Technical Discussions

Antigua Guatemala
September 1956

CD9/DT/3 (Eng.)
28 September 1956
ORIGINAL: SPANISH

METHODS FOR THE PREPARATION OF NATIONAL PUBLIC HEALTH PLANS

REPORT OF THE RAPPORTEUR

Presented at the thirteenth plenary session of the IX Meeting of the Directing Council of the Pan American Sanitary Organization, VIII Meeting of the Regional Committee of the World Health Organization, 26 September 1956.

REPORT OF THE RAPPORTEUR OF THE TECHNICAL DISCUSSIONS ON THE TOPIC "METHODS FOR THE PREPARATION OF NATIONAL PUBLIC HEALTH PLANS"

Moderator: Dr. A. HORWITZ

Rapporteur: Dr. C. DIAZ COLLER

Technical Secretary: Dr. G. MOLINA

The session was held from 9:00 a.m. to 12:40 p.m. and from 3:00 to 6:30 p.m. Nearly all the Council members and many observers, more than 70 in all, attended the session. This large number was evidence of the interest in these technical discussions and of the value that those present expected to derive from them.

The bases for the discussions were: the special report distributed several weeks in advance, which had been prepared by Dr. Guillermo Arbona, the expert designated by the PASB; his statement at the beginning of the session; and the attached outline prepared by the Secretariat as a guide for the exchange of ideas and experiences.

At the suggestion of the expert and in view of the scope of the topic, the Council was divided into three groups, which met for half an hour to decide which of the subjects contained in the outline were of the greatest interest to the participants, in order to decide on priorities. These informal group meetings may be interpreted as a good example of planning, since it enabled the plenary session to reach an agreement on the advisability of discussing the following four subjects:

1. Responsibility for the preparation of health plans.
2. International collaboration.
3. Determination of the needs and criteria for priority.
4. Formulation of the plan:
   a. Coordination with other agencies.
   b. Personnel.

The discussion was very active, and it was focused, from a strictly practical point of view, on the search for general principles and

methods that might be applied in any country. The spontaneity of the discussion made it possible for the majority of the Council members and many observers to participate, and provided valuable information on the successes and failures in the matter of planning in the various countries. At the beginning of the discussion on the four subjects chosen, important general matters were brought up; they are summarized in the Introduction.

At the end of the session, one of the Council participants expressed his deep satisfaction at the course the discussions had taken, and congratulated the expert and the Secretariat on the preparations for this meeting, as well as the Moderator for his excellent leadership. He also proposed that the expert's paper and the rapporteur's report be published.

I. INTRODUCTION:

Unanimous stress was given to the necessity and importance of planning all health activities through special plans for geographical areas or specific problems, which ideally would form part of the national health plan. It was pointed out that planning is a process that has been increasingly used, one that utilizes modern techniques as they are developed. In general, plans should be flexible and adapted to the needs and wishes of the public, which is, in the long run, the consumer of the product health. Professionals are called upon to meet these needs and wishes through the use of the techniques mentioned. The planning process is therefore a continuing one.

The advisability of focusing attention on the theoretical and philosophical aspects of the problem, or on practical aspects based on reality, was discussed. It was agreed that some countries do not have a national health plan and that therefore it might not be wise to recommend it as a necessary procedure. The consensus was that the problem should be focused on the theoretical and philosophical aspects and that an adequate structure for health and medical services should be recommended as a prior or initial step in planning.

It was also agreed that in the formulation of plans, proper attention should be given to the economic, educational, and social aspects, in addition to obtaining adequate information on medical and health problems and resources. In this way it would be possible to develop a well-balanced plan.

The participants were reminded of the decision taken by the Directing Council in 1955, emphasizing the need for health plans and the responsibility which should be assumed by each country in their preparation.

II. RESPONSIBILITY FOR THE PREPARATION OF HEALTH PLANS:

It was unanimously agreed to recognize the primary responsibility of governments, through the ministers and directors of public health, to take the initiative in the preparation of national health plans. It was also conceded that the responsibility in this process falls upon technical experts and personnel of the health service who will execute the plan, and upon representatives of other educational, economic, and social activities and agencies, as well as on the public, whose active and informed participation is indispensable to the success of any plan.

