



XVI Pan American Sanitary Conference

XIV Regional Committee Meeting



Minneapolis, Minnesota, U.S.A.
August-September 1962

Draft Agenda Item 2.11

CSP16/24 (Eng.)
20 July 1962
ORIGINAL: ENGLISH

NATIONAL HEALTH PLANS

At its XIII Meeting the Directing Council recommended in Resolution III that the Pan American Sanitary Bureau give emphasis to its work of coordination at the international level and continue to provide the Governments with technical advisory services, in particular for the formulation of national health plans. The Director now has the honor to report on the activities the Bureau has undertaken in compliance with that resolution.

To begin with, it should be pointed out that the years 1961 and 1962 have been a period of intense activity in the matter of national health planning in Latin America, as a result of the decisions embodied in the Act of Bogotá and the Charter of Punta del Este. These two instruments laid the foundations for economic and social development in the hemisphere in the next ten years, and spelled out the large-scale measures that would have to be applied if balanced economic and social development were to be attained. They also laid emphasis on the role of health in economic and social development, and set certain goals that would be the basis for health planning in the next ten years. In addition, the Charter of Punta del Este recommended that, when they considered it advisable, Governments should utilize the technical advisory services of the Pan American Sanitary Bureau for the formulation and execution of their national health plans.

The necessary steps to enable the Bureau to fulfill these commitments were immediately taken. First, an advisory group on planning composed of experts in various fields of public health, economics, and planning drawn from the entire hemisphere was convoked. This advisory group reviewed the scope of the Charter of Punta del Este and made recommendations on the following aspects of health planning: elaboration of the methodological bases of health planning as part of comprehensive economic and social development; organization of health planning units in the ministries of health or in health services; training of planning personnel; international cooperation in the matter of health planning and various other technical aspects of planning.

Next, an Office of Planning was established at Headquarters for the purpose of coordinating planning activities and carrying out the above-mentioned commitments. One of the first tasks of this Office was the preparation of a guide to planning, a first draft of which is already being used in assisting some Governments to formulate national health plans. At the same time, an agreement was made with the Central University of Venezuela, whereby its Center of Development Studies, in cooperation with the School of Public Health of Venezuela, will prepare a manual on the methodology of health planning.

Arrangements have been made to provide the advisory services that some of the countries have already requested. It should be recognized, however, that the main obstacle to widespread development of the concept of national planning in health lies in the great shortage of trained and experienced planners. The Bureau has therefore been concentrating its greatest efforts on preparation for training health planners in order to ensure that, within the next few years, the countries will have qualified experts available for the task.

It is now hoped to hold, within the next six months, three different courses as the first of a series which will begin to fill the need for training for the health planners for the Americas. The first of these will be held in Venezuela and is intended for 15 officials of the Ministry of Health and Welfare of that country. It will be conducted, in cooperation with the Bureau, by the Center of Development Studies of the Central University of Caracas. During the course a health plan for one of the states of the country will be prepared.

The second, in which the Organization will cooperate with the Latin-American Institute of Economic and Social Planning - which was established under the auspices of the Economic and Social Commission for Latin America (ECLA) - will make it possible to train as a fellowship grantee of PAHO one official for each of the countries of Latin America. It is expected that this will be repeated annually for 5 years.

The School of Hygiene and Public Health of Johns Hopkins University is now considering the establishment of a parallel type of short course in English. It is anticipated that the Organization will assist in the development of the curriculum, in the staffing, and with the provision of some fellowships.

Direct advisory services to Governments in giving short orientation courses for the officials of their health services are also planned. It is further hoped to hold seminars to review the methods and experiences obtained in the implementation of the first few national health plans.

A number of Member Governments have already begun health planning as called for by the Charter of Punta del Este. Staff members of PAHO, as well as short-term consultants, have further provided consultive services in planning to certain Member Governments.

It is anticipated that the alumni of the training courses described above will be immediately integrated into the services of the Member Governments in such a way as to contribute rapidly to the improvement of the health planning component of national development programming.

The courses to be given, and the very program of PAHO, will evolve in accordance with experience and appreciation of needs. For planning is a dynamic process, and shifts in program emphasis and direction will be made as indicated by experience at the national and international levels.

Even at this stage of action under the terms of the Charter of Punta del Este, the urgent necessity for establishing more nearly adequate statistical bases for planning is evident. With the ability to establish both quantitative bases for problem definition and meaningful program or service statistics it is anticipated that the essential components of effective planning and evaluation will make possible good programming for the health components of economic and social development.

Finally, it is confidently expected that once health plans are developed, along with the appropriate organizational structure to evaluate and modify as necessary, several highly important corollary results will become evident. The Member Governments will be able to define more precisely the areas in which international assistance can be most effectively utilized. With clear-cut definition of problems and resources available from various sources it will be possible for the Member Governments to coordinate the various international bodies providing technical and financial support for social and economic development. And finally, the availability of well-based and well-conceived national health plans will permit improved long-range program planning and budgeting by the international organizations themselves.