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SUMMARY

SYMPOSIUM ON THE KOREAN HEALTH PLANNING PROJECT
AND HEALTH PLANNING PROGRAMS IN DEVELOPING COUNTRIES

LOYOLA CONFERENCE CENTER

AMERICAN CITY BUILDING

COLUMBIA, MARYLAND

FEBRUARY 11, 1977

MONTEZE M. SNYDER

WESTINGHOUSE HEALTH SYSTEMS

MAY, 1977

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Participant Evaluation

U.S. donor agencies and primarily the Agency for International Development are engaged in health planning activities in a number of countries. During the last five years USAID has funded efforts in nine countries with additional funding in two others anticipated. These projects are generally concerned with assisting in creating the means to plan. Planning is viewed as a human enterprise which occurs in organizational settings within a broader political environment. Frequently, these health planning projects are undertaken in the context of social and economic planning for multiple sectors. In this context, planning may be viewed as an instrument for accelerating economic growth. It may also be viewed as both a process and a product which are concerned with deliberately shaping attitudes, actions and institutions. Specifying the resources, processes, and desired purposes and products of such activities is difficult enough within the context of a single organization within one's own culture; the complexities increase significantly when these specifications are to take place in another culture with its own political and organizational contexts. In mounting this effort there are many approaches which USAID and its contractors can take.

The approach taken by USAID and Westinghouse Health Systems under an AID-sponsored Health Planning Technical Assistance Project in Korea was the subject of a one day conference of professionals representing government agencies concerned with health planning in developing countries on February 11, 1977. (A list of the attendees, the conference agenda, and a summary of the participant evaluation are included in the Appendix.) The conference was designed to explore the issues and lessons which emerged from a review of the project plans and experience of the advisory team in Korea from February, 1975 to December, 1976, as well as other current and proposed health planning projects. Following an overview on AID health planning activities by Joe Davis M.D. (Director, Health Planning, USAID Technical Assistance Bureau) and a review of specific projects, conference participants identified issues which emerged from the presentations. Drawing upon their own experiences, the participants and a panel of presentors explored these topics and questions. This paper summarizes that discussion, identifying themes which

reflected the concerns and interests of conference participants. Some of these issues may provide a basis for further discussion and reappraisal of other activities in international health in developing countries.

U.S. AID EFFORTS IN THE HEALTH SECTOR

There are a number of approaches which a donor can take in influencing national decisions in the health sector. In his introduction, Dr. Davis identified five areas in which assistance may be provided:

(1) Direct subsidies for programs and projects.

(2) Research and data gathering to clarify issues.

(3) Developing indigenous capabilities through training of various categories of manpower.

(4) Technical assistance in collaborative planning within the health sector.

(5) Technical assistance in planning, and coordinating investment in activities of other sectors which may impact on health.

Dr. Davis indicated that assistance to a developing nation may include a mix of these approaches. The issue, then, is: given a specified allocation, what combination of these activities are appropriate and likely to be most effective in a given country at a given time?

Dr. James Jeffers, health economist and advisor in Korea, provided an in-depth review of the Korean health planning effort. In addition, there were brief presentations of other projects and issues encountered by members of the teams involved in health planning activities in Jordan and Haiti. A comparison of the approaches taken in Korea and Jordan provided a concrete focus for this issue. In Korea, the project design provided a health planner and a health economist full-time from February, 1975 to December, 1976; short term consultants to assist in health planning curriculum development

with a university setting; organization of the national health planning processes and procedures; technical assistance in policy development;[1] and funds to support medium term training of Korean officials in health planning and health economics in the United States. The underlying thrust was to facilitate the development of in-country institutions with the capability of carrying out health planning on an ongoing basis. Participation in the development of the national health component of the 4th 5 year plan document itself was not anticipated at the outset but did evolve.

In Jordan, a team of three from the Office of International Health (HEW) and Harvard School of Public Health visited the country between September 16 and October 2, 1976 to develop the context within which subsequent teams could work. Their activities included meeting with key individuals in the Government of Jordan and other relevant organizations involved in health; organizing the necessary counterpart structure: compiling an overview of the health sector in Jordan; and arranging for collection of additional information for further health planning activities.

