الجمهورية اللبنانية
مكتب وزير الدولة لشؤون التنمية الإدارية
مركز مشاريع ودراسات القطاع العام

Republic of Lebanon
Office of the Minister of State for Administrative Reform
Center for Public Sector Projects and Studies
(C.P.S.P.S.)

The Administrative Implications of the Agenda Papers on Health

February 1979

This report on public health is divided into the following sections:

I. The scope of the agenda papers on health prepared last year.

II. Specific recommendations for improving health services.

III. The administrative implication of these recommendations.

IV. Proposed action by the CDR.

I. The Scope of the agenda papers on health prepared last year.

1. The two agenda papers, prepared by members of the Faculty of Medicine at the American University of Beirut and the Faculté de Médicine of the Université Saint Joseph, discuss with varying degrees of thoroughness, three deficiencies in health care system in Lebanon: the bureaucratic and structural weaknesses of the Ministry of Public Health; the inability of educational and training institutions to supply the medical staff needed; and the virtual absence of health care planning.

2. Their analysis did not adequately emphasize the total health care needs of Lebanese citizens: the stress was on the curative aspects of health rather than on the prevention of disease and sickness. The inadequacies of advanced medical education commanded more attention than did para professional training of people who would work in local communities.

3. Neither paper considered in depth the public health responsibilities of the other governmental agencies: those concerned with water pollution and sewage disposal; the contribution of the Social Security Agency in providing medical services; the Ministry of

Agriculture's role in inspecting food processing and distribution plants; and school health services provided by the Ministry of Education, etc...

4. This deficiency in coverage by the two papers has been somewhat offset by the Khalaf paper which does criticize the inability of the present system to prevent disease and illness from occuring in the first place.

5. All three papers, with varying degrees of emphasis, agree on the inadequacies of the Lebanon's health services and their recommendations are substantially identical. However, their analysis minimizes, if not ignores, how to accomplish what they recommend. The administrative, fiscal and bureaucratic costs are assumed away.

II. Specific recommendations for improving health services.

1. All three papers urge that the Ministry of Public Health needs to be reorganized and procedures improved. They criticize the highly centralized decision making process that concentrates control in the hands of Beirut-based executives.

2. The papers note the inadequate planning within the Ministry of Public Health. The Ministry has not devoted time and energy to planning beyond the immediate future. A ministerial planning department should be established to work on priorities and subsequent allocation of resources.

3. The Ministry of Public Health has no jurisdiction over different health functions performed by other government agencies or by private institutions. As a result, comprehensive national health planning has been impossible. The authors recommend that a supra ministerial commission be created to plan and coordinate the different health services rendered by all public and private agencies.

4. The papers agree that present health services are not equally available to all citizens throughout the country. Therefore, the papers recommend that provincial and local medical services (preventive and curative) be expanded.

5. Technical, scientific, and statistical services are weak. There is an immediate need to recruit the qualified personnel who are needed to replace those who have left the governmental health service. To be effective, higher salary scales and better career opportunities need to be provided.

6. Preventive and curative facilities must be enlarged. The two agenda papers, prepared by officials in the two medical faculties stress the need for more hospitals and curative facilities. Khalaf's paper on the other hand, emphasizes the importance of primary health care institutions in both rural and urban areas.

III. The Administrative Implications of these recommendations.

1. Long range planning. The importance of comprehensive planning is emphasized by all the papers. However, how this planning function is to be accomplished is only superficially discussed.

1.1 There are two levels of planning which are needed: an overall health planning agency for the country as a whole, which encompasses the activities of all public and private agencies, and a ministerial planning staff, which is concerned with the plans of the Ministry itself. The two agenda papers of the medical schools propose the creation of a National Public Health Planning Commission but they do not spell out its functions, powers, and how it should be staffed. Similarly, ministerial planning is recommended, but little else is said about it.

