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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

COORDINATION BETWEEN THE PUBLIC HEALTH AND THE SOCIAL SECURITY AGENCIES

by

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Some striking facts emerge from the study conducted by the Pan American Sanitary Bureau and offer us firmer ground for an examination of the course we must follow if we are to achieve our aims. In the first place, it is quite clear that the administrative structures and conditions are highly diverse in the several countries studied, as was to be expected; secondly, that a manifest effort is being made in all of them to effectively coordinate the various agencies responsible for health programs. The conclusion to be drawn is perhaps even more obvious: in all of them such coordination is a crying need.

Obviously, given a need and the desire to satisfy it, we are forced to look into the reason why that has not been done. There is no doubt that the causes are different in each country; nevertheless, we shall attempt to identify those that are common. For example, unless there are formal and rapid channels for communication and exchange of information, and unless the activities we are seeking to coordinate are guided by a common purpose, it is impossible to coordinate tasks, or people, or institutions. As a matter of fact, there has been no study of this point on the multi-national plane, and consequently I consider it our job to do so, and to establish flexible and effective communication among health institutions according to the information we obtain from our study. The arrangements will have to be adapted to the particular situation in each country, but, in any case, they will of necessity have to have at least two forms of expression, the ideological and the quantitative: the first, by using clear terminology and language, and the second, uniform statistical data prepared on the basis of common principles. Only by a full, intelligent and continuing exchange of information among the institutions can we logically expect to bring about the coordination we seek. It is generally acknowledged that men have the inherent desire to work together, but this impulse will be frustrated and, what is worse, diverted into possibly self-defeating channels if there is no adequate machinery for mutual contact and comprehension.

At the same time we shall never be able to coordinate tasks, men or institutions when they lack a common doctrine, or, in other words, doctrine as to objective and doctrine as to procedure. We are, unfortunately, unable to assert that our institutions share, and are inspired by, the same objectives and the same technical principles. We must also investigate this point and act in accordance with what we find. There is not the slightest doubt that the training of health workers will be another essential tool in achieving our goal of coordination. That technical and ideological indoctrination, which we must carry on before they become a part of our institutions and when they are already a part of them, is the only way of enlisting their wholehearted dedication and loyalty, not just to their own group and their own institutions but, by opening wider horizons, to that humanistic mission in which we are all engaged. It is accordingly clear to me that we must embark on a program of cooperation and contact between the

ministries of health and the schools of medicine and nursing and other university schools, while simultaneously implementing and continuing, multi-institutional professional educational programs, both specific and combined, so as to foster the development of a professional personality, a team spirit, group identification and a sense of solidarity in our universal mission.

However, it would be naive to think that the mere establishment of good communications channels and effective educational programs would ensure success. We would be committing a very grave error. Hospitals, health centers, laboratories and all our medical institutions are, in the final analysis, not simple abstractions but existing institutions composed of human beings, with established traditions, ambitions and ideals. Hence the vital prerequisite in the task of achieving coordination is, and must always be, a respect for the identity, the integrity and the creative freedom of each of the institutions. There is no greater danger than an attempt, on the pretext of coordination, to destroy, absorb or simply ignore the rights of those social institutions that we hope to see work together. It cannot be said too often that coordination does not mean submission; coordination means freedom from improvisation and protection from isolation. To coordinate is not to regiment or to imitate; on the contrary it is to safeguard individuality, to enrich oneself through the achievements of others and, in short, to devote oneself wholeheartedly to the common mission.

But is it possible to create confidence when independence is threatened, and the financial position and the social, political and professional prestige of the institutions are endangered? No. Coordination must not imply an attack on the legal and institutional existence of a social agency. On the contrary, it is to give it a new dimension, lift it out of the morass of egoism and the realm of fear, and give free play to its full creative individuality. In the final analysis, what is being coordinated are clearly defined responsibilities, not vague and confused activities - men with their own personality, not creatures without individuality, members of that great mass of humanity who are set apart from organized social groups and who, in truth, are simply fragments of that society; institutions with a life of their own, with creative impulses and a spirit of independence, not formless institutions without identity and initiative. The worst enemy of coordination is institutional anonymity.

For that very reason it is dangerous to believe that the best way to coordinate is to integrate, to submit different institutions to a process of assimilation through standardization so as to bring them under the same authority, which frequently leads to the creation of monolithic structures that obstruct or limit diversification and the free development of the agencies that are incorporated. At the opposite extreme there is equal danger in allowing disorderly multiplication, proliferation of innumerable separate and shaky institutions without the vitality to develop to fruitful maturity. The just mean, reached through exquisite social sensitivity and a genuine respect for human organization, is the only positive approach.

