



Technical

## Discussions

Washington, D.C.  
September 1957



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BASES AND METHODS FOR THE EVALUATION OF PUBLIC HEALTH PROGRAMS

REPORT OF THE RAPPORTEUR

Presented at the thirteenth plenary session of the X Meeting of the Directing Council of the Pan American Sanitary Organization, IX Meeting of the Regional Committee of the World Health Organization, 25 September 1957.

REPORT OF THE TECHNICAL DISCUSSIONS ON THE TOPIC  
"BASES AND METHODS FOR THE EVALUATION OF HEALTH PROGRAMS"  
(20 September 1957)

Moderator: Dr. A. HORWITZ  
Rapporteur: Dr. D. A. RAMIREZ  
Secretary: Dr. G. MOLINA

After the opening of the technical discussions by the Chairman of the Directing Council, Dr. A. Bissot, the special session for the discussions on the topic "Bases and Methods for the Evaluation of Health Programs" began at 9:30 a.m., under the chairmanship of Dr. A. Horwitz and with the members of the Council and observers attending.

The bases for the discussions were the report prepared by Dr. Guillermo Arbona, the expert designated by the PASB; his statement at the beginning of the session; and the questionnaire prepared as a guide by the Secretariat.

At the suggestion of the expert, the Council agreed to divide the work among three working parties, in which the participants might express their views freely and informally in discussing the points set forth in the questionnaire. It was decided that each group would take a different approach to the question of evaluation, each selecting as applied examples one of three important public health programs: eradication of malaria; prevention of tuberculosis; and organization of local health services, with special reference to maternal and child health. The purpose was to study the bases and methods for the evaluation of a health program, using the selected examples as a guide for discussion, but without attempting an evaluation of those specific programs themselves.

Each working party was attended by approximately the same number of participants, the selection having been made in accordance with the

wishes expressed by each person. The working sessions lasted from 11:00 a.m. to 3:30 p.m., with a short interruption for the luncheon hour, during which the participants had an opportunity to continue exchanging ideas.

The special session was resumed at 4:00 p.m. for the reading and discussion of the reports of the rapporteurs of the three groups.

Because of the informal character of the technical discussions, the spontaneity in the expression of views, and the variety of the examples taken, the conclusions reached by the groups were not uniform. The rapporteur has given due consideration to the different points raised and will mention them where appropriate, but he believes that these differences are not such as to justify reporting separately on the work of each group. The present report is therefore based on the questionnaire that served the groups as a guide.

## I. INTRODUCTION

During the initial discussion, emphasis was laid on the difficult nature of the topic; on the lack of basic reference literature on the subject; on the need for developing suitable terminology for clarifying the meaning of terms used to describe the various processes entailed in what is generally understood to be evaluation; on the importance of defining clearly the relationship between planning and evaluation, inasmuch as some health workers hold the view that evaluation is possible without well-defined program planning; on the fact that the process of evaluation is a continuous one that comes into play at all stages of the planned activities; and on the responsibilities that should be assumed in the evaluation process by the personnel at various levels, including the higher executive staff.

Stress was laid on the contrast between the strong intellectual impetus that studies on evaluation are being given and the very limited practical application of the evaluation process, a fact that can be surmised from the very small number of health services that include evaluation among their routine procedures. The public health worker has been prevented from benefiting by the constant application of evaluation methods, not only because of the heavy workload of the developing services but also because of the lack of knowledge of the recently developed, modern techniques in this field. Mention was also made of the need for defining more precisely the program objectives and for giving more importance to the evaluation of results than to the evaluation of efforts expended. Finally, the need was emphasized for establishing priorities when comparing programs, for determining the cost and value of those programs in the light of their contribution to the economic development of the country, and for considering public health work as a major national activity.

## II. PURPOSES OF THE EVALUATION OF A HEALTH PROGRAM

There was unanimous agreement on the following points:

1. The primary purposes are to determine:

a. if the results show that the program is progressing toward its objectives;

b. if the ultimate goal of the program has or has not been reached.

Even though this concept of the primary purpose of evaluation was clearly agreed upon, different positions were taken in the discussion of short-term and long-term objectives. If in eradication programs the final evaluation is based on reaching the zero limit, such a limit cannot apply for other activities of a continuing type, as, for example, those in maternal child health. The duration of the program, with a clear indication as to the scheduled time of completion, is an important factor in the plan of operation. The selection of a base line for comparing results achieved with objectives set is indispensable. It was pointed out, moreover, that all aspects of the program must be evaluated, distinguishing first the evaluation of activities and procedures that serve to determine the efficiency of the personnel and services or the validity of methods; secondly, the evaluation of objectives as they apply to partial phases of the program; and, finally, the evaluation of the ultimate objective.

