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1974 COLOMBIAN HEALTH SECTOR ANALYSIS

Reference Center
Room 1606 NS

PART ONE - INTRODUCTION

A. General

Sixteen months have passed since the completion of the 1972 Colombian Health Sector Analysis and Loan 069 (1973-74 health sector) has been operational for about a year. Although it is too early for this program to have had substantial effects on the health status of the population, there are good reasons for another review of the health sector at this time.

When the 1972 document was written, considerable emphasis was placed on description of the situation and statements of the end-point of the decision process as supplied by the GOC. This was appropriate since it was the first attempt to bring together and assess a large body of materials on the total sector. The data base was insufficient (and still is, for that matter) to produce the rigorous kind of analysis that might be desired. It was our opinion at that time, however, that sufficient information was available to give reasonable confidence that the Colombian health policy and strategy was a rational response to Colombian health conditions and resource availabilities. More time has now been available for examining this sector; our monitoring of the sector loan brought us new knowledge of many facets of the situation and the processes which operate to produce program definition and decisions; on-going research or special studies as requirements of the loan brought new information to light. Thus, we are now in a position to take a different kind of analytic approach in this updated assessment. Although substantial progress has been made in developing two rather sophisticated analytic models, it is apparent that the data base still does not permit great depth of analysis in many areas. Unfortunately, many of the decisions related to relative pay-offs of different kinds of programs or estimates of cost-effectiveness of alternative approaches must still be based as much on intuitive reasoning as empirical knowledge. There has been, however, some improvement in the data base which allows a degree of refinement in the analytic methodology. As more than a polite bow to our health consultants (Dr. Thomas Hyslop, M. D. M. P. H.; Dr. Gordon Brown, Ph. D. Health Planning; Mrs. ~~Steen~~, R.N., Robert Douglass, architect; Dr. Robert Bradbery, Ph. D. Health Planning), we can also say there has been an improvement in the amount and quality of technical expertise brought to bear on the subject. Perhaps this updated assessment could be criticized for not revealing startling conclusions or

a substantially changed overall opinion as compared to the 1972 Analysis. We believe it has helped to put things in clearer perspective, developed a more rational approach to evaluating the appropriateness of particular programs, and identified more sharply certain areas requiring more study or more action. Nevertheless, the lack of suggestions for drastic changes or departures does seem to confirm our initial judgment that the GOC policy and strategy developed at the time of the 1972 Analysis as the outgrowth of ten years of study and planning by Colombian health authorities was basically a sound diagnosis of and prescription for Colombian problems.

In the process of developing this assessment, the GOC was requested to review, update, and comment further on the 1972 Analysis. Since the 1972 Analysis drew heavily upon GOC documents, we did not expect substantial changes but were seeking every opportunity to increase the accuracy of our understanding of their policy and objectives. To repeat all of their updated material here would yield a larger document than necessary or desirable. Suffice it to say that their commentary did not indicate significant problems in the original Analysis, and their material was taken into consideration in the preparation of this present assessment.

This Analysis represents our best understanding of the events and processes which have and are occurring in this sector. However, we know that incomplete information, understanding or interpretation may have resulted in our developing some incorrect conclusions. Recognizing that analysis is a continuous process, there will be ample opportunity to revise these conclusions as improved data becomes available.

As part of the updating of the assessment, we looked at performance of the health sector and the health sector loan during the past year. Our general conclusions were transmitted in the IRR. We repeat them here:

(1) Substantial progress has been made in achieving increases in investment in this sector. However, under current assumptions as to GOC public sector revenue prospects for the next several years, it is unlikely that this level of investment can be continued and consolidated into the regular investment pattern of the GOC without additional external assistance. (In our consideration of another two-year loan, we concluded that probably this should be the last health sector loan, and that by 1977

the new Colombian Government would have had ample time to make needed fiscal reform enabling it to assume full responsibility. Any additional assistance over time in this area would be for special problems, such as rural sanitation, nutrition, or maternal/child health.)

