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INTEGRATED PLANNING IN HEALTH:  
REPORT ON NON-GOVERNMENTAL ORGANIZATIONS INTERESTED  
IN HEALTH AND HEALTH PLANNING PRACTICES IN THE  
WESTERN PACIFIC REGION

Report by the Regional Director

1 INTRODUCTION

The Regional Committee, during its eighteenth session, noted the existence in countries and territories in the Western Pacific Region of many manpower and financial resources, which are not related to the usual governmentally-supported national and international organizations but which have an important bearing on the health programmes of Member countries. It recognized that as national health planning becomes increasingly recognized and practised as an important administrative function of health departments, these resources would have an even more important role to play in the health services of countries. In making these observations, the Regional Committee adopted resolution WPR/RC18.R1 recommending that Member governments:

"(1) in initiating and developing national health planning programmes, include and involve the early participation and utilization of these additional resources;

"(2) involve and utilize the assistance of WHO in such planning and developmental activities;

/"(3) inform ...

"(3) inform the Regional Director of the action taken so that a report can be submitted to the nineteenth session of the Regional Committee."

The purpose of this paper is to report on the information received from Member governments.

## 2 METHOD USED

Early in March 1968, a questionnaire was sent to national and territorial health administrations requesting information on non-governmental resources for health and on current health planning practices, including attitudes on international assistance in this field.

The questionnaire described the private (or non-governmental) organization as follows:

- (a) it is self-governing as it operates according to its own charter and by-laws;
- (b) its activities are directed entirely or partially to the field of health;
- (c) its budget is derived from individual sources (e.g., foundations, philanthropies) and/or the resources of voluntary, civic, professional, commercial/ industrial and such similar groupings in the country and/or from the outside;
- (d) it is to be distinguished from the semi-official organization, which is financed partly from government funds and is responsible to a certain extent to the appropriate government agency on fiscal and/or operational matters.

## 3 RESULTS

Replies were received from 23 of the 32 governments to whom the letter was addressed. Two (2) governments stated that they could not provide the information requested.

Nineteen (19) of the 21 replies received (representing a 65% response from governments) contained information on both private

/organizations ...

organizations and health planning practices; 2 contained no information on health planning practices.

3.1 Information on private organizations

3.1.1 Areas of activity in health

The questionnaire had suggested a classification under such broad organization groupings as:

- (a) voluntary health,
- (b) voluntary social,
- (c) civic,
- (d) private foundations and philanthropies,
- (e) religious
- (f) medical and allied professional,
- (g) commerce and industry,
- (h) others.

As the replies were not uniform, it was considered convenient to group the 818 organizations in the 21 countries which replied, according to area of activity:

- (a) Medical care (hospital, dispensary, first-aid treatment, medical research), 558 (68%);
- (b) Maternal and child health (maternity, maternal and child health clinic and family planning), 96 (12%);
- (c) Welfare (child nutrition, child welfare, aged welfare, rehabilitation of the crippled, welfare of the handicapped, association for retarded children, wounded veterans rehabilitation, other rehabilitation associations, lepers welfare, nutrition welfare, Red Cross relief, tuberculosis welfare, miscellaneous organizations for welfare and for disaster relief), 86 (10%);
- (d) Public health (blindness prevention, cancer control, leprosy control, mental health, parasite control, tuberculosis control, venereal diseases control, nutrition, nursing care, miscellaneous health activities), 39 (5%);

/(e) Training ...

- (e) Training and staff development (training organizations for physicians, nurses and other health personnel, medical and paramedical associations), 22 (3%);
- (f) Unclassified, 17 (2%).

The distribution of organizations according to area of activity in 21 countries or territories is shown in Annex 1. It will be observed that there is a wide range in the number of organizations reported which, on the basis of the known size, population, resources and stage of development of some of the countries listed, would reflect under-reporting. In one country, information from only one state was received.

