

directing council



PAN AMERICAN
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REPORT ON THE FORMULATION OF PLANNING METHODOLOGY AND THE TRAINING
OF HEALTH PLANNERS

Planning:

The activities of the Pan American Health Organization in the field of planning in 1962 and the first part of 1963, in addition to assistance to Member Governments in the formulation and review of national health plans, stressed the development and standardization of methods of micro- and macro-planning for health in relation to social and economic development. Assistance was also given in the training of health personnel for planning.

Within the framework of the review procedure for national plans established under the Alliance for Progress, the Office of Planning of PASB has also been involved to an increasing extent in interpreting national health plans to the Committee of Nine of the Alliance. As the planning method develops further, and technical liaison between the Office of Planning of PASB and national health authorities increases, assistance to Governments in health planning and the review and analysis of national health plans will be increasingly systematized on a formal basis.

Formulation of planning methodology

Health in the context of planning means total health care, both curative and preventive, whether provided by the private sector, by voluntary agencies, by social insurance schemes, or by public authorities. The cost of health (alternatively, the value produced in the health sector) is the portion of gross national product devoted to total health care.

Macro-planning for health involves the development at the national planning level of methods for determining the share of national product and of new resources for investment which are to be devoted to health.

Micro-planning involves the development at the sectoral level of methods for determining how the resources allocated to health on the basis of macro-planning can be used most efficiently.

The development of planning methods requires the collaboration of public health administrators, epidemiologists, statisticians, and economists working together within a defined socio-economic context. Towards this end, an agreement was made with the Center for Development Studies (CENDES) of the Central University of Venezuela for the participation of specialists in these disciplines in developing the concepts and methods of health planning. The main points of their study can be summarized as follows:

1. In the first instance, a health plan should be based on a general health policy which defines the role of health in national social and economic development in terms of the relationships between health and the supply of agricultural or industrial labor, the effect of population movements on health, and the place of health in specific development undertakings. The demands of social aspirations of the population must also be considered.

2. The preparation of a health plan requires precise knowledge of the national health situation, so that an accurate diagnosis of this situation can be made. Countries are heterogeneous with respect to the kind, magnitude, and origin of their health problems, so each type of area within a country requires to be examined separately.

3. Once the elements in the host, the agent, and the environment threatening good health have been identified, orders of priority for action can be established in terms of their magnitude, geographical scope, and importance and the effectiveness and cost of remedial action.

4. At the same time, an analysis has to be made of the resources which at present are being expended to combat each threat to health, with the goal of evaluating their effect in relationship to their cost.

5. It is also necessary to estimate whether the existing resources are being used efficiently in accordance with the best possible technical and administrative practices.

6. Targets to be reached within given time limits can be established in terms of alternatives which range from minimum plans (needed to maintain the existing situation without retrogression) to maximum plans which indicate the ideal amount of resources necessary to invest in order to achieve optimum levels of health. Between these extremes will be established the suggested operating program which can reasonably be hoped for in terms of the national economic possibilities projected over the planned period.

7. The local plans will be integrated in regional plans and the aggregate of regional plans plus the plans for such central activities as training of personnel, investment, research, and country-wide vertical plans, will constitute the national health plan.

The above formulation is tentative and experimental, and is certain to be revised as experience in health planning in the Americas increases. Wide discussion, which will contribute to a further refinement of concept and expression, is expected when the detailed statement of approach is published.

Training activities

The first course for the training of health planners in the Americas was held in mid-1962, with the collaboration of the Organization, at the School of Public Health of the Central University of Venezuela. The course was based on the method of approach described above. In addition to theoretical instruction, the course included field practice which involved the preparation of a health plan for the State of Aragua, Venezuela.

The first international course for health planners was held during the last three months of 1962 at the Latin American Institute of Economic and Social Planning at Santiago, Chile, as a joint undertaking of the Institute and of the Organization. The Organization also provided fellowships for 20 students from 19 Latin American countries. Field practice in this course involved the preparation of a health plan for the Departments of Melipilla and San Antonio, Chile.