Building on their work, a second multi-disciplinary team of nine worked in Jordan for varying lengths of time between the sixth of November, 1976 and 23 December 1976 to provide in-depth analysis of the health sector resources and institutional capabilities for planning. This group produced a strategy for development of the national health planning process and identified the key policy issues and recommended organizational changes to accomplish health planning.

These two projects suggest a model for assistance in national health planning. Each stage may be viewed as a separate decision point for investment in subsequent stages.

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[1] James R. Jeffers, Economic Issues: Korea Health Planning and Policy Formulation, Seoul, Korea: National Health Secretariat, Korean Development Institute, Health Study. Series No. 1, 1976.

Stage I. Analysis of health sector problems and resources and assessment of the commitment to plan within the health sector and to plan for health in other sectors. Critical questions: Who requested the analysis and what are the implications for the activities of the team? Will planning be undertaken with sufficient commitment to influence the activities of the health sector and/or other sectors? With whom does the commitment lie? Is there interest in planning for health services within the existing control of the Ministry of Health or in planning for health in other sectors as well? In other words, what are the goals for the planning process itself?

Stage II. Assessment of the existing capability to plan and the potential for development of that capability. Critical questions: What is the existing formal organization of planning and what are its capabilities? If health planning is undertaken in the context of economic development planning, how will health planning be integrated with planning for other sectors key individuals and how will these processes relate? What are the legal mandates for health sector activities? How do members of each of these organizations involved in health sector activities view their own roles and power in planning, as well as the roles and power of others? What modes of planning are acceptable to key individuals? What counterpart staff should be established? What organizational configurations exist or may be formed to establish health planning capability? Based on the above, what type of resources and skills can USAID provide? What approaches to training are appropriate for the modes and organization of planning which are envisioned?

Stage III. Establishment of a full scale health planning project. Critical questions: What planning roles and modes require clarification? What organizational linkages and forms of legitimization (e.g. legal mandates) are necessary to facilitate implementation of plans? What health issues require further research? Can demonstration and/or pilot projects provide useful information for policy decisions?

APPROPRIATE ORGANIZATIONAL FOCUS FOR TECHNICAL ASSISTANCE

Given the decision to invest in national health planning, most projects recently funded by USAID have attempted to establish a viable planning process through the development of national health planning institutions. In developing a strategy for pursuing this approach, the dilemma is usually characterized as whether to develop authority and responsibility for planning in a new institution or to improve the capability of an existing institution. Underlying this concern is the assumption that health resources will be more effectively and efficiently utilized when planning and implementation are unified in a single organization. A brief review of the experience in Korea as presented by Dr. Jeffers suggests additional perspectives on this issue.

The initial strategy in Korea was to create a new institutional base for national health planning outside the existing Ministry of Health and Social Affairs (MHSA) with only limited assistance to strengthen operational planning within the Ministry. MHSA was not considered to be an appropriate base for major national health planning activity. Although the Ministry has legal authority and responsibility for national health policy, this Ministry has historically been grossly underfunded, receiving less than 2% of the national budget. In addition, administrative control over the health delivery network and provision of services in the provinces,

and training of health manpower rested with the Ministry of Home Affairs and the Ministry of Education, respectively. The existing planning capability within the Ministry of Health and Social Affairs was viewed as weak, and it was felt that a plan emerging from this organization would reflect the existing activity of the Ministry. (i.e. sanitation and traditional public health activities.) In early 1975, a policy decision was made to include health as a separate sector in the forthcoming 4th 5 year Economic Development Plan. Thus, health planning activities were to be undertaken within the context of economic planning, and development of health planning capability was to be focused in the Korean Development Institute, a private research organization created to advise the Economic Planning Board which has responsibilities for economic development planning.

However, this strategy was not successful. It is difficult to determine at the outset where the power lies and to program where institutional development should be undertaken. Dr. Davis commented, "The power lies in the network of interpersonal relationships", and as such is continuously and interactively evolving. The Minister of Health and Social Affairs was successful in negotiating with Korea's President to regain control of the planning effort. The alternative strategy which evolved focused on assisting both the Ministry of Health and Social Affairs and an interagency coordinating committee in the development of the plan itself. While the health plan document was finally produced by MHSA, the revision of the plan which was finally accepted by the President and the Cabinet reflected important input from this group. As Dr. Jeffers concluded, it had been useful to assist more than one institution in developing the planning capabilities.

