

ISN - 33008  
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 PD-AAN-718

**Project Evaluation Summary**  
**(Terminal)**

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Mission or AID/W Office Name  USAID/Korea			2. Project Number  489-11-590-708		
Project Title  Health Planning					
Key project dates (fiscal years) Project 6/29/74 b. Final c. Final 12/31/77 Agreement and Obli- 5/30/75 input (projected) signed 5/30/75 gation delivered				5. Total U.S. funding-life of project \$702,000	
Evaluation number as listed in Eval. Schedule PAR 77-10		7. Period covered by this evaluation From: 6/76 To: 5/77		8. Date of this Evaluation Review 5/31/77	
Action Decisions Reached at Evaluation Review, including items needing further study			10. Officer or Unit responsible for follow-up		11. Date Action to be completed
Continue to administer health research funds  Note: Activities under this project have been largely completed except for the administration of selected health research activities. Some provision of advice and technical assistance and monitoring of RCEG progress in health planning will be appropriate during CY 1977.			USAID/GDC		12/31/1977

2. Signatures:

Project Officer	AID Representative
Signature: <u>[Signature]</u>	Signature: _____
Typed Name: <u>James R. Brady</u>	Typed Name: <u>Dennis P. Barrett</u>
Date: _____	Date: <u>6/7/77</u>

### 13. Summary

Much of the information contained in the last PAR and transmittal Airgram (TOAID A-37, May 28, 1976) is still current. The Westinghouse Health Planning Contract was terminated on December 31, 1976, and is reviewed in the final Contractor Performance Evaluation Report submitted January 31, 1977.

Major events would include:

- (a) The completion and approval of the first substantive national health plan (as a component of the 4th Five Year Economic Plan, 1977-81).
- (b) Per the instructions of the President, a special Medical Assistance Program for the Poor was added to the Fourth Five Year Program. This program was initiated in January 1977 to provide free or subsidized primary and secondary care to about 2.1 million Koreans classified as indigent or low income. The first year's budget for this program was projected to be about \$17 million, but lower than estimated demands for service may result in a lowering of this projection. If initial efforts are successful, national planners would like to double the target population, thereby reaching 11-12% of the population. If this program continues to receive the personal interest of the President, it could have a significant positive impact on the overall planning and delivery of health services.
- (c) Creation of the Office of Policy Coordination within the Ministry of Health and Social Affairs (MHSA) at the Bureau Director's level. This new office absorbed the Planning, Statistical, and Budgeting Sections and reports to the Director General for Planning and Coordination. This office is currently working on projections of long range national health needs and resources. It is responsible for coordinating "inter-bureau" programs within MHSA but still exercises rather limited control over the decisions made within each bureau. If properly exploited, the higher personal rank of the Policy Coordinator and his control over statistical and budgeting activities could lead to greater influence over internal MHSA planning processes. It is still too early to speculate on the probability of this occurring.
- (d) The National Health Secretariat was created at the Korea Development Institute with initial support from this project and later support from the Health Demonstration Loan Project. The Secretariat administered 17 research studies totaling W54,672,282 (\$113,428) in counterpart funds. The major problem has been the inability to recruit qualified and interested economists for the vacant senior positions in the Secretariat.

**14. Evaluation Methodology**

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This regular annual review based largely on small informal discussions among Koreans, Americans, and other country nationals (WHO, UNICEF, etc.) concerned with health planning activities. A review of project files was also made to extract appropriate information.

**15. Documents to be revised to reflect decisions noted on page 1:**

None

**16. Evaluation Findings about External Factors**

As suggested in Section 13 above and in the last PAR, one of the key influences on improvements in health planning is the priority accorded to health by top ROKG policy makers. Pressures for major change must come from above the bureaucratic (i. e. bureau) level of the ministries concerned. Once the bureaucracy accepts the decision for change, implementation will still move at different speeds. The major innovations now underway are the Medical Program for the Poor (pushed by the President); a joint ROKG-AID Health Demonstration Loan Project (pushed by the Deputy Prime Minister in the earlier stages and now generally supported by the Minister of Health appointed in December 1975); and a health insurance scheme to cover about one-fourth of the population during the next five years (pushed by the Minister of Health).

