

directing council



PAN AMERICAN
HEALTH
ORGANIZATION
XVII Meeting

regional committee

WORLD
HEALTH
ORGANIZATION
XIX Meeting



Port-of-Spain
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PROGRESS ACHIEVED IN THE COORDINATION BETWEEN THE SERVICES AND PROGRAMS OF
MINISTRIES OF HEALTH, SOCIAL SECURITY INSTITUTES, AND OTHER INSTITUTIONS THAT
CONDUCT ACTIVITIES RELATED TO HEALTH

The XVII Pan American Sanitary Conference, held at Washington, D.C., from 26 September to October 1966, agreed as follows in Resolutions XXIII and XXXVII:

RESOLUTION XXIII

"5. To request the Director of the Bureau to submit an annual report to the Directing Council and, if appropriate, to the XVIII Pan American Sanitary Conference on the progress made by the countries of the Americas in the organization and administration of integrated health services."

RESOLUTION XXXVII

"4. To request the Director to report at the next meeting of the Directing Council on the progress made in the coordination of the services in the Member Countries."

In compliance with these Resolutions the Director of the Bureau has pleasure in reporting to the Directing Council on the progress made in a number of countries of the Americas in the coordination of the medical care programs sponsored by ministries of health and social security institutes, and on the organization and administration of integrated health services. There may well be other coordination or integration programs which have not come to the notice of the Bureau, and it may be possible to fill the gaps in the course of the debate on the present report.

It might be worth pointing out that there is a very definite trend in all the countries towards establishing within their ministries of health organs with competence in regard to the comprehensive planning of health programs and the coordination and technical supervision of regional services

through three major divisions or departments covering the following fields: a) hygiene and epidemiology; b) comprehensive medical care services; and c) education and training of personnel.

The coverage, in extent and in depth, of these programs for the coordination of health and medical care services varies from country to country, but it is most gratifying to note that laws, decrees and regulations are gradually being brought into force for establishing in a very effective and wholehearted manner integration and coordination at various levels with a view to promoting wider coverage, side by side with a more rational use of resources and improvements in the quality of the service to the community.

In the following pages some account is given of the progress made in the various countries in these matters during the years 1966-1967, on the basis of information compiled by our Zone Offices and Country Representatives. In some instances of particular importance for the purposes of the present study, information is given covering periods prior to that indicated above.

ARGENTINA

Law No. 17,102 of 30 December 1966, published in the "Boletín del Día" of 20 January 1967

- Article 1. The Executive is empowered to reform the current system governing the establishment, functioning and management of welfare and health organs attached to the office of the Secretary of State for Public Health, with a view to ensuring greater efficiency, better and more extensive benefits, and increased resources for the conduct of their programs. The participation and assistance of official or private bodies encouraging the active support of the community shall be enlisted to this end.
- Article 2. For this purpose the National Executive, through the office of the Secretary of State for Public Health, shall undertake preliminary studies of the health, economic and social aspects of each welfare or health institution and its particular sphere of influence; and where it is deemed advisable as a result of such studies, the Executive may decide in the particular case to set up in place of the existing body, a new non-profit-making organ in the establishment, functioning and management of which the provinces, municipalities, universities and other physical or juridical persons, official or private shall have a say, in conformity with the provisions of the present Law and the regulations pertaining thereto.
- Article 3. The organs established in virtue of the foregoing article shall be generically described as "Comprehensive medical care services"

for the community", and their purpose shall be to operate in accordance with modern principles of comprehensive health activities, organizing and carrying out functions in connection with health protection, restoration, rehabilitation, promotion, training, education and research."

Article 6. Each of the "Comprehensive medical care services for the community" shall be under the direction of a Governing Council, which shall have the following specific functions, without prejudice to any other assignments:

- f) Programming, organizing, supervising and evaluating ways and means and conditions governing the comprehensive medical care services for which it is responsible, and establishing scales of remuneration for these. To that end it shall ensure that equality of treatment is given to persons and family groups with insufficient resources and not under the protection of bodies which assume responsibility for the cost of such treatment.

Law No. 17,271 of 9 May 1967, published in the "Boletín del Día" of 30 May 1967

By Law No. 17,271 of 9 May 1967 the Executive ratified the special competence of the High Command of the Armed Forces and Secretaries of State as laid down in Law No. 16,956.

Article 17. The Secretary of State for Social Security shall be responsible for:

14. Coordination with the Secretary of State for Public Health in respect of social security benefits.

Article 18. The Secretary of State for Public Health shall be responsible for:

10. The promotion and adequate comprehensive protection of health, especially in the case of mothers and infants, schoolchildren, adolescents and old people, by coordinating the activities of public and private bodies.

Extension of Law No. 17,102 of 1966 to the provincial level

The Executive ratified and promulgated a law in respect of the Province of Santa Fe, as an extension of Law No. 17,102 of 1966 to the provincial level, setting up the Community Medical Care Service and replacing the welfare and health institutions by autonomous non-profit-making bodies with a view to obtaining a better return and greater efficiency from preventive and curative services to all patients, especially the less privileged.

Regional Meeting of Ministers of Health

At the Regional Meeting of Ministers of Health held in the city of La Plata from 20 to 24 February 1967 under the auspices of the Office of the Secretary of State for Public Health of Argentina, the ministers and health authorities of the Provinces of Buenos Aires, Cordoba, Entre Rios, Santa Fe and Mendoza approved the following recommendations: To take the necessary measures to regulate and rationalize the health institutions at both the central and the peripheral level, so as to lower the operational levels, maintaining as far as possible centralization of regulatory functions side by side with operative decentralization of activities within a system of regionalization making for a flexible and efficient machinery, with the active participation of the community through genuinely representative channels; and To support the principles of social security laid down basically in the preliminary draft prepared by the Province of Buenos Aires, carrying out the studies required for the adoption of a similar system in other administrative areas.

COLOMBIA

Decree no. 687 of 20 April 1967, authorizing the investment of reserve funds of the Colombian Social Security Institute, creating the Par Value Social Security Bonds, and laying down other provisions.

Article 1. The reserve funds set aside by the Colombian Social Security Institute for insurance against the risk of disability, old age and death shall be distributed and invested in accordance with the provisions of the present Decree, with a view to achieving the following objectives:

- e) Extending and improving the social welfare services by means of additional investment for the construction, staffing and equipping of hospitals and other establishments of the kind.

Article 23. The resources handed over by the Colombian Social Security Institute to the Colombian Government for the construction and equipping of hospitals and other welfare establishments shall be placed in a special fund, administered jointly by the Ministry of Health and the Colombian Social Security Institute and known as the National Hospital Fund.

Article 25. With a view to ensuring that the best possible use is made of the resources of the National Hospital Fund, the agreements drawn up between the Colombian Government and the Colombian Social Security Institute shall include clauses providing for the investment of supplementary resources for the various projects by the Government, the Colombian Social Security Institute and the hospitals or welfare establishments benefitting from the scheme.

The investment of funds by the Colombian Social Security Institute shall be undertaken with a view to integrating its services with the general hospitalization services so as to ensure the maximum efficiency of social welfare in this field.

Meeting to discuss the bases for coordination of the programs and services of the Ministry of Public Health, the Colombian Social Security Institute and the Colombian Association of Faculties of Medicine

In a memorandum (RP-1379-67), the PASB Country Representative in Colombia reports that on 4 May a meeting was held at Buga, Valle del Cauca, to discuss the bases for coordination of the programs and services of the Ministry of Public Health, the Colombian Social Security Institute and the Colombian Association of Faculties of Medicine.

At the meeting in question it was stated that Law No. 90 of 1946 establishing compulsory social security and setting up the Colombian Social Security Institute would be modified with a view to expanding the social security services, and health services would therefore have to be established to satisfy the needs of insured persons.

It was also announced at the meeting that a Commission of three members had been set up and was at present studying the question of coordination of programs having health services of their own.

All the participants agreed as to the vital need for the Commission to receive prompt and generous advisory services from representative of the Institute, professional and medical education bodies, and social security and health experts.

Contract between the Colombian Government (Ministry of Health) and the Department of Sucre for the establishment and operation of the Sectional Health Service, dated 27 March 1967

Clause One. Purpose: The purpose of the present contract is to set up the Health Service of the Department of Sucre for the technical and administrative management of the funds allocated by the Colombian Government and the Department of Sucre for the operating and investment expenditure of the Health and Social Welfare Services in the Department, in accordance with the provisions of Act No. 12 of 1963, Decree No. 3224 of 1963, Decree No. 1499 of 1966 and Resolution No. 219 of 1967.