The Organization collaborated with AID in an English-language course in health planning which was given at the Johns Hopkins University in April and May 1963.

The Organization also participated in the training course for planning in nutrition education which is to be held in September-December 1963 at the Training Center for Planning in Nutrition Education for national leaders of applied nutrition programs drawn from the fields of health, agriculture, and education.

In June and July 1963, the Organization participated in two national courses in health planning. One course, directed by two graduates of the 1962 Santiago course, was given for 27 officials of the Ministry of Health of Peru, and the other was given for 50 health officials in El Salvador. The field practice in El Salvador involved the first steps in the formulation of the national health plan, which was expected to be completed rapidly thereafter. Similar courses are being planned for other countries.

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REPORT ON THE FORMULATION OF PLANNING METHODOLOGY
AND THE TRAINING OF HEALTH PLANNERS

"METHODOLOGY OF PLANNING AND TRAINING OF HEALTH PLANNERS"

(Document presented by the Government of Mexico)

METHODOLOGY OF PLANNING AND TRAINING OF HEALTH PLANNERS

In recent years a marked trend towards planning the activities carried out in the different fields of public administration has appeared in Government agencies. Its effects have been especially strong in the health field.

In spite of the problems and complexity of formulating them and the obstacles that stand in the way of carrying out projects, it is daily becoming more and more apparent that the alternative solution to health problems must be submitted to a careful scrutiny and a rational approach that allows optimum use of available resources i.e., the establishment of objectives and prior determination of procedures must be adopted.

At various periods health administrators have made notable efforts to direct health activities in such a way that their results would appreciably improve the health of large groups of human beings, but the factors and conditions conducive satisfactory planning possible did not always exist. For example, statistical knowledge of specific health problems and community resources was very deficient; techniques of social research did not play an important role in public health work, and health administration was often reduced to implementing the budget without due attention to a knowledge of mankind and the motives for its behavior. However, although a high technical standard was not achieved during this period, it cannot be denied that orderly public administration began at this time.

Only recently has progress been made in the drawing up of health plans, especially at the national level; however, relatively little attention has been given to regional and local planning, with the result that although national plans were at times well drawn up, field activities were frequently so scattered that it was difficult to ascertain their effect on the health of the population. Moreover, coordination among the different institutions carrying out programs of benefit to health has not always been satisfactory; this has caused duplication of effort with resulting deterioration to the effectiveness of the work, which is attained when methods of cooperative work are established.

The intentions of health administrations to correct the previous situation through planning are the consequence of various circumstances, among which are the following:

1. The social and political changes that have occurred in recent years, especially population trends and the demands of the population for a rise in its standard of living.
2. The realization of the Governments that the economic growth necessary to obtain well-being not only calls for legislative reforms and the accumulation of machinery and financial resources; it also demands the care and promotion of health.
3. The need for rational utilization of the scanty resources available in under-developed countries through making plans aimed at the solution of the most urgent problems and more conducive to economic and social development.

4. The interdependence of the signatory countries of international agreements, which makes it more and more imperative to draw up definite and vigorous plans to serve as a base for establishing new and better forms of exchange, cooperation, and assistance.

If these considerations are taken into account, it is clear that public health planning should be introduced speedily and that old ways of working haphazardly should be abandoned. Present demands arising from health problems make it advisable to resort to all necessary aid and to use to the fullest scientific and technical advances in the field of medicine, public health, and conditioning of human conduct, in order to bring health to the population in the shortest time.

But public health planning, which is a responsibility of the State, is not an easy thing. It calls for mobilizing large groups of human beings, making large-scale investments, having available full information on the resources and characteristics of the population and its health needs, and, above all, for a strong determination to carry it out and a clear idea of what one wishes to achieve, as well as an administrative structure that makes it possible to carry out the plan with a minimum of interference. Therefore, planners should be cautious in undertaking their tasks, since the lessons learned or the techniques used in other countries, especially the most advanced ones, cannot always be applied to under-developed ones without appropriate adaptation or adjustment.

