



*executive committee of
the directing council*

PAN AMERICAN
HEALTH
ORGANIZATION

*working party of
the regional committee*

WORLD
HEALTH
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64th Meeting
Washington, D. C.
June-July 1970

Provisional Agenda Item 8

CE64/8, Rev. 1 (Eng.)
CORRIGENDUM
23 June 1970
ORIGINAL: SPANISH

LONG-TERM PLANNING AND EVALUATION

CORRIGENDUM

First page, third paragraph, sixth and seventh lines should read:

... (Document CE61/14), as well as Resolution XXIV of the 61st Meeting of the Executive Committee requesting that the Director continue the activities in progress and that the Directing Council recommend to the countries provision ...



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CE64/8, Rev. 1 (Eng.)
19 June 1970
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LONG-TERM PLANNING AND EVALUATION

In accordance with the provisions of paragraph 6 of Resolution XXVII of the XIX Meeting of the Directing Council of PAHO, the Director has the honor to submit to the Executive Committee a summary of activities promoted and carried out to June 1 regarding "Long-Term Planning and Evaluation".

Background

The object of long-term planning of the PASB/WHO cooperative activities with the countries is found in Resolutions WHA21/29 and 22.53 adopted at the Twenty-first and Twenty-second World Health Assemblies, respectively. The latter placed special emphasis on the desirability of integrating and continuing such activities within the context of overall strategy during the Second Development Decade of the United Nations.

In turn, in its Resolution XIV the XVIII Meeting of the Directing Council of PAHO instructed the Director to review existing procedures and to prepare a joint planning process, in accordance with the aforementioned Resolutions. At its XIX Meeting, the Directing Council of PAHO examined in detail the report of the Director on "Long-Term Planning and Evaluation" (Document CE61/14), as well as Resolution XXIV on that topic, regarding which he had requested that the Directing Council recommend to the countries provision of the facilities required for applying the proposed process. The above-mentioned meeting of the Directing Council adopted Resolution XXVII which states the following in its operative part:

- "1. To approve the report of the Director on long-term planning and evaluation as well as the proposed method for making four-year projections of the assistance activities of the Organization.
2. To urge Member Countries to actively participate in the joint planning process based on the proposed method.

3. To recommend to the Director that he prepare long-term plans and the corresponding budget estimates for PAHO/WHO assistance activities at both the country and the regional level, bearing in mind the guidelines and stages proposed by the World Health Assembly in Resolution WHA22.53.
4. To bring to the attention of the Governments Resolution XXVI on strengthening program and project evaluation procedures in which the processes of long-term planning and evaluation are complemented.
5. To recommend to the Director that, in the course of long-term planning, he endeavor to strengthen liaison with agencies of the inter-American system and other agencies involved in the social and economic development of the Region.
6. To request the Director to report to the 64th Meeting of the Executive Committee on progress in implementing the planning process, including the participation of Member Countries."

Purposes

According to the provisions of the aforesaid resolutions of the Governing Bodies of the Organization, the basic object of the proposed procedure, known as "Quadrennial Projections of PASB/WHO Activities", is to provide an instrument for improving the Organization's cooperation with countries by means of a continuing process of joint programming.

The process has the following features:

- It entails joint action with the health authorities of the countries;
- Programs are projected and adjusted annually for four-year periods;
- It is based on prevalent health problems, national and regional health policies, available resources and external cooperation policy defined by the countries.

Development of the Process

1. Preliminary Test - In August 1969 the proposed process was the object of a preliminary field test in Guatemala. Consequently, it was possible to identify the areas in which the process required further development, to adjust and give specific form to headings which were originally excessively detailed and, finally, to confirm the feasibility of joint application, that is, with national personnel and PASB/WHO staff. Subsequently the appropriate modifications were introduced and plans were prepared for implementing the process in accordance with the provisions of the Directing Council Resolution.

2. Joint Action - In order to carry out the above-mentioned plans, the Director sent a note to the Member Countries which, in addition to mentioning the purposes of the exercise, emphasized the need for implementation through joint action of health personnel designated by the appropriate Ministry and PASB/WHO staff. He specifically recommended organization of a joint group which would be responsible for the process. As this happened to be one of the points emphasized during consideration of the topic by the 61st Executive Committee as well as the XIX Directing Council, Bureau staff were instructed to provide maximum cooperation to the Governments to ensure that the activity would be carried out specifically as provided by the aforesaid Governing Bodies of PAHO/WHO.

3. Application in the Countries - As most of the countries immediately expressed their support of this measure in view of experience gained in the preliminary test and on the basis of joint action by local and international personnel, the process was initiated in February and March. With some slight variations it consisted of the following:

- a) Analysis and discussion of activities to be carried out by national and Organization personnel in preparing the projections;
- b) Compilation and processing of basic information for general diagnosis of the health situation in each country and of the structure of the health sector, including identification of major problems and availabilities of resources;
- c) Establishment of an image of change at the end of a 10-year period and determination of the action required in order to bring about such changes;
- d) Definition and identification of critical areas within overall problems and activities in which external cooperation is required;
- e) Preparation of a portfolio of proposed projects based on critical areas in which PAHO cooperation is considered necessary. Some may pertain to current projects, others to new problems or activities, and still others may aim at reorientation and even termination of existing projects;
- f) Selection of projects to be implemented during the quadrennium, on the basis of real availabilities of budgetary resources of the country as well as the Organization; and
- g) Establishment of terms of reference for subsequent evaluation.