Clause Five. General Responsibilities of the Board: The functions of the Sectional Health Board shall include the following, in addition to those laid down in Decree No. 1499 or 1966:

- h) To promote the technical and administrative integration of the local health services and their regionalization.

Contract between the Colombian Government, the Department of Boyacá and Boyacá Welfare for the integration of the Health Service, dated 26 April 1967

The undersigned..... have reached an agreement on the Contract or Administrative Arrangement concerning the integration of the Health Services of the Department of Boyaca set forth in the following clauses:

Clause One. Purpose: The purpose of the present contract is to ensure the continuation of the technical and administrative integration of the Health Services of the Department of Boyaca, with the help of the resources allocated for health and social welfare by the Government, the Department of Boyaca and Boyaca Welfare, in accordance with the provisions of Law No. 12 of 1963, Legislative Decree No. 3224 of 1963, Decree No. 1449 of 1966 and Resolution No. 219 (1967) of the Ministry of Health.

Clause Five. General Responsibilities of the Board: The functions of the Sectional Health Board shall include the following in addition to those laid down in Decree No. 1499 of 1966:

- h) To supervise and enforce the legal provisions concerning the compulsory medical and dental service and to promote the technical and administrative integration of the local health services and their regionalization.

Agreement between the Faculty of Medicine of the Colegio Mayor of Our Lady of the Rosary, the Hospitals of San Jose and Lorencita Villegas de Santos, in Bogota, San Felix in La Dorada and the Health Service of Caldes, concerning the coordination of the Compulsory Medical Service with graduate education programs

The undersigned have reached agreement as set forth in the following clauses:

Clause One. Purpose: In pursuance of the terms of Law No. 52 of 1964, Decree No. 114 of 1965 and No. 21 of 1967, and Resolution No. 109 of 1967 establishing the conditions for the operation of the Compulsory Medical Service, the Contracting Parties undertake to establish a pilot program for regionalization of medical care services to include the execution of such services in coordination with graduate educational programs.

Clause Seven. Responsibilities of the Health Service:

- a) To formalize the technical and administrative integration of the local health services enumerated in Clause Two of this agreement with the Hospital San Felix of La Dorada.

COSTA RICA

The Ministry of Health and the Costa Rican Social Security Fund have adopted a number of agreements for the purpose of coordinating their medical services.

In March 1967, the Ministry and the Fund signed a contract under which the Ministry will give injections and provide curative services for insured persons belonging to the cantons of Heredia against a monthly payment to be made by the Fund.

Another agreement establishes a coordinated health plan in the canton of La Union for health promotion, prophylaxis, recuperation and rehabilitation activities to benefit all the residents of the canton, without distinction of any kind.

According to information given in the press on 10 July 1967 a meeting was held in the Presidential Mansion between the President of the Republic and the Ministers of Health and Planning, the Director-General of Medical and Social Welfare and the Manager of the Social Security Fund, with a view to discussing the possibility of coordinating the medical and welfare services of the Ministry of Health, the Welfare Technical Council and the Costa Rican Social Security Fund.

CUBA

Ministerial Decree No. 2 of 10 April 1964. Regulations governing the Ministry of Health

CHAPTER I

GENERAL ORGANIZATION

Article 1. The Minister of Health is the supreme authority within the Ministry and carries out in his own name or through the Vice-Ministers, Directors and other senior personnel such functions as are vested in him by the laws and regulations.

Article 2. For the performance of its functions, the Ministry of Public Health delegates its regulatory and executive functions to

Vice-Ministries, Directorates, Departments, Sections and Offices, Regional and District Directorates, Enterprises and Executive Units.

Article 3. The Vice-Ministries are those of Medical Welfare, Hygiene and Epidemiology, Medical Education, Medical Supply and Economy,^{1/} together with the Directorates and Departments established by these Regulations and the necessary sections and offices.

Article 5. Hospitals, Polyclinics, Dispensaries, Laboratories, Hygiene Services, Mutual Fund Clinics, Blood Banks, Pharmacies, Creches, Homes for Old People and Spas are the units which perform basic health activities through their various services in accordance with their respective regulations.

CHAPTER III

THE VICE-MINISTRY FOR MEDICAL WELFARE

Article 13. Attached to the Vice-Ministry for Medical Welfare is the Hospital and Polyclinic Directorate, which shall coordinate, direct and supervise the functions and activities of regulating, programming and evaluating all matters related to welfare services.

CHAPTER IV

THE VICE-MINISTRY FOR HYGIENE AND EPIDEMIOLOGY

Article 15. Attached to the Vice-Ministry for Hygiene and Epidemiology are the Directorates of Hygiene, Epidemiology and Health Education, which shall coordinate, direct and supervise the functions and activities of regulating, programming and evaluating all matters related to hygiene and epidemiology.

CHAPTER VIII

THE REGIONAL AND DISTRICT DIRECTORATES

Article 24. The Regional Directors represent the authority of the Minister in their regions and exercise in their own persons or through

^{1/} In 1966, according to the Final Report of the PASB/WHO Representative in Cuba, the Vice-Ministries of Economic Affairs and Medical Supply became National Directorates under the Minister.

the Deputy-Directors, District Directors and other senior personnel the functions vested in them by the present Regulations and such assignments as are expressly delegated to them.

Article 26. Attached to the Regional Directorates are the Sub-Directorates of Medical Welfare, Hygiene and Epidemiology, Medical Education, Medical Supply and Economy, which are empowered to direct and supervise the exercise of the functions of the Departments, Sections and Offices of the respective Vice-Ministries under their charge, and to direct, evaluate and supervise the services rendered in the executing units of the Ministry, coordinating their activities with the other Sub-Directorates, state bodies and mass organizations.

CHAPTER IX

THE ENTERPRISES

Article 30. The Mutual Fund Clinic Enterprise is attached to the Vice-Ministry of Medical Welfare and consists of mutual fund welfare centers governed by their rules and regulations and other provisions in force.

CHAPTER X

TARGETS AND WORK SCHEDULES

Article 34. In accordance with the purposes and responsibilities assigned by the laws and by the Revolutionary Government to the Ministry of Health, its duties and priorities shall be laid down in conformity with annual targets and work schedules derived from the pertinent plan. The formulation, discussion and timely approval of the targets and schedules is the essential foundation for maximum efficiency in the rendering of public health services to the people.

Data taken from the Report on the General Health Services of the Republic of Cuba, 1965

The most important feature of the Cuban health services at the present time is the fact that it is concentrated in a single State organ, which is responsible for the establishment of a national health policy and the activities required for its fulfillment. The only such body not attached to the Ministry of Health - for obvious reasons - is the Military Health Service; but close coordination is maintained with it.

The policy followed is that of centralization of policy making and decentralization of program execution in the health field through the establishment of Regional and District Directorates covering the national territory.

The structure of the Ministry is at three levels: the national level, at which policy is laid down; the regional level, responsible for coordination; and the district or operational level.

At the national level stands the Ministry of Health, with its advisory bodies, the Scientific Council and the Directing Council. The Directing Council advises the Minister in regard to the formulation, coordination and revision of programs.

Below the Ministry are the offices of the Under-Secretaries.

The intermediate or regional level is represented by the Regional Directorates, which are executive organs representing the authority of the Minister within a given geographical area and responsible for carrying out the general health policy and the specific programs under it.

At the local level, below the Regional Directorates and having jurisdiction over an area consisting of three to five municipalities are the District Directorates, which are directly responsible for the health services and the implementation of programs. The subdivision into districts is based on geographical situation, topographical features, means of communication, public health facilities and basic political and administrative structure.

CHILE

The Chilean National Health Service was set up in 1953 by Law No. 10,383. It provides health protection and promotion services for the entire population, and medical care through a regional system of hospital and other health services for insured workers and members of their families, and to needy persons.

In addition, there are bills before Parliament extending the benefits of medical care to employees, and a bill to make industrial accident insurance the responsibility of the State.

The progress made recently is reflected in the following Supreme Decrees enacted with a view to coordinating the activities of the various institutions maintaining medical services:

Decree No. 217 of 21 April 1967

CONSIDERING

1. That it is the responsibility of the Ministry of Health, in accordance with the legislation in force, to program, coordinate and supervise

health campaigns,

2. That health campaigns undertaken in Chile are organized through institutions attached to the Ministry of Health, such as the National Health Service and the National Medical Service for Employees; other public bodies such as the Industrial Accident Fund, the Armed Forces, the Police Force, the Institute of Legal Medicine, the Health Service of the State Railways, etc.; the welfare departments and offices of government, semi-public and autonomous administration institutions; and private medical services,

3. That the above institutions differ in juridical structure and are independent in administration and budget, so that it is essential to achieve the maximum degree of coordination and collaboration between them to make the most of their material resources; to adapt their present terms of reference with a view to obtaining the assistance of medical practitioners and para-medical workers, who are notoriously scarce; to avoid duplication of activities; and in general to maintain a satisfactory relationship in preventive and curative health activities. Such coordination, which implies relationship and motivation, must necessarily be carried out at the supra-institutional level.

