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STATUS OF NATIONAL HEALTH PLANNING

As can be seen from Table 1, the past year was principally one of consolidation rather than of innovation in the field of health planning. Most of the countries of the Americas had already established health planning units in previous years, although by mid-1966 Uruguay could be added to the list, with an increasingly active health planning committee undertaking the functions performed by Planning Units or Planning Offices in the Ministries of Health of other countries.

At the time of writing the diagnosis stage of the national health plan had been virtually completed in Guatemala and was expected to be released shortly. Honduras had formulated a program budget and the plan was already in partial implementation, while the norms whose preparation had been begun in Nicaragua at the time of the last report were now completed. In Argentina, it had been decided to start health planning on a phased basis, beginning with the Provinces of San Juan and Tucumán, and national efforts, with the assistance of PAHO consultants, were being concentrated in those areas.

Some progress was also made in the relating of health plans to general national plans for economic and social development, as such plans began to be formulated in more countries. This process was stimulated by the cooperation of the Organization with the Latin-American Institute for Economic and Social Planning and with the agencies of the Inter-American System. Not only was the annual Spanish-language training course in health planning given in collaboration with the Institute, but staff of the Organization provided an introduction to public health for students in the Institute's courses in economic development, and in educational and other sectoral planning. The Organization also represented WHO at the first meeting of the newly-established United Nations expert committee on economic programming and projections.

As regards the Inter-American System, the Organization has continued to emphasize collaboration with the Inter-American Committee for the Alliance for Progress (CIAP) and the Inter-American Development Bank (BID).

The CIAP continues to be the key body for the review of the investment programs and external-aid requirements of the American countries, and as a result of the decisions taken at the Fourth Annual Meeting of the Inter-American Economic and Social Council in 1966 the CIAP has become the principal arm of the Alliance for Progress. In preparation for the 1966 cycle of country reviews, PAHO has provided an analysis in depth of the health plans of Chile and Peru as well as a general review document for the health sector.

The Organization continued collaboration with the BID in the field of water supply. In addition it provided consultant services from time to time in the general field of health with the goal of identifying those situations in which international lending agencies can most fruitfully invest in health.

One of the recommendations of the 1965 Study Group of Health Planning which was reported on last year was the research and training in health planning in the Americas should be provided with a sound institutional basis. A proposal for the creation of a Latin American Center for Health Planning was developed and financial support was requested from the United Nations Development Program. The Governments of Chile and Peru and the Superintendency for the Development of the Northeast (SUDENE) of Brazil have already pledged financial support for the proposed center, and the decision of the UNDP is awaited for early 1967.

The variety and scope of the Organization's activities in planning have involved a considerable commitment of money and staff. In addition to two full-time professionals and one short-term consultant at Headquarters, full-time planning consultants have been assigned to Zones I, IV, V, and VI and almost all the Country Representatives in Zones II and III, as well as a number of Zone staff, have had special training in health planning. Some 14 short-term consultants have supplemented regular staff in teaching and in providing assistance to member Governments that requested such services.

Training activities have been particularly important. The course held annually in Santiago, Chile, since 1962 has graduated 125 health planners from 20 American countries. The PAHO Zone IV and Zone VI planning consultants devote approximately half of their time to this course, and are assisted during the four-month preparatory and teaching period by 2 to 4 of the short-term consultants as well as by the staff of the Latin American Institute for Economic and Social Planning. The Organization also provided fellowships for at least 30 students each year and reimbursed the Institute for secretarial services, supplies and equipment.

The English-language training course at the Johns Hopkins University, which has been held annually since 1963, has trained a number of health officials from American Countries and has been used to a significant extent for the training of WHO staff members and fellows from other

Regions of the world. PAHO assistance to this course takes the form of a full-time faculty member as well as occasional visiting lecturers. Approximately 20 students per year attend this course.

Both regular staff members and short-term consultants have assisted in the organization of national training courses in Brazil, Chile, El Salvador, Peru, Trinidad, Uruguay, and Venezuela, in which more than 300 health officers have received training in planning.

An encouraging side-effect of the growing interest in health planning and the increasing recognition of the role of health services in the development process has been an increase in a number of countries in the national commitment to health within the framework of the Alliance for Progress. Table 2 shows the distribution of the American countries according to the per cent of central government expenditure devoted to health in 1964-65. By comparison with the data for 1963/64 presented last year, the distribution in Table 2 represents decrease from 6 to 5 in the number of countries devoting less than 5 per cent of central government expenditure to health, and an increase from 9 to 12 in the number of countries devoting at least 5 but less than 10 per cent of central government expenditure to this field of activity.

Finally, there has been widespread recognition of the importance of efficient administration and organization of services in implementing national health plans. Planning consultants have assisted at the seminars on the administration of health services sponsored by the Organization and have also increased the emphasis given to administrative problems in national and international training courses in health planning.

TABLE 1

STATUS OF NATIONAL HEALTH PLANNING IN THE AMERICAS, MID-1966

Country	Health planning unit in operation	Diagnosis completed	Plan completed	Program budget formulated	Norms established	Plan being implemented
Argentina	x	(1)	-	-	-	-
Bolivia	x	-	x(3)	x	...	...
Brazil	x	-	-	-	...	-
Chile	x	x	x	x	x	x
Colombia	x	x	x(4)	x	x	x
Costa Rica	x	x	x(5)	x	-	(5)
Cuba	x	x(2)	x(2)	x	...	x(2)
Dominican Republic	-	-	-	-	-	-
Ecuador	-	x	x	x	x	-
El Salvador	x	x	x	x	x	x
Guatemala	x	-(1)	-	x	-	-
Haiti	-	-	-	-	-	-
Honduras	x	x	x(6)	x	x	(8)
Jamaica	-	-	-	...	...	-
Mexico	-	-	-	-	-(1)	-
Nicaragua	x	x	x	x	x	x
Panama	x	x	x	x(7)	x(7)	x
Paraguay	x	x	x(3)	x	-(1)	x
Peru	x	x	x(6)	x	x	x
Trinidad and Tobago	x	-(1)	-	...	...	-
Uruguay	x	-(1)	-	-	-	-
Venezuela	x	-(1)	-	-	-	-

Source: Reports of PAHO Zone and Country Projects.

(1) In preparation.
(2) One-year plan. Long-range plan in preparation.
(3) Two-year plan.
(4) Four-year plan; new plan in preparation.
(5) Four-year investment plan; currently being revised.
(6) Five-year plan.
(7) For some programs only.
(8) Partially.

... = no information available.

TABLE 2

DISTRIBUTION OF THE AMERICAN COUNTRIES BY PER CENT OF CENTRAL GOVERNMENT EXPENDITURE DEVOTED TO PUBLIC HEALTH, 1964-1965

Countries devoting 10 per cent or more of central government expenditure to public health:

El Salvador
Haiti
Panama

Countries devoting at least 5 but less than 10 per cent of central government expenditure to public health:

Chile
Costa Rica
Cuba
Dominican Republic
Guatemala
Honduras
Mexico
Nicaragua
Paraguay
Peru
Uruguay
Venezuela

Countries devoting less than 5 per cent of central government expenditure to public health:

Argentina
Bolivia
Brazil
Colombia
Ecuador

Source: 1965 Annual Report of the Social Progress Trust Fund of the Inter-American Development Bank.