

Annex 4RECOMMENDATIONS ARISING OUT OF THE TECHNICAL DISCUSSIONS  
ON THE ROLE OF MINISTRIES OF HEALTH AS DIRECTING AND  
COORDINATING AUTHORITIES ON NATIONAL HEALTH WORK<sup>1</sup>1 Introduction

The technical discussions were held under the chairmanship Mr N.N. Vohra (India), with Dr M. Fernando (Sri Lanka) acting as Rapporteur.

Referring to documents SEA/RC34/5 - 5 Add.1, SEA/RC34/16 and SEA/RC34/TD/IP1 to 8, the Chairman focused attention on the principal issues involved in the discussion of "The Role of Ministries of Health as the Directing and Coordinating Authorities on National Health Work". It was observed that consequent to the commitment to the attainment of the goal of HFA/2000, the national ministries of health were becoming increasingly aware of their directing and coordinating roles, especially the planning and implementation of the primary health care package, and supporting services had highlighted, in sharp focus, the need for a well-coordinated and harmonized approach. It was noted that in view of the enormous challenges, the health ministries could no longer afford merely to be equipped for crisis management, undertaking fire-fighting tasks on a day-to-day basis. As the situations in each country had been very adequately reported in the documents referred to, the Chairman asked the participants to consider, and offer their comments and suggestions in regard to the main problems and the significant issues relating to the subject.

2 Discussions

It was observed that the role of the central health ministries in directing and coordinating national health efforts could be viewed as encompassing two main areas of responsibility: (1) problems relating to the effective functioning of the ministries in respect of their existing jurisdiction, i.e., the extent to which they are already in a position to draw up plans, formulate and implement programmes, undertake the review, monitoring and evaluation, etc., of the specific areas of functioning which have been allocated to them under the rules of business of the national governments, and (2) areas of functioning which involve inter-ministerial and inter-sectoral coordination involving the functioning of other departments and organizations outside their own control and jurisdiction.

It was observed that, as the first step, urgent action was required to make the functioning of ministries more effective technically and administratively, within the realm of their present jurisdiction. It was agreed that, while variations in the policy and planning approaches would continue to exist, depending upon the political philosophies, administrative cultures, etc., of Member States, it would be necessary to ensure that the central health ministries received the requisite support to be able to build up essential planning and administrative

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mechanisms to make the best possible use of available resources and achieve the requisite cost-effectiveness and efficiencies in the implementation of schemes and programmes in the health and related sectors. It was noted that while every Member State might already have established suitable planning and administrative mechanisms, there could still be gaps at various levels which would need to be filled and the entire planning and implementation set-up made more effective and beneficial.

### 3 Recommendations

In the context of the extensive discussions, the following recommendations are offered to enable the central health ministries to become more effective:

#### 3.1 Sectoral planning

- (1) The existing planning mechanisms for the health and related sectors require to be suitably strengthened. The planning organizations should have the support of professional economists, demographers, social scientists, medical scientists and administrators, researchers, planners and health administrators. The planning divisions of the health ministries should accordingly be reorganized with a view to improving visibly their technical capabilities in the most recent planning techniques and hence increasing their credibility with the other departments and organizations with which they are required to deal in evolving and finalizing national health plans. Inter alia, the planning organization within the health ministries must be effectively equipped to undertake health manpower planning, health manpower development, and identification of training requirements (by categories of workers), to assess the projected costs involved in the securing of identified objectives, to identify the role of the private medical practitioners, mobilize resources, identify management problems, etc.
- (2) The planning mechanisms at central level must have effective and meaningful linkages with the planning mechanisms at the successive levels, viz. state/province/district, etc., so that the perspective plans are drawn up in adequate consultation with the state/provincial/district authorities, which are ultimately responsible for implementing the schemes and programmes. As in the case of (1) above, the planning organizations at state/provincial/district level also require to be suitably strengthened so as to be able not only to evolve and submit meaningful proposals to the central planning organization but also, at their own levels, to be able to undertake a coordinated approach to policy planning.
- (3) The existing national health information systems, from district to central level, must be strengthened, so as to obtain reliable feedback and information regarding the difficulties encountered during implementation with a view to introducing suitable corrective and remedial measures in the very process of planning. It was observed that the mechanisms available for review,

monitoring and evaluation were not effective enough at all levels of the structural organization to enable an appraisal of on-going plans in regard to the relevance, acceptability and efficacy of schemes and programmes which were launched in various areas of activity. It will therefore be necessary to fill this gap and establish reliable systems, through which the planning organizations at the successive levels of the structure can receive timely feedback, not only to assess the effective benefit of on-going schemes but also to be able to evolve sound, cost-effective approaches for the next succeeding planning cycles.