Planning is one of the elements used in health administration that makes it possible to establish more precisely the decisions that should be taken in order to direct the actions of health workers towards improving the health of the population. It involves the preparation of projects for the future, the evaluation of the various alternatives offered for the solution of health problems, and the selection of procedures which make it possible to carry out the projects chosen.

Before the different steps in the planning process are dealt with, it is advisable to touch on certain facts on which it must be based and which must be taken into account if it is to be well grounded.

In the first place, in order to be effective, planning must be dynamic. The prestige that planning has acquired is not based on the conviction that the future can be forecast, but on the need for establishing as exactly as possible the activities that have to be as the only possible alternatives to set a course for health activities.

But since the factors that serve as premises in planning do not remain static, constant surveillance is needed to adjust plans to new circumstances. Adjustments can be made with respect to the procedures selected to assure attainment of objectives; the choice of the most effective policy instruments for influencing and guiding activities of non-governmental agencies; or the funds assigned.

So a constant and systematic comparison of achievements and targets is necessary, as well as an analysis of the problems arising during the implementation of the plan and its prompt and effective revision and

adaptation in the light of this analysis and other changing circumstances. The important thing is to be aware of difficulties and adopt the procedure that makes it possible to overcome them as soon as they appear.

In the second place, planning calls for previous studies which show what the health problems and other characteristics of the population are. Without this information it is not possible to envisage the magnitude of the problems, their extent among the groups of population most affected, available resources, etc. Consequently it will not be possible to indicate targets to be aimed at or the fields to be covered.

A third consideration is that planning ought to be based on the social and cultural characteristics of the population and be carried out as a joint enterprise with the groups that represent it. Although this principle is well known by all health workers, it is the most frequently forgotten principle; many of the failures of different programs may be attributed to it. It can never be sufficiently emphasized that if it is a question of changing the conduct of human beings for the benefit of their health, all planning ought to be founded on an acquaintance with the ideas, attitudes, traditions, and motivations of the behavior of the population.

Similarly, all possible attention should be given to political, economic, and social factors so as to allow favorable circumstances to be put to good use or a suitable strategy for overcoming any obstacles that may arise to be mapped out. Modern techniques in the field of anthropology, psychology, and sociology now make it possible to understand the causes and mechanisms of human conduct and the psychological obstacles that hamper the success of projects, and are of great help in planning ways of overcoming them.

Another important consideration is that planning should not be the product of the inspiration of the planner but a faithful response to the needs of the population. The lack of significant results in many programs and the indifference of the population to health activities all too often arise from the circumstance that the decisions for their execution were unilateral, and reflected solely the outlook of the public health specialist.

It is now unanimously agreed that it is necessary to abandon such an approach, since it contributes to depriving the population of its right and responsibility for discussing the problems that affect it, and it is not in tune with the aims of health authorities to satisfy true needs. Whenever the field of interest of the specialist is different from that of the population, discussion with the different groups that represent the latter is advisable, in order to veer their interests towards the problems confronting the health worker, or, perhaps in order to establish links with other organizations in charge of performing the tasks necessary to give shape to the health plan.

It is equally important to mention that in almost all the developing countries the amount of funds of the national budget devoted to health administrations is small, since public funds have to be split, in accordance with national policy, between expenditures of a purely economic character and those devoted to promotion of health, education, and other social works. This is why financial capacity ought to be seriously studied when preparing plans, since otherwise, if action is undertaken without attention to this matter, the results will not be very effective and will not reflect the intention to make appropriate use of public funds.

STEPS IN PLANNING

I - KNOWLEDGE OF THE PROBLEM

Public health planning requires as a first step the fullest possible knowledge of the health problems which affect a population and the factors which determine them, whether directly or indirectly. Consequently, it is necessary to obtain all kinds of information which will make it possible for us to assess the size and extent of the problems, as well as serve as frames of reference for the adjustments that must be made and for subsequent evaluation.

