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XVIII Regional Committee Meeting



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PLANNING OF HOSPITALS AND HEALTH FACILITIES

In compliance with paragraph 4 of Resolution XVI of the 52nd Meeting of the Executive Committee, the Director of the Bureau has the honor to submit to the Conference for consideration the present report on "the progress made in the planning of medical care services incorporated into the general health services or coordinated with them".

The Directing Council of PAHO at its XV Meeting (XVI Meeting of the Regional Committee of WHO for the Americas) adopted Resolutions XXV and XL, which refer respectively, to Planning of Hospitals and Health Services and the Relationship between Social Security Medical Programs and those of Ministries of Health or other Official Health Agencies. In those resolutions the Directing Council instructed the Director to convene a Study Group to present to the Organization a report containing its views regarding the promotion of better coordination of the various medical care programs. The Director convened the Study Group in July 1965, and the resulting documents, reports, and resolutions were submitted to the XVI Meeting of the Directing Council (XVII Meeting of the WHO Regional Committee), which took note of them in Resolutions XXXVII and XIX. Subsequently, the Bureau published them in Scientific Publication No. 129 entitled "Administration of Medical Care Services".

Pursuing a policy of wide cooperation with other agencies of the Inter-American System, the Director requested and obtained the fullest and most generous support of IDB for studies on hospital planning and of OAS for studies on the coordination of medical care in Latin America. The Director wishes to draw attention to the spirit of understanding shown by these two agencies of the Inter-American System in sending their representatives to work with PAHO advisers, and in even financing part of the costs of this work.

On the basis of the studies, the Directing Council recommended that the Director strengthen the advisory services to the countries on administration of medical care services, including planning of hospitals and coordination of medical care. To comply with this mandate, the Director established an Office of Medical Care Administration.

Experience has shown that studies on the planning of hospitals and on the coordination of medical care are closely related, since a national hospital construction plan can be formulated only when existing resources have been coordinated and maximum use has been made of them. A realistic estimate of hospital needs can then be made, and such an estimate is the basis of any community hospital construction program.

Survey on Coordination of Medical Care in Latin America

In Resolution XXIX, the Directing Council at its XVI Meeting selected as the topic for the Technical Discussions during the XVII Pan American Sanitary Conference (XVIII Meeting of the WHO Regional Committee for the Americas): "Means for Promoting and Making Effective the Coordination between the Services and Programs of Ministries of Health, Social Security Institutes, and other Institutions that Conduct Activities related to Health". Resolution XIX of the same Meeting pointed out that social security institutions should participate in planning the health sector, and that an essential prior step is a survey of the medical care services of both ministries of health and social security institutions in the various countries. In order to provide the participants in the Technical Discussions with objective information as a basis for analyzing the problem, PAHO conducted a survey during the current year, in cooperation with OAS, in 10 Latin American countries which volunteered for the purpose, as follows: Brazil, Chile, Costa Rica, Colombia, El Salvador, Honduras, Mexico, Panama, Peru, and Venezuela.

This survey was the first attempt to compile statistical data on hospitals and other medical care services. After this initial experiment and once the questionnaires have been improved as a result of the practical experience gained therein, it is considered of the utmost importance that a routine reporting system be established whereby all countries would regularly communicate to the Bureau statistical data on the availability and use made of medical care services and on the personnel employed in such work, not only by health ministries, but also by social security agencies, and other public institutions providing medical care. This information would be of the greatest importance for the appropriate planning and coordination of similar services, which are now acting independently and whose work therefore very frequently overlaps.

The results of the above-mentioned survey are presented in the documents which will serve as the basis for the Technical Discussions during the XVII Pan American Sanitary Conference.

