



Technical

Discussions

Washington, D. C.
September-October 1966



CSP17/DT/8 EN
4 October 1966
ORIGINAL: SPANISH

FINAL REPORT OF THE TECHNICAL DISCUSSIONS ON

"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".

Moderator: Dr. Alberto Mondet
Rapporteur General: Dr. Luis D. Alfaro

The Technical Discussions at the XVII Pan American Sanitary Conference were held on 30 September and 1 October 1966 in Washington, D.C. and dealt with the following topic: "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".

These Technical Discussions were attended by 73 persons, including 17 officials of social security institutes, and 6 representatives of international agencies. The Organization of American States took an active part in organizing and conducting the discussions.

Dr. Antonio Ordóñez Plaja, President of the XVII Pan American Sanitary Conference inaugurated the Discussions. Dr. Alberto Mondet was elected Moderator, and Dr. Luis D. Alfaro, Rapporteur General. Dr. Alfredo Leonardo Bravo, Pan American Sanitary Bureau, acted as Technical Secretary. At the inaugural session the following papers were read:

- A. Availability and utilization of services - Dr. A.L. Bravo
- B. Cost of services - Dr. P. Ruderman
- C. View of the health authorities on coordination of services - Dr. P.D. Martínez
- D. View of social security medical authorities on coordination of services - Dr. A. Vasi.
- E. Coordinated planning of medical care services- Dr. A. Calvo

Next a round-table discussion was organized in which a panel of experts consisting of Drs. Roberto Acosta Borrero, Luis D. Alfaro, Alberto Calvo, Fernando Escalante Pradilla, Pedro Daniel Martínez, and Arturo Vasi under the leadership of the Moderator, Dr. Mondet, replied to questions put by the participants. The participants were then divided into four Working Parties with the following offices:

- A - Chairman: Dr. John W. Cashman
Rapporteur: Dr. Miguel Millán Estaba
- B - Chairman: Dr. Gastón Novelo
Rapporteur: Dr. Jaime Sznajder
- C - Chairman: Dr. Daniel Orellana
Rapporteur: Dr. Victorio V. Olgufn
- D - Chairman: Dr. Roberto Acosta Borrero
Rapporteur: Dr. Rafael Alvarado

Each of the four Working Parties discussed all aspects of the topic, and their opinions and recommendations may be summarized as follows:

I. Coordination

It was emphasized that the coordination of efforts to organize and administer medical care services was an overriding and urgent need. All the Working Parties agreed that coordination of activities did not mean the absorption of one institution by another; on the contrary the legal, financial, and administrative autonomy of each of the participating institutions should be respected so that they might fulfill their legal obligations and achieve their social objectives. In that regard, mention was made of the following opinions of the official rapporteurs expressed in their statements:

Dr. Pedro Daniel Martínez stated that: "It can never be too often repeated that coordination does not mean submission; coordination means freedom from improvisation, and protection from isolation. To coordinate is neither to regiment nor to imitate; on the contrary it is to preserve one's own originality, to enrich oneself through the achievements of others and, finally, to resolutely show one's trust by devoting oneself completely to the common endeavour".

Dr. Arturo Vasi stated in his speech: "Coordination does not mean the disappearance of either systems, nor does it mean to create more problems for the institutions as a result of an unwarranted desire for a merger; it means nothing more than the joint use of what already exists, and the avoidance of duplication in the utilization of resources, thanks to coordination in other places where it is most necessary".

Dr. Calvo stated: "The establishment of a single health policy for each country, which will bring with it 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 agencies 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 a financially sound method for the utilization of available or allocated resources. This principle defines what is meant by coordination, the principal subject of these Technical Discussions. In a 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".

The participants agreed to accept that some of the means for achieving the desired coordination might be as follows:

1. Professional education of the physician of such a nature as to enable him to understand the problems of social and preventive medicine, and permit coordination with restorative medicine.