In spite of imperfections, statistical data are very useful for knowing the state of health of a community and for making reasonable forecasts of future needs and the efficient use of resources. It will nevertheless be necessary to perfect the information, since even with advances in statistical techniques and in systems of sampling, the quality of the data does not depend entirely on the technique used or on the mathematical accuracy of the calculations, but on the degree of accuracy of the basic data collected in the field.

Moreover, as the problems are frequently not well known and there is often no satisfactory inventory of resources, planning demands as an indispensable prerequisite the making of studies which will give it solid support. However, it is advisable to restrain over eagerness to carry out extensive research of great depth, in which many people are employed, for a long time and at great cost. The urgent need to solve the problems of large groups of human beings in order to contribute more effectively and more promptly to economic development; this makes it advisable to limit the studies in

question to the collection of such information as is strictly indispensable to adequate planning. The types of information necessary, well known to those who work in public health, can be summarized in general as follows:

- 1 - The number and structure of the population.
- 2 - Vital statistics and health statistics
- 3 - Organization of medico-sanitary services and the health fields that they cover.
- 4 - Economic structure of the population and its level of development.
- 5 - Forms of social organization, especially the ideas and attitudes of the community towards health problems, the degree to which medical and health services are used, and the means of cooperation which it is prepared to offer.
- 6 - Part played by decentralized and private agencies in the health program and level of coordination with government activities.
- 7 - Purposes and organization of the institutions responsible for training medical and health personnel.
- 8 - Forms of organization of professional groups connected with public health, and the extent of their participation in health activities.
- 9 - The level of research work being done in the fields of medicine, public health, education, and the behavioral sciences.
- 10 - Legal matters related to health.

Knowledge of the above-mentioned matters will give a fairly clear idea of the prevailing conditions in a community, and it is possible to refine the data, whenever information for planning at the regional and local level is necessary.

II - SELECTION OF PRIORITIES

Once information on the problems and health needs of the population is obtained, the next step is to make a careful and intelligent analysis of the available data, establish their order of importance, and select out of the different alternatives that may present themselves the field or fields where action will be attempted.

Many factors must be taken into account in order to establish priorities. Those that refer to the magnitude of health problems, such as mortality and morbidity, taking into consideration the groups of population affected, their geographical distribution, and observed tendencies, are of special importance. Whenever there is considerable damage to health and life, the presence of only one of these factors plays an important part in the decision to attempt a solution.

The availability and training of different types of personnel; the number, distribution, and nature of various medico-sanitary installations, the characteristics of installations and equipment, transport systems and state of communications, are also elements, the adequate assessment of which makes it possible to have valuable premises when establishing the order of priority. In the same way it is necessary to make a careful examination of the budgetary funds to be used, since the amount of these is a decisive factor in making an accurate appraisal of the needs for goods and services that will assure the success of the plans proposed.

Since success in the development of health plans depends in the final analysis on the behavior of the health workers and of the population, all

possible attention should be paid to the characteristics of the local and national culture, so that those factors that favor or hinder planning can be quickly discovered. Among these, those of political nature which result from governmental decisions or from demands created by the population are of special importance.

Likewise, it is advisable to consider international agreements which establish the necessity for action in specific health fields, as well as the interest, desire, and capacity for collaboration of the population and other factors. Too much emphasis cannot be placed on the need for giving priority to the matters that ought to have it. When this does not happen, plans run the risk of being rejected by the population, support for their execution is limited, and in the long run it will be necessary to revise them, with consequent losses of time, effort, and money.

III - DETERMINATION OF GOALS

When the fields of health that it is necessary to attend to have been chosen, the next task is to determine the goals that are to be achieved, both long-range and short-range. The first come within the competence of the national administration and should be the result of governmental aims in accord with the values of the population.

The short-range goals which it is desired to achieve are the ones which represent the heart of the planning; when these are carried out, subsequent plans directed at various activities are undertaken; the achievement of these will lead to the fulfillment of final goals.