### 3.1.2 Approximate annual cost of services provided

Only 101 organizations (12%) reported their annual expenditure which gave an aggregate total of \$9 192 600. Although not representative of the organizations as a whole, a breakdown of the costs by activity showed the following:

|                                    |              |       |
|------------------------------------|--------------|-------|
| (a) Medical care                   | \$ 4 911 600 | 53.4% |
| (b) Public health                  | 2 423 400    | 26.4% |
| (c) Welfare                        | 1 194 200    | 13.0% |
| (d) Maternal and child health      | 591 700      | 6.4%  |
| (e) Training and staff development | 71 700       | 0.8%  |

The distribution of expenditures by country/territory is given in Annex 2.

It was noted that 80 (10%) of the organizations are financed from outside of the country, although it was not established whether the others are financed from local sources only.

### 3.1.3 Organizations registered with and operating under governmental regulations

The returns reveal that only 141 (17%) organizations are registered with and operating under government regulation. Eighty-three (83), presumably from among those registered, submit progress reports to governments; 27 of these include information on their sources of income and 31 give information on their assets and liabilities.

One hundred and twenty-seven (127) private organizations (16%) submit progress reports to their own governing bodies. These include information on their assets and liabilities. One hundred and ten (110) also furnished information on their sources of income.

3.1.4 Health activities performed solely by private organizations

Four (4), or 20%, of the 21 replies confirmed that certain health activities are being undertaken solely by private organizations. In one country, two foreign-supported organizations are involved in activities in which the government is not at present participating. In one territory, certain religious and voluntary organizations have sole responsibility for some health activities. In another, foreign-supported religious denominations render medical and health care services. In one country, two foreign and one local organization look after the rehabilitation of the handicapped.

3.1.5 Arrangements for mutual consultation, co-ordination and joint planning activities between the health authority and the private organizations concerned

Twelve (12), or 63%, of the 19 replies to this question indicated that consultations took place between the health authority and the private organizations. Three (3) governments (15%) did not have such an arrangement and 4 (or 22%) had no comments to make.

3.1.6 Plans to organize an improved mechanism to ensure better collaboration in planning and executing health activities

Two (2), or 9%, of the 21 replies expressed the view that collaboration between private organizations and the health authority might be improved through national health planning and by a continuing review and improvement of present arrangements, while 10 (48%) considered existing mechanisms adequate. There were no comments in the remaining 9 (43%) replies.

3.2 Health planning practices and international collaboration in health planning

3.2.1 Existence of National Development Planning Authority

Twelve (12) of 19 replies (63%) were in the affirmative; 4 (21%), negative; and 3 (16%), silent.

/3.2.2 ...

3.2.2 Involvement of health authority in the formulation of the present national development plan and in developing the future plan

Ten (10) of the 19 replies (53%) indicated that opportunities for consultation exist between the national development planning body and the health authority, either through committee meetings or consultations.

Two (2) countries (10%) reported that their health authorities are not consulted.

The remaining 7 (37%) were governments which did not have development planning bodies.

3.2.3 Use of certain organizational mechanisms by the health planning sector

Six (6) governments (32%) reported the presence of organizational mechanisms:

- (a) health planning unit - 3
- (b) technical sub-committee for planning - 1
- (c) central advisory committee on planning - 2

One (1) government (5%) was considering the establishment of a technical sub-committee on planning.

Five (5) governments (26%) were satisfied with present consultative arrangements.

Three (3) (16%) did not believe this question applied to their governments.

Four (4) (21%) had no comment.

3.2.4 Existence of intra-sectoral planning procedure in the absence of a formal policy on national health planning

Of the 7 governments which did not report the existence of a national development planning body, 1 did not indicate any consultative mechanism being used by the health authority while the remaining 6 availed themselves of consultations and advice from special committees, institutions, etc., in connexion with their intra-sectoral planning to promote better the organization and execution of the health authority's functions.

3.2.5 Governments' plans for requesting international assistance  
in the area of national health planning

Ten (10) (53%) of the 19 governments which replied plan to request WHO assistance (with 1 government considering the possibility only).

One (1) (5%) plans to approach the University of Hawaii School of Public Health.