2. As corollary purposes, the following were mentioned:

a. Reorientation of the program when it has strayed from its objectives or when it is advisable to apply new knowledge and techniques or to change existing methods because they are not giving the expected results. It was agreed that experimentation forms an integral part of operating procedures and is a valuable aid in reorienting programs.

b. Provision of an additional basis for deciding on the best use of available funds. This point was also considered in terms of the costs and the yield; benefits derived for the population; and justification of the program to the national authorities.

c. Improvement in the performance of personnel and in the operation of services.

d. Application as an educational tool, and also as a basis for acquiring experience, especially on the part of administrative and executive staff.

### III. BASES AND REQUIREMENTS FOR THE EVALUATION OF A HEALTH PROGRAM

The following were agreed upon as essential bases and requirements for the evaluation of a program:

1. The existence of a plan, prepared on a scientific basis, to set forth clearly defined objectives and methods.
2. The setting of a base line or measure, against which the results can be compared.
3. The availability of staff properly trained to make the evaluation. In this connection, it was noted that sometimes the personnel themselves are able to supply the data needed to enable outside evaluators to make the evaluation, a process which in certain cases may be very complicated. It was mentioned that in one country the evaluation office is completely separate from the service that carries out the program. Perhaps a combination of what we might call "internal" and "external" evaluation would be advisable. In any event, and insofar as possible, all personnel should play a part in the evaluation process, according to their respective skills and the level at which they operate. Under certain conditions, the population itself should participate in that process, so that more effective support may be obtained from the public.
4. Establishment of a system for the collection and analysis of data.
5. Efficient administration at all levels, to permit not only completion of the evaluation but utilization of the results of that evaluation.
6. Description of conditions both before and during the execution of the program, including social and economic factors. In evaluating the results achieved, a distinction should be made between those that derive directly from the program activities and those that during the same period may have been due to the natural changes that affect problem, or to other outside factors such as epidemiological developments, economic or social changes, etc.
7. In one working party, consideration was given to the "spacial" basis of the programs. In malaria eradication, the base area is global and eradication can only be evaluated against the goal of reaching a zero limit. In other programs the "spacial" basis relates to a more or less limited area and there is, properly speaking, no final limit but rather an arbitrary one that is set in the program objectives. In both cases, evaluation bears a relation to a given duration for the activity. In eradication programs, partial objectives are measured largely on the basis of the action that is still needed to reach the zero limit.

#### IV. METHODS TO BE RECOMMENDED FOR EVALUATING A HEALTH PROGRAM

Because of the wide scope of this topic, it was interpreted from a number of different viewpoints. The discussions can be summarized by enumerating the following opinions:

1. There is no single method of evaluation. It is advisable to replace subjective methods by objective ones, that is, methods that can be confirmed by different observers with the same results. Among these, the statistical method is the one to be most highly recommended. If it is not possible to put this method into practice, the next most valid one should be adopted. In the evaluation of programs extensive use should be made of the experimental method, which permits valid comparisons between results and objectives.

2. The methods to be recommended in program evaluation depend on the levels at which the evaluation is made. At the field level, the action is measured largely in terms of the effectiveness and the correct application of procedures. At the technical-administrative level, the technical objectives of the program are assessed and an interpretation is made of the measurements of efficiency, etc., carried out in the field. At higher levels the program evaluation is based on the measurement of achievement in terms of established policy.

3. The methods to be recommended depend on the stage of development of each phase of the program. In practice, it is sometimes possible to do no more than limit the evaluation to certain phases. There are no reliable means for evaluating the results of certain public health activities, and it is therefore necessary to select previously established patterns. In malaria eradication, the method of measurement is based on a negative factor--the disappearance of the disease. As for other communicable diseases, only the results of intermediate stages are measured and it is necessary to use indices that vary from one country to another and methods that reflect the special characteristics of the various countries.

4. Attention was also given to the need for evaluating specific aspects of the programs, as, for example, the economic and social factors, which are not always covered in the plans of operation.

