"Health Care Planning in the USSR"

Its Role in Improving Medical and Preventive Services

By

Igor V. Pustovoy

USSR Ministry of Health Care

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THE SPEAKER

IGOR V. PUSTOVOY holds the chair of planning and administration of health care in the Central Institute for the Advanced Education of Physicians of the USSR Ministry of Health Care, Moscow.

After finishing medical institute studies in 1952 and receiving a medical degree in 1956, he combined administrative work with lecturing on health care planning in the Central Institute for the Advanced Education of Physicians. From 1962 to 1964 he served as senior specialist on problems of planning public health care in headquarters of the World Health Organization, Geneva; in the latter year he received the scientific title of dozent in the area of health care planning. From 1965 to 1971 he was assistant to the director of health care services in the European Regional Bureau of WHO and director of health care planning for the Bureau.

In 1971 he was named Professor of Planning and Economics of Health Care in the Central Institute for the Advanced Education of Physicians, and the following year was named to the chair he now holds. He is the author of more than 50 papers on planning and the economics of health care, published in Russian, English, and French.

THE SERIES

The lecture series was established in the name of Michael M. Davis, medical care pioneer, by his friends and admirers. Dr. Davis opened the series in 1963 with an address entitled "America Challenges Medicine." Each year a distinguished leader of medicine, the social sciences, hospital care, social welfare, labor, or management is invited to address persons interested in the improvement of medical services. The intention is to stimulate free and open discussion of the problems of providing medical care and to furnish a forum in which medical care programs may be proposed, elaborated, examined, and presented for public discussion and consideration.

THE OCCASION

PROFESSOR PUSTOVOY delivered this lecture at The University of Chicago on April 25, 1975.

Health Care Planning in the USSR and Its Role in Improving Medical and Preventive Services

I AM deeply touched and honored by the invitation to deliver a lecture in the series established in the name of Michael M. Davis, this country's medical-care pioneer and an acknowledged leader in the health administration profession. The Michael M. Davis Lecture Series is well known as a unique forum for the discussion of health-care problems of growing interest and importance for many countries.

The subject of health planning has been touched upon a number of times directly or indirectly by my distinguished predecessors—Dr. William Stewart, Dr. Arthur Engel, Sir George Godber, Professor Kerr White, and other colleagues—but this is the first time a specialist from my country has been invited to this forum to speak on a subject of mutual interest. The invitation is one of the positive examples resulting from the health exchange agreement which exists at present, based on peaceful cooperation and growing understanding between our two countries.

I would like also to mention that I have accepted this invitation not as a personal matter, but as an opportunity to give an appraisal of a job by all health planners in the Soviet Union, as an appraisal of achievements of the health planning system, which for more than fifty years has been successfully operating in my country.

Almost two years ago when I had the pleasure of receiving Professor Odin Anderson and Dr. Robert Daniels in my office in the Central Institute of Postgraduate Training of Physicians in Moscow, I was asked to tell them about "health planning in the USSR and its role in improving health services." To be more precise, I was asked to answer the question: What is the role of health planning in use by great numbers of doctors and hospital facilities in my country?

Having recently read Professor Anderson's excellent and objective paper on "Health Services in the USSR," I

TABLE 1

Current Expenditures for Health Services and Physical Culture From the State Budget of the USSR and Other Sources of Financing

	1962	1963	1964	1965	1966	1967	1968	1969	1970
National expenditures of USSR (in billions of rubles)........	164.6	168.8	181.3	193.5	207.4	224.6	244.1	261.9	289.6
National income minus share of the population's personal consumption (in billions of rubles)	59.6	58.5	65.8	68.6	74.2	81.0	88.9	95.8	111.6
Expenditures for health and physical culture (in billions of rubles)............	6.2	6.6	7.2	7.9	8.4	9.3	10.2	11.0	11.8
Share of expenditures in the national income (percentage).	3.8	3.9	3.0	4.1	4.1	4.1	4.2	4.2	4.1
Share of expenditures in the national income (minus share of population's personal consumption) (percentage)......	10.4	11.3	10.9	11.5	11.3	11.5	11.5	11.5	10.6

Note: Without expenditures for the training of medical personnel, medical research establishments, and health management organizations.

Source: *Statistical Annual of the Central Statistical Board—National Economy of the USSR*, 1971.

figure of 830,000 or 32.5 per 10,000, that is to say, one doctor for 308 people (Table 2).