Five (5) (26%) had no immediate plans.

Three (3) (16%) had no comment.

The forms of assistance envisaged from WHO are:

- |  |     |
|--|-----|
| (a) advisory services                          | - 5 |
| (b) attendance at group inter-country meetings | - 2 |
| (c) fellowships                                | - 3 |

4 COMMENTS AND CONCLUSIONS

4.1 The questionnaire touched upon areas where certain information on private organizations may not have been available to all or where health planning practices are still developing. However, countries/territories conducting future surveys may find the inclusion of some of the information requested useful in assessing community health resources and in undertaking comprehensive planning.

The frame of the questionnaire may have been responsible for some of the difficulties encountered in formulating replies. The questions attempted to secure a wide span of information and data but they may have been too briefly worded and some of the terms used may have needed definition or explanation in the context of the subject and purpose of the questionnaire.

The difficulty in interpreting the results obtained issues from differences in the content and completeness of the returns received. As mentioned earlier, only 65% of the governments responded and only 12% of the private organizations provided information on their annual expenditures. Many replies were brief and consequently lacked details which could have been very informative.

While the questionnaire endeavoured to gather information on similar subjects from countries and territories, it is hazardous to

/make comparisons ...

make comparisons in depth of the results obtained. In this context regional averages would be meaningless in view of the wide diversity of the size, population, socio-economic development and organizational characteristics of the countries and territories concerned. Nevertheless, the information provided gives an indication of individual country/territory conditions and thereby reflects in its totality a broad view of conditions obtaining in the Region.

4.2 Allowing for the above limitations, the information received can be summarized as follows:

(a) Private organizations interested in health

The replies received from 21 countries/territories provided information on 818 such organizations. The general range of their activities has been arbitrarily categorized into 6 groups: medical care, 68%; maternal and child health, 12%; welfare, 10%; public health, 5%; training and staff development, 3%; unclassified, 2%.

(b) Approximate annual cost of services provided  
(see paragraph 3.1.2)

Only 101 (12%) of these organizations have reported their annual expenditure which has an aggregate total of \$9.19 million. The percentage distribution of expenditure in this small and certainly not representative sample gives medical care, 53.4%; public health, 26.4%; welfare, 13.0%; maternal and child health, 6.4%; training and staff development, 0.8%.

(c) Arrangements for mutual consultation, co-ordination and joint planning activities between the health authority and the private organizations concerned (see paragraph 3.1.5)

Twelve (12) countries/territories reported that there were satisfactory arrangements for mutual consultation between private organizations and the health authorities.

(d) Health planning practices (see paragraph 3.2)

Of the 19 governments which submitted information on this topic, 12 reported the existence of a national development planning body, of which health was a sector in 10 countries and territories.

/Whether as ...



Whether as a health sector of the national development planning authority or working independently, the health authority in the majority of cases uses special committees and other similar devices in its planning for health.

- (e) Governments' plans for requesting international assistance in the area of national health planning  
(see paragraph 3.2.5)

Governments are aware of the international assistance available for health planning and 10 of them are interested in obtaining WHO assistance in this field.

The replies to the questionnaire would support the Regional Committee's view that resources are available from private organizations interested in health. Although the figures are not complete and a number of countries have not reported, the large number of active organizations shows a considerable resource potential which can be tapped and co-ordinated with government resources for health work.

ANNEX 1

DISTRIBUTION OF PRIVATE ORGANIZATIONS ACCORDING TO  
AREAS OF ACTIVITY IN HEALTH IN 21 COUNTRIES AND TERRITORIES  
IN THE WHO WESTERN PACIFIC REGION - 1967