Planning experiences, at the national or local levels and with both general and particular problems, were presented by several of the participants. The discussion emphasized the value of a planning process on an ascending scale, from the health officials and others in direct contact with problems and with the public, to the highest coordinating authority that is to finance the plan (Director, Minister, Congress, or the President). Since these authorities are aware of the financial needs, they can negotiate the required financing with the treasury authorities.

Two definite points of view were expressed by the participants on the subject of the establishment of planning commissions, already in existence in some countries. In the opinion of many, these commissions should be composed of the same persons whose functional task in the departments or ministries is the practical development of the plans themselves. Others believed that the planning commissions should be composed of technical personnel, aided by international advisory personnel having no connection with the functional tasks. The fact that personnel in charge of the execution of programs is usually absorbed in routine matters was used as an argument against the first viewpoint.

It was agreed that the functions of planning commissions or committees are essentially advisory with respect to the following points:

a. Study of the problems and resources of the different regions of the country for the purpose of determining requirements;

b. Establishment of health agencies on the national and particularly on the regional or local level;

c. Development of a public health training system for personnel in different classifications;

d. Establishment of objectives and assignment of priorities in accordance with requirements;

e. Preparation of programs to reach the aforesaid objectives on a short or long-term basis;

f. Development and evaluation of these programs with suitable advice during their execution (planning is a continuing process); and

g. Encouragement of all personnel to participate in the preparation, execution, and readjustment of the plan.

It was pointed out that an important function of these planning commissions or committees is to give stability to the plans. To this end, it is necessary to continue advisory services during the execution of the programs and to obtain the participation not only of all the personnel of the service, but of other institutions, and groups unconnected with unstable political influences. It is therefore considered that one of their principal functions is to serve as a catalyst.

With reference to the commisions or committees, the opinion was expressed that they should be composed of the following, according to the conditions prevailing in each country or locality:

a. Public health experts with a knowledge of actual conditions in the country; included in this heading are international advisers;

b. Medical schools and professional medical societies and related organizations;

c. Other departments or ministries, particularly those of education and agriculture; and

d. Other official and private organizations connected with the problems to be resolved.

It was agreed that it is incumbent upon the minister, the secretary, or the director to set up the commision and to preside over it, and also to devise methods so that their normal duties will not interfere with the functioning of the commission. Despite the opinion expressed above, that the system of commissions composed of secretaries, ministers, or department chiefs all exceedingly busy with their jobs has not been successful, the participants urged that they, as well as the rest of the service personnel, should participate in the development of the plan. Fixed resources should be assigned to these agencies so that technical experts may devote themselves exclusively to the work of committees or commissions.

The regional and local planning commissions or subcommissions might be similar in composition to those established for the solution of special problems, thereby facilitating the maximum participation of all the members.

With reference to duration, it was agreed that the commissions or committees should be permanent and that they should meet regularly so that, as subsequent information is obtained, they may formulate and evaluate (readjust) the plans.

III. INTERNATIONAL COLLABORATION:

Agreement was also reached on the point that the execution of plans should under no circumstances be in the hands of international agencies, although they should share in the responsibility.

It was also considered that the advantages to be derived from international collaboration are a greater stability for the plans and an improvement in the technical qualifications of international experts, since political changes would not have as great an effect on plans drafted by commissions or committees having international advisers.

IV. DETERMINATION OF THE NEEDS AND CRITERIA FOR PRIORITY:

The discussion of this subject was based on the hypothesis that all the necessary data for identifying health problems and for making a balance sheet of the funds available in the different regions of the country, have been gathered and analyzed with the participation of everyone concerned.

Two decisive processes for formulating plans were then considered, as follows:

What criteria is to be used to determine what personnel, services, and funds of all kinds are required to solve existing problems by degrees? And, what criteria can be used to establish priorities in health programs?

1. <u>Bases for determining additional personnel and financial requirements</u>:

It was conceded that existing public health problems in the Latin American countries represent needs that are, and for many years will continue to be, far greater than the available financial resources can take care of. It was concluded that each country and region should fix provisional and reasonable levels as an integral part of planning, and

should correct and raise those levels to the highest degree possible as the program is developed and a better knowledge of conditions is obtained through special surveys and experiments carried out in pilot areas.