1.2 The establishment of a national planning council or commission will not be successful without a careful definition of its duties

and responsibilities and without giving it sufficient staff support. A powerless under-manned commission will accomplish little, if anything, and would be pointless to create.

1.3 Such a commission should consist of the highest level policy-making officials from the public health sector, from ministries performing health services, from relevant private institutions, and from other related organizations.

1.4 Its major tasks would be to assess the present health situation, to discuss and agree upon long range objectives, and to set broad policies.

1.5 To accomplish the above mentioned tasks, the commission has to be assisted by specialized staff who will prepare detailed studies of health needs and policy alternatives. Its recommendations would be first approved by the commission and then presented to the CDR, and ultimately to the government.

1.6 More specifically, the staff will prepare the following, for consideration by the commission:

a) Preparation of a comprehensive national health policy or policy alternatives with estimates of financial costs for each.

b) Development of action plans to accomplish the agreed upon policies with responsibilities clearly assigned to ministries, both in Beirut and in the provinces;

c) Identification of specific objectives to be attained by public and private agencies and target dates for accomplishment.

d) Preparation of manpower requirements based on the broad policies and specific objectives agreed to by the commission.

e) Coordination of the activities of public and private health institutions to achieve the national objectives.

f) Periodic evaluation of the progress or lack of progress in attaining the objectives agreed upon, propose remedial action if needed, and recommend to the commission modifications in the plan, based on accumulated experience.

1.7 The accomplishment of the objectives and meeting of tagets will rest with the Ministry of Public Health and other related institutions; the commission or its staff will not be an executive agency.

1.8 A smaller planning staff should be established within the Ministry of Public Health which will report directly to the Director General of the Ministry. This staff would be concerned with setting priorities for the Ministry within the broad framework approved by the National Public Health Planning Commission.

It is of fundamental importance that this ministerial limit have the support and active assistance of the Director General and the Minister. The existing Bureau of Projects and Programs within the Ministry of Public Health can be the planning unit, if it is reorganized and adequately staffed.

2. Administrative reorganization. Any drastic change within the present organization of the Ministry of Public Health should be deferred until the broad outlines of a comprehensive health system are agreed to by the proposed commission.

2.1 There is little reason to make changes in the present administrative organization of the Ministry, inefficient though it is, until its functions have been agreed to and specific objectives assigned. Form should follow function.

2.2 Even after specific objectives have been agreed to, administrative reorganization needs to be cautiously approached. Realignment of duties and responsibilities of key units within the Ministry will not be automatically accepted by top and middle level officials who would fear loss of status. Sudden altering reporting lines are always resented by civil servants who are accustomed to all ways.

3. Decentralization of decision-making. All these papers assert that one of the important reasons for the slow response of the Ministry to the provincial and local health requirements is the centralization of decision-making in Beirut.

3.1 Decentralization of decision-making is unlikely to be raped for various reasons: political leaders fear that administrative decentralization is the first step toward regional fragmentation of the state; the long tradition of centralization inherited from the French; the reluctance of civil servants in the capital to delegate; and the availability of the qualified provincial staff.

3.2 Any administrative reform which provides decentralization, can by itself accomplish little, unless the Council of Minister is convinced that delegation of authority to provincial health authorities is politically acceptable. Even if this is agreed to, a careful study of existing legislation is required to indicate what amendments are needed to legalize the decentralized provincial powers. Such a step, in itself, will be a major and a time consuming task. Once this is accomplished, there remains the problem noted above: changing the centralist behavioral patterns of Beirut-based officials and the availability of the needed qualified staff in the provinces.

4. Recruitment of staff. All papers indicate that the Ministry is severely handicapped from providing the required services because of the absence of scientific, statistical, medical and paramedical staff. One should add also the shortage of skilled health administrators, both in Beirut and in the field.