Medical Care Policy

The document entitled "Policy Guides for the Planning of PAHO/WHO Programs," which serves as a guide for experts and advisers of the Organization in developing programs, was revised to include a chapter defining the bases for formulating a medical care policy in the hemisphere. Taking as a starting point a basic idea of the Constitution of WHO, that "the enjoyment of the highest attainable standard of health is one of the fundamental rights

of every human being without distinction of race, religion, political belief, economic or social condition," and bearing in mind that a total health plan must necessarily include health promotion, protection, and restoration activities if the members of the community are effectively to enjoy that right, PAHO has formulated the aims of its medical care program policy in the following terms:

- a) To promote recognition of the right of all citizens, without distinction, to enjoy services ensuring complete health care.
- b) Gradually to promote the maximum possible degree of coordination of preventive, curative, and social activities aimed at achieving the highest attainable standard of health for all members of the community.
- c) To promote the inclusion in health planning process of all public, private, autonomous, and semiautonomous institutions engaged in health protection, promotion, and restoration activities.
- d) To assist the countries in developing and improving their hospital systems, as one of the basic services in an integrated health program and by organizing such systems by region and sector.

In accord with this policy, the Organization has been carrying on a program aimed at attaining the following main objectives:

- a) Promotion of the idea of coordination of services in the bodies representing the parties interested in medical care problems, namely, government authorities, social security institutions, and the organized medical profession.
- b) Mobilization of national financial resources and funds from international lending agencies to put into effect in the countries of the Region programs for construction of hospitals and other health establishments, particularly those connected with the training of professional and auxiliary personnel for the medical services.
- c) Exchange of information between the countries of the Americas on legislation, new regulations, or field experiments, through a Reference Center which the Organization has begun to establish. This Center will give good results in the near future if member countries cooperate by providing the required information.
- d) Promotion of the training of personnel for medical services administration regarded from both the technical and the purely administrative viewpoint. (To this end, conversations were commenced with professors of hospital administration and heads of public health schools with a view to standardizing, expanding, and strengthening the teaching of medical service administration, as part of the training of the specialist in public health or of those taking the Master of Public Health degree). The Organization

is planning to hold a symposium on training medical service administration, at which it is hoped to compare the views of field personnel in charge of medical services with those of professors of hospital administration, in order to arrive at conclusions serving to establish a policy on admission requirements, curriculum content, length of studies, need for administrative residence, level of the degree or certificate, and the various kinds of personnel that will have to be trained at public health schools.

e) Advisory services to the countries in hospital planning and coordination of medical services.

International Agreements

The Meeting of the Task Force on Health at the Ministerial Level, held in Washington, D. C., on 15-20 April 1963, in pointing out the measures needed for improving health services, recognized the inter-dependence of individual and collective medicine. The Meeting considered that national health authorities should pay special attention to the manner in which health restoration services are being provided at present in hospitals and other establishments, and that the yield of these could be increased if their programs were modified to provide individuals and families with preventive and social care simultaneously. The statement made by the Ministers reads as follows: "The Ministries of Health must take steps to secure the legal and institutional instruments required for the effective coordination of the planning and executive elements responsible for preventive and curative services. These include, private, semi-autonomous, and autonomous organizations providing health services of any type. The aim is to incorporate medical care activities of those institutions, including hospitalization, into the basic health services at all levels with the final objective of attaining a progressive integration of these activities. Preventive and curative services are but parts of an integrated whole".

The Organization has been represented at all meetings of the Inter-American System at which it was possible to make known this policy formulated by the Meeting of Ministers of Health and to obtain resolutions which would promote integrated national health planning with the participation of all public, semi-autonomous, and private services engaged in maintaining or financing health services.

The Fourth Annual Meetings of the Inter-American Economic and Social Council (IA-ECOSOC) at the Expert and Ministerial Levels held in Buenos Aires, Argentina, in March-April 1966, adopted Resolutions 12-M/66, "Social Security within the Framework of the Alliance for Progress", and 13-M/66, "Health and Development Planning". In essence, these resolutions considered "the over-all planning of the health sector as the most suitable instrument as regards attainment of the specific sectoral objectives" and it was recommended that the Governments "incorporate activities relating to the prevention and cure of diseases into the development efforts, particularly in land settlement, city planning, and industrial development programs". It was further

recommended to Governments that "the social security plans and programs for medical services be improved and coordinated with development plans, and particularly with the health plans in each country".