The process of deciding what these measures ought to be is always a difficult question that calls for clear thinking on the part of those responsible for planning, as well as a balanced judgement and an understanding of the interests and needs of the people in other fields, in order that when they are established care may be taken that they should not appear inimical to the desires of the population and to the aims of the national policy. Moreover, their enunciation calls for clarity and precision, so that there may be no room for doubt as to what is being sought and as to the degree to which it will be possible to maintain them in quantitative terms.

However, it is well to be aware of the danger of excessive optimism and certainty, which may lead one to set goals which are difficult to achieve. Probabilities of success are greater when the magnitude of the task is known, when limitations are recognized, when attainable goals are established, and when one works slowly and steadily to achieve them.

To enhance the probability of success, the goals must be made known to the various representative groups of the population and be submitted to rigorous debate. Among these groups the health organizations, professional associations, groups concerned with training medical and health personnel, and institutions engaged in scientific research in health fields are especially important. Similarly, it is necessary to consult other governmental, decentralized, and private institutions performing health work, as well as groups which exercise some influence on the population in the fields of economics, labor, social welfare, and politics.

The advantages of such a polyvalent discussion would be several:

- 1 - To provide information on the plans of the health administration.
- 2 - To obtain the support of the public and provide an opportunity to overcome possible resistance.
- 3 - To bring to light the ideas of different groups on health policy and to receive valuable indications that could be incorporated into the plan.
- 4 - To provide an opportunity to arouse in those groups a sense of responsibility for health, and to obtain their participation.

ORGANIZATION

After decisions have been taken on the nature of the objectives, steps will be taken immediately to establish the organizational methods conducive to their attainment, including the following:

- 1 - Determination of the activities to be carried out.

It should be stated with precision whether the fields covered refer to medical care or to those aspects usually called preventive. Mention will also be made of those activities to be accomplished in construction, training of personnel, the obtaining of equipment, monetary resources, etc. Mere mention will not suffice. To be a real guide for health achievements, planning must specify the scope of such activities and their characteristics. For example, it is not sufficient to state that hospitals will be constructed; an indication must be given of their geographical distribution, their number, the kind of attention - general or specialized - they will provide, and so on. Of course, when the

plan is very general and the responsibility for carrying out the activities is assigned to a certain organization, the latter is responsible for drawing up a more detailed plan.

- 2 - The administrative structure on the national, regional, and local level which will develop the plan with an indication of the precise functions of the different units or services of the organization. There will accordingly be a clear delineation of those units in charge of administration, those responsible for providing the various types of care directly to the people, and those in a supervisory capacity.

It is also very useful to indicate on which organizational levels the decisions that will guide the progress of health activities will be taken whether they are to be centralized, or to what extent decentralized services will be responsible for determining the best way to adapt the central directives.

Although the foregoing is a result of circumstances, all possible efforts should be made to give ever greater freedom of decision to the services in the field which will be a tacit recognition of the ability of those who daily work to foster health, and a stimulus for their constant improvement. Further, they are in closest touch with the current state of affairs, and are in the best position to ensure that the plan does not fail.

IV - PERSONNEL REQUIREMENTS

This is a problem that frequently confronts health administrators as planning is carried forward. Frequently there is a marked scarcity of trained personnel in the professional, technical, or administrative field to satisfy the requirements of health programs. The limited development of educational

institutions for medico-health personnel, the limited appeal of employment in the public health professions, and the growth of industry and commerce which offer better conditions of employment are other factors that add to the difficulties of health administrations in securing the necessary personnel.

Therefore, ability and experience are needed in organizing the selection and recruitment of the different types and number of workers, and recourse must be had to various sources. When the problem is to attract personnel who are uninterested in public health, solutions proposed should act on the causes, one of the most common of which is the low salary offered by governmental agencies in comparison with private enterprise, a situation that calls for a careful review of current salary scales and an effort to raise them.

As a necessary adjunct, planning should consider the training of personnel, the preparation required, and the systems that should be adopted in order to provide the necessary qualifications.