Since there is a high provision of doctors, in the past few years a reorganization and improvement in higher medical education, aimed at the further improvement of the quality of training for young specialists, has been achieved. The establishments for higher medical education of the country are gradually being shifted to a new method of training, under which primary specialization (in therapy, surgery, OBG) begins at the sixth year, with one year of further specialization (internatura) upon completion of the program.

In line with the training of doctors, the number of feldshers, nurses, midwives, and other medical personnel under the ninth five-year plan will go up to 99.8 per 10,000 of the population as against 87 in 1970.

These figures show that we have successfully fulfilled the targets which were established by the 24th Congress of the Soviet Communist Party in the field of health in 1970. The increase of doctors is shown in Table 3.

II. *The Role of Health Planning for Proper Utilization of Manpower and Other Available Resources*

The general character of the fulfillment of the ninth five-year plan for the period 1971–1975 makes quite clear that effective use of health-care institutions is impossible without planning and without local and regional health plans which are an integrated part of a master plan for economic development. Health planning in my country is based on scientific principles and scientifically developed norms and standards reflecting different needs of the population for medical care and public health services. We believe that the growing needs of the population in medical and public health services could and should be met by the existing network of medical establishments and medical manpower working within them.

Theoretical and methodological fundamentals of health planning in the USSR are determined by the theory and methodology of planning the whole national economy. This allows an appropriate proportion, rate, and level of health development in the total development of the national economy.

Health planning in the USSR, as well as national eco-

TABLE 2

SOME EXPENDITURES OF THE STATE SOCIAL SECURITY BUDGET (IN MILLIONS OF RUBLES)

Type of expenditures	1962	1963	1964	1965	1966	1967	1968	1969	1970
Temporary disability grants	1678	1602	1605	1963	2016	2278	2807	3338	3734
Pregnancy and maternity grants, for items for care and feeding of infants	597	590	582	616	654	664	724	788	886
Sanitary and resort services for workers and employees and for dietetic nutrition	277	289	300	364	407	436	490	517	548
Services for children (establishments for children, pioneer camps, out-of-school services for children)	100	109	112	136	156	161	171	177	192
Total:	2552	2590	2599	3079	3232	3539	4192	4820	5360

NOTE: Without expenditures for pensions, certain grants, and other expenses.
SOURCE: *Statistical Annual of the Central Statistical Board—National Economy of the USSR*, 1971.

nomic planning, is organized on principles of democratic centralism, which calls for a centralized definition of the main plan targets to be combined with giving broad opportunities for initiative in implementing plans to republics, local Soviets, enterprises, establishments, and other organizations and choosing ways and means for the most effective use of material, labor, and financial resources.

In its organizational structure our health plan is comprehensive, comprising organically interlinked subdivisions,

TABLE 3

THE DYNAMICS OF THE GROWTH OF DOCTORS OF ALL SPECIALTIES IN THE USSR FROM 1940 TO 1975

Year	Number	
	In Thousands	Per 10,000 Population
1940	155.3	7.9
1950	265.0	14.6
1960	431.7	20.0
1965	554.2	23.9
1968	617.8	25.9
1969	642.5	26.6
1970	668.4	27.6
1975 (planned)	830.0	32.5

such as medical science; the network of medical-care institutions; requirements for and training of medical and pharmaceutical personnel; construction of new medical institutions, supplies of medical equipment, materials, clothes, and other facilities; personnel needs and wages; the health budget; and so on. All these subdivisions of the health plan must be properly related among themselves and to the plans of other ministries and departments.

Duration of the planned period must be sufficient to carry out planned measures and to evaluate at any given moment the process and results of the plan execution.

Priorities in elaborating a national economy plan and health developments in the USSR are established by governmental decisions. With reliance on these directives and instructions, ministries and departments work out and forward to lower organizations so-called territorial and branch plans. In making recommendations for better

utilization of all resources with the help of the over-all health plan, one should keep in mind that integrated medical care and public health institutions belong almost entirely to the local authority, although funded by the central government. The overwhelming majority of hospitals, clinics, and dispensaries operate under regional, urban, and district Executive Committees of Workers' Deputies. This explains the multistage organization for elaborating and approving of all health plans.

As you most probably are aware, administratively the country is divided into five levels—USSR (Union) republics; oblasts; krays; municipalities (towns); and rayons.