4. That the Government does not intend to make any change in regard to the number of existing institutions, but instead, considers it desirable to plan the development of new schemes by which all the institutions as a body, within their particular sphere and as part of a properly planned and coordinated national network, will be able to provide the community with the medical care it requires,

5. That the Ministry of Health in working out the National Health Plan, must take account of all the resources, public and private, devoted to health care, and

6. That if the above ends are to be achieved it is indispensable at the same time to enlist the goodwill of the bodies mentioned in preambular paragraph 2 above on the side of the proposed national health scheme to ensure that programming proceeds smoothly and efficiently, that there is active coordination calculated to achieve the best use of resources, and that a study is made of numerous problems which all the institutions have to face but are unable to solve of their own accord, and

BEARING IN MIND the provisions of article 4 of DFL. No. 25 of 1959, and in virtue of the powers vested in me by article 72 (2) of the Political Constitution of the State,

Article 1. The Advisory Council of the Ministry of Health is hereby established, and shall act as advisory body to the Ministry in regard to the direction, promotion, programming, coordination and integration of health activities at the national level.

Article 2. The Advisory Council shall be composed as follows:

- a) The Minister of Health, who shall act as chairman;
- b) The Under-Secretary for Public Health, who shall preside in the absence of the Minister;
- c) The Director-General of the National Health Service;
- d) The Executive Vice-President of the National Medical Service for Employees;
- e) The Superintendent of Social Security;
- f) The Chief of the Military Health Service;
- g) The Chief of the Naval Health Service;
- h) The Chief of the Air Force Health Service;
- i) The Chief of the Medical Service of the Police Force of Chile;
- j) The Executive Vice-President of the Industrial Accident Fund;
- k) The Director of the Institute of Legal Medicine;
- l) The Chief of the Health Department of the Prison Service;
- m) The Chief of the Health Service of the State Railways;
- n) The President of the Medical College of Chile;
- o) The President of the Chilean College of Dentists;
- p) The President of the Chilean College of Pharmaceutical Chemists;
- q) The Manager of the Hospital Construction Corporation, Inc.

The Minister of Health shall be authorized to co-opt other members on to the Council on a permanent or temporary basis.

The members of the Council shall not receive any remuneration whatever for the functions they perform.

Article 3. Without prejudice to the functions specified in the preambular part of the present Decree and the general functions laid down in article 1, the Advisory Council of the Ministry of Health shall in particular:

- a) Estimate the call for activities arising out of the health conditions of the population and the needs manifested by the community;
- b) Determine the kind and amount of the resources needed to undertake such activities, bearing in mind the most effective use of present resources, and specify what supplementary resources are required and how they should be obtained;
- c) Assess the efficiency of health activities and the use made of resources in the public and private sectors;
- d) Put forward general technical and administrative regulations with a view to achieving uniformity, coordination, efficiency and integration in health activities carried out by public and private bodies;

- e) Collaborate in the drafting of the National Health Plan, evaluate it periodically, work to perfect it and ensure its compatibility with the general policy of the Government in its National Development Plan;
- f) Propose any reforms of the laws and regulations it deems necessary;
- g) Encourage all measures calculated to facilitate the exercise of the inherent right of the individual and the community to health and to ensure that activities indispensable for the full and prompt attainment of this right are undertaken; and
- h) Express its opinion on such matters as are submitted to it for consideration by the Minister of Health.

Article 4. The opinion of the Council shall be brought to the notice of the Minister of Health.

Article 5. The Council shall hold sessions once a month, on the day agreed upon at its constitutive session, without prejudice to the right of the Minister of Health to convene it when he requires its advice.

Article 6. The Council shall have a Secretary designated by the Minister of Health and responsible for such duties as the Minister may assign to him by internal resolution.

Article 7. Institutions undertaking health campaigns shall furnish the Council with any background material and information that may be requested.

TRANSITIONAL PROVISION. The Advisory Council shall, until such time as the Minister of Health shall determine otherwise, include a representative of the Council of Rectors referred to under article 36 (c) of Law No. 11.575, the Director of the J. J. Aguirre Hospital of the University of Chile, and the Director of the Clinic of the Clinic of the Catholic University of Chile.

Decree No. 250 of 15 May 1967

CONSIDERING

1. That the Fundamental Charter makes the State responsible for public health and the hygienic well-being of the country;

2. That the performance of these functions is in the hands of the State Administrator operating through the Ministry of Health, which is responsible for programming, coordinating and supervising health campaigns;

3. That in view of the complexity of problems of this type which affect the entire community without distinction, it is necessary to realize their scope if the resources set aside by the State for their solution are to be used to the best advantage and the population is to be induced to give its support and actively collaborate in the process;

4. That in order to achieve this an effort should be made to bring about a greater degree of integration and coordination between the administrative authorities - the local government authorities, representing the President of the Republic and responsible for supervising the functioning of the public services; the National Health Service, responsible for the execution of health campaigns throughout the national territory; and the municipalities, which are in charge of the administration of local interests - and the various institutions or organizations representing the community;

5. That the contact thus established between the authorities and the community should be established at the level of the establishments of the National Health Service which are responsible for promoting health projects in the various districts of the territory and in the Health Area centers of that Service;

6. That if this initiative is to materialize, liaison bodies must be set up to ensure effective contacts between the community which is the beneficiary and has to exercise its right to health and the authorities which are responsible for providing the benefits involved and backing the community's right to health, in such a manner that within each establishment or Health Unit the authorities can count directly on the collaboration and advice of the population, can coordinate their health programs in the light of its needs, and can acquire an intimate knowledge of its problems; and

BEARING IN MIND Agreement No. 77 of 1967 of the Supreme National Health Council; the provisions of section 14(4) of article 10 of the Political Constitution of the State; the terms of Legislative Decree No. 226 of 1931 and No. 22 of 1959 and of Law No. 10, 383; and in virtue of the powers vested in me by articles 71 and 72, section 2, of the Political Constitution of the State,

Article 1. In each National Health Service establishment in which one or more health projects are being carried out, whatever the number of territorial districts covered, a Community Health Unit Council shall be set up.

Article 2. In the same way, in each of the hospital areas within the health zone in which the said Service is organized, a Hospital Area Community Council shall be in operation.

Article 3. The Community Councils in question shall be advisory or consultative organs of the National Health Service, either at the level of each establishment or of the Area Base Hospital, as appropriate; and they shall be entrusted with the task of bringing about a better mutual acquaintance with health problems and activities, linking the authorities and the community living in the health district or districts or health areas, with a view to ensuring medical and social benefits that are comprehensive, efficient and human.

In consequence, the Community Councils shall examine the health problems affecting the community; endeavor to ensure that these are solved through rapid and effective activities; arouse the interest of the inhabitants in taking an active part in solving such problems; collaborate in publicizing the health plans and projects programmed by the authorities; make representations regarding any anomalies arising in the execution of such projects and in a general way encourage closer contacts between the community and the establishments carrying out health activities.

Article 4. The Community Councils shall have the following special functions:

- 1) To work for the full and effective coordination of the establishments carrying out health activities with the beneficiaries and the community, so as to ensure that the activities are carried out and that full advantage is taken of them;
- 2) To take due note of the information to be furnished by the health authority forming part of each Council in regard to the following matters:
 - a) Fundamental health problems arising in the territory of the respective Council;
 - b) Health programs to be applied in the various sectors;
 - c) Human, material and financial resources needed for carrying out the programs;
 - d) The return obtained from the execution of such programs; and
 - e) Other matters which it is desirable to bring to the notice of the National Health Service, with a view to encouraging or improving the health responsibilities assigned to it in accordance with the legislation and administrative regulations;

3. To keep the community informed, through the various organs or institutions represented on the Council, in regard to health activities programmed, and to interest the community in collaborating zealously in the execution of the health programs;
4. To try to induce the community to collaborate in the execution and financing of health programs by means of voluntary work or service, subscriptions, donations and other forms of contribution;
5. To encourage the collaboration of the community by way of suggestions in regard to the preparation and evaluation of local health programs;
6. To approach the respective authorities in regard to urgent measures deemed necessary for the realization of their aims; and
7. To urge and promote the adoption of the agreements referred to in article 39 of Law No. 16,585 and other agreements of the kind called for in accordance with the law.