- (4) To ensure the effective implementation of the various schemes and programmes to improve the health status of all people, it has become unavoidably essential progressively to secure the fullest involvement and participation of the individuals, families, communities, voluntary organizations and private bodies in the overall national health efforts. To be able to achieve this objective, it will be necessary to examine the present administrative and financial organizations and decide upon appropriate decentralization of authority, at all levels of the structural organization, with the broad objective of equipping health managers with the necessary authority harmonious with their responsibilities. Unless this is done, bureaucratic delays will continue to dampen and restrict local initiatives, thus also militating against the meaningful involvement of the communities and the voluntary organizations.

### 3.2 Inter-sectoral plans

On the assumption that the recommendations made in Section 3.1 above will become effective in the foreseeable future, it will be necessary for the central ministries progressively to equip themselves in effecting meaningful, inter-ministerial coordination to achieve joint formulation of plans and programmes in each of the health-related sectors. In this context, it was observed that the central health ministries would not be able to negotiate effectively or secure an entry point in the planning mechanisms of other concerned ministries unless the health ministries were, in the first instance, able to build up reliable planning mechanisms which can clearly identify and project needs and demands relating to the functioning of the other sectors, e.g., higher education, adult and non-formal education, water supply, drugs and pharmaceuticals, rural housing, social welfare, integrated rural development, etc. To secure the above-mentioned objective, the following recommendations are made:

- (1) With the ultimate objective of moving towards health and human development as it is an integral part of planned economic development, it will be necessary for the central ministries, in meaningful collaboration with the planning organizations at the state/provincial/district levels, to draw up reliable projections of support and assistance required in each of the various health-related sectors. By way of illustration, if the specified objective is to reduce mortality and morbidity on account of water-borne diseases, then it will be essential for the central health ministries to be able to outline clearly the extent and

nature of the effort required to be mobilized by the department/ministry concerned for the supply of potable water and sanitation, also clearly identifying the priorities of action required in this connexion. The building up of such projections and consequent negotiations, on an effective basis, with the central planning commissions/organizations as well as each of the various concerned ministries will be possible only if the central health ministries equip themselves with the necessary expertise to be able to put together all relevant information, collect such data as are required, etc., and build up a reliable picture of needs and priorities. For this purpose, the central health ministries may require to establish sub-groups for each of the health-related sectors in regard to which the requisite support in the overall national plan is necessary.

- (2) Even after the central health ministries have been able to establish the mechanisms suggested in (1) above and to draw up reliable projections of needs and priorities in each of the various health-related sectors, it will be essential to establish effective institutional mechanisms to ensure that the overall demands of the central health ministries are given due and serious consideration at the time of finalizing national development plans. For this purpose, depending upon the organizational arrangements in a country, it will be necessary to establish standing inter-ministerial coordination committees with the central health ministry acting as the focal point, or to persuade the national planning commissions/organizations to establish standing inter-sectoral working groups in support of health and all related sectors.

### 3.3 Existing mechanisms

It will be observed that in each of the countries of the Region, there already exist certain mechanisms, of an ad hoc or standing nature, e.g., national health councils, national health development committees, etc. Some of the mechanisms are of relatively recent origin, developed to promote intersectoral cooperation and to monitor and evaluate programmes. It is obviously too early in the way to draw conclusions on their effectiveness. However, it needs to be ensured that there are suitable mechanisms established to see to it that the policy and directives for coordination are actually implemented by the various operational levels concerned.

### 3.4 Implementation

With a view to implementing the recommendations set out in Sections 3.1 to 3.3 above, it was felt that there should be collaborative efforts in respect of technical and managerial aspects between Member countries. WHO should provide collaborative support to these national efforts. It was felt that, in view of the scarce national resources, the optimum use of the Organization's technical and other resources would appear to lie in the formulation and implementation of relevant inter-country programmes, bilateral or under the TCDC efforts, so that, within the foreseeable future, the countries in the Region will effectively assist one another in achieving a larger measure of national and regional self-reliance.