2. Joint training of personnel that collaborate with the medical profession, in particular experts in the administration of medical and social services.
3. Definition of terms and ideas, in order to establish a common language and thus a suitable delimitation of responsibilities.
4. Organization of statistical systems common to all the participating institutions.
5. Establishment of good lines of communication, and exchange of information so that officials at all levels may be kept aware of the main lines of national policy concerning health and social security.
6. Establishment of a national health policy in the planning of programs in which all the interested institutions would take part.

II. Demand for services and resources to satisfy them

After a discussion of the current situation, it was acknowledged that there were not enough resources to satisfy the demand for services and that duplication of services was prevalent. The Working Parties therefore recommended that the institutions currently responsible for medical care should take administrative measures to improve their organization and administration since that step alone would promote the coordination of the institutions themselves. Appropriate machinery to sustain such coordination should also be established, regardless of variations in the organization and administration of institutions. Finally, the view was expressed that, even though coordination was a responsibility of all institutions engaged in health activities, it was the obligation of Ministries of Public Health, because of their governmental character, to encourage such coordination.

III. Coordinating authority

All the Working Parties emphasized the importance of promoting coordination at the local, national and international level. There was also general agreement that at all levels in the agencies and institutions responsible for public health services in the country the promotion of coordination should be encouraged. These coordinating agencies should be tailored to the political economic and social circumstances of each country and should encourage all interested organizations, including international organizations, as well as technical and educational associations responsible for training the necessary personnel to participate.

The need to establish these coordinating agencies or committees was acknowledged, but at the same time the participants were of the opinion that their hierarchal level and structure of the agencies might vary according to the legal and administrative systems of the different countries and institutions. It was emphasized, however, that the coordinating authority established should inspire confidence and respect in all the participating institutions.

IV. Personnel training

As for the training of personnel it was recognized that the joint efforts of universities, ministries, security institutions, and other agencies concerned with health, as well as common use of installations and practice areas for welfare and teaching purposes, were of fundamental importance in developing the necessary social attitude in all professional health workers. This frame of mind would be of great help in strengthening team work, which was indispensable in carrying out health activities at the local level.

Training should begin in schools of medicine, nursing, midwifery, social service and dietitians, in such a way that by the time they began work, each of these professional workers would be imbued with the idea of coordination acquired while students in their respective university schools.

Appropriate importance to coordination should also be given in the post-graduate education of physicians as well as of public health experts, sanitary engineers, hospital administrators, and the like. Indeed, post-graduate courses produced the senior executives who would be responsible for the public health services and medical care services at the national, intermediate, and local level, and therefore play a key role in determining the orientation of health programs. It was also desirable for administrators of health services to be trained with hospital administrators, and the administrators of medico-social services and rehabilitation services, since the administrative principles were always the same and only varied in their practical application to different programs.

Finally, training schools for auxiliary workers should include elementary notions of coordination in their curriculum so that all members of the health team, no matter how modest, should be able to collaborate intelligently in achieving the objectives of the health programs.

As to personnel at present employed, they should also be given training through short courses and practical experience in the field which would orient them in the general principles of coordinated administration.

V. Definitions and statistical methods

The experience gained during the survey in ten countries to collect information for these technical discussions showed that a survey of this type was extraordinarily difficult because of the enormous variation in the definitions of terms used in the various countries and institutions and the inadequacy of the statistical systems currently available. The participants were of the opinion that in order to encourage coordination it was essential to improve the statistical methods through the use of the most modern methods possible and especially through a national agreement between institutions, and an international agreement between countries, to define terms in common use so that they might have the same meaning in all countries.

It was agreed that a comprehensive inventory of resources, and the establishment of permanent systems of communication were essential conditions for putting coordination on a firm basis; and that to ensure that these requirements were met, it was necessary to improve the statistical systems in the way mentioned above.

VI. National Health Planning

The participants agreed that national health planning was an effective means of promoting coordination. One of the fundamental requirements of planning is, that all elements of the sector under study take part.

