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STATEMENT MADE BY WHO REPRESENTATIVE

The World Health Organization notes with considerable interest the great emphasis which the First Conference of African Planners placed on the need for close co-ordination and co-operation in planning at the Sub-regional level, and welcomes the strong recommendation made by that Conference for the establishment of Sub-regional Planning Co-ordination Committees. In particular the Organization is happy that it was specifically stated that, and I quote from para. 24 of the report of the First Conference, "certainly such co-operation should not be limited to industries: transport, agriculture, manpower and other strategic sectors should not be neglected". (E/CN.14/331). It is an even greater source of satisfaction that to an increasing extent planners are coming to appreciate the fact that health must be regarded as one of the other "strategic sectors". This, of course, places a great responsibility on members of the medical and para-medical professions to try and present their subject in terms which are relevant to the main planning issues at stake; no matter how much health may merit attention on its own account. It is to be hoped that to the extent that doctors can help economists work towards the objective of over-all economic development planning; the former may secure the co-operation of the latter in focussing attention on health not only as a separate subject or sector: but perhaps of even greater importance and significance, on the health component of industry, transport, communications, agriculture, education, manpower, and all other sectors. That is why the organization assures you of its whole-hearted support in all your laudable endeavours: and of its readiness to continue to collaborate through national ministries of health in all stages of national development planning, and in the proposed

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Sub-regional Planning Co-ordination Committees: as well as to pursue with vigour the more recent opportunities which are being developed for UN Inter-agency Co-ordination and Co-operation in the African region.

Many of the excellent background papers which have been provided for this Conference imply that the prime responsibility for bringing about what might be termed "the will to plan", lies with senior administrative and technical officers in the various ministries and departments of member states. First they have the responsibility of convincing their unconverted colleagues; then of persuading the powers that be - the political and behind-the-scene commercial leaders; then of ensuring the dissemination of the gospel right through the rank and file of their departments, reaching out to the members of the community. As is so aptly put in one of the working documents "Opportunities must be given to people including those organized in the various political and social and economic groupings, to take effective part in the planning process. The populace in its various groupings will not do what they are expected to do at the implementation stage unless, through being brought into the planning process, they become emotionally involved in the success of programmes and projects". (E/CN.14/CAP/23). Truly where there is a will there is a way, and of the three basic elements essential to the development of the planning process, "economic potential, administrative capacity, and political will to develop", the last is probably the most deficient in a number of African countries.

The Organization is highly honoured to have this opportunity to participate in the consideration of the important theme which you have selected for this meeting - "Evaluation of Plan Performance in the African region and Suggestions for Improvement". It notes that as a rule physicians are not included among those generally described as "planning and plan implementation officers". It is unlikely that there is a single physician among the delegates representing member governments at this Conference. There are obvious and traditional reasons for this, which are quite unrelated to the serious shortage of doctors in Africa. If the medical profession is to play its role effectively in planning and plan implementation, it is essential that doctors (government, universities and private) should participate at all levels of the planning machinery, including national and international planning groups, panels and commissions. The same is true of teachers for example, as I am sure my UNESCO colleagues will readily agree.

Most delegates will undoubtedly agree with the succinct description of the objectives of planning in the Tanzania Development Plan. This plan is quoted in document E/CN.14/CAP/9, as providing the basis for developing, "a healthy, educated, and prosperous people". It is probably true to say that by far the greatest emphasis has been placed on the achievement of the third element in this essential triumvirate of Health, Education and Prosperity, in the planning exercises which have been so ably reviewed for this meeting in the back ground paper "Development Planning in Africa", from which I have just quoted.

Now WHO has always given considerable thought and attention to the subject of planning. Since 1951 four of its expert committees on public health administration have sought to lay the basis for efficient planning by providing guidelines for establishing well organised medical and health services; for coping with important administrative problems; for decentralising health services; for integrating health programmes in rural and urban areas; for encouraging the participation of local and intermediate health authorities in national planning; while stressing the important feature of the mode of financing health programmes in different countries.

Health planning was the subject for the Technical Discussions at the 18th World Health Assembly in 1965, indicating "the growing interest in rational organization and deployment of national resources for over-all economic and social development."

Later that year the Organization's international seminar on National Health Planning here in Addis Ababa considered in detail health plans of many African countries, for some of which it had provided technical assistance. And as you know it participated in the first session of this conference in Dakar at which its representative emphasized two very important points in particular. The first was "the need to associate health ministries and departments very closely with all phases of development planning" in order to avoid serious problems of disease transmission which may follow in the wake of otherwise excellent economic and industrial programmes, and improvements in lines of communication. The second was the need to bear in mind the problems of the sudden and dramatic increase in population which may result from successful health programmes; and which may even produce a decline in the existing low health and economic standards. In this connection it is worthy of note that in all Africa the increase in population is greater than the rate of training of health personnel. In 16 African countries the nurse/population ratio decreased from 1.72/10 thousand in 1962 to 1.33/10 thousand in 1965, even though 7.4 % more nurses were trained in the interval. Similarly in 13 African countries the doctor/population ratio decreased from 0.44/10 thousand to 0.41/10 thousand between 1962 and 1965. (Vysholid).

