

Editorial

HEALTH MANAGEMENT NEEDS: THE GLOBAL PERSPECTIVE¹

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Health administration plays an obvious and essential role in the evolution of health services. This presentation explains how the Pan American Health Organization is gearing its work to new trends in the provision of health services and describes ways that health administration activities relate to these trends.

The health policies and strategies formulated and carried out by the Pan American Health Organization's 29 Member States are based on the recommendations of the 1977 IV Special Meeting of Ministers of Health of the Americas, the 1978 Alma-Ata International Conference on Primary Health Care, and the 1979 XXVI Meeting of the PAHO Directing Council. The countries of the Americas have individually and collectively adopted the goal of "health for all by the year 2000"—which involves universal primary health care coverage through greater emphasis on intersectoral activities, definition of patterns of well-being, and integrated regional development.

Most countries in the Region of the Americas have already made policy proposals for achieving greater health service coverage. Though various approaches are being used to attain this end, they can be grouped into the following major categories: approaches oriented toward a single health system for the entire country; approaches where health ministries are responsible for policymaking, development of standards, and health surveillance while the social security services are responsible for providing personal health services; and approaches promoting provision of services by the private sector and family responsibility for choosing and purchasing services offered by a combined system including public, social security, and private sectors.

Another important feature of national health policies in the 1980s will be the greater linkage and scope given to subregional agreements—agreements to be used as an effective mechanism for developing intercountry technical cooperation in the production of goods and services. Direct and effective cooperation between countries is also expected in the event of natural disasters and domestic conflicts whose consequences can be mitigated by intercountry manpower, material, and financial assistance.

Technical cooperation provided by PAHO in planning health service systems will focus on three main areas:

- Dissemination of knowledge and experience;
- Analysis of national planning experiences in order to increase knowledge, formulate planning models and guidelines, and evaluate the extension of health service coverage;

¹From an address presented at the 1980 Annual Meeting of the Association of University Programs in Health Administration held in Washington, D.C., on 18-20 April 1980.

- Direct collaboration with the countries in formulating health plans, along with support in implementing health coverage extension plans and assistance in planning the extension of joint coverage by health and social security institutions.

In addition, the integration of planning and administrative activities with maternal and child health services will be intensified. The progress so far achieved promises more efficient resource use and should help to ensure program success.

In future years, planning will stress the integration of disciplines and programs by focusing particularly on intersectoral linkages, integrated regional development, and formulation of strategies to achieve the goal of health for all by the year 2000. Within this context, extending health service coverage to the entire population by the year 2000 implies a need to make major changes in traditional ways of providing services.

In this vein, PAHO activities to promote development of health care systems will be aimed at cooperating with our Member Countries in four basic areas. These are (1) development of institutional resources and extension of health services; (2) improvement of both the accessibility and quality of care; (3) promotion of innovative managerial approaches for better utilization of resources; and (4) strengthening of mechanisms for institutional coordination among health sector agencies.

In the first area, some of our Member Countries have undertaken specific actions to expand their existing health care capacity through projects financed by international lending institutions, particularly the Inter-American Development Bank (IDB).

Regarding improvement of health care accessibility and quality, PAHO's principal efforts are directed at promoting application of the "levels of care" concept while giving priority to determining and designing the operational content of the first and second levels.

PAHO is also collaborating with some countries on practical application of the "levels of health care" concept and primary care strategy by disseminating information on new ways of providing services so as to satisfy the real needs of large population groups. To this end, we are participating in programs to train health service administrators at different levels.

Regarding the study of new kinds of health care approaches that can use resources more efficiently, PAHO will continue to gather information and also to participate in direct cooperative activities for development of ambulatory care and emergency medical services.

For purposes of strengthening institutional coordination in the health sector, PAHO has been assisting social security institutions to define and apply coverage extension policies that will include health care for the most vulnerable population groups within the framework of their systems. Such social security systems have a great potential for extending health coverage, since besides being self-financing they also provide services directly to the population. PAHO will also continue its traditional participation in the Course on Health Administration of Social Security Medical Services that is given annually at the Inter-American Center for Social Security Studies in Mexico City.

In addition to the four fields of direct activity just mentioned, PAHO will give high priority to two other areas in order to increase knowledge about the nature of health services and their operating conditions. These two areas are (1) health service research and (2) education and training in health care administration.

In the first area, promotion of health service research will receive special attention during 1981 because of its important role in providing technical and strategic solutions to the many challenges we are facing in the extension of health service coverage. The

development of concepts and models of geographic accessibility, to be used in formulating proposals for locating new health facilities, is also essential. Accordingly, PAHO is now laying the groundwork for a 1980s regional health service research program and is taking part in several epidemiologic, social, and operational research activities for the general purpose of improving health service planning, organization, and management.