FOCUS AND NATURE OF TECHNICAL ASSISTANCE

This experience suggested the issue of technical assistance in these projects. In the group discussion that followed, it was indicated that alternative organizational configurations for development of planning capability might be explored. In addition to developing the capability of existing organizations, networks coordinating councils or other forms of interagency activity may be appropriate groups for technical assistance. These inter-organizational mechanisms may facilitate multisectoral planning for health as well as coordinate planning and programming within established health sector organizations. If interagency groups are selected as an appropriate focus for developing institutional capability to plan, the skills of advisors utilized in such projects and the training of in-country staff might be expanded to include group process and conflict management skills in addition to technical expertise in planning. Rudy Ellert-Beck, Korea Desk, East Asia Bureau, AID, cited the effectiveness of such techniques in another project where sections of the same agency could not agree on an end-of-project status: a simple intervention technique of requesting each participant to prepare and present a statement of his/her view of the project outcome resulted in clarification of the purposes of the project and facilitated in achieving consensus among that group. Ms. Sharon Russell (Westinghouse Health Systems, Policy Analyst) stressed the importance of these skills in effective utilization of multi-disciplinary teams of advisors and counterparts.

MULTI-SECTORAL PLANNING AND UNI-SECTORAL PLANNING FOR HEALTH

The need for multi-sectoral planning for health was emphasized. In Korea, population planning was carried out separately from health planning. As Dr. Barry Karlin (American Public Health Association) noted, the most

significant health problems identified from a survey of 180 health projects in 54 developing countries are problems which require coordination of several sectors.[2]

NATIONAL VERSUS LOCAL PLANNING

The Korea project and other AID projects have focused on national level planning as the means to influence health sector activities. Conference participants were concerned that other approaches might be taken. The PAHO-CENDES methodology and process was cited as an example of more community oriented planning. It was suggested that regional and local planning might be able to circumvent the bureaucratic aspects of health planning. On the other hand, the perceived authority to plan is perhaps as important. Without a mandate or a community of acceptance, local or regional planning efforts will be ineffective. As the PAHO-CENDES experience in Latin America and our own comprehensive health planning experience in the U.S. has demonstrated, integration of local and regional plans into a national plan is difficult. While the successes of family planning efforts at the local level in Latin America were noted, the administrative and political difficulties of AID programmed bilateral support to local and regional activities for non-direct services projects were stressed.

Sharon Russell rephased the issue: "The question is not one of community level or not, but rather "how" community level and for what purpose. Certain decisions can take place at the national level and others at the local level. The task is sorting out what happens where - not as alternatives, but as coordinated activities. From this perspective, advisors can

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[2]Barry Karlin, The State of the Art of Delivering Low Cost Health Services in Developing Countries; A Summary of 180 Health Projects, Washington,D.C. American Public Health Association, 1977.

assist their counterparts at the national level in designing a planning process which incorporates both national and local level concerns, in a manner appropriate to a country's social and political contexts.

RESEARCH, DATA REQUIREMENTS AND USE

Applied research activities are often included in planning projects, such as the efforts in India, Ghana and Indonesia. The impact of investing in future research or data gathering was questioned in comparison to direct service activities within the health sector or perhaps, more significantly, other sectors. Often, there is already a plethora of data scattered among a variety of agencies. Given the magnitude of many problems, additional investment in refinement of that data may not be significant in the overall planning process. As Bob Emery (Office of International Health, DHEW) noted, the most significant data in most health planning efforts is the cost of services and that information is rarely available. It was noted that research and data are not value-free information, they acquire meaning as they are used in the formulation of problems and the making of solutions in a social and political context.

SUMMARY

Based on a review of recent health planning activities sponsored by USAID, several concerns emerged:

(1) Is national health planning the best way to influence the activities related to health in developing countries? Dr. Davis identified alternative approaches which might be taken.

(2) Given the decision to invest in national health planning, how and when can USAID advisors assist in establishing the process? The experiences in Jordan and Korea suggested models for phasing in assistance based on the situation in the host country.

(3) What organizational structures and processes are most effective for national health planning? The importance of developing the capability to plan in interagency groups or consortium as well as within the Ministry of Health was suggested.

