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9. ABSTRACT

The purpose of this consultancy was, in concert with other health professionals under the leadership of Dr. Joseph Davis, to develop the scope of work for the Health Sector Assessment in Panama and initiate documentation of needed health programs. Primary responsibility was indicated for the following:

1. The study of dynamics of changes within the health sector.
2. The study of health sector activities as a vehicle for other rural development activities.
3. The study of health sector administrative problems.
4. Advising on the implementation strategy of the Development Assistance Plan (DAP)

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PLANNING CONSULTATION TO THE HEALTH SECTOR ASSESSMENT PANAMA

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PLANNING CONSULTATION TO THE HEALTH SECTOR ASSESSMENT PANAMA

I. INTRODUCTION

The purpose of this consultancy was, in concert with other health professionals under the leadership of Dr. Joseph Davis, to develop the scope of work for the Health Sector Assessment in Panama and initiate documentation of needed health programs. Primary responsibility was indicated for the following:

A. The study of dynamics of changes within the health sector.

B. The study of health sector activities as a vehicle for other rural development activities.

C. The study of health sector administrative problems.

D. Advising on the implementation strategy of the Development Assistance Plan (DAP).

After arrival in Panama, on October 28, 1974, the consultant was reassigned the following areas of responsibility:

Development of a scope of work for a total health sector analysis. Specific areas of responsibility were:

1. Analysis of the requirements for assessing the health planning and statistical data of the Panamanian Ministry of Health.

2. Analysis of the requirements for assessing health manpower resources, production, deployment.

3. Analysis of the existing health care delivery system of the Ministry of Health.

4. Field investigation of the reliability of information provided by the Ministry on policies, implementation, facilities, personnel rural programs, dynamics of change, utilization, costs, and inter-ministry program coordination.

5. Assistance in drafting an integrated scope of work plan for the health sector analysis.

II. CONSTRAINTS

Opportunities to communicate with Panamanian officials were restricted until late in the consulting engagement. This resulted in the consulting team being unable to exercise its professional capacities to their fulliest extent.

III. ACCOMPLISHMENTS

A. The following is an outline of the draft scope of work for the health sector analysis.

B. Also included are draft outlines of the sub-sector analysis for which I consulted.

C. A thorough analysis of existing statistical data plus interview data was made to determine areas where planning materials may have been deficient or where the Panamian Government may have had special interests. Areas of deficiency or special interest are indicated on the draft outlines attached hereto.

D. Preliminary field investigations to determine the reliability of existing information are in progress at the time of this report submission.

E. Preliminary field investigations of the social, cultural, economic and political acceptability of further analysis in all sub-sector assessments was still in process when the consultant departed Panama.

IV. CONCLUSIONS

A. Further assessment activities will require close inter-agency coordination.

B. The draft scope of work should be sufficient for the development of an IRR, should this be deemed appropriate.

C. Further field work to determine the major planning interests of the Panamanians themselves is essential.

D. The scope of work may require further narrowing.

E. Time and manpower requirements for points 2,3,4 should be developed.

F. It is the consultant's overall impression that a limited health sector analysis must be performed conjointly with the AID Mission and the Panamanian Ministry of Health in order to successfully administer, plan and implement any possible U.S. Health Sector Loan to the Government of Panama.

G. It is also the consultant's overall impression that the Panamanian health system, community organization network systems of financial record keeping planning capacity, and community and rural health services delivery system is one of the more successful and impressive models that he has personally observed.

Outline of Panamanian Health Sector Review

The content of the Panamanian Health Sector Review is outlined according to programmatic and infrastructure areas. An identification of health problems is incorporated in each programmatic area rather than presented as a separate section.

I. Health Services Delivery

A description and analysis of programs to deliver MCH services, adult health services, occupational health services and mental health services with a particular focus on the integrated regionalized delivery system. An analysis of determinants of demand for health services. A study of pricing and financing mechanisms to effect demand.

II. Nutrition

An identification of the magnitude and causes of malnutrition and an analysis of interventions to include nutrient supply, nutrient consumption and nutrient utilization.

III. Environmental Health

An identification of environmental problems, population served, health implications and analysis of alternative programs and levels of programs.

IV. Human Resources

An identification of current health personnel availabilities and a projection of supply and demand trends. An analysis of alternative personnel mixes to deliver health services.

V. Health Sector Financing

An analysis of sources of health sector financing, their trends and projections for the future.

VI. Drug Addiction

A study of production, distribution systems, pricing and utilization of medications in Panama.