Regarding the second area, education and training in health care administration, PAHO has been deeply involved over the last three decades in various activities that contribute to the identification and solution of crucial problems affecting people's health. Among the more salient needs in this area, the following deserve special attention:

- Basic health care, with emphasis on primary care for rural and marginal urban populations, needs to be accessible and available to all. This requires linkage of the several levels of the health care delivery system, so that the system (depending on its sophistication) will refer patients to higher health care levels or will provide the lower levels with proper logistical support and supervision.
- There is a need to make health promotion an integral part of the health care delivery system, so that the latter will have a greater impact on people's health. The delivery of health services, which might be simple at the lower levels and more complex at the higher levels, does not involve a different quality of service at different levels, but rather a selection of services suited to dealing with specific problems. Promoting awareness of this fact, by itself, should be considered part of the education of the community.
- It is necessary to express concern about the cost and productivity of the various levels of care within the health system.

Reviewing the numerous programs and activities that have been carried out in medicine, nursing, dentistry, public health, and other disciplines, the main question of interest to our Organization is whether these programs and activities can help to solve crucial health problems. Within this context, the role of management cannot be justified automatically; rather, management should be envisioned as a key link in the chain to improve the accessibility, availability, comprehensiveness, continuity, quality, and productivity of health services.

It is our common belief and intent that health administration needs to be used as a means to improve people's health, and that it needs to move decisively from the narrow orientation of public health, medical care, and hospital administration toward a more universal and broader approach to health administration involving community participation.

In essence, the health care administration program is conceived as a binding element and a support for all the other programs in the delivery system—such as programs of primary health care, community medicine, family health, nursing, and dentistry—all of which contribute to the expansion of health service coverage.

The present array of health care administration education programs, as well as new ones soon to be implemented, should be purposefully related to the current specific projects for health service delivery, especially those projects designed to improve the accessibility and availability of health care services and those projects seeking to contain costs and increase the productivity of those services. The resulting interaction between education and health service projects will then create real opportunities to train a critical mass of people in different and innovative methods.

In addition, programs of education in health administration should interact with various development project models to provide both students and faculty members

with the necessary wealth and diversity of experience. This approach would facilitate development within the program of a sound research component.

The very existence of health service delivery system programs implies making use of different methods to work with people; such programs should therefore make education available to people, and should view continuing education as a lifelong learning commitment.

Considering such programs' heterogeneous array of interacting elements; the nature of the information conveyed; the contacts needed with the countries, institutions, agencies, programs, and people involved; and the magnitude and complexity of the endeavors, PAHO's role stands out as essential for the guidance, coordination, and support of these programs.

As a result of the IV Special Meeting of Ministers of Health and the International Conference on Primary Health Care at Alma-Ata, the year 1979 saw development of new plans for the next two decades, plans to provide all people with health care and to improve their overall living conditions. Thus, at the same time that planned changes and improvements were being introduced into health systems, steps were being taken to organize educational institutions of the Americas to train the numbers and kinds of health personnel needed to implement the strategies designed to provide health for all by the year 2000.

During the 1970s PAHO helped to improve the interactions between 45 health care administration programs in 11 countries and territories² with the services and institutions comprising the health systems in those countries. PAHO also assisted in redesigning course curricula to emphasize behavioral objectives and obtain an adequate balance between theory and practice; it promoted the training of full-time instructors and faculty members for purposes of updating their knowledge and skills in specific areas and improving their teaching skills; it coordinated continuing education for numerous senior and middle-level administrators in 13 countries; it promoted research on problems of health service production and quality; it developed information and communication systems in the field of education for 22 countries; and it supported the creation of new, advanced health care study programs in Mexico and Central America. Together with existing programs in Rio de Janeiro, Brazil; São Paulo, Brazil; and Cali, Colombia, these advanced study programs will provide a Latin American network to meet the demand for instructor training, teaching materials, and research in the field of health service administration. In addition, chapters on administration and management, health service administration, hospital administration, and public health administration have been included in the PAHO/WHO Directory of Training Programs in Latin America and the Caribbean. This work will serve as an information instrument of great usefulness for health authorities and training institutions.

In 1979, with generous financial support from the W.K. Kellogg Foundation, PAHO began the follow-up phase of a program to coordinate and support education in health care administration in Latin America and the Caribbean. This phase has included assistance in evaluating the overall program, developing effective information and communication systems, improving the educational process, establishing continuing education programs for health executives at various levels, and developing health service delivery models in order to integrate teaching services with health services and to develop applied health services research.

²Argentina, Brazil, Chile, Colombia, Costa Rica, Cuba, Jamaica, Mexico, Peru, Puerto Rico, and Venezuela.

Overall, the efforts of your Association of University Programs in Health Administration,³ the W.K. Kellogg Foundation, and the Pan American Health Organization to help solve national health problems have provided cross-fertilization and support for national health and national educational programs. These collaborative efforts should solve or alleviate present and future problems of scarce resource allocation and utilization, problems of technical weakness arising from lack of appropriate technology, and problems with the general structure and functioning of health services.

The Tenth International Congress on Tropical Medicine and Malaria will be held from 9 to 15 November 1980 in Manila, Philippines. Public health workers, physicians, researchers, and faculties of medical schools interested in tropical medicine are welcome to participate. Inquiries should be addressed to: Secretariat, 10th International Congress of Tropical Medicine and Malaria, P.O. Box EA-460, Ermita, Manila, Philippines.

³See footnote 1.