Article 5. The membership of the Health Unit Community Councils shall be as follows:

- 1) The Intendant, Governor, Sub-Delegate or Inspector, as the case may be, having his headquarters at the place where the establishment in question is in operation, or his deputy;
- 2) The Director-in-Chief of the National Health Service establishment which is the Health Unit's base;
- 3) A representative of the municipality or municipalities or the commune or communes comprising the Health Unit;
- 4) A representative of each of the following community organizations functioning in the district or districts comprising the Health Unit:
 - a) Neighborhood boards;
 - b) Mothers' centers;
 - c) Sports clubs;
 - d) Parent and guardian centers;
 - e) Local health committees; and
 - f) Other organizations as decided by the Council on the proposal of its President;
- 5) A representative of the trade union organization for the geographical sector covered by the particular Council;

- 6) A representative of the employers of the same sector;
- 7) A representative of the teaching staffs of the public and private educational establishments operating in the district or districts covered by the Council.

Article 6. The membership of the Hospital Area Community Councils shall be:

1. The Intendant or Governor, as the case may be, or his deputy;
2. The Chief of the Health Area;
3. The Mayor of the commune where the Area Base Hospital is situated, or his deputy; and
4. The President of each Health Unit Community Council set up in the Hospital Area in question, or in his absence, such representative of the same as each Council may designate.

Article 7. The members of the Health Unit Community Councils referred to in article 5, paragraphs (4), (5), (6) and (7), shall be designated by the representative of the local government authorities, on the proposal of a three-man committee of the institutions or organizations referred to in article 5.

Article 8. The Community Councils shall be under the chairmanship of the Intendant, the Governor, the Sub-Delegate or Inspector or their deputies, as the case may be, and in their absence, the representative of the National Health Service.

The members of the Community Councils shall reside in the geographical area of their Council, and shall remain in office for two years; they shall be eligible for re-election, except in the case of the representatives of the local government authorities, the National Health Service, and the municipalities, who shall remain in office so long as they continue to hold their posts as representatives.

Article 9. The Community Councils shall function in the appropriate establishment of the National Health Service.

The quorum required for a meeting shall be not less than one-fourth of the membership in the case of Health Unit Community Councils, and half the membership in the case of the Hospital Area Community Councils.

Agreements shall be adopted by majority vote of the members present.

Article 10. The Councils shall hold at least ten meetings a year, and their members shall receive no remuneration whatever for carrying out their duties.

ECUADOR

Decree No. 1901 of the Governing Military Junta dated 28 August 1964, reforming the Ministry of Social Welfare, Labor and Health and setting up the Office of the Under-Secretary for Public Health

Article 3. The Under-Secretary for Public Health shall, in the manner laid down in the previous article, be responsible for programming, directing, coordinating, supervising and evaluating the activities of the General Directorate of Health.

The Central and Provincial Social Welfare Boards, the National Medicine Price Control Department, the National Institute of Nutrition, the National Institute of Hygiene, the Rural Medical Service attached to the Andean Mission, and other social or public bodies under private or public law, national or foreign, domiciled in Ecuador and engaged in carrying out public health programs, shall function as organs attached to the Ministry of Social Welfare and Labor through the Office of the Under-Secretary for Public Health.

The Social Security Medical Department shall, without prejudice to the relevant laws and regulations, collaborate with the Social Welfare Ministry in regard to public health matters.

Decree of the Constituent National Assembly dated June 1967, setting up the Ministry of Health

Article 1. The Ministry of Health is hereby established to take charge of health, social welfare and other branches of activity relating to health in general.

Article 2. The President of the Republic shall, within ten days following the promulgation of the present Decree, issue regulations governing the organization of the said Ministry, establishing the sections and other subsidiary organs needed to enable the Ministry to fulfil its functions adequately.

EL SALVADOR

Provisional Draft of General Regulations governing the National Health Services of the Ministry of Health and Social Welfare

TITLE I

DEFINITION AND PURPOSE

Article 1. The purpose of the National Health Services is as follows:

- a) Health promotion, preservation and restoration in respect of the people of El Salvador;
- b) Coordination of activities with other public, private and international institutions engaged in carrying out health care programs.

Article 2. The organization, planning, administration, coordination, supervision and evaluation of the National Health Services shall be the responsibility of the General Directorate of Health attached directly to the Ministry of Health and Social Welfare.

TITLE II

ORGANIZATION

Article 3. In the interests of efficient administration, the National Health Services are organized regionally and divided into five Health Regions, namely:

In administrative matters the Regions shall operate in a decentralized manner on the basis of authority and responsibilities delegated to them by the General Directorate of Health for all the territory of each Region.

Article 4. A Public Health Region shall comprise all the national health establishments situated within its geographical area: Centres, Health Units and Health Posts, and Hospitals.

The organization of each Region shall include:

- b) A Coordination Council, consisting of all the Directors of Health Centers and Hospitals in the Region, which shall meet each month, at the request and under the chairmanship of the Regional Director.

This Council shall coordinate the health care provided for the public by its various establishments with a view to improving the service given:

TITLE III

Chapter I

DIRECTION AND CENTRAL ADMINISTRATION

Article 10. The following three Departments shall be set up:

1. Policy Department, comprising the following divisions and services:
 - a) Epidemiology Division, with the following services:
 - b) Medical Care Division, with the following services:
 1. Consultation and hospitalization;
 2. Mother and child care and nutrition;
 3. Odontology;
 4. Nursing.
 - c) Technical Education and Training Division, with the following services:
2. Administrative Department
3. Economy and Accountancy Department

(The above is the text of a preliminary draft prepared in November 1966. Although this has not come into force, it is reproduced in view of its very obvious leaning in the direction of coordination and regionalization.)

GUATEMALA

Government Law No. 1149 of 10 May 1967, by which the Constitutional President of the Republic agrees:

First: To approve Agreement No. 410 of the Directing Board of the Guatemalan Social Security Institute, containing the Regulations governing Sickness and Maternity Protection.

Article 1. The Present Regulations establish and regulate the protection given in respect of:

- a) Sickness in general, and
- b) Maternity.

Article 5. As part of this program the following benefits are provided:

Cash payments:

.....

Benefits in kind:

- a) Health promotion and specific prevention of diseases;
- b) Medical and surgical treatment, general and specialized;
- c) Hospitalization;
- d) Dental treatment;
- e) Pharmaceuticals;
- f) Supply of orthopedic and prosthetic appliances;
- g) Radiological examinations, laboratory and other supplementary tests required for the diagnosis and control of disease;

.....

Article 21.

The Institute shall participate, subject to the availability of funds and resources, in preventive programs to combat endemic diseases and certain social diseases and in campaigns against epidemics, in collaboration with competent public and private bodies, using such means as the latter have at their disposal.

In the same way, the Institute shall cooperate with the competent public authorities in the preparation of instructive leaflets on health care for the homes of affiliates and undertakings employing them and in general in the formulation of measures aimed at the health education of the affiliate and his family.

HONDURAS

Decree No. 75 of 14 November 1966, published in the Official Gazette of 5 and 6 January 1967.

HEALTH CODE OF THE REPUBLIC OF HONDURAS

SECRETARIAT OF PUBLIC HEALTH AND SOCIAL WELFARE

Article 5. The Secretariat of Public Health and Social Welfare shall prescribe the health policy of the country, especially:

1. The top-level direction and coordination of health activities carried out by State, district, municipal, autonomous and private organizations, without exception.

NATIONAL HEALTH COUNCIL

Article 14. The membership of the National Health Council shall include:

.....

- g) The Director of the Social Security Institute of Honduras.

Article 16. The functions of the National Health Council shall be as follows:

- a) To study and formulate the national health plans;
- b) To recommend the most suitable methods of establishing effective coordination between the Secretariat of Public Health and the other institutions concerned with health matters in Honduras;

MEXICO

THE PRINCIPAL ACHIEVEMENTS OF THE MIXED COORDINATING COMMISSION FOR PUBLIC HEALTH, WELFARE AND SOCIAL SECURITY MATTERS, 12 AUGUST 1965 TO 15 JUNE 1967

- I. At its first meeting the Commission took the necessary measures for establishing a rules of procedure, which was finally adopted.
- II. The relevant Decree and regulations embody the principles governing the activities of the Commission. The main point which stands out is that the Commission itself does not constitute another bureaucratic entity. Its activities are carried out either directly by its members or through the personnel of the coordinated institutions.
- III. The Commission has held regular meetings, invariable attended by all its members, namely: the Secretary for Health and Welfare, Dr. Rafael Moreno Valle; The Director-General of the Mexican Social Security Institute (IMSS), Dr. Ignacio Morones Prieto; The Director-General of the Civil Service Institute of Social Security and Services (ISSSTE), Mr. Rómulo Sánchez Mireles; The Under-Secretary for Health,

Dr. Pedro Daniel Martínez; the Medical Deputy Director of IMSS, Dr. Luis Méndez; the Medical Deputy Director of ISSSTE, Dr. Francisco Fonseca, the Executive Representative of the Health Construction and Engineering Commission of the Secretariat for Health and Welfare (SSA), Mr. Joaquín Alvarez Ordóñez; the Chief of Design and Construction of IMSS, Mr. Enrique Yáñez de la Fuente; the Chief of the Architecture and Planning Department of ISSSTE, Mr. Joaquín Martínez Domínguez.