#### V. RESPONSIBILITY AT THE VARIOUS LEVELS OF HEALTH ADMINISTRATION

1. All personnel--whether field, executive, or administrative--should participate in the program evaluation, but evaluation should, essentially, start with the technician responsible for carrying out the program. The field worker has the clearly defined responsibility of gathering the basic data. The supervisor should check the accuracy and validity of these data. The responsible executive should compile and

analyze them and, on this basis, make an evaluation as to whether the action is fulfilling its objectives. The administrator should supervise the evaluation, making such investigations or visits in the field as may be necessary to confirm its findings. What is necessary at the higher level is knowing whether or not the purpose of the program is being achieved within the general health plan or in accordance with the policy that established the plan. In short, at each level the evaluating function depends on the duties and responsibilities of the staff members, in accordance with the accepted administration practices.

2. Aside from this specialized responsibility, there is the obvious need for self-criticism that everyone who carries out an activity should have in order to know if he is carrying this activity out in accordance with the principles on which it is based.

3. Consideration was also given to the possibility or desirability of having the evaluation undertaken by someone outside the program. Even though such a system is expensive, attention was called to the fact that, under certain circumstances, outside evaluators are advisable, inasmuch as they may be assumed to be more objective and impartial.

4. It was also considered advisable that the establishment of the practice of evaluating within a service should be carried out progressively, beginning with the application of simple methods and later extending them to more complex activities. It is necessary to begin, it was felt, by teaching the personnel not only to do their work but also to acquire an appreciation of it. This view that evaluation should become a part of all phases of the planning and operation of programs was shared by all participants.

#### VI. USE OF THE INFORMATION OBTAINED THROUGH THE EVALUATION OF PROGRAMS

In general, the opinions given can be summarized as follows:

1. Evaluation should not be an end in itself, but rather a means for improving and reorienting the development of the program.

2. The evaluation report serves an educational purpose for all levels of the personnel. It gathers information and experience that can be put to good use in the planning of future programs. It permits the improvement of evaluation techniques as an administrative process, and is essential for those responsible for the execution and administration of the program.

3. The evaluation report determines the cost of the operation, justifies to the national authorities the continuance or discontinuance of the program, and serves as the basis for requesting additional resources.

4. Evaluation helps from public opinion and, in this way, is valuable in the health education of the community.

5. Evaluation develops the scientific approach of the public health personnel, showing them the value of the effort made, and, even though the results achieved may not be those desired, it affords a means of gaining valuable experience.

## VII. FINAL OBSERVATIONS

In concluding this report, it might be worth while to summarize the technical discussions on a topic as difficult and complex as this one.

All the participants agreed on the importance of the topic of evaluation but felt that proper consideration of its many facets is impossible in a discussion of a few hours. Despite the limitation imposed by the lack of time, the groups carried out their work effectively by concentrating on those essential points on which the agreement reached showed substantial progress over that existing before.

The view was unanimously accepted that evaluation is a process that should become a permanent part of all aspects of a health program, with the participation of all levels of personnel, each according to his duties and responsibilities; that it is an integral part of every service, to be used as a guide to orient and justify the program in accordance with actual conditions and not theoretical opinion.

Agreement was also reached on the point that, among the methods of evaluation, preference be given to procedures that are objective, demonstrable, and those that permit an appraisal of the activity and efficiency of the field worker, the adequacy of the services, the costs, and, at higher levels, the progress of the program, the achievement of its aims, and the policy on which it is based.

Another general view was that evaluation is a technical and administrative tool of unquestionable usefulness at all levels of a health organization. A prerequisite for its success is the adequate planning of the programs.

Finally, attention was called to the undeniable usefulness of evaluation as a means of forming official and public opinion and of obtaining the support of the governments and of private citizens.





# Technical Discussions



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AG/1  
16 September 1957

PROPOSED PROCEDURE FOR THE TECHNICAL DISCUSSIONS  
ON THE TOPIC  
BASES AND METHODS FOR THE EVALUATION OF HEALTH PROGRAMS

In presenting his introductory statement for the Technical Discussions (document distributed separately), Dr. Guillermo Arbona, the Consultant, suggested the following discussion procedure: that four working parties be appointed and that each discuss, in accordance with a common list of topics, the "Bases and Methods for the Evaluation of Health Programs," as they apply to the different programs.

If approved, this suggestion would permit the delegations to participate in the working party or parties discussing the topic in which they have the most experience. It would also permit them to derive the maximum benefit from the discussions in the short time available and to examine the principles and techniques of evaluation, together with examples to facilitate their understanding. In other words, it is not a case of evaluating the program assigned to each working party but rather one of utilizing the program for reference purposes.

