

FOREWORD

Since its inception in 1905, the Milbank Memorial Fund in a variety of endeavors has fostered the appraisal of the health and welfare needs of society, the development of institutions to meet those needs and the evaluation of the effectiveness of such institutions. Continuing themes in these activities have been the encouragement of the application to society of existing knowledge in health and medicine and the collaboration among the diverse professional disciplines associated with the organization and the delivery of health services. These several concerns of the Fund were fused in the objectives of the Round Table on Social Science and Health Planning in Latin America: Culture, Disease and Health Services in Colombia, held in New York City, October 17-19, 1967, which brought together the themes of conferences dealing with behavioral science and medicine, and health manpower held in 1963 and 1965.

In recognition of the increasing involvement of the social sciences in medical education in the Americas, the Fund convened a Round Table on Behavioral Science and Medical Education in Latin America in 1965, to review the development and current status of collaboration between the behavioral sciences and medicine in Latin America. For a variety of cultural, historical and political reasons, few behavioral scientists have been trained for work in Latin America, and only a handful of these have specialized in studying the impact of culture on the perception by people of health and disease and on the organization, the delivery and the use of health and welfare services. At the 1965 Round Table, the findings of several recent research projects

were reviewed.¹ Sessions were also devoted to studies in the sociology of medical education and to a description of social science teaching programs in various Latin American medical schools. The problems posed by collaboration among anthropologists, sociologists, psychologists and physicians provoked a lively exchange, and at the conclusion of the Round Table the participants urged that collaboration among their disciplines should be promoted and made several recommendations as to how this end might be achieved.

The Fund's long-standing concern with basic research designed to determine the health needs of society and to evaluate the effectiveness of health services is the second major theme of the 1967 Round Table. In 1963, the Pan American Health Organization and the Fund co-sponsored a Round Table on Health Manpower and Medical Education in Latin America.² Since the early 1950's, the World Health Organization has convened several expert committees to review the concepts and methods of national health surveys and health planning and has assisted several African governments including Nigeria, Sierra Leone, Gabon, Mali and Liberia in the development of their national health plans.³ In the Americas, the Pan American Health Organization, in providing similar support for member countries, has developed a method for health planning in cooperation with the Centre for Development Studies (CENDES) of the Central University of Venezuela.⁴

The charge to the experts convened at the Round Table in 1963 was "to design an appropriate research approach to the problems of physician needs and of medical education, to discuss the methodology to be used and to define the appropriate emphases and parameters of the studies."⁵ A blueprint for a national health manpower study was drafted and, at the conclusion of the Conference, it was recommended that pilot studies of health manpower needs be undertaken.

In March, 1964, the government of Colombia and the Association of Colombian Faculties of Medicine with the support of the Pan American Health Organization and the Milbank Memorial Fund assumed responsibility for a survey of medical education and health manpower in their nation. Under the direction of Doctor Alfonso Mejía Vanegas and Doctor Raúl Paredes Manrique a research team was assembled. This group defined eight aspects of medical education and health manpower for intensive study. These included medical and nursing education, the supply of health manpower, an inventory of health facilities, analyses of mortality and morbidity, an economic analysis of health services and a national health survey. These studies were completed in

1967, and the methodology and the preliminary findings were presented to representatives of all countries in the Americas at the International Conference on Health Manpower and Medical Education held in Maracay, Venezuela, in June, 1967,⁶ and to the National Conference on the Results of the Health Manpower Study held in Bogotá, Colombia, in August, 1967.

The National Health Survey, in which over 51,000 individuals were interviewed, was an essential component of the Colombian survey of health manpower and medical education. The national health survey is generally accepted as a useful tool in social and epidemiological research for assessing a nation's level of health. Several nations have completed such surveys during the past two decades, but as yet no consensus has been reached as to how such findings might be used in developing a national health plan. How health priorities are established and public funds allocated will depend on how the indices of health, medical needs and demand for service are interpreted. These issues, as well as the dilemma as to whether health planning should be based on the demand for health services, on the need for medical care received by the public, or on illness diagnosed by physicians, were discussed fully at the 1967 Round Table.

The objective of the 1967 Round Table on Social Science and Health Planning, which brought together the themes of the conferences in 1963 and 1965, was to subject the methods and selected findings of the National Health Survey phase of the broader manpower study to review by scholars experienced in social science or public health research. Among the participants were anthropologists, statisticians, economists, health planners, physicians and sociologists from many nations in the Americas. The participation of the Colombian research group, which included, as well as Doctor Mejía and Doctor Paredes, Doctor Carlos Agualimpia, Doctor Aldemar Gomez, Señor Carlos Luis Gómez, and Doctor Aurelio Pabón, and several of their consultants, was basic to the success of the Conference.

The program of the Round Table consisted of four half-day sessions. The background and position papers were prepared in advance and circulated to all participants, of whom several had been invited to present detailed commentaries for each session. Approximately a third of the time was allotted to informal discussion, facilitated by simultaneous translation in English and Spanish.

Using the National Health Survey as a case study, the participants at the Round Table reviewed its design and sampling procedures, dis-

cussed the relationship of a man's cultural and social circumstances to his health status, assessed the economic aspects of the existing system of health services and finally, considered the relevance of the study's findings in the development of a national health plan.

The final phases of data collection of the National Health Survey were completed only shortly before the Round Table and the analysis of the findings had hardly begun. The participants were asked not to assess the study as a completed entity, but, through their recommendations regarding the most pertinent and useful approaches to the data, to contribute to the study itself. The invitation was enthusiastically accepted as the discussion incorporated in these proceedings indicates. Subsequently, several scholars who attended the Round Table have become involved in the analysis of selected aspects of the National Health Survey.

The Milbank Memorial Fund is indebted to the members of the Research Team of the Study of Health Manpower and Medical Education in Colombia and to the consultants to this study for preparing background papers for the Conference while simultaneously meeting deadlines set by the Ministry of Public Health in Colombia, and for their readiness in presenting their methods and findings for critical review as a vital case study in social and epidemiological research.

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⁵ *Ibid.*, p. 20.

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