- IV. As might be expected, during the early months the Commission took special care to avoid duplication in regard to building and in the use of material resources generally. A schedule of establishments was therefore drawn up to provide mutual information on the situation.
- V. Arrangements have been made on many occasions for interchange of services and fixing of quotas between institutions, especially in the matter of hospital and external consultation services in widely separated parts of the country.
- VI. Hospitals have been handed over or sold by one institution to another, in accordance with their needs and resources. For example, the Secretariat for Health and Welfare has sold to the social security institutions three hospitals of which it had been making only partial use.
- VII. An exchange of information has been instituted for the purpose of standardizing as far as possible the procedures for the purchase of medicines and foodstuffs.
- VIII. Information has been exchanged in regard to the needs and resources of the three institutions for the care of mental patients. As a result, and in view of the fact that the SSA has a broad program of construction for this purpose well under way, the two social security institutions have agreed that this aspect of medical care should be undertaken first and foremost by the Secretariat. For the time being, mental patients previously housed in the old "Castañeda" and entitled to IMSS and ISSSTE benefits have been transferred to the new institutions built by the Secretariat.
- IX. Preliminary steps have been taken to set up a joint body to take charge of maintenance, repairs, emergency services and building-up of a stock of spare parts, for the electro-medical apparatus used by the three institutions, and the establishment of a program to train operators for this apparatus.
- X. Approval has been given to a request by the Faculty of Medicine of the Autonomous National University of Mexico for the study and implementation of rules governing the utilization of the hospitals, clinics and health centers belonging to the three institutions which have come to be used by the Faculty for the teaching of medicine and in graduate courses.

- XI. Measures have been taken to establish interchangeability of posts in the three institutions.
- XII. A start has been made with the gradual establishment of technical committees for coordinating programs. Thus at the present time the following committees are in existence:

1. Preventive Medicine Committee

The members of this committee are the Director-General of Coordinated Public Health Services in the States and Territories; the Director-General of Health for the Federal District and the Director of Epidemiology and Health Campaigns of SSA; the Chief of the Preventive Medicine Department of IMSS and the Director of Preventive Medicine of ISSSTE. The Committee has already carried out the following activities:

- a) Coordination of the tuberculosis campaign throughout the country, with special reference to three programs: in the Federal District, on the north frontier, and in the south east.
- b) Coordination of the venereal disease campaign throughout the country.
- c) Coordination of the rheumatic fever campaign in the country.

2. Statistical Committee

The Statistical Committee is made up of the Chiefs of Statistics of SSA and IMSS, and the Deputy Chief of ISSSTE. It has carried out the following activities:

- a) Design of a standard form for obtaining information on resources and medical services available within the three institutions. The design has been approved and the form has already begun to be used.
- b) A survey of the organization of the statistical offices of each of the three institutions with a view to bringing them into harmony.

3. Radiological Protection Committee

This Committee consists of the Director of Industrial Hygiene of SSA; a radiology specialist of SSA; two IMSS experts: the Director and the physician of the Oncology Hospital; and the Chief of Nuclear Medicine and a chemical expert of ISSSTE. The Committee has carried out the following activities:

- a) A survey, using a single pattern, of the radiodiagnostic and radiotherapy services of the three institutions.
- b) Exchange of information on all new construction, organization or adaptation of specialized services where radiation is used, with a view to enabling the Committee to give its technical opinion.
- c) Establishment of common procedures for the technical supervision of the specialized services of the three institutions.

4. Professional Education Committee

This Committee consists of the Director of Professional Health Education of SSA and the Chiefs of Professional Education of IMSS and ISSSTE.

This Committee, which was set up recently, has undertaken an exchange of detailed information regarding the education programs of each of the three institutions. It has begun a study on the functions of workers of similar grade, with a view to attempting to bring the relevant education programs into line.

The Faculty of Medicine of UNAM has applied to the Mixed Coordinating Commission to be allowed to join the Professional Education Committee. The Commission has approved the suggestion on the understanding that the representative of the Faculty will take part in the Committee's work in the capacity of technical consultant. This will be very helpful to the Committee in its work, since the three most important medical institutions will be working side by side with the Faculty of Medicine which trains most of the doctors in the country.

5. Committee on Basic Schedule of Drugs and Quality Control of Medicines

This is the most recent Committee to be organized, and it is made up of professional workers concerned with the basic drug schedules of each of the three institutions. The Committee decided to take up the study of standards which it will ask the Commission to recommend that the three institutions require of laboratories wishing to sell them their products. To this end, it will indicate the conditions which must be met (irrespective of what the law requires) by production plants in the case of Mexican manufacturers, and the type of control which must be imposed by importers of products manufactured abroad. It will also specify the standard of packaging required with a view to proper utilization in the various parts of the country and by the three institutions.

Decree setting up a Mixed Coordinating Commission for Public Health Welfare and Social Security

CONSIDERING

1. That it is desirable for the activities carried out by the Secretariats and government Departments, decentralized organizations and government-owned enterprises in respect of public health, welfare and social security to be coordinated with a view to avoiding unnecessary duplication in the exercise of their functions;

2. That under Mexican system of government unity of action and policy in regard to coordination between the various subsidiary bodies is the best means of serving the people with maximum efficiency and making full use of the available resources;

3. That the funds allocated by the Government for health, welfare and social security activities must be used to the full and that proper planning of such activities is calculated to effect considerable economies in regard to the investment and administration of these funds, I have deemed it fitting to issue the following Decree:

I. A Mixed Coordinating Commission for Public Health, Welfare and Social Security shall be established.

II. The Commission shall be composed of nine members: three nominated by the Secretary of State for Health and Welfare, three nominated by the Mexican Social Security Institute and three by the Civil Service Institute of Social Security and Services, nomination in the case of the last-named two groups being made in accordance with the legislation governing each of these groups and the legislation governing each of the decentralized bodies mentioned.

III. The Commission shall be under the chairmanship of one of the representatives of the Secretariat for Health and Welfare.

IV. The Commission shall study the national requirements in the way of public health, welfare and social security and shall plan the activities to be carried out in these branches by the Federal Government; and it shall have the power to propose, coordination and substitution of services to bodies belonging to the public sector and to render them any advice they may request.

V. Resolutions of the Commission shall have the character of recommendations, and they may likewise be brought to the notice of the State and municipal authorities.

RULES OF PROCEDURE AND GENERAL WORKING CONDITIONS
OF THE MIXED COORDINATING COMMISSION
FOR PUBLIC HEALTH, WELFARE AND SOCIAL SECURITY

CHAPTER I

NATURE AND PURPOSES OF THE COMMISSION

- Article 1. The Mixed Coordinating Commission for Public Health, Welfare and Social Security is an organ set up to provide a public service consisting of the coordination of functions and the planning of activities in the branches to which its name refers, with a view to greater efficiency in the investment and administration of the resources allocated by the Federal Government for these ends.
- Article 2. The functions of the Commission are as follows:
- I. To study the country's requirements in regard to public health, welfare and social security;
 - II. To plan the activities to be carried out in these branches by the Federal Government;
 - III. To study the coordination of building programs, services and programs for health promotion, prophylaxis, cure and rehabilitation, as well as the technical coordination of all activities concerned with health, with a view to increasing their efficiency and reducing costs.

It shall likewise consider ways and means of establishing joint rules for the evaluation of services and for purchasing, with a view to ensuring good quality at the lowest possible cost.
 - IV. To formulate each year a plan of operations and in accordance therewith budget estimates, which subject to the approval of the Department and institutions represented in it shall be transmitted to the Secretariat for Finance and Public Credit;
 - V. In general, to propose to the Federal Government appropriate ways and means of coordinating and replacing services;
 - VI. To furnish advice to the Departments of the Federal Executive, the decentralized organs and the enterprises belonging to the Federal Executive;
 - VII. To recommend the adoption of such resolutions, programs and projects as it may produce as the outcome of its researches and deliberations;

- VIII. To bring to the knowledge of the Office of the President, the Secretariat of the Treasury and the state and municipal authorities, where appropriate, the studies it carries out and the recommendations it makes.
- IX. To formulate any provisions or agreements supplementary to the present regulations;
- X. To carry out any further instructions given to it in the future with a view to effective compliance with the Presidential Decrees under which it was constituted.
- Article 3. The Commission shall be empowered to request information, documentation and even advice from the Departments of the Executive or from private bodies, and to appoint sub-commissions for the study of specific questions.

