



Technical

# Discussions



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MEANS FOR PROMOTING AND MAKING EFFECTIVE THE COORDINATION BETWEEN THE SERVICES AND PROGRAMS OF MINISTRIES OF HEALTH, SOCIAL SECURITY INSTITUTES, AND OTHER INSTITUTIONS THAT CONDUCT ACTIVITIES RELATED TO HEALTH

COORDINATED PLANNING OF HEALTH SERVICES

by

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COORDINATED PLANNING OF HEALTH SERVICES

Although it is generally recognized that, in countries where health activities are carried out separately by the public sector and social security institutions or other entities, the coordination of programs of the health services is highly justified, such an attitude should be reinforced through the establishment of certain fundamental criteria. Those criteria should constitute the basis for understanding in the transition toward a more realistic, objective and equitable policy which would create a functional inter-relationship among the health programs of the various sub-sectors. This is particularly important with regard to the Ministries of Health and Social Security, at the local and national levels of our countries; otherwise, we would be merely mouthing empty words, like a person trying to describe a landscape in the dark.

The aforementioned fundamental criteria are the following:

1. Every individual in our democratic societies has the right to achieve and maintain high levels of welfare, that is, physical, mental and emotional health, and, consequently, the dynamics of our political and economic sectors should be channelled toward the enjoyment of that right on a broad basis.

2. In comparison with the vastness of our social needs, the resources available to us are characteristically scarce. Within the respective economic structures of our countries, when the maximum capacity to satisfy those enormous social needs is determined, it should be utilized rationally, not for fulfilling the aspirations of the few but for satisfying the demands of the many.

3. An adequate annual increase of the capacity of our countries, that is, of their Gross National Product, is the basic index of their degree of development, within which optimum utilization of the percentage allocated to the health sector is essential. Any resources assigned to satisfy the health needs of our countries must necessarily come from the national treasury, regardless of how they are actually utilized. Rational utilization of the component elements of the total percentage allocated to that end should yield maximum results when oriented toward the same objectives in a realistic spirit. This entails the avoidance of efforts to attend to maximum needs with maximum resources, which is as self-defeating as using maximum resources to cope with minimum needs. It also entails the avoidance of the creation of a new class and the least manifestation of injustice in the distribution of the benefits of services in our liberal democratic structures.

4. In order to achieve optimum levels of health and welfare for each person, it is necessary to regard him as a cell of the bio-social unit which is the family, which, in turn, finds its collective expression in the community.

If we would treat each individual equitably we must deal with the entire community within its own ecology, in a continuing and integral manner. In other words, we must apply joint and coordinated measures to the promotional, preventive and restorative aspects of health, in which activities designed to recover or restore health are merely part of the basic health services. Development of the potential energy generated by the health and welfare of our communities will channel the dynamics of the social and economic development of such communities along positive lines. The resources utilized in that manner toward the attainment of high levels of community health and welfare may be measured in terms of investment rather than dispersal.

5. The modern democratic state has assumed responsibility for attending to the social needs of individuals, and that responsibility is clearly expressed in the common objectives of the Ministries of Health and the Social Security organizations. Nevertheless, it should be recognized that, when those objectives are expressed in terms of resources versus needs, vast differences are established, to such a degree that there has been a gradual creation of two levels in the performance of services, with different characteristics and projections. In other words, the common objective is not expressed in terms of a single Health Policy. Instead, there is adherence to parallelism in our activities rather than to the concurrence of such activities which is essential if we are to act efficiently on behalf of individuals both in space and in time.

6. The establishment of a single Health Policy for each country which would entail, of itself, the allocation or utilization of resources for the achievement of clearly defined objectives in solving health problems does not restrict the freedom of action of the cooperating elements which, under constitutional or legal statutes, share joint responsibility for implementing such a policy. For the balanced execution of that policy, however, it is necessary to establish an economically rational method in the utilization of available or allocated resources. This principle defines the concept of coordination, which is the principal object of these Technical Discussions. In the specific case of resources of the health services, the method employed should be practical, feasible and compatible with the systems to which such resources are allocated.

7. For joint attainment of all the aforementioned objectives, we must recognize that it is necessary to start by organizing national health plans, and to proceed all the way to the coordinated performance of all the activities which they embody. This will enable us to jointly evaluate the actual health situation by correctly identifying the most urgent needs as well as the importance, vulnerability and magnitude of the risks or diseases, thereby providing the basis for the scientific establishment of an order of priorities designed to cope with the diseases or risks which may be reduced immediately, without ignoring the morbidity which is more difficult to reduce but which urgently demands attention. In other words, attainment of our objectives calls for the planned projection of resources with a view to the achievement of better results on the basis of wider coverage of needs, with

greater efficiency. Such results will be effective and balanced with regard to both quantity and quality.