(2) The GOC has found the present type of loan to be a useful tool for itself in coordinating and supporting a comprehensive health sector program. From its evaluation of this mechanism, we quote the following:

"Sector loans offer a number of advantages compared to other forms of partial financing. Perhaps the principal reason is that one gets a complete picture of what is happening in a sector and can program actions which are mutually supportive

"We should comment on the way this has strengthened the Planning Office of the Ministry of Health

". . . the procedures used in the orientation of sector loans have been useful -- the studies required have motivated different groups to study more closely certain essential aspects of the sector and led to implementation of . . . recommendations."

(3) Important organizational and program improvements have been supported or catalyzed by the loan and its conditions, but more remains to be done. Of particular note are the reorganization of the National Hospital Fund, and a comprehensive study for redesign of the health sector. Many of the recommendations of the latter have just received official legal status. However, we believe that even if all are not made law at this time, they will serve a useful guide for policy direction. The support of the Mission and the sector loan in achieving this "redesign" was the subject of a letter of appreciation from the Minister of Health. Loan 069 included requirements for some 19 actions or studies that various GOC agencies would undertake to improve the health system. The USAID has carefully monitored these requirements and found that 12 of the actions have been adequately complied with; 6 have been granted appropriate extensions and are in process; and 1 has received inadequate attention (i. e., the supply system). In this way, increasing attention has

been brought to bear on delegation of functions to auxiliary personnel, improvement of training programs particularly for auxiliary nurses, recognition of a substantial failure in the supply system, improved planning and operational research on the system, further study of the needs of the regionalized system for extending health services, the design of a new information system, development of a multi-sectoral nutrition policy, development of an analytic mathematical model to compare alternative methodology and investment strategies in the sector -- in short, the kinds of actions necessary to develop broader extension of coverage to the population by methodology which the country can afford.

(4) It is early in the implementation of the first loan to make any precise or profound evaluation of physical target accomplishment, and much less the measurement of health status improvements. However, reports indicate, and our field visits generally confirm that targets are being met in an acceptable fashion. Financial targets of the first year (CY-1973) have been met approximately 86% by the GOC and 100% by AID.

(5) We believe that substantial improvements in the system itself and in extension of services can be secured in the 1975-76 period through improved planning, operational research, judicious use of loan conditions, and loan financing in response to the GOC request. The innovative comprehensive sector program upon which the GOC embarked in 1973 has already made substantial organizational progress. We believe an additional two years of support from AID with appropriate programming, technical assistance, and monitoring is necessary to consolidate the investment pattern and programming improvements sufficiently to insure continuity for the future.

B. Methodology of the Analysis

The main elements of the updated Analysis are found in five major parts which have built on the 1972 Analysis information and expanded and updated it where possible. This is, therefore, a supplement to and not a substitution for the 1972 document. Where referral to the 1972 document is appropriate, we have indicated the general sections applicable.

Part Two includes an expanded description of Colombian demography, health status, and service coverage with analysis of their present and projected implications. This is followed by a review of health, population, and nutrition policy, and an examination of its appropriateness. Part Three presents in more depth a series of major health problems that were identified in the first part -- maternal/child care, nutrition, population, sanitation, special problems, accessibility, accidents. The treatment of these problems begins with a description of the nature and extent of the problem. From this basis, certain needs are identified for dealing with the problem and followed by a description of the organizational structure involved. Then an analysis is made of the appropriateness and effectiveness of this organizational structure, the 1973 program, and the proposed 1975-76 activities in dealing with the problem.

Part Three takes a rather "vertical" approach, looking at specific health problems either of particular population groups or specific disease patterns.

Part Four takes a more "horizontal view" looking across all health sector areas from the point of view of "system resources and maintenance." This is done by considering certain aspects of areas common to multiple agencies and organizations; such as manpower and manpower training, facilities and construction, finances, administration and planning, information, research, and includes a description of the analytic models being developed.

This process of moving from descriptive to process material involves a certain amount of repetition of data. However, this is an indication of the inter-related nature of the data and the conditions of the sector.

Part Five contains the specific evaluation data of 1973 performance which provides the basis for the 1973 performance evaluation and analysis notes in the various chapters.

Part Six is a summary of the proposed 1975-76 program.