The topics proposed are as follows:

1. Bases and methods for the evaluation of a malaria eradication program. This would serve as an example for evaluating eradication programs.
2. Bases and methods for the evaluation of a water supply program. This is proposed as a representative activity of every public health administration.
3. Bases and methods for the evaluation of a local tuberculosis prevention program. This is suggested as an example for evaluating communicable disease control programs.
4. Bases and methods for the evaluation of a local health services program, with special reference to maternal and child health. This would permit discussion of the evaluation of an integrated activity in which health promotion is a primary factor.

In order to facilitate the organization of the working parties in accordance with the preferences expressed by the delegations, it is hereby requested that the attached questionnaire be completed and returned to the Secretary before 18 September.

### Technical Discussions

Members of the Delegation of \_\_\_\_\_ will participate in the discussions of the following party (or parties):

I. Evaluation of a malaria eradication program

- 1.
- 2.
- 3.

II. Evaluation of a local tuberculosis prevention program

- 1.
- 2.
- 3.

III. Evaluation of a health services program with specific reference to maternal and child health

- 1.
- 2.
- 3.

IV. Evaluation of a water supply program

- 1.
- 2.
- 3.

Notes: You are kindly requested to return this questionnaire before 18 September.

Should a member of the delegation be interested in the discussions of more than one working party, he should indicate his preference by placing an asterisk(\*) before the appropriate subject.



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AG/2

SUGGESTIONS FOR THE TECHNICAL DISCUSSIONS ON  
"BASES AND METHODS FOR THE EVALUATION OF HEALTH PROGRAMS"

(Friday, 20 September 1957)

- I. Introduction of the working party members (Annex I, composition of the working parties)
- II. Explanatory statement by the secretary on the objectives and methods of work.
- III. Election of the moderator and the rapporteur.
- IV. Discussions of the topic.

Suggested Guide for the Discussions:

1. What are the purposes of the evaluation of a health program?
2. What are the bases and requirements for evaluating a program?
3. What are the recommended methods for the evaluation of a program?
4. What are the functions and responsibilities of the public health staff at the various administrative levels in the evaluation of a program?
5. How should the information gathered be utilized in evaluating a program?

Note: It is also suggested that the rapporteur make a summary of each item discussed before taking up the next one.

COMPOSITION OF THE WORKING PARTIES  
IN ACCORDANCE WITH THE WISHES EXPRESSED BY THE PARTICIPANTS

(Friday, 20 September, 1957, 11:00 a.m.-4:00 p.m.)

WORKING PARTY A (Topic 1)

Dr. Alberto Aguilar  
Dr. Luis Patiño Camargo  
Dr. Carlos Díaz Collier  
Sir Joseph Harkness  
Dr. Sixto S. Incháustegui  
Dr. Frank Richard Kellet  
Dr. Pedro Nogueira Rivero  
Dr. Arthur S. Osborne  
Dr. Alejandro Robleto Pérez  
Dr. Diego A. Ramirez  
Mr. Milton P. Siegel  
Dr. N. H. Swellengrebel

SECRETARIES:

Dr. G. Molina  
Dr. C. A. Alvarado  
Dr. A. Macchiavello  
Dr. R. R. Puffer  
Ing. P. N. Owens

Room number: 1002

WORKING PARTY B (Topic 3)

Dr. Orlando Aguilar  
Dr. P. I. Boyd  
Dr. Doroteo Castillo  
Dr. H. van Zile Hyde  
Dr. B. D. B. Layton  
Dr. Virgilio Benegas Montes  
Dr. Paul V. Ollé  
Dr. Daniel Orellana  
Dr. A. A. Peat  
Dr. Henrique Maía Penido  
Dr. Claudio Luis Prieto

SECRETARIES:

Dr. G. Arbona  
Dr. A. Bica  
Dr. J. Román  
Dr. A. Sáenz

Room number: 1006

WORKING PARTY C (Topic 4)

Dr. Alberto Bissot, Jr.  
Dr. Roberto Castillo  
Dr. Mayhew Derryberry  
Dr. A. E. Favery  
Dr. César Gordillo Zuleta  
Dr. Abraham Horwitz  
Dr. Félix Hurtado Galtés

Dr. E. Losonczi  
Dr. Pablo Llinás  
Dr. Lucien Pierre-Noël  
Ing. Humberto Olivero  
Dr. Necker Pinto  
Dr. Luis Siri  
Dr. Charles L. Williams, Jr.

SECRETARIES:

Dr. M. E. Wegman  
Dr. L. Verhoestraete  
Dr. E. Chamberlayne  
Miss I. Ripley

Room number: 1122