The Health Planning Project is credited with creating an atmosphere which was more conducive to the conception and development of new programs at the initiative of the top policy makers. Staff trained by the project have been heavily involved in many of the new activities.

**17. Evaluation Findings about Goal/Subgoal**

The Sector Goal is "Enhanced public welfare in rural areas through expanded health sanitation, and social security programs and facilities based on economically sound and site-tested planning system."

This goal assumes that expansion will be based on small systematic pilot tests of programs. While this will be true of certain types of innovations (use of physician extenders, prepayment schemes etc.), the ROKG is already

proceeding to expand health services to the poor and initiating major insurance programs without much pilot testing. The top political leadership has decided that the need is too urgent to postpone for 2-3 years while small tests are carried out. This project has assisted by providing new planning strategies, procedures, and trained personnel in an effort to reduce the number of errors made. The project and some of the new efforts are also mutually supportive in that the project hoped to have some impact on the improvement of health delivery for the poor, and this improvement has begun in 1977.

#### 18. Evaluation Finding about Purpose

The Project Purpose is to "Assist the ROKG to establish a health sector planning capability which is based on systematic analysis, research, and data assessment."

#### Comments on Progress and Problems

(a) A skeletal central policy and planning unit now exists within the Ministry of Health at the Bureau level, compared to the absence of even a planning officer three years ago. Three returned participants, trained in Health and Development, have been assigned as section chiefs in three key bureaus, so the quality of planning in these bureaus has improved. While a strong, centralized planning office has not yet evolved, the trend is toward more professionalized planning within the bureaus and better coordination of inter-bureau programs.

(b) Research and development data on which to base new programs will also now come from three new sources: (1) the new MESA Policy Coordinator's office, (2) the Korea Health Development Institute and (3) the National Health Secretariat. These increased informational inputs should lead to more systematic and rational planning.

(c) The Project is currently supporting a research study by the Korea Development Institute to support recommendations for a new health sector information system (report expected by July 1977).

(d) Several health research activities were supported by the Project. The quality of the work and the findings has been mixed. Many of the better researchers are being utilized as consultants by operating agencies.

(e) A national health plan has been approved for 1977-81. This plan provides an adequate set of objectives and program framework for improving national health care. It needs to be further elaborated and refined in order to serve as an effective guide for annual operations.

#### 19. Evaluation Findings about Inputs and Outputs

In USAID/ROK's opinion, the Westinghouse Health Planning Contract was too costly in relation to the outputs produced. The two long term consultants were as effective as could be expected under the circumstance. Home office and overhead costs were high. Less participants were trained than programmed --- primarily due to the lack of English language qualified candidates.

#### 20. Evaluation Findings about Unplanned Effects

(a) The Ministry of Health did not provide a very conducive environment for innovation, principally because it is much more conservative and routine-oriented than other Korean agencies which have been more in the mainstream of Korea's socio-economic development. This situation slowed down the translation into action programs of certain objectives in the Project Agreement. The situation now seems to be improving somewhat under the leadership of Minister Shin, Hyon Hwack and due to factors outside of MHS, which were described earlier.

(b) The implementation of agreed-on programs was also hampered by a general ROKG policy of shifting key ROKG personnel every 12-18 months.

#### 21. Changes in Design or Execution

Certain changes were made as required by conditions. No new modifications are proposed since this is a terminating project.

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## **22. Lessons Learned**

(a) Allow a longer time frame for institution-building projects of this sort. (The situation in Korea was perhaps unusual since the overall USAID program phaseout required the development of a Health Loan Demonstration Project at the same time as this grant-funded project was working on national program planning capabilities. In other activities of this nature, it might be more appropriate to complete the planning assistance project before channeling in funds for specific field demonstration activities).

(b) A. I. D. should be better prepared to provide short and long term technical support for such projects. Reliance on contractors, versus a core of well-trained, direct-hire specialists, should be reviewed.

(c) Several activities related to this project will be continued under the Health Demonstration Loan Project.

## **23. Special Comments or Remarks**

None

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