At each of the above levels the following administrative bodies are taking part in the process of health planning: the leading organs of Soviet power (Communist Party Committees, Councils of Ministers, Ministry of Health, Ministry of Finance: planning machinery—Gosplans of Union and autonomous republics; regional, urban, and district planning commissions); republican and local health administrations; and republican and local financial administrations (since elaboration of the health budget proceeds side by side with that of the medical-care plan). Chart I shows the mutual ties of the state planning and health planning machinery.

As it is seen from this scheme, health planning is carried out in two vertical lines (the line of Gosplan and the line of the Ministry of Health). Both these lines have a corresponding representation at each administrative (vertical) level (state, republican, oblast, kray, and rayon).

It should be important to note that the planning of health services along the Gosplan line has the aim of merely establishing general rates and levels of health development in coordination with the development of other branches of the national economy.

The planning of health services along the line of the Ministry of Public Health has the aim of developing all types of curative and preventive services for the population, taking into consideration the main political and economic tasks which are planned for the given period of time. Thus public-health planning along the line of Gosplan and the Ministry of Health does not mean a duplication, but rather a mutually supplementing function of two different departments, fulfilling different tasks and coordinating all state resources allotted for the protection of people's health.

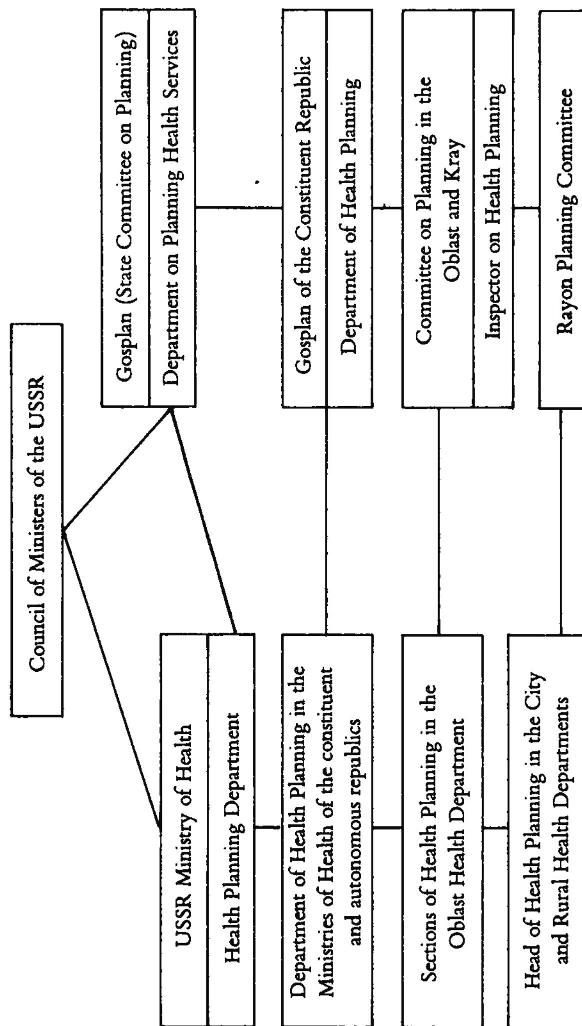

CHART I MANAGEMENT STRUCTURE OF HEALTH PLANNING IN THE USSR

Planning health services along the Gosplan line makes it possible for the Ministry of Health to have a complete idea about any expenditures connected with the protection of people's health which are carried out along the lines of other departments (the Ministry of Agriculture, industrial ministries, Ministry of Transportation, etc.). Therefore, the health plans at each administrative level are really comprehensive.

The Gosplan of the USSR helps the Health Ministry to coordinate the national resources reflecting people's health, establishes certain tasks for the industrial ministries in the construction of some curative and preventive establishments (the construction of sanitariums, prophylactoriums, health posts at industrial enterprises, etc.).

The Process of Compiling the Health Plan

The process of compiling the State Health Plan consists of several stages. At the first stage the leading country medical administration, the Ministry of Health, sends the directives to all minor republics on how to compile a new plan for health development. These instructions stress the main trends along which the planning of the national economy must be built (and public health services as part of it) in keeping with the party and state directives. When deciding the tasks of state development in "instructions on the compilation of the plan," the need for solving specific local problems is emphasized. After receiving these instructions, all the local health administrations compile their "draft plan," which reflects the readiness of the local health organizations to participate in the solution of important nation-wide and given local problems. The draft plans are summed up at corresponding administrative levels (rayon, oblast, or republic).