NICARAGUA

Decree No. 161 of 22 December 1955

SOCIAL SECURITY ACT

TITLE I

National Social Welfare and Provident Board

Chapter I

The Institution and its Purposes

- Article 1. The national policy, coordination and high-level direction of social security, in its three aspects of social welfare, medical care and social insurance, shall be exercised, in accordance with the provisions of articles 97 and 290 of the Constitution, through an institution to be called The National Social Welfare and Provident Board, which shall enjoy the functional autonomy vested in it by the present Act.
- Article 2. For the fulfilment of the functions assigned to it, the National Social Welfare and Provident Board, hereinafter called "the National Board" or simply "the Board" shall have the following powers and functions.
-
2. In regard to medical care:

- a) To provide medical treatment and hospital services on behalf of the Nation, administering for the purpose all the resources so allocated by the State;
- b) To undertake the planning, coordination and technical direction of all medical and hospital care and to draw up regulations governing the functioning of hospitals and other medical care centers of the State or social welfare bodies.
- c) To establish or construct new hospitals, or to purchase them where appropriate;
- d) To arrange for the reorganization of hospitals not complying with the statutory technical provisions and regulations or in cases where shortcomings in their operation, in the opinion of the Board, make this necessary;
- e) To supervise the medical care which physical or juridical persons are under an obligation to render to their workers in virtue of the provisions of the labor laws, in conjunction with the authorities responsible for enforcing the observance of such provisions;
- f) To collaborate with the Ministry of Health in regard to the protection of health.

TITLE III

Single Chapter

The Medical Care Directorate

Article 20. Although the fundamental purpose of the medical care programs is the cure of disease, they shall at the same time endeavor to promote and protect the health of the community and convert all hospitals into community service centers. To this end, the Board shall draw up and execute its programs in cooperation with the Ministry of Health, the professional education centers, scientific associations and public or private institutions pursuing the same goals.

Article 23. The Directorate shall render medical care services whether involving hospitalization or not, through its central, zonal or departmental offices and any other establishments it may in due course possess. In all matters relating to members of Social Security, it shall act as Medical Sub-Directorate of the National Social Security Institute.

Article 24. The fundamental purpose of medical care establishments shall be to give treatment to sick persons, but at the same time, according to their status, they shall perform other functions such as the health education of the public, medical and social research into factors affecting the health of the community and collaboration in regard to professional education. The establishments in question are : a) hospitals and b) other medical care centers, urban or rural, which may be placed under a hospital even where they do not operate within the same building.

Data taken from the REPORT OF THE NATIONAL SOCIAL SECURITY INSTITUTE, 1966.

On 14 October 1966 the Directing Council of the National Social Security Institute (INSS) issued Decree No. 98 extending Social Security coverage to the mining zone comprising the municipality of Prinzapolka, which includes the mining centers of Siuna, Bonanza and Rosita and the townships of Limbaika, Alamicamba, Prinzapolka and Puerto Isabel.

Since Social Security will be the only institution providing medical services within the zone, an agreement was reached with the National Social Welfare and Provident Board under which INSS will undertake responsibility for curative medical care of non-insured needy or poor persons belonging to the municipality in question. To enable it to cope with this new assignment, INSS is to receive a subsidy from the National Social Welfare and Provident Board. In this way the ideal of integration of all welfare and curative services for a given zone within a single institution will be achieved.

In addition to the extension of social security to this highly important zone, which constitutes the first comprehensive medical care program drawn up jointly by the Ministry of Health and the National Social Security Institute, other steps are being taken to establish a policy of coordination and/or integration between the Ministry and Social Security, including the following:

- a) The Rehydration Center for the city of Managua: an agreement was signed between the Ministry and INSS for the "integrated" operation of this center. The financing will be shared by the two institutions, and the benefits will be extended to both the non-insured and the insured population.
- b) Vaccination and environmental sanitation programs.
- c) Training programs for auxiliary public health personnel.

- d) The Tuberculosis Control Program.
- e) The Hygiene and Industrial Safety Service.

PERU

There is a system of coordination between the institutions within the health sector and national and local organs. The former include the National Health Council, which advises the Office of the Minister in respect of national health programs, has the Minister of Health and Social Welfare as chairman, and has 13 other members representing the health sector, professional associations and health personnel training institutions; the Advisory Committee of the Sectoral Planning Office, with the Director of the Sectoral Office as chairman and made up of representatives of the public and private bodies belonging to the sector; and the representatives of the Ministry of Health and Social Welfare in the Directorates or Higher Councils of the bodies coming under the Independent Public Subsector.

At the local level, both intra-sectoral and inter-sectoral coordination is carried out through representatives of the Ministry of Health and Social Welfare in the Directorates of the Public Benevolent Societies and the Boards of Public Works and Health Corporations; and also through coordinating committees of the Health Areas and Units, which have instructions to direct and coordinate the activities of the public and private institutions involved in health activities.

In 1961, an administrative transfer procedure was started by which the Ministry of Health took over the management of some of the hospitals belonging to the Public Benevolent Societies and proceeded to recondition the premises, renew their equipment and even enlarge them where the demand called for this. The transfer was made on the basis of agreements signed between the Ministry of Health and Social Welfare and the various local Public Benevolent Societies. Subsequently, the agreements were sanctioned by Supreme or Ministerial Resolutions. In this way, from 1961 to date, 15 hospitals have been transferred from the Benevolent Fund to the administration of the Ministry. Under the agreements, the Benevolent Societies undertake to transfer the whole of the plant, land, equipment and services for a period of 30 years to the Ministry of Health, which undertakes to absorb the personnel, subject to the right to redistribute it and to introduce its own administrative system in the hospitals.

Since the initial phase of the Hospital Construction Plan of the National Social Welfare and Health Fund was completed, agreements have been drawn up with social security funds, especially with the Workers' Fund, with a view to coverage of sickness and maternity risks among the insured persons in places where the insurance funds have no medical care services. As a result of this system of common use of resources, the unnecessary expenditure of funds on new hospitals by the social security funds has been halted.

Sixteen agreements have been drawn up and approved with the Workers' National Social Security Fund, by which welfare benefits will be provided for insured patients in 13 hospitals belonging to the Ministry and health establishments in three zones. The National Health and Social Welfare Fund and the Special Public Health Service also have a hand in these agreements, which are valid for two years and are renewable. Under the agreements, Social Security makes a contribution over and above the wages of the insured workers within the zone, and the Ministry provides medical services and medicines, and in some instances cash benefits.

In 1966 an agreement was signed with the Employees' Social Security Fund transferring the hospital building under construction for the Fund at Chiclayo to the Ministry of Health for a period of 20 years, to be completed, equipped and utilized as a Health Center General Hospital. The other parties to the agreement are the National Health Fund, which will complete the construction within two years and will be responsible for the equipment, and the Ministry which will administer its 300 beds. These constitute its total capacity, and 100 of them will be reserved for the hospitalization of insured persons.

To provide health care services for members of the Armed Forces and Auxiliaries, and their families, there are also agreements with the competent health organizations by which the Ministry undertakes to furnish services in the provinces, while the Army's civil action plan takes care of the health needs of the rural population in the immediate vicinity of garrisons, where no Ministry services exist.

In 1965 a broad agreement was signed between the Ministry of War and the Ministry of Health by which medical and hospital care is given in all the provincial hospitals of the Ministry of Health to officers, other ranks, civil employees and members of their families, against reimbursement of the hospitalization costs by the Ministry of War. A further agreement has been signed providing facilities for psychiatric care in a specialist hospital under the Ministry of Health at Lima to Ministry of War patients.

VENEZUELA

Declaration by the Minister of Health and Social Welfare, the Minister of Labor and the President of the Venezuelan Social Security Institute concerning the Establishment of the Preparatory Commission for the Consolidated Health Service

On various occasions, especially during the last decade, attention has been drawn to the increasingly evident fact that in Venezuela there is a situation in which a vast assortment of organizations administer in a haphazard manner services connected with the health care of the public. The consequence of this has been a duplication of efforts, the growth of a variety of administrative systems, high costs and low yield from the services

rendered. The undersigned recognize the existence of this problem, which has recently become acute with the entry into force of the new Social Security Act, whose fundamental purpose, in addition to providing comprehensive medical care, includes the extension of other equally important benefits such as the coverage of economic risks over the short and long term to a wide sector of the population of Venezuela.