During the discussion, it became evident that there is no common standard or pattern applicable to all the countries with respect to the number of physicians required per number of inhabitants, the number of beds for the treatment of tuberculosis, or any other type or service. Moreover, it is difficult to apply a single standard to a whole country, since conditions vary from rural areas to industrial zones and change in accordance with progress made through increased knowledge, development of means of transportation, and other factors.

Foreign patterns have a limited reference value when they establish standards different from those already attained in a country.

The factors or bases that may be of value in determining requirements and setting the corresponding standards are listed below:

a. The degree of efficiency of the organization;

b. The character and habits of the population;

c. The geographical characteristics and available means of communication;

d. Economic resources and possibilities for training personnel; and

e. The nature and character of the problem: existing knowledge for solving it, interest that it may awaken among the population, the political benefits to be derived from its solution, etc.

2. <u>Criteria for establishing priorities in the programs</u>:

Attention was called to the inescapable responsibility of every public health administrator for establishing in due course the rank of each program within the whole, for the purpose of concentrating efforts and funds in the campaign against the most important problems. It was pointed out that the public health administrator is faced with a difficult decision, since there is no single answer to a given problem. The following criteria, based on the expert's suggestions, were recommended:

a. Severity of the damage--number of inhabitants affected and number of deaths and cases produced, etc.;

b. Possibility of preventing the damage on the basis of existing knowledge, and possibility of applying this knowledge with the means available;

c. Cost of the damage--economic loss resulting from persistence of the problem, as against cost of the program to combat it;

d. Long-term and short-term results expected from the program, directly or indirectly;

e. Attitude of the community--support or resistance of the population to the measures to be taken, keeping in mind that it is a function of the health services to give guidance to the community;

f. General educational value of the programs;

g. International or continental commitments or agreements; and

h. Political criteria

All these criteria are closely interrelated and can best be applied, for establishing priorities, by a commission rather than by a single person.

V. FORMULATION OF HEALTH PLANS:

Only two subjects contained in the attached outline were discussed under this topic.

1. Coordination with other agencies, particularly those dealing with education, agriculture, public works, etc.

Emphasis was unanimously laid on the extreme importance of coordination as a decisive mechanism in the various aspects of the formulation and execution of the program: in its financing, in legislation, and in the organization of the services.

Attention was called to the existing difference between coordination and collaboration and an analysis was made of many coordination experiences in different countries, the success or failure factors in integral demonstration areas and in surveys or special programs (nutrition, eradication of bovine tuberculosis, settlement of new areas, etc). It was pointed out that collaboration is based on the ability of the originator to gain confidence and good will. The process is important at all levels, especially at the local level. Moreover, coordination is easier at that level because all the persons working in a program know one another

and, if their relations are not friendly, they are at least official, based on varying degrees of confidence. The value of high-level intraministerial commissions is justified in certain cases.

The manner of obtaining this collaboration was discussed at length and the following outline prepared:

BASES AND SYSTEMS OR MACHINERY FOR OBTAINING COORDINATION AMONG AGENCIES

BASES	SYSTEMS "LEADERSHIP"
Community of objectives.	Informal conversations with officials.
Interest and will.	Pilot projects, developed at the local level.
Common basis for knowledge and agreement on methods.	Active participation of the interested parties.
Clear definition of responsibilities.	Assignment of personnel from one agency to others.
	Inter-institutional committees with legal backing.

2. Personnel.

(a) Measures for training physicians, nurses, engineers, etc., over periods of years and by degrees.

(b) Development of the public health career.

Great interest was shown on the part of the majority of participants in the presentation of projects or active programs in the course of development in their countries for the training of personnel in different categories, through national courses and fellowships. Some of these programs have been preceded by short-term planning of personnel requirements of various kinds for local health services. One country has calculated the number of public health physicians and nurses required for the next four years and the facilities required for their training. The majority of programs have been designed to face immediate needs and test methods for the training of local personnel.

It was apparent, in the course of this discussion, that there is general concern over the training of competent personnel to be devoted exclusively on a full-time or a part-time basis and in sufficient numbers, as an integral part of every health plan.