

ANNEX 4

FINAL REPORT OF THE TECHNICAL DISCUSSIONS
ON
HEALTH PLANNING AS AN ADMINISTRATIVE TOOL

1. Subject

"Health Planning as an Administrative Tool" was the subject selected for the technical discussions in accordance with resolution WPR/RC18.R8 adopted during the eighteenth session of the Regional Committee for the Western Pacific Region.

2. Planning and Preparation for the Discussions

Advanced planning included preliminary correspondence between the Chairman of the technical discussions and the Secretariat. Participants were invited to prepare short statements on their country planning practices as a take-off for the group discussions. A list of the working documents and background material prepared is given on page 83.

3. Organization of Discussions

The technical discussions opened with a plenary session. This was followed by meetings in three discussion groups and a concluding plenary session which adopted the technical discussions report.

The Chairman of the Technical Discussions was Tan Sri (Dr) Mohamed Din bin Ahmad (Malaysia). The discussion groups were chaired by Dr P.H. Teng (United Kingdom) for Group A, Dr H.M. Franklands (Australia) for Group B and Dr Thor Peng Thong (Cambodia) for Group C; their respective rapporteurs were Dr C.N.D. Taylor (New Zealand), Dr Chong Chun Hian (Malaysia) and Médecin-Général J. Rondet (France). A list of the group discussion officers and members is given on page 85. The Secretariat also assisted during the deliberations of the technical discussions consisted of Dr. A. Barkhuus and Dr H. Durán (WHO Consultants), Dr G.J.A. Ferrand (Community Health Services Adviser, Western Pacific Regional Office) and Dr A.A. Angara (Assistant Director of Health Services) who served as Secretary.

4. First Plenary Session

In his opening remarks, the Chairman of the technical discussions observed that health planning was not new; what he considered new was the systematic or rational approach being employed in the planning process. The public health administrator was recognizing more and more that this new process could not be ignored. Most governments, particularly of the developing countries, were concerned with accelerating their national growth and were utilizing planning as a rational approach to achieve this goal. Government officers at the highest levels, whether as public administrators, finance officers or economists, were demanding cost benefit justifications for proposed health programmes as a condition for further allocation; they were in

effect no longer persuaded by the plea that the enjoyment of personal health was a human right that should be satisfied. On the other hand, there was a rising demand for health services resulting from the rapid contemporary advances in technology and medicine. In this dilemma, the public health administrator found in national health planning a means to resolve his problems because it gave him the basis for justifying his budgetary proposals and enabled him to increase the efficiency of the health services performance thereby stretching the services that the dollar invested would yield. In accepting health planning the public health administrator must recognize that this technique is new, needs improvement and requires further experimentation and research. With these reservations, the public health administrator should welcome further development in this field as through it, he could face the future with confidence.

In reviewing contemporary health planning, Dr Barkhaus noted that health planning had gone a long way towards universal acceptance from the time socio-economic planning was laughed at when first introduced in the Union of Soviet Socialist Republics (USSR) following the Russian revolution. Regardless of the approach employed in the developed or the developing countries, the planning process of today comprised these essentials:

- (a) output orientation;
- (b) the choice of alternatives; and
- (c) maximization of benefits and minimization of costs.

In general, the difference in the approaches rested on the degree of data manipulation. In most emerging countries, as for instance in the case of five African countries, a purely pragmatic approach was utilized.

In the USSR, there was a combination of the normative (i.e., the setting of standards and norms) and the biological (i.e., determining scientific need for health care) approaches.

In India, which had a long history of planning, the process was largely through committee work and the use of panels of experts. Baker et al, who undertook health manpower planning in China (Taiwan), endeavoured to answer the question: "What health services are people willing to pay for?"

In recent years, there had been introduced into the Federal Government of the United States of America the planning, programming, budgeting system (PPBS) which had proved effective in the Department of Defense; under an enabling act provision had also been made for state and local comprehensive health planning although the methodology had been left to the decision of the individual states. In Latin America, a health planning methodology based on the biological approach and employing the principle of cost benefit had been developed.

Dr Barkhuus suggested that national planners should consider the available tools for planning from the different approaches and grade them in the order of their demand on data, personnel and financial resources; this would place them in a better position to decide on the most efficient and least costly approach for their countries.

Dr Barkhuus emphasized that while health was a means for economic development, health was also an end in itself. In the USSR the goal of health planning was medical benefit regardless of the economic consequences. This philosophy was also reflected in the view of Enoch Powell, formerly Minister of Health in the United Kingdom, who had said that he had no doubt that a "package of health services" could be produced that would maximize the gross domestic product by leaving out the care of the medically unfit and the old, resulting in what he bluntly called a "veterinary service". Powell concluded that no economic criteria would provide for a test of the "right" expenditure for health and for health services, health being an end in itself.