VII. Health Planning and Information

A description of health planning capability and implementation of health plans. An assessment of statistics currently collected and their utility to decision making.

VIII. Health Demographic Aspects

An evaluation of current family planning programs, an analysis of determinants of fertility and assessment of how alternative programs can bring about desired demographic changes.

IX. Health Sector Administration

An appraisal of the improvements needed in the organization and administration of the Ministry of Health, the Social Security System and IDAAN in order to meet Panama's health goals.

X. Dynamics of Change

An appraisal of the relationships between community organization, health practices and demand for health services. Analysis of other methods by which change is introducted into the sector.

XI. Health Education

A study of the effects of knowledge, attitudes and practices of the population toward health and health services and an evaluation of alternative means to influence them.

XII. Malaria and Yellow Fever

A study of alternative means to accomplish malaria control.

XIII. Extrasectoral Impacts

Studies concerning how health and health programs relate to goals in other sectors.

I. Health Services Delivery System

A. Statement of problem and magnitude

i) 10 leading causes of death per 1,000 population by age, sex, province, and sanitary area over a three year period.

ii) 10 leading causes of morbidity per 1,000 population by age, sex, province and sanitary area over a three year period.

*iii) Rates of pregnancy complications by province on sanitary area over a three year period for attended and unattended deliveries.

*iv) Infant mortality rates by province, sanitary area and cause of death over a three year period.

*v) % deliveries attended over a three year period by province and sanitary area.

vi) % deliveries in hospitals over a three year period.

*vii) % of population covered by MCH services by province and sanitary area over a three year period.

*viii) % of population participating in occupational health programs by province and sanitary area and by economic sector over a three year period.

*ix) % of population under 15 receiving dental preventive services by province and sanitary area over a three year period.

*x) % of adult population receiving at least one dental restorative service in a 5 year period by province and sanitary area.

xi) % of population covered by community mental health programs by province and sanitary area.

xii) % of population receiving outreach care by province and sanitary area.

B. Statement of Available Resources

i) Inpatient bed capacity of service category and by facility.

*ii) Outpatient treatment consultations and capacity by facility over a three year period.

iii) Utilization of inpatient services by facility and by category of service.

*iv) Utilization of outpatient services by facility, sanitary area, income level of clients and category of service.

*v) Projection of demand for inpatient, outpatient and outreach services by facility or sanitary area and by category of service.

vi) Financing, equipment and manpower presently available to staff existing facilities and programs.

vii) Existing referral mechanisms to ensure that care is delivered at the medically appropriate level and in the most economical manner.

viii) Description of existing Emergency Medical Services, facilities, equipment and staff.

*ix) Description of present maintenance of facilities, equipment, and auxiliary services projection of maintenance budget.

C. Statement of Goals and Objectives for Development

i) Financing

ii) Equipment (acquisition, modernization and replacement).

iii) Physical plant (construction modernization and replacement).

iv) Programs of service

v) Projected capital expenditures for ii, iii, and iv above.

D. Analysis of Alternatives

*i) Unit costs of treatment for each of the leading cuases of morbidigy in outpatient facilities, by facility, over a three year period.

*ii) Average length of stay in inpatient facilities and cost per patient day for each of the leading causes of morbidity, by facility, over a three year period.

*iii) Average length of stay in inpatient facilities and cost per patient day for patients admitted with terminal diseases for the 10 major causes of death by facility over a three year period.

*iv) Average number of home visits by doctors nurses and auxiliaries, and unit costs of visits by province and sanitary area over a three year period.

v) Average length of stay for obstetric care and cost per patient day by facility over a three year period.

vi) Unit costs of MCH services by province and sanitary area.

*vii) Unit costs of preventive dental services by province and sanitary area.

viii) Average unit costs of dental restorative services by province and sanitary area.

ix) Unit costs of Mental Health services for both community placement and hospitalization.

*x) Unit costs of attended deliveries outside hospital obstetric units.

*xi) Unit costs of occupational health services by province, sanitary area and economic sector.

xii) Unit costs of outreach services.

*xiii) Analysis of costs of alternatives for construction.

xiv) Analysis to determine areas of greatest need by disease incidence, geographical location, effectiveness of preventive and restorative service alternatives, social acceptability and compatibility with political objectives.

*xv) Analysis of relative cost effectiveness of alternative programs (probably must rely on information gathered about programs in other nations with similar problems).

xvi) Analysis of delivery mechanisms most appropriate to an integrated system (mix of facilities personnel, etc. and analysis of alternative referral mechanisms).

xvii) Analysis of possible areas of duplication of facilities equipment services and efforts.