The next stage in the compilation of the plan is coordinating it at a state level with the rates and level of development of the various branches of the national economy, the establishment of a balance between the draft plan and the available state resources and possibilities. At this stage the health plan is merged into the Master National Economic Development Plan and becomes an integrated part of it. During this period the state health plan gets its material basis in the form of precisely determined quantitative and qualitative indices, which give an over-all reflection of the

quality of future medical and public health services to the population. After the stage when the public health plan is coordinated at the state level in regard to rates and limits, the corresponding control figures are passed down to each administrative territory.

The above-mentioned centralization in state planning of health services does not mean at all that there is any infringement on the sovereignty or initiative of the local organizations, which are called upon to solve the questions of local health protection. Centralization is absolutely necessary because many health problems cannot be solved only at the local level but are solved within wider territories or even on a state level.

On the other hand, the local health administration receives the health development limits for the corresponding territories in the form of very generalized indices (the general number of beds or doctor units) and can differentiate them according to specialized types of aid and given requirements.

This explains better the role of health planning in the process of utilization of local resources. In addition to state targets, very frequently the local health administration obtains additional allocations for health services from reserves in local budgets. In connection with this, actual expenditures on health as a rule are quite a bit higher than the limits which are passed during the design of the plan. By saying this I would like to stress again that the local administrative organizations are independent in fulfillment of the state health plan within the range of the plan's indices, as established for the given territory.

An examination of certain administrative principles and functional aspects of the health planning process in the USSR reveals the importance of training a special category of people—health planners. We believe that health planning is a professional job which, depending on administrative level, should be done by medically trained staff (at the state, kray, or oblast levels it should be done by doctors). A special system for training medically qualified staff in health planning has been established in the USSR, and suitable curricula are in use. In spite of the apparent contradiction of doctors' becoming planners, we think that their practical contribution in these fields is fully justified.

In conclusion, I would ask myself whether we are fully satisfied with the present stage of the health planning

system in our country? And my answer would be "yes, very satisfied."

Health planning makes it possible to know all the national and local resources which might be directly or indirectly used for health service development. By means of health planning we have a unique opportunity to organize and use health resources in a unified way throughout the country. Evaluation of health-plan targets and goals during their implementation period enables us properly to adjust resources (doctors and hospital facilities) to the changeable needs of the population. By means of scientifically developed norms and standards, health administrators may know not only the ways and extent of the future development of specialized health services in a specific region or community but the means to control daily operation of any medical establishment.

What we are not very happy about is the fact that the existing health planning procedure is still time consuming, and some norms and standards should better express the significance of the factors influencing the health of people. Therefore, our main function at the present moment is to develop an automatic health-planning system at the regional and state level, to introduce to health planning procedures mathematical models, based on modern computer techniques. We hope by adopting this modern approach to make our health planning more efficient from a technical and economic point of view.

I would conclude by saying that the most efficient weapon for solving present health problems is health planning, and we have 50 years of positive experience in relying on it.

Thank you for your attention.

MICHAEL M. DAVIS LECTURERS

1963: MICHAEL M. DAVIS, *America Challenges Medicine*

1964: MARION B. FOLSOM, *Responsibility of the Board Member of Voluntary Health Agencies*

1965: DR. GEORGE BAEHR, *Medical Care—Old Goals and New Horizons*

1966: DR. LOWELL T. COGGESHALL, *Progress and Paradox on the Medical Scene*

1967: DR. WILLIAM H. STEWART, *New Dimensions of Health Planning*

1968: ARTHUR G. W. ENGEL, M.D., *Planning and Spontaneity in the Development of the Swedish Health System*

1969: GEORGE E. GODBER, D.M., F.R.C.P., *The Future Place of the Personal Physician*

1970: WILBUR J. COHEN, *National Health Insurance—Problems and Prospects*

1971: ISIDORE S. FALK, *National Policies and Programs for the Financing of Medical Care*

1973: ROBERT VAN HOEK, M.D., *Health Care and the Role of Health Services Research*

1974: KERR L. WHITE, M.D., *Health and Health Care: Personal and Public Issues*

1975: IGOR V. PUSTOVOY, *Health Care Planning in the USSR and Its Role in Improving Medical and Preventive Services*