The fundamental criteria thus established should be supplemented by concrete facts, such as those which are generally found to exist in most of the countries of the Americas and explain the urgency of combining our efforts for the better coordination of the health policy of those countries:

1. A considerable part of the risks of disease which are characteristic of the Latin American countries, and are related to communicable and deficiency diseases, can be reduced. The principal task of eradicating or controlling them devolves upon the Ministries of Health which have insufficient financial capacity. In other words, Social Security does not act with responsible and proportional capacity in solving these basic health problems which continually affect the entire population regardless of whether it is insured or not.
2. There are considerable differences in the demand for services and in the quality of the benefits. The services and programs of the Ministries are oriented toward the over-all needs of our countries, whereas those of the Social Security systems are channelled toward recurrent risks which are clearly defined in their legal statutes. Nevertheless, there is a growing tendency toward greater expansion in the applicability of benefits, so that, as the field of action of Social Security expands, it approaches closer to the traditional sphere of public sector activities. This convergence of fields renders the joint planning of activities all the more urgent, in order to avoid duplication of efforts and waste of resources.
3. Notwithstanding the marked difference between resources and needs which distinguish the public sector health services from those of the Social Security system, accessibility to such services is particularly restricted in the case of persons requiring public services, for whom there is but one choice. If we consider the small portion of the private sector which is capable of supplying its own health services, we may project the possibilities of utilization of health resources as follows:

HEALTH SERVICES AND PROGRAMS ACCESSIBLE TO BOTH  
INSURED AND NON-INSURED PERSONS

<u>Persons in Need</u>	<u>Services and Programs</u>		
	<u>Public Health</u>	<u>Social Security</u>	<u>Private Sector</u>
<u>Insured</u>	+	+	<u>+</u>
<u>Not Insured</u>			
A. Public Welfare	+	-	-
B. Private Sector	<u>+</u>	-	+

All of the above considerations justify very clearly and precisely the coordination of the health services of our countries, on the basis of the respective National Health Policies, with view to the reduction of all internal and external risks which affect the health and welfare of man in his community throughout all phases of his life. Inasmuch as health planning on a national and total level entails a complex and continuing process, our activities should be planned systematically, by phases. The decision to coordinate should be taken as the initial step at a high level, in order that health may constitute, and continue to constitute, an essential part of the national development structure. Once these measures have been justified on a sound basis, the establishment of a Working Party to carry on logistic planning projections is indispensable. The following coordinated activities should be instituted, by stages:

1. An inventory of total human and material resources available for the provision of health services in each subsector, including the private sector.

2. Analysis of this pool of resources, which must be the results of a coordinated effort, so that instances of oversupply and under-supply may be clearly and accurately pinpointed. This analysis should provide the basis for the formulation of methods designed to improve utilization of resources through coordinated or complementary health activities, especially at the local level. Specific resources coordinating committees could be set up as follows:

- 2.1 Coordinating Committee for the study and application of methods, standards and performance indices to assure better utilization and maintenance of material resources.
- 2.2 Coordinating Committee to study projected manpower requirements and joint programs for the training of personnel.
- 2.3 A coordinated committee for the analysis and application of methods and standards for the selection of personnel, qualifications, functions, remuneration, classification, promotions, etc.
- 2.4 A coordinated committee for utilization of available human resources in terms of program and service needs.

A Central Resources Committee consisting of the chairmen of the various committees listed above could be established.

3. Analysis of the Health Situation. Although the birth, morbidity and mortality characteristics of the population should be analyzed constantly and continually, such analysis should be carried out as a coordinated short-term effort, by means of the institutional resources of the respective Ministries of Health and Social Security agencies in the fields of statistics and epidemiology.

The analysis of the characteristics of demand for institutional medical services, comprising both hospital beds and out-patient facilities as well as ambulatory services, should be performed systematically by a special Coordinated Committee which should organize the geographical areas in which the aforesaid total demand is to be investigated. The analysis of the demand which is satisfied should be extended to costs per unit of service, in order to define the levels of efficiency or the results achieved in the light of costs.

4. Preliminary Diagnosis of the Health Situation. The preliminary definition of a health diagnosis should be entrusted to the Working Party or Secretariat of the National Commission for Health Planning (CNPS). In the performance of this task, the selection and training of the personnel who are to participate in the various analysis and research activities should precede all other measures. In the aforementioned preliminary diagnosis, the availability of resources, the actual health needs and the demand for satisfaction of such needs should be considered. Simultaneously, effective application of the administrative measures required for the adequate utilization as well as the accessibility of the total available resources should be assured. The definition of this coordinated preliminary diagnosis should include the total population that is insured as well as the total number of non-insured persons.