*xviii) Analysis of areas of joint endeavor with other GOP ministries to further regionalization and integration.

* Deficiency

VII. Health Information

Introduction: Recognizing that the health statistics of Panama are comprehensive, in comparison with those of most other American countries analysis of this area will be limited to relatively few activities.

A. Statement of Problem

i. Analysis of the extent to which there are gaps in reporting, particularly in rural areas.

ii. Analysis of alternative means of preparing statistical abstracts to facilitate decision making at both the sectoral and central planning levels.

*iii) Analysis of needs for updating information.

*iv) Limited sampling to determine the reliability of statistical reporting.

*v) Analysis of the role which health statistics play in the planning process, in evaluating alternative courses of action, designing programs, evaluating results, and determining health resources allocation decisions.

*vi) Analysis of availability of pertinent statistical abstracts to key decision makers.

B. Statement of Resources Available

i) Analysis of financial and organizational constraints concerning information gathering.

*ii) Analysis of costs of present information collection and processing.

C. Statement of Goals

Description of statistical needs particularly relevant to problems identified in the "Health Delivery System Analysis".

D. Analysis of Alternatives

i) Alternative methods of collection and sampling.

**a. costs of various methods.

b. origin of information in rural areas under present system.

c. timeliness of reporting.

d. analysis of time required to collect data.

**e. possible elimination of record keeping in areas where the information is used very little or where manpower constraints render collection unfeasible.

ii) Alternative means of processing

**a. evaluation of the existing GOP computer capabilities

**b. evaluation of cost savings

**c. evaluation of timeliness of data availability

iii) Alternative methods of presentation

a. analysis of cost and feasibility of preparing materials in abstract form.

**b. analysis of appropriate means for presenting data at the local community planning level.

iv) Alternative methods of distribution and storage

**a. analysis of existing computer facilities and possible cost savings

**b. analysis of where data is stored compared with where it is used

c. analysis of timeliness of distribution

v) Alternative information retrieval systems

a. analysis of whether or not information is presented in a form which decision makers can use

b. analysis of timeliness of information delivery

* Deficiency
** Special Interest

IV. Manpower Subsystem

A) Statement of the problem

This should be general background only because the availability of human resources will be more detailed in Section B "Available Resources"

B) Available Resources

i) Number of physicians by

*a) age group

b) specialty per capita and by province and sanitary area

c) private or public practice per capita

ii) Number of nurses and nurse auxiliaries by

*a) age group

b) specialty by province and sanitary area per capita

c) private or public program assignment per capita

iii) Number of dentists by

a) age group

b) province and sanitary area per capita

c) private or public program assignment per capita

iv) Annual number of graduates of Panamanian medical schools by specialty

**v) Annual number of Panamanian graduates of foreign medical schools by specialty.

**vi) Rate of emigration of Panamanian doctors, nurses and dentists by specialty.

**vii) Annual production of Panamanian para-medical personnel by category (e.g., health educators, sanitarians, emergency medical technicians, etc.)

**viii) Analysis of where new doctors practice by

a) province and sanitary are and specialty

b) type of facility or program, and by specialty of doctor

c) private or public practice

Note: This may also require an estimate of the portions of professional time a medical person devotes to public vs. private or voluntary services.

ix) Analysis of where new nursing personnel practice by

a) province and sanitary area

b) type of facility

c) public or private

*x) Analysis of where new dentists practice by

a) province and sanitary area

b) type of facility or program

c) public or private

C) Statement of Goals for Development and Deployment of Medical Personnel

Note: These would be developed from analysis of health problem needs goals, objectives, alternative program implementation decisions resulting from analysis of the existing Health Services Delivery System and the geographical location of service demands.

D) Analysis of Alternatives

*1) Projection of Demand and costs of manpower production by type of personnel -

**2) Development of feasible alternatives for optimal deployment of medical personnel

**3) Development of strategies to retain existing human resources.

**4) Analysis of alternative methods of training for medical paramedical personnel, nutritionists, health administrators, educators, technician, physical therapists, etc.

**5) Analysis of alternatives for increasing coordination of manpower resources among health and other ministries.

**6) Analysis of potential for increasing capacity of medical and paramedical training facilities

Note: All feasible alternatives generated should be prioratized by criteria of effectiveness, cost per capita served and should be implemented to the extent possible given existing financial and human resources constraints and considerations of social acceptability and compatibility with political objectives.

*Deficiency
**Special Interest