On the other hand, the great diversity of health programs urgently demands an authentic and effective coordination for the reason that medicine as a principle and a purpose is one and indivisible, while medicine as an action program varies as human cultures vary. Medicine is the response to social needs as diverse as the conditions of society, not to mention the fact that it is action, promotion, creative effort that leads to the ultimate identification of all men, but not to their uniformity. Passive health, imposed health, technical health is what is forged by us the professional workers in the field of medicine; active health, dynamic health, creative health, is that achieved by men, through their conduct, which is determined by their pattern of culture, and it is that which we, as health workers, must enlighten and guide.

Accordingly, we must all agree that the best medicine, the highest quality medicine, the only type of medicine we can accept, is medicine that puts man above science, the human above the technical. Hence, we believe that assembly-line medical programs, which have as their common denominator imposed uniformity rather than true equality, are empty of all feeling for people, and are little more than an unjustified veneration of technique.

On those conditions, there is no need for coordination; simple regulation is enough. On the other hand, coordination is indispensable when medical programs are adapted to cultural, social and epidemiological conditions, when they are programs specifically designed for living communities rather than for theoretical abstractions.

For all of the foregoing reasons, it must be emphasized that the problems of coordination are vastly different from one country to another, and to the same extent their solutions must vary. The impact of coordination on the financial structure, the power, the prestige and the creative initiative of the various institutions is completely different in each country. Hence we must study each case so as to avoid the reaction of opposition as a legitimate defense, and rather foster the conditions that encourage positive attitudes based on the obvious advantages to their financial situation, to their efficiency, and, most important of all, to their integrity and potential development.

This is the only possible way we can expect social security agencies and ministries of health to work effectively, regardless of whether they constitute one or several administrative entities.

Coordination cannot be improvised, nor can it come about solely by decree or merely by accounting procedure. To coordinate institutions means to give them a new dimension as well, a dimension capable of broadening their horizons without resulting in the loss of their identity; creating new loyalties while retaining their adherence to their own group; accepting new levels of authority while respecting the traditional ones, but above all enlisting their dedication to new goals of much wider scope, without downgrading the inestimable value of the specific task of their own institutions.

After the foregoing reflections, it would appear in order to give a brief outline of a few achievements, for which I shall take the liberty of using my own country as an example.

By presidential decree in August of 1965 we established a Joint Coordinating Commission for Public Health, Welfare, and Social Security Activities, under the chairmanship of the Secretary of Health and Welfare, and including the heads of the Mexican Insurance Institute and the Civil Service Social Security and Welfare Institute. The chief medical officers and the principal architects of the three institutions are also members. The primary task of the Commission is to prevent duplication of capital investments and to promote the maximum return from the available resources. It determines the best way of using capital assets, and discusses and passes judgment on the suggestions of the various committees it has established to harmonize techniques and programs.

Committees on Preventive Medicine, Radiation Protection, and Statistics have already been established; and the Committee on Professional Education is now in process of formation. By a continuing exchange between the members of these committees and those of the Commission itself, and by means of statistical studies prepared on the basis of common standards, we believe we are encouraging common reporting and exchange of information, which is the basis of understanding. Through common educational programs for workers of the three agencies, and through agreements concluded between the Department of Health and the various schools of medicine and nursing, we believe that we are developing a common doctrine of techniques and objectives. But the strength of the Commission rests primarily on the fact that, when approved, its decisions are implemented because they mean advantages to the financial structure or to the social, political or professional prestige of the member institutions. In this way self-seeking competition is being transformed into competition in the field of achievement; and in this spirit of fair play antagonisms are rapidly being transformed into cooperation. The diversity of their financial resources, their legal and administrative structures, their programs and their orientation is rapidly becoming a common asset that is bringing them closer together instead of constituting an obstacle. As a result, we anticipate that other institutions will soon want to be brought under the authority of the Joint Coordinating Commission, in view of the confidence it is inspiring and for the advantages it offers.

Many of us in Mexico are confident and optimistic that we can create a new level of organized authority that will be capable of coordinating without distorting, associating without regimenting, inspiring rather than regulating.

We are convinced that the foundation for successful coordination lies in common reporting, common objectives, and common interest. Moreover, we cannot conceive of coordination without there also being confidence and authority; the problem is in how to combine them. It seems to me that the secret lies in the spirit of the famous statement of our great Patriot,

Benito Juarez, which, on the basis of analogy, would allow me to assert: respect between institutions, as between individuals, is the basis of cooperation.

It is not my intention to convince anyone with these brief remarks or to offer this domestic solution as an example to be followed. But perhaps both may suggest solutions that can be adapted to the individual conditions in each country. I believe that coordination is a dynamic, delicate and complex human process, and that to achieve it we must utilize knowledge and technique, but we must at all times be guided by respect for man and his most precious creations: the cultural structures, among which a significant place is occupied by those institutions whose purpose is to promote the health and welfare of all.