V - SPECIFICATION OF QUARTERS AND ESTIMATE OF EQUIPMENT AND SUPPLIES

Among the activities whose organization is of considerable interest, is the preparation of the estimates of resources and needs with regard to land and premises such as hospitals, laboratories, warehouses, garages, and other property, a vast network ranging from the large buildings that house the principal administrative agencies to the small rural health centers in sparsely populated areas. The formulation of health plans makes it necessary to decide which buildings are to be utilized during the execution of the plan

or the construction needs, with an indication of the location, dimensions, physical characteristics, etc., and also of maintenance.

Attention must also be paid to the supplies and equipment utilized in health programs to ensure that they are available when needed and in adequate quantities to assure efficient administration. Purchasing procedures will be planned to comply with the indispensable requisites of economy and quality. As available capital is scarce, necessary investments should be made cautiously.

VI - FINANCING

Since the success of planning in the achievement phase depends to a large extent on the available financial resources, a budgetary estimate is of considerable importance. Estimates shall include the cost of salaries of physicians, nurses, service personnel, drugs, furniture, equipment, etc. In the distribution of funds allowance will be made for the various activities that are to be carried out. Efforts will be made to distribute funds by program, which will provide a more accurate basis for evaluating results and will permit a more effective utilization of the assigned resources.

The accounting systems to be followed, and the responsibilities of the different units within the budget will be defined. Similarly, the kind of information needed in order to know what has been spent, the overall cost of each program, and the unit cost of activities will be indicated. For that purpose it is advisable to have general accounting and cost accounting systems that facilitate information about and control of each program.

The different phases of the budgetary cycle should be carried out with the close collaboration of the executive and administrative staffs, which should be well briefed on the scope and significance of the programs. That is the only way to assure that health activities will be adapted to the funds that have been approved.

Finally, in formulating the budget, an indication will be given of the various sources of funds, and the methods by which they are to be obtained.

VII - COORDINATION

No health plan can be successful unless the goals and activities it indicates are coordinated with achievements in governmental, decentralized, and private areas. This coordination is all the more necessary since health administrations do not have adequate resources or faculties to act in all fields related to health. Accordingly, each should supplement the other on a mutual basis if the desire to carry the planning process forward is sincere.

Public health planning should therefore be included in national planning. The agencies responsible for national planning should examine health planning, and establish the appropriate patterns of integration in the light of plans for agriculture, education, social security, and other areas.

VIII - EXECUTION

When new adaptations derived from governmental decisions are made, the plan can be put into execution after a determination is made of the population group to be included, the geographical area, and a time-table of the periods and dates of the stages into which it has been divided.

During the whole period of execution, it is necessary to be alert to possible new circumstances so that adjustments and modifications indicated by an everchanging reality can be made. The reason is that the achievement of the desired results depends not only on the correct formulation of the plan, but on the ability to make constant decisions that will surmount the omnipresent obstacles. If it is supposed that the factors that were present when the plan was made will remain unchanged, or if the plan calls for their modification in one respect and it is in fact modified in another, planning will not achieve its objectives.

On other occasions it is necessary to modify plans, not because results are unsatisfactory, but because of unexpected events, such as delays in budgetary allocations, or in the supply of equipment, defective cooperation by other agencies, changes in the behavior of personnel or population, political events, the appearance of a new drug, and even the changes that may appear as a result of competition in the industrial or commercial field with a subsequent rise in the cost of material and equipment.

IX - EVALUATION

Experience has shown that health administrations give more attention to the aspects of planning and execution of health activities. Nevertheless, if one wishes to know whether the proposed objectives have been accomplished and to what extent, if activities are to be submitted to a rigorous examination to ascertain their effectiveness, and if it is necessary to inform the people how public funds have been spent, it is essential to evaluate the plan that has been developed.

Therefore a "plan of evaluation" should be made, which will cover the aspects to be evaluated, methods, agencies responsible for it and the indicators on which it is based.