In April 1966, the Social Security Fund of Panama convened a medico-social meeting for an exchange of opinions on certain aspects of social security in the Americas. The meeting was attended by representatives from 14 Latin American countries, and by delegates from ILO, IASS, OAS, ICSS, PAHO, and IOSS. When the topic of relationships between social security institutions and other medical care agencies was discussed, it was agreed that in order to improve and expand services and avoid duplications, the coordination and planning of social security medical services with those of other health agencies which provide medical care was becoming increasingly essential. It was further stated that, to this end, coordinated hospital planning among all agencies working in health care was needed. Finally, it was agreed that any coordinated program put into practice should aim at achieving a balance between the demand for services and the ability to provide them in a suitable manner. The Delegation of Panama presented the conclusions of this medico-social meeting to the XII Meeting of the Inter-American Social Security Committee, held in San José, Costa Rica, where the importance of this subject was recognized.

The IX Medico-Social Congress of the Pan American Medical Confederation was held in Lima, Peru, on 25-30 April 1966. This assembly of representatives of the organized medical profession throughout the Americas acknowledged that the responsibility for plans aimed at raising living standards must be assumed by the State, as the guarantor of social security and the right to health. And in the social spirit which has always characterized the medical profession in Latin America, the Congress pointed out the need for expansion of social security benefits and health services so as to cover the majority of the population in want in the countries of Latin America. Finally from the technical standpoint it was agreed that health programs must be planned in gradual and progressive stages, so as to coordinate all technical, financial, and manpower resources in order to provide the most efficient health activities possible covering all the inhabitants of a country in the four fields of health protection, promotion, recovery, and rehabilitation, with the active participation of the community and the co-participation of the medical associations at the executive level of health services. The Congress pointed out that such a measure would require good coordination of the social security medical services and the state health services, within the framework of the national health plans.

The importance of these international agreements lies in the fact that they establish a uniform policy, accepted by all groups concerned, to the effect that the medical services of social security institutions should be fully incorporated into the overall health planning of the countries, as the only way for establishing a firm foundation for the possible coordination, planning, and efficient administration of medical services in the future.

Hospital Construction Program

A number of Latin American countries have already formulated their national health plans, generally as an integral part of their national plan of economic and social development. It is known that the practical application of these plans has been hampered somewhat because of insufficient numbers of professional personnel and the deficiencies of the buildings and installations available to the health services. It is therefore understandable that the countries should consider it urgently necessary to commence a program for the construction of hospitals and other health establishments, these being the physical facilities essential for beginning the activities that will translate the national health plan into a reality.

A hospital construction program represents a large financial investment for the countries, in regard both to the buildings proper, and also the provision of suitable installations. The necessary funds are not always available in the national economy, and to obtain them, health service institutions must compete with the other economic and social sectors such as education, public works, highways, and others which are constantly demanding part of the national budget to construct the works and buildings essential for progress.

With regard to hospital construction, the Organization considers that the planning of hospitals and other health services must be coordinated between all the agencies which provide health care services, and especially between the health ministries and the social security institutions. Such coordination of planning should include financial cooperation, so as to make the best possible use of the funds available for the benefit of the entire community. This coordinated financial effort should ensure that the maximum possible to the national economy has been achieved, and only that part of the construction program which is absolutely essential to the success of the national health plan and cannot be financed with national resources should be reserved for international financing.

A program for the construction and installation of hospitals and other health services should also be realistic. In other words, only those establishments should be built for which the appropriate professional and auxiliary personnel will be available in good time and for which the necessary operating funds will be available.

In compliance with Resolution VIII of the 54th Meeting of the Executive Committee, the Director has continued his negotiations with the Inter-American Development Bank to obtain financial support for programs for the building of hospitals and other health facilities, within the framework of national health planning, as part of economic and social development. Joint committees composed of high-ranking officials of both the Organization and IDB have been examining the general principles on which a credit policy should be based, as well as the criteria and procedures to be applied.