5. National Health Plan (First approximation). The Working Party or Technical Secretariat may propose to CNPS a Preliminary National Health Plan or First Approximation to such a plan on the basis of all the studies and analyses which led it to establish the preliminary definition of a nation-wide Health Diagnosis. Such a plan would define the activities of the sub-sectors which, through the rational establishment of priorities, should be designed to reduce the risks of disease and death to levels compatible with efficient application of resources, while maintaining good quality in the services at minimum cost. Coordinated programming of activities should be directed toward annual program goals that will be mutually complementary and will permit major coverage with maximum efficiency. Progressive implementation of this preliminary plan should be included in the over-all planning activities of the countries. This is absolutely essential, inasmuch as the countries' total economic capacity for implementation of health services should determine the magnitude or scope of their health programs. The definition of priorities and their application should be approved and supported at the executive level, that is, by the National Commission for Health Planning.

In this initial phase of coordinated implementation of the National Plan (First Approximation), there should be effective coordination in the maximum utilization of facilities, as determined by actual needs, as well as adequate channelling of demand. The

establishment of precise techniques for effective systematization of the utilization of resources in both sectors is essential, not only for obtaining optimum results from the facility in question but for evaluation of such results.

6. National Health Plan (Definitive Formulation). The definition of the amounts of resources which may be allocated from the national product to total health services at the national level, in harmony with other activities of the sectors which participate jointly with the health sector in the economic and social development of a country will facilitate formulation of a well defined National Health Plan. Such a plan should be implemented gradually, through the formulation of short and long-term goals in a process which, through successive approximations, will enable the Public Sector as well as the Social Security system and other entities which perform health functions to fulfill the objectives defined in the National Health Plan.

7. Coordinated Production of Essential Resources for Implementation.

- 7.1 Human Resources. Responsibility for the production of professional, technical and para-professional manpower should be assumed as a coordinated activity in the organization and implementation of programs as well as in their financing. A Permanent Committee for Coordination of Manpower Production may be established by utilizing, as its nucleus, the Manpower Committee which should be created in the initial phases described above.
- 7.2 Institutional Resources. A permanent Committee for Coordination of Institutional Resources should be established in order to systematize the organization and management of such resources, as well as to create new ones and provide their internal or external financing.
- 7.3 Material Resources (supplies). The establishment of similar systems for the purchase of material resources, the programming of basic elements, the establishment of standards and indices of utilization, etc., provides an excellent field for coordination in which a permanent committee should carry out very useful activities for the more efficient utilization of such resources.
- 7.4 Legal Resources. Creation of the legal instruments which will render feasible the application of all the coordinated activities of the health services and the Social Security system is essential. This entails the establishment of a Legal Committee which will assume such responsibilities.

8. Continuing Implementation of the National Health Plan.

The most important field for application of a policy of effective coordination is the continuing implementation of the National Health Plan. That is where there is need of a clear and resolute policy for coordinating resources and activities which should be implemented at all levels. Nevertheless, it is generally agreed that it is at the local level -the level of needs- that coordination can be carried out most effectively. This is where the application of equal techniques and systems, as well as activities carried out in behalf of and with the community through the rational development of all available resources, will permit the performance of a maximum number of services for the benefit of the many.

Consequently, similar technical and administrative structures should be planned at the local level, with the support of a high degree of understanding at the central level.

Effective coordination should also be established in the basic fields which will determine and facilitate the structure of the services. Those basic fields are the following:

8.1 Program Budgets

8.2 Statistical and Epidemiological Systems

8.3 Programs

a. Individual responsibility:

Integrated or total Medical Care on the Basis of the Family Unit.  
Health Education and Information  
Medic-Social Service  
Laboratories

b. Joint responsibility:

Mental Health  
Tuberculosis  
Occupational Health  
Prevention of Cancer  
Control of Venereal Diseases  
Control of Leprosy  
Community Organization and Development through Basic Health Programs  
Research.



c. Responsibility of the Public Health Sector with  
Financial Participation of the Social Security System

Eradication of Malaria

Environmental Sanitation, Particularly Rural Water  
Supply Systems

Mass Vaccination Campaigns

Public Health Veterinary Services

Nutrition

Inspection of Pharmacies and Analysis and Registration  
of Drugs and Foodstuffs.

9. Coordinated Evaluation. Similar systems should be utilized in evaluating the efficiency of employment of resources. This will permit the gradual improvement of "the methodical organization of the utilization of all available human and material resources" in annual periods with a view to the establishment and maintenance of high levels of health for our countries.