As must be done during the whole development of the plan, it is imperative to establish strict systems of registering the activities being accomplished, money spent, and contingencies that may have occurred. The respective reports will have to be duly planned in order to assure that they are uniform, do not contain unnecessary information and are presented in numerical as well as in narrative form.

The statistical data obtained will be submitted to close scrutiny, and the extent to which the objectives have been attained shall be determined. The work is arduous and difficult, and requires the participation of various specialists, especially in evaluating the costs of each program and the different activities, since suitable systems of accounting and precise technical procedures such as the prorating of resources used partially in various programs, -the depreciation of buildings and equipment, etc.- must be utilized.

The evaluation will include not only the direct results envisioned in the plan, but it will also be applied to the assessment of its repercussions in the social organization, in the work habits of different professional groups, in other fields of public administration and, where possible, in the economic field. Valuable references for that are the data on the state of affairs before the execution of the plan. Comparisons should be established to estimate its influence in the changes that have occurred.

Caution should be exercised in the interpretation. If we are sincere, we shall have to recognize that many plans do not reach a satisfactory conclusion if we measure their success in relation to the goals that were initially set.

Even in rural health programs, where the limited geographical area covered allows greater control over personnel and other resources, results frequently do not coincide with expectations. It frequently occurs that these results, although they do not correspond exactly to what was originally planned, are reasonably satisfactory to the makers of the plan, who convince themselves that they have succeeded when in fact they very possibly have failed. At any rate, it is time to abandon conjectures and concentrate on facts when it is a matter of ascertaining the results of health plans, both of the various activities accomplished during the development and of the effect on the health of the people. Evaluation is the most effective procedure for eliminating guesswork and acquiring a valuable experience that will guide future conduct.

TRAINING IN PLANNING

Planning is one of the basic functions of health administrators, from those who occupy high executive positions on the national level to those who are responsible for health services in the small rural centers. Both have accomplished it in keeping with existing possibilities, but this conduct is not generalized and in many services planning is faulty.

The foregoing statement can be explained if we consider that serious and methodical planning of health activities has come to the fore only in

the past few years. Further, knowledge of the principles and techniques of elaboration is limited, as is information on such matters. The pressure of daily activities frequently makes it impossible to devote proper attention to the formulation of plans.

Recently, specialized planning offices have appeared on the central level of the health administrations of several countries, primarily for the formulation of long-range plans. Currently these offices are in different stages of development. These units offer a number of advantages: 1) they may arouse the health worker's interest in research on population problems and characteristics, as the basis for future planning; 2) they can consider long-range planning, which local administrators cannot do because of their permanent preoccupation with more immediate problems. This is particularly important, since long-range planning at the national level implies difficult problems in forecasting results; 3) they make it possible for local health administrators to receive continuing advisory services on planning at their own level of work.

Nevertheless, planning for short-range health problems, which is a part of the health worker's daily activities, is constantly taking place throughout the whole administrative structure, and therefore every person who is responsible for such planning on all levels of the national health organization should be trained without delay.

With regard to such training, the School of Health and Welfare believes:

- 1.- That health planning is inseparable from the other aspects of the administrative process, and should therefore be done within the administration.

- 2.- That in view of the progress made in public administration and the constant improvement in statistical data, the training of health planners should include a thorough indoctrination in the other aspects of administration.

Health administrations should therefore exert an influence on the Schools of Public Health to induce them to give appropriate training in planning, with the following objectives:

- 1 - To interest health administrators and other types of personnel in the need for health activities to be based on adequate, detailed, written plans, and to convince them that there can be no true administration without planning.
- 2 - To train them in planning principles and techniques.
- 3 - To train them to introduce dynamic administrative procedures into the process of administrative management.
- 4 - To encourage the organization of planning offices on different levels.

The measures to be adopted for the attainment of the above-mentioned objectives will depend on the prevailing local conditions, but in general they should include the following:

- 1 - Schools of Public Health should give more thorough instruction on health planning in their courses on health administration.
- 2 - Planning techniques should be included in refresher courses for graduate students.
- 3 - In-service training should be encouraged so as to afford experience to those who receive it.