Advisory Services to the Countries

During the past year the Organization provided various countries in the Region, with specialized advisory services both on coordination of the medical services of Health Ministries and those of social security institutions, and on hospital planning, building, and administration.

The Government of Brazil requested advice on the administrative reorganization of the Clinical Hospital of the Medical Faculty of the Federal University of Minas Gerais, in Belo Horizonte. A study was made by the Organization and the report was submitted to the Government. In addition, the post of permanent adviser on medical service administration was established at Zone Office V, in Rio de Janeiro.

The Ministry of Public Health of Costa Rica requested the services of a consultant for planning the coordination of certain preventive services coming under the Ministry and the new peripheral outpatient clinics set up by the Costa Rican Social Security Fund. Space had been set aside in the modern buildings of the latter for some of the services of the Ministry, especially those connected with health education, maternal and child care, vaccination, and tuberculosis control.

The Government of El Salvador received the advisory assistance of a committee composed of a medical planning officer, a medical hospital administrator, and a hospital architect in connection with the analysis of the hospital building program of the Medical Faculty in San Salvador, and particularly the possible construction of a university hospital which will provide health care services for a sector of the city and at the same time offer opportunities for clinical training in medicine and related professions.

The Republic of Honduras received advisory assistance in two areas relating to medical service administration. Firstly, a study was made of social security medical care, and it was recommended that these services be coordinated with those of the Ministry of Public Health. Secondly, an IDB/PAHO mission studied the hospital building program which the Government had included in its national health plan; and considered the feasibility of the program in relation to the development of the human resources (physicians and other professional staff) required to satisfy the medical care demands of the population.

The Government of the West Indies requested advice from the Bureau on the administration of the new Queen Elizabeth Hospital in Barbados.

Nicaragua received consultant services on the coordination of the social security medical care services and those of the Ministry of Health.

In Venezuela, a preliminary study on the hospital situation in Caracas was completed, and negotiations are under way for the appointment of a permanent consultant to advise on the development of a coordinated program of hospital construction and administration in the country.

Trinidad and Tobago are carrying on a broad program of hospital planning for the entire island, and the Organization has appointed a consultant in connection with this program.

A medical care consultant continued to give his services in Argentina during the past year.

The University of Chile, under Government auspices, requested advisory assistance for organizing intensive treatment services at the J.J. Aguirre University Hospital and other hospitals in the city of Santiago. In compliance with the request, a team was sent to the country, consisting of one medical officer and one nurse specialized in this field.

RESOLUTION 12-M/66

SOCIAL SECURITY WITHIN THE FRAMEWORK
OF THE ALLIANCE FOR PROGRESS

WHEREAS:

The social development goals of the Alliance for Progress require the coordinated effort of various welfare programs and techniques in order that economic progress may become a correlative factor of wider social justice;

Social security is an important factor in economic and social development and one of the most suitable instruments for attaining and adequate and satisfactory distribution of the national wealth;

Mainly due to limitations in its coverage, social security still has a long way to go to meet satisfactorily the requirements of economic development in balance with simultaneous plans for social progress;

In order to assess objectively the extent to which social security can contribute to development plans, it is necessary to have an objective analysis of the level attained by the social security systems in each country by making an evaluation of their results from an economic as well as a social point of view;

An effective way of promoting the contribution of social security to economic development and social progress is the extension of its coverage to all sectors of the population, bearing in mind that preventive, curative and rehabilitative medical care, like the prevention of occupational risks is one of the most positive means of guaranteeing an adequate standard of living and freeing the worker and his family from the fear of finding himself without the physical ability to work and without any means of support;

The indices of economic growth and social progress are what will permit an adjustment of the development of the social security systems and determine to what extent the latter can attain their distributive aims without major distortions and for the additional purpose that its costs will be compatible with economic reality and not constitute an obstacle to expansion programs;

The harmonization of the principles of labor and social security legislation is another of the short-term goals that must be considered as a result of the development of the common market and of regional integration in the hemisphere, tending to lessen, as far as possible, those differences which have an unfavorable effect on the balance of the factors in the regional community; and