(4) Can and should multi-sectoral planning for health be undertaken in addition to or as perhaps in lieu of planning health services within the health sector? The need for advisors with group process skills as well as technical planning skills is particularly stressed for multi-sectoral planning.

(5) How and when can USAID advisors influence development of health planning at the local and regional levels: It is important to define the planning activities and authority for each level according to the particular cultural context.

(6) Is additional data and research really effective in most planning projects: Selective use of existing data for use in identifying policy issues and perhaps use of more refined data which can be found in existing pilot projects were suggested.

Each of these questions warrants further consideration as we have more experience in health activities in developing countries. Guiding principals for the organization of planning have been developed from the experience in economic and development planning,[3] and some have been tentatively advanced in social planning.[4] However, little is known about the extent to which health planning activities adhere to these principles in different countries and how these principles for organizing the planning process relate to different modes of planning. Further documentation of the planning processes and approaches in health planning projects may be useful.

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[3]For example, Albert Waterston, Development Planning. Baltimore: The Johns Hopkins Press, 1965; Jan Tinbergen, Central Planning. New Haven: Yale University Press, 1964.

[4]Alfred Kahn, Theory and Practice of Social Planning. New York: Russell Sage Foundation, 1969.

Several of the principles of social planning and issues raised in this one day conference stress coordination of the planning effort among several organizations. While there has been some research on the inter-organizational relations of health service delivery agencies, this concern suggests further research into the mechanisms for coordinating of various organizations involved in planning of services and programs.

APPENDIX

Attendance List

Agenda

Participant Evaluation

ATTENDANCE LIST

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Asia Bureau

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Julie Weisman

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AMERICAN PUBLIC HEALTH ASSOCIATION

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AGENDA

SYMPOSIUM ON THE KOREAN HEALTH PLANNING PROJECT
AND HEALTH PLANNING PROGRAMS IN DEVELOPING COUNTRIES

FEBRUARY 11, 1977

9:30	Introductions and Objectives	Mike Reardon Joe Davis
9:45	Moderator for the Day	Bill Deutschmann
	AID Project Objectives and Expectations	John Alden Isaiah Jackson
	Background, Stated Objectives and Technical Approach for the Korean Health Planning Projects; Issues from this Project	Monteze Snyder
10:30	Implementation Realities	Jim Jeffers, Health Economist
	A Discussion of the Organizational and Political Environment, the Work Plan Development, Technical Assistance Techniques Used, Problems Encountered, and Progress Made	
	Group Discussion	
12:00	Buffet Luncheon	
1:45	Summary of Other Current and Proposed Health Planning Projects Haiti — Liberia Jordan — Syria Nepal — Chad Ghana — Other	Joe Davis
2:30	Issues and Lessons for Future Plans Further issue identification Implications and recommendations	Group
4:30	Adjourn	

SUMMARY

SYMPOSIUM ON THE KOREAN HEALTH PLANNING PROJECT
IMPACT ON FUTURE PLANNING

EVALUATION SHEET

1. Overall Satisfaction with the Symposium — Average: 7.31

	1	2	3	4	5	6	7	8	9
	Little								Great
Number Choosing	0	0	1	0	0	4	5	9	3

2. Quality of Shared Information — Average: 7.18

	1	2	3	4	5	6	7	8	9
	Little								Great
Number Choosing	0	0	1	0	2	1	7	9	2

3. Physical Set Up (room, food, service, etc.) — Average: 8.45

	1	2	3	4	5	6	7	8	9
	Poor								Excellent
Number Choosing	0	0	0	0	0	0	2	8	12

4. Opportunity for Me to Have Input — Average: 7.72

	1	2	3	4	5	6	7	8	9
	Little								Great
Number Choosing	0	0	0	0	2	2	3	7	8

5. Value of the Symposium for future planning — Average: 7.04

	1	2	3	4	5	6	7	8	9
	Little								Great
Number Choosing	0	0	1	2	1	1	4	10	2

Individual Comments:

- Persons who made presentations seemed to be poorly prepared and talked in too much generalities. More use should have been made of visual aids.
- The value of this symposium for future planning lies in the concrete follow-up; either in the form of solid recommendations or perhaps a series of issue papers.
- Should have something like this more often to facilitate interagency and group interaction and idea exchange.

Bill Deutschmann, Facilitator

FOR ADDITIONAL INFORMATION

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