4.1 The assumption that all that is needed is higher salaries is only partially correct. Equally important is the creation of attractive career ladders in the Ministry to encourage the recruitment of qualified people. However, this is not the responsibility of the Ministry itself but it is the responsibility of the Civil Service Commission.

4.2 The improvement of salary scales for medical or paramedical positions cannot be achieved without a thorough study of the professional and technical needs of the entire public service. The problem of recruiting the qualified professional and technical people is a common one in all public agencies and not limited to the Ministry of Health.

4.3 The determination of the specific manpower requirements of the Ministry cannot be made without first carefully identifying the goals and objectives of the Ministry within the overall goals and objectives of the health sector.

5. Coordination with the private sector. The papers, especially Khalaf's, recommend the importance of coordination among the different agencies but they do not give detailed description of the administrative framework for such a coordination.

5.1 In order to coordinate, there should be an agreement on clear general objectives. Such a step must be within the jurisdiction of the recommended Health Planning Commission. After defining the objectives, functions could be allocated.

5.2 The Ministry of Public Health should be made responsible for

all public health services. To effectively control, coordinate, and supervise the activities of private health services, the Ministry needs to have both fiscal and legal authority.

5.3 Laws and regulations must be drafted to ensure that different public, private and voluntary institutions are working within the broad guidelines of the sectoral plan; grants and loans to all health institutions should be conditioned on spending the governmental funds within context of the plans agreed to by the government.

6. It is impossible to determine what the total costs of a comprehensive health plan will be. These can only be estimated after the studies of the expert staff have been completed. It appears that many programs are now inefficiently administered and that better supervision of the programs might improve services to the public.

6.1 The expert staff asigned to the commission should consist of people who have a sound financial and budgetary background and who can make detailed cost-benefit analyses of present and future programs carried out by the Ministry of Public Health and other agencies having public health responsibilities.

IV. Proposed action by the CDR.

1. Basically, the different papers have served their purpose. They have made a rough diagnosis of some of the salient problems facing the public health sector and provide lists of recommendations.

2. The CDR should now establish a panel to discuss the agenda papers and this commentary on administrative implications. The members to be appointed by the CDR.

3. If the panel appointed by the CDR agrees to the establishment of a High Level Planning Commission and agrees to the need for an expert staff to assist this Commission, then the CDR will:

3.1 Recruit an expert staff to evaluate the different existing programs, to make the necessary studies needed for a Comprehensive National Plan, and to recommend broad policies and objectives for the commission.

3.2 Contract with existing medical and public health institutions in Lebanon to provide the necessary staff.

3.3 Assign one of its staff to collect and collate the necessary documentary and legal regulations concerning existing health services. This background information will also be necessary for broad planning purposes as well.

3.4 Assign one of the members of the Council to act as liaison with the panel, with expert staff, and with the commission.

Appendix

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A. List of Interviewees

1-	Dr. Thomas Irvin	AID Representative
2-	Mr. John Saunders	UNDP Representative
3-	Dr. Pierre Tassin	WHO Representative
4-	Dr. Pierre Saadeh	Director General Ministry of Health
5-	Mr. Abdullah Baltaji	Bureau of Programs and Projects Ministry of Public Health
6-	Prof. Eugene Gangarosa	Dean, Faculty of Health Sciences American University of Beirut
7-	Dr. Jack Ibrahim	Assistant Dean, Faculty of Health Sciences, AUB
8-	Prof. Adele P. Nelson	Director, School of Nursing AUB
9-	Prof. Haroutune Armenian	Faculty of Health Sciences AUB
10-	Dr. Raif Nassif	American University Hospital
11-	Mr. Ibrahim Khalifeh	Personnel Bureau Ministry of Public Health

B. List of people who gave written comments

1-	Prof. Jamal Karam Harfouche	Faculty of Health Sciences AUB
2-	Prof. Haroutune Armenian	Faculty of Health Sciences AUB
3-	Prof. K. Abou Daoud	Faculty of Health Sciences AUB

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