We likewise recognize that the perpetuation of this situation carries with it the risk of hampering the proper achievement of the purposes of the Law.

To this end we are in agreement, and we formally so declare, that as a first step towards solving the health problem a body should be set up within a short time, with adequate terms of reference and resources, to study the organization of a Consolidated Health Service in which all the activities and resources now dispersed will be integrated. Consequently, the Minister of Health and Social Welfare and the President of the Venezuelan Social Security Institute, in collaboration with the Minister of Labor, undertake to initiate measures with a view to establishing the Preparatory Commission for the Consolidated Health Service.

Caracas, 7 April 1967.

Decree No. 830 of 6 June 1967

RAUL LEONI

President of the Republic

in virtue of articles 76 and 190 of the Constitution, function 22, articles 6 and 10 of the National Health Act, and article 105 of the Social Security Act,

Considering:

That there is in this country a multitude of institutions which in a haphazard fashion administer services designed to take care of the health of the Venezuelan population,

That this situation tends to produce services of a quality not always proportionate to their high cost, and is the cause of a lack of technical and administrative coordination of the medical care systems,

That the laws of Venezuela sanction the establishment of a health system guaranteeing to all citizens the social right to health, the maintenance of public health and the provision of preventive care and welfare to persons of inadequate means,

That scientific, professional and educational bodies such as the National Academy of Medicine, the Venezuelan Medical Federation and the Venezuelan Association of Faculties of Medicine have recommended the integration of the resources at present used in an unsystematic manner for health care throughout the country, and

That the Minister of Health and Social Welfare, the Minister of Labor and the President of the Venezuelan Social Security Institute on the seventh day of April of this year signed a Declaration calling for the establishment within a short time of a body having adequate terms of reference and resources to study the organization of a Consolidated National Health Service,

DECREES:

Article 1. The Preparatory Commission for the Consolidated National Health Service is hereby established with the following functions:

- a) To study the needs of the country and its various regions in regard to health, and the human, material and financial resources which might be used to meet these needs;
- b) To propose measures making for the coordination of the existing services; and
- c) To produce a complete organizational blueprint of the Consolidated National Health Service, its structure, financing, operation and functions.

Article 2. The Preparatory Commission shall be composed of three representatives of the Office of the President of the Republic, two representatives of the Ministry of Health and Social Welfare, two representatives of the Venezuelan Social Security Institute and one representative of the Benevolent Fund Board.

Article 3. The Commission shall appoint a Secretary from outside its membership, and shall be empowered to set up such sub-commissions and working groups, permanent or ad hoc, as it deems necessary, and to request information and active collaboration from all public services directly or indirectly connected with health.

Article 4. The Commission shall be advised by a Committee consisting of representatives of the National Academy of Medicine, the Venezuelan Medical Federation, the Venezuelan Association of Faculties of Medicine, the Confederation of Health Workers, a representative of the Federation of Chambers of Commerce and a representative of the Medical Insurance Society. The Committee may request the collaboration and advice of other public or private bodies likewise interested in health problems, should they deem this necessary.

Article 5. The Commission shall draw up its own rules of procedure and shall have at its disposal the means and resources necessary for the accomplishment of its purposes.

Article 6. The Minister of Health and Social Welfare shall be responsible for the execution of the present Decree.

Done at the Palace of Miraflores, Caracas, on the sixth day of the month of June, one thousand nine hundred and sixty-seven, 158th year of Independence and 109th year of the Federation.

By Decree No. 832 of 13 June 1947 the President of the Republic appointed the members of the Preparatory Commission of the consolidated National Health Service.

Social Security Law of 11 July 1966, in force as of 1 January 1967

Article 2. Compulsory Social Security shall provide:

- 1) Comprehensive medical care benefits;

Article 4. Insurance providing medical care and cash benefits for temporary incapacity shall be brought into application when the Executive deems it fitting. To this end it shall take the necessary steps to incorporate the medical care services of the Ministries, Autonomous Institutes and other public bodies into the Venezuelan Institute of Social Security.....

Article 51.

The organ standing between the National Executive and the Venezuelan Social Security Institute is the Ministry of Labor, which shall be responsible for directing the Institute's policy and supervising the operation of its services, without prejudice to any action in health matters which may be taken by the National Executive through the Ministry of Health and Social Welfare.

directing council

PAN AMERICAN
HEALTH
ORGANIZATION

XVII Meeting

regional committee

WORLD
HEALTH
ORGANIZATION

XIX Meeting

Port-of-Spain
Trinidad and Tobago
October 1967



Provisional Agenda Item 24

CD17/18 (Eng.)
ADDENDUM I
29 September 1967
ORIGINAL: SPANISH

PROGRESS ACHIEVED IN THE COORDINATION BETWEEN THE SERVICES AND PROGRAMS OF THE MINISTRIES OF HEALTH, SOCIAL SECURITY INSTITUTES AND OTHER INSTITUTIONS THAT CONDUCT ACTIVITIES RELATED TO HEALTH

COLOMBIA

CONTRACT BETWEEN THE GOVERNMENT AND THE COLOMBIAN SOCIAL SECURITY INSTITUTE CONCERNING CONTRIBUTIONS TO THE NATIONAL HOSPITAL FUND

In conformity with the provisions of Articles 2, 4, 22, and 24 of Decree-Law No. 687 of 1967, the Ministers of Public Health, Finance and Public Credit, on behalf of and representing the Nation, and the Director General of the Colombian Social Security Institute, entered into a contract (the text of which is given below) covering the funds allocated under the above-mentioned law as contributions by the Institute to the National Hospital Fund for the construction of hospitals and other medical care institutions.

"FIRST.- The INSTITUTE shall deposit into the "National Hospital Fund" account in the Bank of the Republic not later than the last working day of each month, 10 per cent of the reserve funds set aside for insurance against the risk of disability, old age, and death, as established pursuant to Article 3 of Decree-Law No. 687 of 1967.

SECOND.- The Bank of the Republic shall send in triplicate to the Institute, to the Administrative Board of the National Hospital Fund and to the Public Credit Section of the Ministry of Finance, receipts for the monies actually deposited.

THIRD.- In respect of the adjustments, amortizations, and interests, for which provision is made in Article 24 of Decree-Law No. 687 of 1967, the Public Credit Section of the Ministry of Finance shall pay them beginning on the first of the month following that in which the money was allocated.

Note.- The amount of the interests shall be calculated at the end of each year on the bases of the adjusted value, with exception of the interests accruing prior to the first adjustment.

FOURTH.- All the provisions of Decree-Law No. 687 of 1967 concerning the rate of interest, amount of adjustments for depreciation and way of calculating them, amount of the amortization and the time period in which it is to be made shall apply to the contributions by the Institute to the National Hospital Fund and shall be considered an integral part of the present contract.

FIFTH.- The Government undertakes to appropriate each year, by including them in the National Budget Estimates as a public debt, the monies required for servicing and amortizing, on behalf of the Institute, such contributions as the Institute shall make to the National Hospital Fund.

SIXTH.- The National Hospital Fund shall be administered by a Board composed of the Minister of Public Health, or a person delegated by him, who shall serve as chairman; the Director of the Colombian Social Security Institute or a person delegated by him, and a personal Representative of the President of the Republic.

SEVENTH.- The Board of Administration, which shall be responsible for the operation of the Fund, shall be assisted by an advisory committee composed of the following six persons: The Head of the Medical Division of the Colombian Social Security Institute and two other officials from the Institute appointed at the discretion of the Director General; the Director of the Ministry of Public Health and two other officials of the Ministry appointed at the discretion of the Minister.

Note.- Until such time as the Paymaster of the National Hospital Fund is appointed, the Paymaster of the Ministry of Public Health shall fulfill that function.

EIGHTH.-

The duties of the advisory committee shall be as follows: 1. To ascertain the hospital and medical care needs of the various regions of the country; 2. To examine and coordinate plans for the extension of medical care services prepared by the Ministry of Public Health and the Institute, periodically review them, and submit them to the Board of Administration for consideration. 3. To study specific investment proposals. 4. To examine loan applications and pass judgement on them; 5. To discharge such other duties as the Board of Administration shall assign to it.

NINTH.-

The Board of Administration of the National Hospital Fund shall utilize the resources of the Fund for the following purposes: a) Investments. For the construction, extension, alteration or equipping of hospitals and other medical care establishments which are of an official nature or for public purposes, when the Board of Administration deems it justified. b) Loans. For the construction, extension or equipping of hospitals or such other medical care establishments as may be Institutions for public purposes, when the Board of Administration deems it justified and debt service is guaranteed.

