

Abstracts and Reports

TECHNICAL DISCUSSIONS ON COORDINATION BETWEEN SOCIAL SECURITY AND PUBLIC HEALTH SYSTEMS

Optimal use of the countries' available health resources is imperative if the goal of providing health-care coverage on an equitable basis to all the people is to be attained in the shortest possible time. This goal has been widely endorsed by the Governments of the Americas, in both the national and the international spheres. Coordination between the health services of the Ministries or Departments of Health and those of the social security agencies is regarded as a fundamental means of achieving a more effective use of resources.

The Technical Discussions held during the XXV Meeting of the PAHO Directing Council (Washington, D.C., 30 September-1 October 1977) centered around the topic "Coordination between Social Security and Public Health Systems."¹ The 55 participants were divided into two working groups, which covered the topic fully during the Discussions, using as guidelines the principal points contained in the working document² prepared by the Secretariat of the Organization to facilitate analysis of the existing situation and its background and possible trends. The data contained in the document indicate that, although the necessity and importance of achieving better coordination has often been emphasized, at both the national and the international level, and although some advances have been made, there is much that still needs to be done in this field, particularly in view of

the goal of providing health care to all and the implications of the persistence of multiple mechanisms for developing the relevant policies. The advances have been in the area of coordination of certain services, including the start of joint activities in the programming and delivery of services; shared use of facilities and equipment; joint planning for the development of human resources; and efforts by the social security institutions to cover new population groups in their service schemes, including medical care for noncontributing groups.

Research and analysis have revealed, however, that there are powerful economic, institutional, bureaucratic, and political factors adversely affecting the process of coordination. The economic factors arise primarily from the disparity in the financial, human, and physical resources available per capita to the social security systems and to other health care systems in the countries. The institutional factors involve the differences between the objectives and responsibilities of the two systems. Bureaucratic decision-making, as a result of

¹The officers of the meeting were Dr. Jaime Arroyo Sucre (Moderator), Dr. Abel Dueñas Padrón (General Rapporteur), and Drs. Guillermo Arbona and Jorge Castellanos Robayo (Technical Secretaries).

²PAHO document CD25/DT/1.

elements of competition for status and power, is complicated by pressure from groups whose interests are not always compatible with the objectives of coordination. The combination of these and other factors makes it extremely difficult to adopt decisions at the political level that are consistent with the goal of universal health coverage.

At the conclusion of the Technical Discussions, agreement was reached on the following points:

- The concepts of "social security systems" and "public health systems" must be broadened. The former should cover the comprehensive protection of the individual and the family, including health benefits as well as old age, disability, death, unemployment, and similar benefits. The latter should include not only services to individuals but also environmental services.

- Coordination should be considered not an end in itself but as a useful administrative instrument for making progress toward full attainment of certain ends. The final goal is to expedite the extension of coverage of the population in accordance with its needs and to guarantee it access to services.

- One of the most important mechanisms is sectoral planning that makes for joint and optimal use of financial, human, and material resources. This must be part of the general planning and must reflect the aspirations and manifestations of multisectoral activities, consolidating programs on a national level.

- Steps that complement the policy decisions must be taken, e.g., adjustment of the operational policies of institutions to sectoral policies, review of existing laws and regulations, improvement of the administrative management of both public health and social security institutions, education and training of personnel, and the organization of health services on the basis of levels of care.

- Financing mechanisms must be changed or adjusted, after comprehensive study, to make resources available to public health and social security systems efficiently and in accordance with their commitments.

- The considerable research in the health field should be exploited and the knowledge applied properly. New research should be begun in necessary areas, e.g.,



The ultimate goal of coordination between social security and public health systems is to expedite the extension of coverage of the population in accordance with its needs, and to guarantee it access to services (photo: El Salvador/PAHO).