| Country or Territory                      | Area of Activity |              |               |          |         | Total |
|---|------------------|--------------|---------------|----------|---------|-------|
|   | MCH              | Medical Care | Public Health | Training | Welfare |       |
| Brunei                                    | -                | 1            | -             | -        | -       | 1     |
| Cambodia                                  | -                | 1            | 1             | -        | 1       | 3     |
| China                                     | 2                | 3            | 1             | -        | -       | 6     |
| Fiji                                      | 1                | 1            | 2             | -        | 8       | 12    |
| Gilbert and<br>Ellice Islands             | -                | 1            | 2             | -        | -       | 3     |
| Guam                                      | -                | 2            | 2             | -        | -       | 4     |
| Hong Kong                                 | 81               | 489          | -             | -        | 8       | 578   |
| Korea (Republic of)                       | 1                | 4            | 6             | 1        | 28      | 40    |
| Laos                                      | -                | 3            | -             | -        | 1       | 4     |
| Macao                                     | -                | 7            | 1             | 2        | 4       | 14    |
| Malaysia<br>Sabah, East Malaysia          | 1                | 2            | 1             | 2        | -       | 6     |
| New Caledonia                             | -                | 5            | -             | -        | -       | 5     |
| New Hebrides                              | -                | 5            | -             | -        | 1       | 6     |
| New Zealand                               |                  |              |               |          |         | 17*   |
| Philippines                               | 5                | 4            | 9             | 9        | 9       | 36    |
| Ryukyus                                   | 1                | 3            | 6             | 5        | 11      | 26    |
| Timor**                                   | -                | -            | -             | -        | -       | -     |
| Tonga                                     | 3                | -            | 2             | -        | 4       | 9     |
| Trust Territory of<br>the Pacific Islands | -                | 1            | 1             | -        | 5       | 7     |
| Viet-Nam (Republic of)                    | -                | 25           | -             | -        | 2       | 27    |
| Western Samoa                             | 1                | 1            | 5             | 3        | 4       | 14    |
|   | 96               | 558          | 39            | 22       | 86      | 818   |

\*Voluntary organizations as listed.

\*\*Timor has no private organizations but provided information on organizational facilities for planning.

ANNUAL EXPENDITURES REPORTED BY CERTAIN PRIVATE  
ORGANIZATIONS IN SOME COUNTRIES AND TERRITORIES  
IN THE WHO WESTERN PACIFIC REGION, 1967

| Country or territory                      | Number of Institutions |                       |                           | Expenses<br>Reported<br><br>(in thousand<br>US dollars) |
|---|------------------------|-----------------------|---------------------------|---|
|   | Total                  | Reporting<br>Expenses | Not Reporting<br>Expenses |   |
| Brunei                                    | 1                      | 1                     | 0                         | 641.9   |
| Cambodia                                  | 3                      | 2                     | 1                         | 72.4  |
| China                                     | 6                      | 4                     | 2                         | 301.0   |
| Fiji                                      | 12                     | 8                     | 4                         | 96.5  |
| Gilbert and<br>Ellice Islands             | 3                      | 2                     | 1                         | 1.7   |
| Guam                                      | 4                      | 1                     | 3                         | 40.0  |
| Hong Kong                                 | 578                    | 0                     | 578                       | -   |
| Korea (Republic of)                       | 40                     | 11                    | 29                        | 2691.9  |
| Laos                                      | 4                      | 0                     | 4                         | -   |
| Macao                                     | 14                     | 14                    | 0                         | 2158.5  |
| Malaysia<br>Sabah, East Malaysia          | 6                      | 6                     | 0                         | 94.4  |
| New Caledonia                             | 5                      | 5                     | -                         | 184.9   |
| New Hebrides                              | 6                      | 6                     | 0                         | 141.2   |
| New Zealand                               | 17                     | -                     | 17                        | -   |
| Philippines                               | 36                     | 0                     | 36                        | -   |
| Ryukyus                                   | 26                     | 26                    | 0                         | 1671.2  |
| Tonga                                     | 9                      | 9                     | 0                         | 203.8   |
| Trust Territory of<br>the Pacific Islands | 7                      | 0                     | 7                         | -   |
| Viet-Nam (Republic of)                    | 27                     | 6                     | 21                        | 893.2   |
| Western Samoa                             | 14                     | 0                     | 14                        | -   |
|   | 818                    | 101                   | 717                       | \$9192.6  |