Up to June 1, on the basis of the interest shown in this activity by the health authorities of most of the countries, it was possible to obtain basic information from 21 countries, and the required data for the quadrennial projection from 17 countries (see Annex). It should be emphasized that, in some instances, this exercise has furthered the planning process at the national level and is facilitating broader work relations between national health personnel and Organization staff.

4. Plan to be Followed - The material received is being reviewed and processed in the headquarters of the Organization in order to prepare an overall projection of PASB/WHO cooperation with the countries during the 1972-75 period. It is expected that this phase will be completed in July if pertinent information can be obtained from the countries. In addition to analysis of the data received, this phase entails the development of a typology of countries as well as the preparation of regional projects and an initial draft quadrennial budget.

It should be mentioned that, in this phase, the bases necessary for organization of regional activities and resources should be established. The marked differences observed in countries of the Region with regard to their respective development processes have emphasized the need to classify them according to their socio-economic and health characteristics.

It is expected that this will permit establishment of a frame of reference which will facilitate analysis of problems which affect the health situation. The aforesaid analysis entails many difficulties, including the fact that, frequently, the required data are incomplete and sometimes only available with regard to certain countries and for different periods. In addition to being unreliable, the quality of the information varies widely from country to country. Furthermore, the criteria for defining and compiling data vary. On the other hand, the difficulty of evaluating the general situation of a given country on the basis of analysis of numerous different indicators is still another factor that must be considered. In order to overcome these obstacles, the economic and social indicators applied may be handled so as to permit the establishment of profiles of development which may provide a graphic idea of the essential characteristics of the countries.

By means of the proposed typology, countries with the most homogeneous characteristics are grouped. In turn, such groups differ sufficiently among themselves so as to permit identification of various levels of development. In other words, each group represents a given level of economic and social development. Aspects pertaining to levels and structure in the areas of health, education, environment, economics and demography are considered.

Specifically, the proposed typology will be useful in determining the frame of reference for regional analysis of health problems in relation to development. It will also facilitate preparation, evaluation and readjustment of PAHO regional cooperation with the countries, orientation designed to formulate the various types of health plans, and analysis of behavioral relations of the health sector with the other components of development by types of countries.

5. Preparation of Regional Projects - In preparing regional projects-- an integral part of quadrennial projections-- the plan adopted for country and intra-zonal projects is used. Nevertheless, because of their particular characteristics, it is necessary to adopt an overall approach to the problems to be solved and to the resources required for implementation. On the basis of data obtained from the countries, in order to identify and handle problems at the regional level it is necessary to apply development and health typologies in determining which groups of countries are sufficiently homogeneous and affected by common and specific problems. Such problems are analyzed in relation to the regional and world policies that the countries have established in this regard.

It is expected that, during this phase, an initial approximation to a four-year work plan will be available. Such an approximation should be revised and adjusted for the first time during the second half of the current year. The approximation would include the budgetary implications of the plan.

As this is a dynamic process, the verification of data, health policy changes--at both the national and regional levels--and the availability of resources, together with the results achieved in relation to the objectives, will determine the modifications and adjustments that will have to be introduced in the aforementioned work program on a continuing basis.

In view of the present stage of development of the process, it is planned to submit to the Pan American Sanitary Conference a complete report on the program, including a preliminary presentation of the model projection applied to the group of countries regarding which information will be available in July.

PRESENT STATUS OF FOUR-YEAR PROJECTIONS OF PASB ASSISTANCE TO THE COUNTRIES
(Information at 15 June)

| Country | PASB/Country Activities at National Level | | | | | PASB Activities at Central Level | |
|---|---|----------|--------------|----------------|--------------|----------------------------------|------------------------------------|
| | Basic Information | | | Projection | | Analysis of Basic Information | Preparation of Regional Projection |
| | Being Compiled | Obtained | Sent to PASB | Being Prepared | Sent to PASB | | |
| Argentina | x | | | | | | |
| French Antilles and Guiana ¹ | | | | | | | |
| Barbados | | x | x | x | x | x | x |
| Bolivia | | x | x | x | x | x | x |
| Brazil | x | | | | | | |
| Chile | | x | x | | | x | |
| Colombia | | x | x | x | x | x | x |
| Costa Rica | | x | x | x | x | x | x |
| Cuba | x | | | | | | |
| Ecuador | | x | x | x | x | x | x |
| El Salvador | | x | x | x | x | x | x |
| Guatemala | | x | x | x | x | x | x |
| Guyana | | x | x | x | x | x | x |
| Haiti | | x | x | x | x | x | x |
| Honduras | | x | x | x | x | x | x |
| Jamaica | | x | x | x | x | x | x |
| Mexico | x | | | | | | |
| United Kingdom ² | x | | | | | | |
| Nicaragua | | x | x | x | x | x | x |
| Panama | | x | x | x | x | x | x |
| Paraguay | | x | x | x | x | x | x |
| Peru | | x | x | x | x | x | x |
| Dominican Republic | | x | x | x | x | x | x |
| Surinam and Netherlands Antilles ³ | | x | x | x | x | x | x |
| Trinidad and Tobago | | x | x | x | x | x | x |
| Uruguay | | x | x | | | x | |
| Venezuela | | x | x | x | x | x | x |

¹ French Antilles and Guiana: Guadaloupe, Martinique, French Guiana, part of St. Martin, St. Bartholomew

² United Kingdom: Bahamas, Bermuda, British Virgin Islands, Cayman, Turks and Caicos, West Indies (Anguilla, Antigua, Barbuda, Dominica, Grenada, Montserrat, Nevis, St. Kitts, St. Lucia, St. Vincent)

³ Netherlands Antilles: Aruba, Bonaire, Curaçao, Saba, part of St. Martin, St. Eustatius