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**HEALTH AND PEACE FOR DEVELOPMENT AND DEMOCRACY
IN CENTRAL AMERICA**

**Global Evaluation of the Second Phase of the Central
American Health Initiative, 1991-1993**

This document is in response to Resolution IX, adopted by the participants at the XXIII Pan American Sanitary Conference in Washington, D.C., in September 1990, which resolves, among other things, *"To request the Director to present a report on the status of the efforts to implement the second stage of the "Health and Peace for Development and Democracy" initiative to the XXIV Pan American Sanitary Conference in 1994."*

This evaluation of the 1990-1993 period is general and discusses the policy objectives achieved under the Central American Health Initiative, as well as the accomplishments of the subregional and national projects. The evaluation looks at the political and socioeconomic context in the Central American region during the period in question. Then it analyzes the development of the Initiative, the mobilization of resources, and the factors that have either aided or impeded the execution of the projects. The document also includes some general conclusions which can be useful in discussing the bases for preparing the third phase of the Central American Health Initiative; tables of information about the subregional and national projects, including their objectives and achievements; and financial statements covering the first and second phases.

The Executive Committee is asked to review this document and to suggest any pertinent changes in its form and content before it is presented to the XXIV Pan American Sanitary Conference.

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1. Background

The Plan for Priority Health Needs in Central America and Panama (PPS/CAP)--the original name of the Central American Health Initiative--was launched by the Director of the Pan American Sanitary Bureau (PAHO/WHO), Dr. Carlyle Guerra de Macedo, with the full support of the Ministers of Health who attended a meeting in Panama in August 1983. The plan was initiated in the context of the bleak economic, political, and social conditions that prevailed in the region at the time, which were characterized by extremely slow or even negative economic growth, high inflation indexes, poor rates of exchange, external debt, and unemployment, against a background of alarmingly high levels of poverty and extreme poverty. The situation was exacerbated by the wars being fought in several of the countries, which were producing severe socioeconomic problems and creating large populations of displaced persons, making an already bad health situation even worse.

The PPS/CAP, whose motto was "Health as a Bridge for Peace in Central America and Panama," was created in the belief that health, because of its unique value and universal acceptance, could serve as a bridge for peace, solidarity, and understanding among the peoples of Central America and Panama. This initiative was also intended to respond to the urgent health needs of population groups by providing an important and innovative mechanism that could coordinate efforts, carry out planning, and mobilize resources in order to improve health services and programs in the region. The initiative had the political support of the governments, the groups--such as the Contadora Group--who were working to achieve peace in Central America, and the international community in general.

There were significant achievements in each priority area¹ defined by the countries during the first phase (1984-1990), which also made clear the broad opportunities available for regional cooperation in areas of common interest. In addition, the PPS/CAP served as a model for other initiatives carried out in the Central American region by drawing attention to the possibilities and advantages of dialogue and coordinated effort in the work of reducing conflict and achieving solidarity and peace. This initiative also helped to revitalize health sector integration in Central America through the joint action by the countries, as well as the Special Meeting of the Health Sector of Central America (RESSCA) and the important role it played for the governments in the Region, as well as the international community.

¹ Strengthening Health Services; Food and Nutrition; Developing Human Resources; Essential Drugs; Tropical Disease Control; Child Survival; and Water and Sanitation.

In recognition of the achievements and benefits of the health initiative, the Central American presidents attending the Central American Presidential Summit in Montelimar, Nicaragua in April 1990 issued the Declaration of Montelimar, in which, in section 15, the Presidents of Costa Rica, El Salvador, Guatemala, Honduras, and Nicaragua, agreed to:

Reaffirm that the health of the Central American peoples is a political priority which means that joint actions aimed at improving health conditions must be preserved and intensified. These actions are intended to be a bridge for peace and understanding in the area. To accomplish this, the Ministers of Health have been asked to immediately evaluate the achievements of the last five years of the Plan for Priority Health Needs in Central America and Panama (PPS/CAP) and to draft a new health initiative for Central America. To achieve this, the cooperation of the Pan American Health Organization/World Health Organization, among others, is requested.

As a result of the above mandate, the evaluation of the first phase was completed and bases for developing the second phase were prepared and then approved at VI RESSCA in Belize in September 1990.

The second phase of Central American Health Initiative² began at a promising time when progress was being made in the peace processes and some economic improvements could be seen at the country level. However, the repercussions of the armed conflicts and economic austerity measures continued--and still continue--to affect large population groups.

Annex 1 of this document describes and analyzes the most important achievements of the subregional projects that were funded during the Initiative's overall period of execution, and which were active during 1991-1993. Annex II provides a similar analysis of the national projects. Annex III presents a systematic breakdown of the results of the efforts to mobilize resources for the first and second phases.

2. Execution of the Second Phase of the Central American Health Initiative

2.1 *Basic Guidelines*

The VI RESSCA, which was held in Belize from 3 to 5 September 1990, approved the implementation of the second phase of the Central American Health Initiative.

² PPS/CAP became known as the Central American Health Initiative, with the motto "Health and Peace for Development and Democracy in Central America," during the second phase.

