrastructure of the health system and services to the population. Naturally, we will have to allude to the previous decade to make it possible, we hope, to point out that this is an evolutionary process. We will concentrate on the Plan's priority areas, which were the subject of a special report and an in-depth examination by the Meeting of Ministers.

It was thought that this analysis would reveal how the major problems and the corresponding investments have varied, and the General Program of the Organization will continue to show this in the future. Of course, all this must be shown in the programs and budgets.

If this approach meets the approval of the Executive Committee, it will be developed for the XXII Meeting of the Directing Council, as established in Resolution XIII mentioned above. Meanwhile, the following information is an account of what has been done with regard to the other items of that resolution.

National Health Policies. In point 3 of Resolution XIII, the Directing Council recommended to the Governments of the countries that they revise the order of priorities of their national health problems and make the necessary changes in their respective programs so that, insofar as their resources allow, they will coincide with the hemispheric proposals of the Ten-year Health Plan. This means ratification of the national policies in effect, or reformulation or adjustment of them, which will result in consolidation or redefinition of programs with viable objectives and feasible strategies in national health plans, which together will contribute to the successful development of the Ten-year Health Plan for the Americas. Several countries have already taken steps to do this, Brazil and Mexico being examples.

The Government of Brazil has analyzed the problem areas common to the entire country and their diversification in the various geopolitical areas of which it is made up. Specific goals and strategies have been established, as well as the legal requirements which in a federalized country are necessary for their effective application. The health authorities have put together a document which will soon be presented to the National Executive for approval and comments.

In Mexico, the Government has convoked a National Health Convention, with the participation of public and private institutions providing health services, universities, unions, and community authorities and leaders. Their aim is to revise the national health policy and draw up a national plan based on state and municipal health plans. The contribution of the public and private subsectors of the health sectors and other related social and economic sectors in an undertaking of this magnitude is a unique yet practical experience in which, from the planning stage, there is pledged the collaboration of the various institutions and authorities interested in and responsible for the health sector. This will make it possible to establish a solid basis for harmonious coordination and optimum utilization of available resources, and for the search for and development of new ones.

Similar initiatives are expected from the other countries so that very shortly the Ten-year Health Plan, supported by national plans, will be effectively under way.

In conformity with the rulings of its Governing Bodies, PAHO will continue industriously to provide the technical cooperation which the countries require in this field. To this end, a simplified guide has been prepared, the purpose of which is to facilitate an analysis of the goals of the Ten-year Health Plan for the Americas, to make the necessary adaptations in the national policies, to estimate the contribution which each country will make to the fulfillment of the hemispheric plan, and to establish the bases of a uniform system which will make possible comparison and evaluation of limitations as well as achievements.

Working Group on Evaluation. To fulfill point 4 of Resolution XIII, the Director convened a Working Group on Evaluation, which met in Washington from 4 to 8 June 1973. The Group was made up of eight specialists in planning, economics, information, and evaluation from various countries of the Region.

The Group examined first of all the aims and characteristics of the evaluation of the Ten-year Health Plan, recommending that the system focus on an estimate of the efforts and of the changes made in each country. The evaluation of the continental plan will be achieved by consolidating individual country evaluation results. They emphasized the desirability of beginning the process using information already available, at the same time promoting the development and improvement of the systems which produce it. Due attention is to be given to the analysis of the national strategies outlined for meeting the goals. It was also recommended that the evaluation be used as feedback for the decision-making processes of the planning, budget, and control policies of the Executive.

As far as recommendations for working out the method of evaluation, the Group defined general guidelines, charging PASB with working out detailed methodology and procedures, which must be simple and permit easy and immediate application by the countries. This must be a continuing process which will make it possible to make an annual comparison of planned versus achieved activities to reach those goals adopted by the country within the spirit of the Ten-year Health Plan. To do this, it is suggested that the analysis scheme accepted by the Group be used. An explanation of the discrepancies between what was planned and what was achieved will make possible necessary adjustments to programs, objectives, and strategies.

It is considered advantageous that the countries define in each problem area those critical priority programs for the achievement of which they would concentrate their efforts and more precisely define their information and evaluation systems.

At the continental level, evaluation will be carried out in three stages. The first, in 1974, would try to determine how many countries adopted the baseline, that is, the situation in 1971; how many adopted goals in the fields contemplated by the Ten-year Health Plan and incorporated them into their policies; and how many formulated the respective strategies. The method used would be a simple descriptive exposition of the manner in which the countries adopted the Ten-year Health Plan and its goals, as references in forming their own programs. The gap between the continental goals and those set for each country would be analyzed, as well as the gap between the latter and the situation at the outset, to estimate the effort each country intends to make in each area.

The second stage, in 1977, would consist of a comparison between the intermediate goals set by the countries for that year and the successes obtained.

The final stage, in 1981, would consist of a comparison of the goals set for the countries with their achievements. The explanation of the discrepancies would be the result of the analysis made by each country and would be aimed at offering bases for the eventual formulation of a new Ten-year Health Plan based on the experience achieved by the study on how the national strategies operated in the decade.

The Group recommended particularly the use of the system of Quadrennial Projections of joint PASB/country activities as an important element in the evaluation.

As for organization of the system of evaluation, the Group recommended that this be carried out in each country with the orientation and coordination of the already existing planning and evaluation units. These national systems would be coordinated with the continental system, the organization of which would be the responsibility of PAHO. The continental system would centralize the information of the countries, offer its cooperation and advice for setting up and operating the national systems, would prepare instruction manuals, glossaries of terms, calculation models, etc., and would publish the results obtained.

Particular emphasis was given to the training of personnel, recommending the organization of short-term, highly operational courses, as well as the study of important aspects of the evaluation process and reporting of them through seminars and in-depth courses.

Studies on Income, Costs, and Finance Systems. To carry out points 5, 6, and 7 of Resolution XIII, on health investments, costs, and sectoral finance systems, an outline has been prepared which will serve as a basis for initiating studies in specific areas in countries interested in this material.

The studies on income attempt to identify its origin and trace historical patterns, just as the study on expenditure will try to establish its magnitude with regard to the areas of application. For both national and regional proposals, these studies should have the broadest possible scope so that valid conclusions can be obtained.

The cost studies are directed towards an analysis of production functions. Types of production of goods or services will be selected in one or two interested countries and, based on the experience obtained, research outlines will be drawn up which can be applied to similar countries. In this sense, a primary area of study has been selected, that of biological production laboratories, which will be carried out in Colombia as a preliminary stage.

With regard to finance systems, it is proposed that a study be made on the processes of acquisition, assignment, distribution, and utilization

of resources, of the respective methods and procedures, of the legal requirements or decisions which establish and continue them, and of the formal and informal structures in which they operate.

The above ideas are already being worked up into specific proposals, which will be submitted, by degrees, as propositions to the countries.

As countries decide to carry out studies in the above-mentioned fields with the cooperation of PAHO, the necessary steps will be taken to assure the required support on the part of PAHO/WHO.