Last year a WHO Expert Committee on National Health Planning in Developing Countries "recognised certain fundamental principles that establish the link between social and economic development and matters of health. Economic and social sectors are inseparable, since (a) health is a means of development, (b) economic development is a means towards the attainment of health, (c) health constitutes one of the objectives of economic development. Because all developing countries have limited resources, choices among competitive ends are inevitable and it is essential to consider all economic measures that could improve health.

At the same time, consideration must be given to the factors that improve the productive capacity of man, e.g. education and health, and the accumulation of "things" (e.g. machinery, production plants) needed to increase productivity." (World Health Organization Techn. Rep. Ser. 1967, 350). I would recommend that all participants should study a working paper on how to integrate health planning into socio-economic planning, document NHP/EP/66.2 by de Bernis of Grenoble University, which was used by that Expert Committee.

Here is one suggestion which may stimulate the rapid development of close co-ordination between the different government ministries and departments, ensure their participation on a continuing basis in national planning, and the maintenance of a balanced perspective on the part of planners. In addition to the formation of planning units within each ministry and department, which is strongly recommended in most of the documents, this Conference should recommend the formation of effective inter-departmental groups, committees, or co-ordinating bodies at all levels of each country's administration. Such a development will also help to bring about the co-ordination of technical assistance which, as has been stressed by Higgins, "can be done only by the host government itself". (E/CN.14/CAP/29). The relinquishing of ministerial and departmental sovereignty over issues and projects in the interest of the over-all needs of the country which should result from this, is an essential prerequisite to any really effective co-ordination by the specialised agencies, in their role of giving technical assistance to governments.

In the annotations on the items of the agenda (E/CN.14/CAP/8), as well as in other papers, two matters are referred to which call for some comment. The first is the fact that "there is not sufficient planning from below", and that such plans as have been made from the national centre, have been made "without sufficient involvement of the local people in the data collection, project identification, selection, elaboration and implementation process". Also that in most plans, "local programmes are not prepared". I have dealt earlier with the importance

of ensuring active public involvement and participation in planning and plan • implementation. Although the achievement of this is fraught with many snags, past experience indicates that certain things can be done to improve the situation. One is for the planning unit to take on the task of stimulating planning activities throughout the administration, and not that of doing all the planning itself. Another is to recognise the fact that many existing service organisational structures are not suited to the planning process, and to include plans for "decentralising decision making to the lowest possible organisational levels as a shared responsibility....."

It should be noted that a high illiteracy rate need not preclude public participation at the local level. Indeed it is the absence of such participation which, more often than not, gives rise to planning which is unrelated to the existing circumstances and therefore impossible to implement. For example, it is true that, as the WHO Expert Committees concluded, "hope for the future may well rest in teaching children concepts of health that will motivate them to protect their own communities health when they become adults". But this does not absolve member states of the responsibility for doing something NOW to ensure that some at least of the adults will soon become motivated to the extent that they will help persuade others to increase productivity by taking part NOW in the planning process of assessment, formulation, discussion and acceptance, implementation and periodic evaluation of all aspects of modern development. Indeed they do this already in respect of tribal and communal life.

Perhaps a greater obstacle to planning from below, involving local people and preparing local programmes, is the fact that this inevitably leads to a sharing of power, the credit for planning, and the profit which accrues from economic projects, with the local people. In his "Reflections on Plan Implementation and Control" (E/CN.14/CAP/29) Higgins distinguishes between two kinds of corruption in plan implementation.

He says "corruption becomes serious from the development point of view when it determines the actual composition of the programme, with projects selected in terms of personal or political gain rather than priority for development, or when it results in patterns of actual expenditure different from that proposed in a 'good' programme". Under such conditions the prospects for local participation will be very small.

The second matter referred to in the aide-memoire is the fact that the meagre existing facilities for training in African institutions "are not adequately utilised". This problem is intimately related to the first one. In order to make more effective use of training institutions they must be brought into closer relation with the practical realities of life as it is, in order that many more people can participate in developing life as it should be. It is usually maintained that the primary responsibility of a training institution is to produce good and successful graduates. The next is to conduct research in order to advance knowledge. Very much lower down in the scale, if it is mentioned at all, is the responsibility for training students to give service to their community.

But many authorities are beginning to doubt the validity of this assessment. What constitutes a good graduate must be determined in the light of the role which his profession should play, and not merely that which it happens to be playing, in the particular country and region. Unless students are imbued with the spirit of providing service to their community as an essential requirement for being good graduates, it will continue to be difficult to mobilise and maximise the gains which should accrue to the community, country and region, from the long and expensive period of training which is devoted to their production. By the same token it will continue to be very difficult to direct the time and effort of some at least of the highly trained personnel, and the best equipped institutions, to the important field of applied research in the utilisation of auxiliary, self-help or voluntary personnel, in the dissemination of already established methods and techniques for providing the highest attainable level of over-all economic development among a significantly large proportion of the population NOW. The emphasis is on NOW.

It is encouraging to note that training courses and institutions which exist in Africa, and those which are being planned, are paying increasing attention to this matter of "training for service", and to the need for economic and community health orientation of all doctors, and the community health orientation of all economists.