Dr Durán referred to the Latin American experience which began with the agreements undertaken by the countries of the Americas in the Charter of Punta del Este in 1961. This Charter committed the governments to the formulation of national health plans as part of their national socio-economic development planning process. The creation of planning units, the training of health planners and the approach to planning through a systematic methodology were among the main recommendations followed by the countries. The results so far achieved which included the already formulated health plans, the creation of planning units in almost all the Ministries of Health and the training of about 2500 health planners in the international and national courses, had clearly shown that the success of health planning would depend largely on the fulfilment of certain essential requisites which would include a well-defined health policy, a technical and administrative machinery and the availability of well-trained personnel.

A new stage was now being approached in Latin America with the creation of a Pan American Centre for Health Planning to undertake responsibilities to assist countries in the fields of training and research on health planning on a regional basis.

5. Group Discussions

The discussion groups approached the question of health planning on the basis of six agenda items proposed by the Chairman of the technical discussions in the form of questions.

Question 1

The first question was: What has been the experience or what does the group consider the necessary prerequisites for undertaking national health planning as part of national socio-economic development planning?

There was general agreement among the members of the group that before national health planning could be undertaken, it was essential to have a clear indication of the government's interest in general socio-economic development planning and particularly in health planning as one of its integral parts. There was also need for the formulation of a definite and clearly defined health policy (e.g., as to whether the government should adopt a health insurance scheme in the provision of medical care services, etc.), apart from existing statutes on health and medical care services, as a prerequisite to planning.

Government's intent and interest in planning would be reflected in an enabling legislation which would permit the necessary steps for the planning process to be taken, particularly the setting up of the essential machinery. The general health policy should be

formulated at the political level in the exercise of the constitutional process as would ensure a favourable climate for the support of the political power and promote public understanding of the plan.

It was generally agreed that an assessment should be made of the administrative capacity of the country to carry out the planning process and the availability of personnel for the effective execution of the plan. Organizational modifications and changes which might be needed should be made in the early stage. Some participants pointed out the need not only for medical and other professional personnel but also for other types of personnel essential for the efficient development and implementation of a plan.

There was a near unanimity among the participants on the difficulties of most of the countries in the Region with regard to obtaining the essential basic data for planning. Several participants emphasized, however, that planning should be attempted even with a minimum of data. It was generally agreed that at the earliest possible stage improvements should be made in the collection of data and their processing, and a health survey related to planning should be undertaken.

Question 2

The second question discussed was: What has been the experience or what does the group consider to be the necessary administrative and technical machinery to ensure effective national health planning and permitting full co-ordination of all governmental and non-governmental groups outside the Ministry of Health?

It was generally agreed that the main functions in the health planning process should be carried out within the Ministry of Health. Some participants pointed out that certain countries had very few technical personnel and that, therefore, the setting up of a particular planning unit in the Ministry might not be practical. Such a planning unit would normally be needed as the advisory body to the health authority on national health planning process. The unit would generally act as the secretariat for the ministerial health planning committee.

Practically, all participants emphasized the need for direct collaboration with a number of ministries which have common interests with the Ministry of Health such as the Ministry of Education, Public Works, Agriculture, etc. The French-speaking participants emphasized the role of the Planning Ministry (Ministère du Plan), while the English-speaking participants referred to a Planning Commission generally under the chairmanship of the Prime Minister, as the co-ordinating authority. It was recognized that the actual liaison between the Health Ministry's Planning Committee and the high-level co-ordinating bodies would differ from country to country.

All participants agreed on the necessity for co-ordinating and benefitting by the experience of professional organizations and voluntary agencies. The actual machinery for such co-ordination would depend on the conditions obtaining locally.

There was general agreement that it is essential for successful planning that the public should be drawn into the planning process and that planning be carried out simultaneously from above and from below.

Question 3

The third question studied by the groups was: What has been the experience or what does the group consider the most suitable approach to the actual planning process?

The participants agreed that in practically all countries in the Region where health planning had been undertaken, a purely pragmatic approach had been utilized. This had largely consisted in the utilization of expert advisers on particular subjects and committee work.

It was agreed that there was a need for a more methodical and systematic approach to the planning process. Certain delegates emphasized the utility of cost/benefit analysis and particularly the maximization of benefit and a minimization of cost.

