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LONG-TERM PLANNING IN THE FIELD OF HEALTH,
INCLUDING LONG-TERM FINANCIAL INDICATORS

Progress Report by the Regional Director

1. INTRODUCTION

The Regional Committee at its twenty-second session adopted resolution WPR/RC22.R13¹ as the latest in a series of resolutions on long-term planning in the field of health.² It will be recalled that during the discussions of the subject at the twenty-second session of the Regional Committee for the Western Pacific, a number of representatives indicated that it would be difficult for their governments to provide the information requested in the resolution¹ which was adopted.

2. ACTION TAKEN

2.1 Resolution WPR/RC22.R13 was transmitted to governments in December 1971.

2.2 Survey forms were drawn up in the Regional Office, based on the Fourth General Programme of Work of the Western Pacific Covering a Specific Period (1973-1977) which was adopted at the twenty-first session of the Regional Committee. When the forms were transmitted to governments attention was called to the fact that the WHO Representatives would be available for consultations on request. Governments were further informed that the major programme headings in use in WHO had been adopted for the survey and were requested to give at least the national inputs for each project for which WHO assistance was envisaged. The transmittal letter also indicated that a progress report would be made to the twenty-third session of the Regional Committee, either orally or in a written form.

/3. FINDINGS ...

¹ Handbook of Resolutions and Decisions of the Regional Committee for the Western Pacific, seventh edition, 1.1.2, pages 9/10.

² Handbook of Resolutions and Decisions of the Regional Committee for the Western Pacific, seventh edition, 1.1.2, pages 5-8.

3. FINDINGS

3.1 Fifteen forms (with complete or partial replies) were received by 21 August from the 27 countries and territories in the Region. Seven forms furnished information on their planning periods and seven on their priority objectives. Nine contained country programme projections covering the period 1974-1978; four the period 1974-1975 and two had projections to 1974 only. Six governments furnished estimates of national inputs for 1974-1978 and five provided information on external inputs other than WHO. Thus the information obtained from only five of the 27 countries and territories of the Western Pacific Region could be considered as reasonably complete.

3.2 In the light of the limited number of survey forms received and the incomplete information on those forms, it is not possible to draw conclusions on regional programme trends. Apart from the incomplete country returns and the paucity of information, it is also evident from the returns that the health plans in most of the countries which have them are in their early stages.

4. RECOMMENDATIONS

4.1 It is suggested that future efforts be concentrated on assisting governments in developing their own capacities for national health planning, since long-term planning in the field of health must be based on the health plans of the countries and territories in the Region.

4.2 Substantial progress has been made by a number of governments in planning. This is shown by 10 governments having already formulated their health plans and with three ready to initiate planning. Other positive elements include the integration of country health plans into their national development plans and the financial allocations received from governments for undertaking the envisaged programme activities. Continuity of the planning process and the systematic way by which plans are being undertaken are suggested by the existence of a planning machinery in nine and the provisions made for a programme evaluation framework in the health plans of five of the 10 countries.

4.3 Certain difficulties or problems are suggested by the survey returns such as the apparent lack of any indication of change in the size and content of the programmes projected despite the world-wide inflationary trends and the changes taking place in ecology of countries and the progress of technology, the limited use of the social and economic indicators in the planning and projections of programmes, the lack of more specific information on the priorities and objectives of the health plans of some of the responding countries and the lack of provisions for programme evaluation framework noted in the others. It is noted further that in at least five countries health planning is not contemplated.

/4.4 Opportunities ...

4.4 Opportunities are therefore offered to WHO for further collaboration with countries in planning. WHO facilities for planning in the Region are available. Advisory services in country and inter-country projects exist and are available upon request. Regional courses in planning since 1968 have resulted in the training of 53 national and international staff; beginning in 1973 assistance in in-country training can be extended upon request. The staff of the regional course on planning has developed a field manual adapted for the use of national staff. A regional conference on national health planning will be convened in November 1972 to enable representatives of Member countries to assess the problems of planning in the Region and to formulate recommendations for future action by governments. Also, a course in planning, administration and management of health services is being organized at the University of the Philippines, Institute of Public Health, through World Health Organization/Headquarters sponsorship in order to define and explore means of improving the implementation of national health plans.