



*executive committee of  
the directing council*

PAN AMERICAN  
HEALTH  
ORGANIZATION

*working party of  
the regional committee*

WORLD  
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PLANNING OF HOSPITALS AND HEALTH FACILITIES

In compliance with Resolution XXV of the XV Directing Council, the Director has the honor to submit the following report to the Executive Committee for its consideration:

1. Among the more pressing problems of medical care is the need to define and to tackle all of the public health problems that exist in each country, and at the same time, to establish priorities in the light of the available resources. In this view, medical care has been, and continues to be, regarded as an integral part of local or national health programs. Nevertheless, and in order to allow the other basic services to develop evenly and harmoniously, it has been becoming clear that the general health services should be put into a position where they can take on medical care, and create a network or "system" of services that can provide the population involved with suitable coverage.

2. On the other hand, from a continental standpoint, medical care must be envisaged, planned and carried out in the light of new concepts developed by the behavioral and health sciences. This aspect has long been neglected for many reasons; medical care must now be given a new orientation as a result of a common effort. It is certain that it can be placed on a better footing through national action, but we must bear in mind that, because of its economic and social importance, all Governments must be mobilized without delay to join in a cooperative effort aimed at modernizing medical care services so that they will provide at a minimum cost timely services and broad coverage of indisputable quality.

3. In this concept of integrating all the parts to form a single whole, health is viewed as a component of economic and social development. In these newer concepts it is postulated as a single and indivisible whole. There is a clear trend toward carrying out basic health activities and their supporting services in an integrated, parallel and harmonious way within an overall health policy. Thus, medical care has become an important factor in development. Its possibilities are determined by the requirements of the planning of the health sector. There

are many shortages and gaps in medical care, which must be thoroughly reviewed. Because of its growing costs the policy adopted must ensure that the best use is made of existing resources and of those which must be added so as to extend care to the greatest possible number of patients.

4. In the Final Report of the meeting that was held in Washington, D.C., to study the Charter of Punta del Este the Task Force on Health, who discussed medical care within the framework of the general improvement of local and national health services, showed no desire to separate it from other services. Among the measures proposed for this purpose, the following fundamental objective was established as a continental commitment and a line of future action:

It is necessary, when planning for the expansion of health services, especially in the case of medical care, to take into account not only the cost of construction and equipment, but also the quantitative and qualitative personnel requirements and the budget for operation. Such expansion should be prudently phased; at the same time existing resources should be fully utilized. Construction plans should form an element of national health plans.

5. The Inter-American Economic and Social Council (IA-ECOSOC) in its Second Annual Meeting at the Ministerial Level recommended to the Governments of the Member States:

That they plan medical care on the basis of well-organized systems of services that will make it possible to improve utilization of existing hospital facilities through the expansion of out-patient care and other technical and administrative measures.

6. These most important declarations are the background to the statement made by the Director of the Pan American Sanitary Bureau at the Second Plenary Session of the XV Meeting of the Directing Council in the presentation of his Annual Report:

Medical care was perhaps the field in which the problem of putting available resources to use was most apparent. The difficulty was particularly noticeable in hospital administration because of the magnitude of this function and the investments required. An improvement in current services had to be based on a study of the relationship between the services of the health ministries and those of social security, as had already been noted. Nevertheless, it was believed that every hospital in Latin America might make its technicians and existing equipment more productive, both in quality and quantity. The Report gave an account of the work done in 1963 in some of the countries which had requested advisory services. Hospital building and installation was primarily a technical problem, but one with broad financial implications.

Owing to the heavy investments being made by the Latin American countries, international cooperation might play a more active role through some sort of regional mechanism to which detailed consideration should be given.

7. This idea was taken up by the Directing Council. Indeed, Resolution XXV adopted in its 12th Plenary Session, held on 8 September 1964, reflects the Council's determination to put it into practice.

In its preamble, it indicates that the health planning process includes defining the relative roles of hospitals and other health facilities in orderly national health development; it recognized the need for additional hospitals and other health facilities, for the reorganization of some existing units and stated that hospital construction and operation accounted for a substantial percentage of the national health expenditures, from whatever source and that there was costly overlapping of medical care facilities in some countries and that the magnitude of costs of this part of national health development deserved special attention. It also urged that the recommendations on this subject made by the Second Annual Meeting of the IA-ECOSOC at the Ministerial Level be taken into account. In view of the above, the Directing Council requested that the Director, through an advisory committee, study the planning aspects of hospitals and health facilities within the national health planning process, and that he report on how the Bureau can best participate in the planning for the construction, staffing, and operation of integrated hospitals and related health facilities designed to serve the community needs in the various countries.