The groups expressed interest in the newer developments in this field and the need for training of their staff in these new techniques. It was generally accepted that the public health personnel needed to collaborate closer with the economist and that such a collaboration would require a basic knowledge of economics and other social science disciplines. Some delegates pointed out that it was equally important that the social scientist should be given an opportunity to familiarize himself with health problems.

Question 4

The fourth question was: What has been the experience or what does the group consider to be the suitable personnel for national health planning and how should these personnel be trained?

The first category comprised senior health personnel in charge of the technical aspects of the formulation of the health plans.

These would all be experienced public health people. Planning should not become a separate specialty. It was agreed that the training of this group would need a period of not less than twelve weeks since they must be familiar with the range of techniques required in the health planning process.

The second category would comprise senior health personnel from various disciplines. Ideally, a similar period of training would be desirable, but it was generally accepted that this type of personnel would be difficult to spare for a longer period than eight to ten weeks.

A third category would be the general field personnel in the country where health planning was being carried out. A two to three weeks course would be sufficient for this group.

A fourth category would consist of top-ranking personnel and those with political responsibilities. It was agreed that this decision-making group should be exposed to some types of presentation of the elements of health planning.

Some participants referred to the importance of teaching and research. It was accepted that teaching and research personnel would need long and complex training which would have to be undertaken at schools of public health or planning institutes.

With regard to the contents of the training course, it was generally accepted that as a preliminary to the actual training in the planning process, a number of disciplines should be given, for instance, economics, demography, public administration and social sciences, etc.

Question 5

The fifth question discussed was: What has been the experience or what does the group consider the chief advantages of undertaking national health planning?

It was generally accepted that health planning provided a means for ensuring the most effective and orderly utilization of scarce resources. Once more it was emphasized that in all the countries of the Region it was essential to ensure maximization of benefits and minimization of costs. Health planning also entails improvements in organization and effectiveness of services. An important feature of national health planning was the possibility it provided for effective and constructive evaluation and feedback of the information obtained through evaluation. It was emphasized that national health planning is not a static phenomenon but a dynamic, continuous process.

It was also pointed out that in dealing with the top level co-ordinating bodies largely consisting of personnel trained in economics, a logical and orderly presentation of health needs would be likely to meet with more favourable attention.

Question 6

The last question discussed by the groups was: What has been the experience or what does the group consider the most effective way in which international organizations can assist or collaborate with governments in promoting and accelerating the development of national health planning?

A large number of participants emphasized the very real need at this time in the Region for international assistance in the field of national health planning. It was suggested that such assistance might take various forms. Practically all the countries of the Region felt a need for assistance in the training of personnel in the techniques of health planning. There was need for information and for literature embodying the experience of countries undertaking planning. It was suggested that the training might take the form of courses, seminars and fellowships. A large number of participants expressed the need for advisory services at all stages of the planning process.

6. Closing Plenary Session

In opening the final plenary session, the Chairman introduced the draft report of the technical discussions. He suggested that the draft be discussed section by section and topic by topic in order that the final report should reflect truly the consensus of the participants.

The items in the draft report which elicited comments from the group dealt with the following:

- (1) Personnel who would be involved in the planning process.

The group gave emphasis to the need not only for medical and other professional personnel but also for other types of personnel essential for the efficient development and implementation of a plan.

- (2) Collection of data and surveys. The group felt that "at the earliest possible stage, improvements should be made in the collection of data and their processing and a survey related to health planning should be undertaken."

(3) Planning approach. The group underscored and clarified the need "for a more methodical and systematic approach" to the planning process.

(4) Orientation and training. It was recognized by the group that personnel who should be introduced to the health planning process should include (a) top-ranking personnel and officials holding political responsibilities in the area of health who could profit from a series of orientation meetings on the aims and procedures, and the roles they could play in planning; (b) the senior health personnel of the Ministry who would be in charge of or participate in the health planning process as well as senior staff who would be involved in training and research in the health planning field; and (c) field personnel who would be involved operationally in the planning process. In addition, the group felt that provision should be made for the integration of national health planning into the curriculum of the schools of public health.

After agreeing on the text as amended, the group made the following conclusions from the technical discussions:

1. The technical discussions group expressed its interest in national health planning as an important administrative tool for strengthening the health services and ensuring the integration and co-ordination of health activities with the general socio-economic development. The group therefore recommends that governments should give more emphasis to national health planning.

2. In order to permit the undertaking of national health planning, the group recommends that provision be made for the training of medical and other staff in this field. Such training might make use of WHO and other agencies' facilities in the areas of literature and information, individual and group training and advisory services.
3. The group recognized the need for the development of planning procedures suitable particularly for the developing countries of the Region, and suggested that WHO should stimulate the necessary research.