The health sector comprises programs for the protection, promotion, and restoration of health and in consequence all the resources available for providing services in environmental sanitation, preventive and curative care and rehabilitation must be mobilized and developed. These services are provided by local health agencies, which, in turn, must be given a regional and sectoral organization, so that the highly specialized services may be concentrated and the basic services decentralized, through systems that will make them accessible to the total population.

The foregoing implies planning for maximum utilization of available resources; organizing health activities so as to avoid duplication, and measuring the existing and potential demand for services; and gradually expanding capacity to meet that demand.

In this complex planning process, all organizations and institutions maintaining health services and making investments to develop health resources must take part.

Activities in the field of hygiene and preventive medicine are, by custom and tradition, the responsibility of the Ministries of Health. As the social security systems develop, it is desirable that concurrent activities be carried on in these fields. On the other hand, in the field of curative medicine and rehabilitation, other public and private bodies participate in addition to the Ministries of Health and the social security institutions. It is essential in any health plan that all of the agencies and institutions interested in the health field coordinate their human, material and financial resources in order to obtain maximum utilization of such resources, and that they be guided by a technical plan so as to ensure that the highest possible level of health is enjoyed by all members of the community.

From the practical standpoint, it would be essential for representatives of all of the bodies providing health services to be represented on the planning committees, and that all of their medical resources be brought under the national health plan.

VII. The Social Security Institutions

Coordination would be considerably simplified if it were possible to establish some uniformity in the social security systems as regards the collection of contributions and medical and social benefits. The trend in the direction of uniformity and expansion of the systems, through the extension of medical and social benefits to new groups, is an important factor in facilitating coordination. There is, in fact, a marked tendency to expand social security coverage to include new groups, and to establish an appropriate level of benefits that should be made available to the entire population.

Basically this is an economic and financial problem, and such coverage must depend, primarily, on the capacity of the national product to absorb the cost of such benefits and, in the second place, on the capacity of individuals comprising the community to pay the necessary social security contributions. As long as neither one nor the other is able to afford the cost of universal coverage -which would be the ideal- social security coverage could be gradually

expanded by including groups not yet participating, as is now being done in many countries. By this means, the field of action of the social security institutions would be broadened, and medical and social services would be given to more people, which would help coordination and improve national health plans.

VIII. Coordination at the local level

The simplest way of encouraging coordination is to begin with local activities by creating a propitious climate in which coordination of the activities for the protection, promotion and restoration of health at the local level may be gradually introduced.

However, it should be kept in mind that such coordination of local activities can only be successful if it has the support, understanding and encouragement of the central authorities of the respective services. It cannot be expected that officials in a small rural center will coordinate their work if the top executive authorities have no contact, and hence encourage a lack of coordination at all other levels.

Perhaps the most fruitful field for coordination is that of the technical health activities in the field. If the health needs and the over-all demand for medical care in a community can be determined through planning at the local level, it is possible that the local authorities of both the Ministry of Health and the social security institutions, as well as other interested bodies, will coordinate their own work so as to carry out a program for the protection, promotion and restoration of health at the local level; use the available resources in the most rational way possible; and seek to meet the demand for services to the maximum extent permitted by such resources. A program of this nature requires the appointment of a coordinating committee, by mutual agreement of the parties; this committee would be given sufficient authority to organize resources for the sole purpose of satisfying health needs.

IX. Personnel policy

A serious obstacle to such coordination at the local level generally is the difference in administrative organization, in salaries, and in the fringe benefits of the employees of the various institutions. When one group that is well paid, has stability of tenure and good social benefits, is working side by side with another group that is inadequately paid, has no social benefits and subject to the vicissitudes of political changes, there is inevitable resentment on the part of the less privileged.

The establishment of a single salary and wage scale, uniform job classification, recruitment policy, working conditions and social benefits for all employees, without regard to the system in which they are employed, is accordingly indispensable.

X. Coordination at the international level

In conclusion, it was deemed of considerable importance that the Pan American Sanitary Bureau give continuing assistance in maintaining and strengthening coordination in all of the countries. It was likewise deemed desirable to enlist the collaboration of other international agencies, with similar objectives, such as the social security organizations and medical associations.