TENTH.-

In preparing and making investments preference shall be given to the integration of the medical care services of the Institute with general hospitalization services, to the end of ensuring a more efficient social welfare. Special attention shall be paid to both those communities that do not enjoy medical care services so as to provide them with better coverage and to such medical care establishments as have their own additional resources or receive additional funds from the Government or the Institute for projects.

ELEVENTH.-

The Board of Administration may set aside up to five percent (5%) of the annual estimates for investments and loans from the National Hospital Fund, for the cost of administration, making of inventories, supervision, advisory services and studies, to the end of ensuring that the best possible use is made of these resources.

TWELFTH.-

The Board of Administration shall approve such investment or loan contracts as are entered into under the present contract. It shall also levy, over and above the 6 per cent interest on the loans it grants, and additional charge sufficient to cover the amount of the revalued amortizations in accordance with Article 7 of Decree-Law No. 687 of 1967.

- THIRTEENTH.-- The Board of Administration shall not be entitled to use the resources of the National Hospital Fund for purposes other than those for which provision is made in the above-mentioned Decree-Law and in the present contract.
- FOURTEENTH.-- The term of this contract shall be undefined, but it may be changed by common agreement of the parties concerned.
- FIFTEENTH.-- The Comptroller General of the Republic shall at all times supervise the management of investments and loans used by the beneficiary agencies.
- SIXTEENTH.-- The Government shall, by means of a substantiated resolution, be entitled to declare the present Contract lapsed in the instances provided for in Article 254 of the Administrative Code and, in general, by reason of non-compliance by the Institute with the stipulations of the contract.
- SEVENTEENTH.-- Pursuant to Article 27 of Decree-Law No. 687 of 1967, this Contract shall not be valid unless it is signed by the President of the Republic after being advised by the Council of Ministers. Subsequently it shall be published in the Diario Oficial at the expense of the Institute. Signed in Bogota, D.E., of the _____ day of _____ of nineteen hundred and sixty seven (1967), in eight copies all equally authentic. (Sgnd.) Antonio Ordoñez Plaja, MINISTRY OF PUBLIC HEALTH; Abdon Espinosa Valderrama, MINISTRY OF FINANCE AND PUBLIC CREDIT; Enrique Lleras Restrepo, DIRECTOR GENERAL OF THE COLOMBIAN SOCIAL SECURITY INSTITUTE."

The Council of Ministers approved the Contract given above on 11th August 1967. Responsible Secretary, (Signed) Jaime Vidal Perdomo.

Office of the President of the Republic. APPROVED. Bogotá, D.E. 7th September 1967. (Signed) CARLOS LLERAS RESTREPO, President of the Republic.

COLOMBIA

DECREE NUMBER 1536 AND DECREE NUMBER 1680 OF 1967

By Decree No. 1536 of 18 August 1967 the National Government of Colombia appropriated the sum of six million pesos for the integrated child welfare program consisting in studies, construction

and equipping of Integrated Child Welfare Units and appointed as executive agency the Medical Care Division of the Ministry of Public Health.

By Decree No. 1680 of 7 September 1967, the President of the Republic ordered the establishment of a Board of Administration which will be responsible for the administration, at the national level, of the Integrated Child Welfare Program to which reference is made in Decree No. 1536 above. The Board of Administration will be composed of the wife of the President of the Republic, or a personal representative of the President appointed by him, who shall be the chairman; the Ministers of Justice, Public Health and National Education and the Director of the National Institute of Nutrition, or their personal representatives.

directing council

PAN AMERICAN
HEALTH
ORGANIZATION

XVII Meeting



regional committee

WORLD
HEALTH
ORGANIZATION

XIX Meeting



Port-of-Spain
Trinidad and Tobago
October 1967

CD17/18 (Eng.)
ADDENDUM II
29 September 1967
ORIGINAL: SPANISH

PROGRESS ACHIEVED IN THE COORDINATION BETWEEN THE SERVICES AND THE
PROGRAMS OF MINISTRIES OF HEALTH, SOCIAL SECURITY INSTITUTES, AND
OTHER INSTITUTIONS THAT ARE CONDUCTING ACTIVITIES RELATED TO HEALTH

(Document submitted by the Government of Panama)

PANAMA

The following Decree No. 331 was promulgated on 30 May 1966:

"THE PRESIDENT OF THE REPUBLIC
in the exercise of his legal powers

C O N S I D E R I N G:

1. That the population increase entails an increase in the demand for medical care as well as in many factors characteristic of a developing country.
2. That, in order to meet this demand satisfactorily, it is necessary to make better use of all available resources by drawing up national plans that are integral part of economic and social development planning.
3. That the guidelines established by the Charter of Punta del Este, by the World Health Organization and the Pan American Health Organization call for national health plans one of whose fundamental prerequisites is the establishment of national health planning committees that are closely coordinated with the National Planning Department.

4. That, although the National Health Plan lays down health policy in Panama, it only covers the public sector, and consequently, there is an urgent need to expand it to include all agencies carrying on activities related to health and sickness;

D E C R E E S:

1. That as from today there shall be established a National Health Planning Commission, the duties of which shall be to formulate health policy, foster sectoral plans which will be coordinated to form the National Health Plan, and ensure that the National Health Plan is carried out as effectively and dynamically as possible.
2. In addition to the chairman who shall be the Minister of Labor, Social Welfare, and Public Health, the National Health Planning Commission shall have the following members:
 - Director-General of the Social Security Fund.
 - Chairman of the Public Health Committee of the National Assembly or a member of the Standing Legislative Committee appointed by the President of the Republic.
 - Director-General of the Department of Public Health.
 - Medical Director of the Social Security Fund.
 - Dean of the Medical School of the University of Panama.
 - Executive Director of the Water Supply and Sewerage Institute.
 - Technical Representative of the Planning Department.
 - Director of the National Charity Lottery.
3. The Chief Adviser of the World Health Organization in Panama and the Representative of the United States Agency for International Development (USAID) shall serve as advisory members of this Commission.
4. The National Planning Commission shall have a Technical Secretary under the authority of the Deputy Director-General of the Public Health Department.

5. The National Health Planning Commission shall draw up rules of procedure to facilitate its program of work.

LET IT BE COMMUNICATED AND PUBLISHED."

During the present year, the National Health Planning Commission has drawn up its program work. It has succeeded in setting up the Technical Secretariat which comprises one member from each of the agencies represented on the Commission. As a result of the systematic work of the Technical Secretariat the following has been achieved:

1. The organization of the Office of the Secretariat with its own budget. The various agencies have contributed proportionally to both the organization and the budget of the Office. The Office is located in the Ministry of Labor, Social Welfare, and Public Health.

2. The organization of a national health planning course at the National University with the technical assistance of PASB/WHO. A total of 52 senior Officials from the Department of Public Health of the Ministry and from the Medical Services of the Social Security Fund, the Water Supply and Sewerage Institute, the National Planning Department, the Medical School and the National Charity Lottery were full-time students at this five-week course. The purpose of the course was to qualify this technical personnel to assist with the evaluation of the National Health Plan (1963-1970) which covers only the Ministry. The purpose of the review is recast the plan to include all agencies carrying on activities related to health. The Commission recently approved the initiation of the first phase, i.e., the collection of data.

3. Establishment of alternatives for this new phase of the planning process in Panama.

- 3.1 Complete the assesment phase for the whole sector by 1968.

- 3.2 A first approximation of an operational plan for each agency by 1968-1969.

- 3.3 Preparation of a medium term plan (five years), 1968-1972.

- 3.4 Preparation of a long-term plan (ten-years), 1968-1977.

- 3.5 Three support plans:

- 3.5.1 An administrative plan which could be initiated before the end of the present year.

3.5.2 An investment plan with annual estimates.

3.5.3 A training plan covering a period of ten years.

These three support plans carried out in a closely coordinated manner by the agencies in the health sector under the supervision of the National Health Planning Commission.

4. During the present year an Executive Decree established a Committee consisting of technical personnel from the various agencies in the health sector, the purpose of which was to revise the sanitary code. This Committee has received considerably technical assistance from PASB/WHO. The draft in its final form has already been submitted to the Standing Legislative Committee for consideration.

5. A proposal has been completed for the organization of a Ministry of Health separate from the present Ministry of Labor, Social Welfare and Public Health and is to be submitted by the Executive to the Legislative for consideration. It provides for fundamental measures for ensuring the coordination of all agencies in the health sector through the establishment of other regulatory agencies staffed by officials from these agencies.

6. In June 1967 a National Health Protection Commission was set up as a regulatory agency responsible for establishing the guidelines for the coordination of activities covered by this boarder plan of operations. It has already established national immunization standards. The principal agencies represented on this Committee are the Department of Public Health, the Social Security Fund, and the Panamenian Pediatric Association representing the private sector.