Resolution XXV also included the recommendation that had previously been drawn up by the Inter-American Economic and Social Council (IA-ECOSOC) and which is dealt with in another paragraph.

B. The breadth of the scope of the resolution is revealed by the implications it contains:

a. Orderly incorporation of medical care in the national and local plans for social and economic development; improvement of health services, hospitals, and out-patient clinics as a result of the technical integration of preventive and curative activities.

b. Construction of new health facilities and remodeling of existing ones so as to increase population coverage on a continental, national and local level; improving their organization and administration and coordination of the institutions involved so that better use can be made of available resources.

c. Planning of health services including the establishment of the initial investment required for buildings and installations, operating budgets, and personnel needs.

d. A meeting of an Advisory Committee for a comprehensive study of the problem with a view to finding how best to strengthen the technical assistance the Pan American Sanitary Bureau can give in this field and how to put it on a permanent basis.

With regard to this latter, and as a step to be taken prior to whatever measures are deemed advisable for regional activities, thought has been given to the creation of a mechanism within the Pan American Sanitary Bureau whereby the Governments that wish to have it can receive advice on the general planning of their services for the promotion, protecting and restoring health, with particular stress on medical care. Advice could be provided with regard to the number of services required, their nature and their geographical distribution. They should also be able to count on advice regarding the type and quality of equipment and installations, personnel requirements and training procedures. All this is to be financed by funds from the national budgets or of foreign capital contributions.

9. These are the considerations that the Organization has taken up lately in its effort to bring the medical care policy that the health authorities have put forward into line with the concepts set forth in the above-mentioned resolution and with the measures necessary to implement it. The foregoing shows the scope of the problem and the difficulties to be overcome in this preliminary stage.

A future task of the Bureau is to convene an Advisory Committee which, provided with the necessary background, can examine the matter with a full knowledge of the facts and draw up recommendations which the Governing Bodies of the Organization may consider at a later date.

As on previous occasions, it is essential to have a special consultant who, after briefing by the Branches and Units involved, can draw up a working paper. This device will facilitate the work of the Advisory Committee.

For the usual obvious administrative reasons and difficulties in recruitment, the consultant could not be recruited until late February.

10. In order to carry out Resolution XXV and take proper advantage of the creative activity of the Advisory Committee, some thought has been given to the information with which it must be provided to allow it to make useful recommendations to PAHO Directing Bodies.

The brevity of Resolution XXV by no manner or means indicates that its contents, or its short and long range implications, may be overlooked in the evaluation of such progress as is achieved. With this in mind, the Secretariat proposes the following general pattern to be further developed, as the circumstances and available basic information indicate.

a. Current status of the Health Sector.- Health services. Classification and geographical distribution of the services, or a population coverage rate. Specific responsibilities of the institutions involved and the degree of coordination among them. Overlapping.

b. Health care.- Preventive establishments which in one way or another assist the basic medical care services. Institutional medical care. Medical care at home. Out-patient medical care.

c. Hospitals.- General classification. Number of establishments. Size. Number of beds. State of installations. Organization and administration. Patient days. Average stay. Bed occupancy. Out-patient services and number of additional and repeated visits. Number of consultations per patient per year. General and special costs.

d. Personnel.- Professional, technical (laboratory) and auxiliary groups. Absolute figures and indexes. Distribution. Training needs. Current shortages.

e. Planning.- General program of new construction and remodeling aimed at establishing a graded "system" of health services, technically integrated, administratively coordinated and regionally distributed according to local requirements and demand. Technical capacity to cope with these tasks (Government or private services, personnel, materials, building capacity). Study of recent constructions and costs. Extraordinary expenses for foreign expert advice in planning, drawings, building and installation. Equipment and installations available within the country, or which can be exported. Approximate cost per bed. Amount budgeted for maintenance, repairs, and renewal. General estimate of equipment considered useless, unsuitable or superfluous. Requirements for the normal operation of a program, once all construction and remodeling has been finished, in terms of operating program budgets, personnel requirements, and training expenses.

f. International advisory services.- Methods, procedures and organizations through which the Bureau might intensify its technical advice to the Governments in planning, construction, fitting out, remodelling, organization and administration, personnel training, and applied research in health services and medical care.

11. Only a part of the background information, summarized above, can be drawn from the official reports that the Governments have forwarded to the Organization for its periodic report on "Health Conditions in the Americas." These must be completed and brought up to date, a task which is not easy and which depends on the availability of data within the various countries. Other figures must be obtained through sampling and special surveys in countries which are suited to this type of study. A program of field trips is envisaged for the Special Consultant, in order to advance this work as far as possible.

This report on the steps taken to comply with the above-mentioned Resolution XXV is submitted to the Executive Committee for its information.