International technical cooperation is an invaluable aid to a thorough study of the aforementioned problems, as well as to the formulation of minimum guidelines for a program of concrete and feasible solutions that may serve for the orientation of the reforms that must necessarily be introduced into the systems in force, and to the education and training of personnel for carrying out the social programs required by the peoples of the hemisphere,

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RESOLVES:

1. To include among the objectives of the Alliance for Progress the development of a social security policy, coordinated in all aspects with economic and social development plans;
2. To recommend to the governments:
 - a. That within their possibilities they adopt the necessary measures to extend their social security programs as soon as possible to a larger number of inhabitants, before increasing the benefits for the persons already protected;
 - b. That the social security plans and programs for medical services be improved and coordinated with development plans, and particularly with the health plans in each country;
 - c. That they include in their national development plans an analysis of their policies and activities in the field of social security as well as their plans for the future; and
 - d. That they take advantage of the technical assistance that can be provided by the OAS, the PAHO, the ILO, and other competent international agencies in the formulation and implementation of their social security programs.
3. To recommend to CIAP:
 - a. That it pay particular attention, in its annual reports on the progress made by the countries in the attainment of the goals set forth in the national plans, to the functioning of the respective social security systems;
 - b. That it make an analysis of the social security programs in force in the countries of the Americas, as well as an evaluation of their economic and social results; and that, in the light of the results of this analysis, it study the feasibility of preparing

a plan to help the countries to achieve the extension of the social security systems to the largest possible number of beneficiaries, and, at the same time, to promote a reappraisal of the financing systems so as to adapt the attainment of these objectives to the possibilities of economic development; and

- c. That it collaborate actively with the countries that so request in the improvement of their social security systems.

RESOLUTION 13-M/66

HEALTH AND DEVELOPMENT PLANNING

The Fourth Annual Meeting of the Inter-American Economic and Social Council at the Ministerial Level,

HAVING SEEN:

The reports presented by the governments and the documents prepared by the Pan American Health Organization, Facts on Progress (CIES/864), and Health: Problems, Achievements, and Prospects (CIES/863),

RESOLVES:

1. To point out the advances that have been made by the countries in regard to the health goals established by the Charter of Punta del Este, as revealed by the country reports and by the document presented by the Pan American Health Organization, CIES/864.
2. To affirm the great importance of the health goals established in the Charter of Punta del Este and in the Ten-Year Public Health Program in Resolution A.2, appended to that Charter, and to reiterate the need to increase health activities leading to the attainment of these goals.
3. To indicate over-all planning of the health sector as the most suitable instrument as regards attainment of the specific sectoral objectives and their contribution to the objectives of development in general.
4. To recommend to the governments that they incorporate activities relating to the prevention and cure of diseases in the development efforts, particularly in the land settlement, city planning, and industrial development programs that they may carry out through the use of either national resources or international credit.
5. To emphasize the need to coordinate existing public and private services, to create new services that have been found necessary, to equip them according to current technical requirements, to train new personnel, and to train the existing personnel as regards the implementation of previously established standards, in order to extend coverage and control gradually to large numbers of the inhabitants of each country during the second half of the Ten-Year Public Health Program of the Alliance for Progress.

6. To state that it is necessary to provide national and international funds for basic, administrative, and operations research in health as a means of contributing to the scientific and technical progress essential for development, and to promote these studies in the countries.

7. To indicate that the national funds intended for implementation of the programs of preventive medicine, health care, and rehabilitation should be adequate and in keeping with the plans formulated, and to reiterate the undeniable need for these funds to be furnished on the scale and in the sequence that the plans establish.

8. To suggest to the governments that they study the extension of financing systems to attend to community health programs.

9. To reaffirm the need for external capital for some basic health activities and to recommend to the international credit agencies that they broaden their loan policy in this field by flexible systems of financing that will also take into account multinational projects within the context of mutual assistance.

10. To express its gratitude for the international and bilateral cooperation extended and for the technical advice of the Pan American Health Organization.