Considering the call by the Central American Presidents at their Summit Meeting in Antigua, Guatemala in June 1990 for execution of a new phase, based on the conviction that peace is inseparable from the social justice on which democratic consolidation depends; and considering also the mission given to the health sector and PAHO in the Declaration of Montelimar to prepare the second phase of the Central American Health Initiative, the Ministers of Health and Directors of Social Security meeting in Belize from 3 to 5 September 1990 resolved:

- to adopt as the motto for the Second Phase of the Plan for Priority Health Needs in Central America and Panama (PPS/CAP) "Health and Peace for Development and Democracy;"
- to structure the second phase of the PPS/CAP in four priority areas that will function as the central themes for programming all activities in the health sector;
- to analyze, in each country, the policies, programs, and projects in the health sector, with the objective of coordinating all sectoral activities in relation to the approved priority areas in order to adequately program national and external resources;
- to request PAHO/WHO, working in coordination with the agencies concerned, to maintain its support of the second phase of the initiative, and, together with the ministries of health and social security institutions, to organize the effort needed to formulate the programs and projects that will make up the second phase, keeping in mind the specific realities and characteristics of each country;
- to identify in each country the geographical areas and population groups at greatest social and biological risk so that primary health care strategies can be implemented on a priority basis through the development of local mechanisms for intra- and intersectoral coordination and community participation. This coordinated action in high-risk areas will be a fundamental mechanism for integrating the activities of the second phase and improving the health and well-being of our most neglected population groups;
- to express their complete confidence in the continued interest and growing support of the international community in the execution of the second phase of the PPS/CAP. In this regard, they are requesting the Government of Spain to consider the possibility of organizing a third Madrid Conference for the purpose of presenting and discussing the proposals for the second phase directly with the international donor organizations and agencies.

The priority areas are intended to be used as the central themes for programming national and external resources to address the national needs identified by the countries. From an operational standpoint, it is advisable to organize complementary subregional and national projects. The programs approved for each priority area are listed in the following table:

Priority Area	Programs
Priority Area I	
Health Infrastructure	Health Services Development Human Resources Development Development of Social Security Systems Essential Drugs Emergency Preparedness and Disaster Relief Scientific and Technical Information Maintenance of Equipment and Physical Resources
Priority Area II	
Health Promotion and Disease Control	Health Promotion Food and Nutrition Vector-borne Diseases AIDS Prevention and Control Control of Urban Rabies Immunization (EPI)
Priority Area III	
Health Care for Special Groups	Refugees and Displaced Persons Mothers and Children Women Workers
Priority Area IV	
Health and the Environment	Environmental Protection Water and Sanitation

Madrid Conference

The Third Madrid Conference was held from 2 to 4 May 1991 as the culminating event in the preparation of the second phase of the Central American Health Initiative, "Health and Peace for Development and Democracy in Central America." The international community responded very positively to the joint invitation issued by the Minister of Health of Spain and the Director of the Pan American Health Organization, acting on behalf of the Ministers of Health of Central America. This response took concrete form in the Declaration of Madrid adopted during the meeting, which represented the formal political endorsement of the international community, as well as a reaffirmation of the commitment of the Central American countries to execute the second phase of the initiative.

The conference was attended by fourteen delegations from donor governments and seven Latin American nations, most of whom represented either development agencies and international ministries of cooperation, or intergovernmental and nongovernmental organizations, including the Inter-American Development Bank, the World Bank, the Organization of American States, and the European Economic Community.

During this event, the governments of Central America expressed even more support than they had at the two earlier meetings³ through their spokesman, the Minister of Foreign Affairs of Costa Rica, who spoke about his colleagues' readiness to back this initiative. The speaker also pointed out that the second phase of the initiative was a direct response by the Ministers of Health and the Pan American Health Organization to the 1990 Presidential Summit in Montelimar.

Paragraph 5 of the Declaration stipulates their decision, expressed at the two previous Madrid Conferences, as well as at the current conference, to expand their political, technical, material, and financial support for both national and subregional health projects in the countries of Central America.

The following important aspects of the Initiative were noted: the contribution of health to Central American development, especially with regard to the majority of the population who live in poverty; the capacity of the Initiative to consolidate regional integration; the vital need for all the projects, both national and subregional, to be carried out in such a way as to impact on the health activities carried out at the community level; and the importance of assuring that the Initiative and its component projects are integrated into the daily administration of the national health systems.

³ The First Madrid Conference was held in November 1985 and the Second Madrid Conference in April 1988.

2.2 *Follow-up on the Initiative and Political Support*

The Madrid Declaration was disseminated in the countries and at other levels, including in the final report of the Presidential Summit held in El Salvador from 15 to 17 June 1991. In the final declaration of this meeting, the Presidents specifically cited their support for the initiative and at the same time created the Council of Ministers of Health of Central America (COMISCA) as a unit to monitor health programs in the region. At the same meeting the Regional Commission on Social Issues (CRAS) was established to direct the development of social programs. The participants stressed the danger posed to the Region by the cholera epidemic in the hemisphere, and asked that the necessary measures be taken to control the disease. As a result of this mandate, at the follow-up meeting to the Madrid Conference in Guatemala in June 1991, it was proposed to develop a subregional project for cholera control as part of the Initiative.

The VII RESSCA in Guatemala followed up on the Madrid Conference and reviewed the document on the *impact of the economic crisis of the eighties on the health of Central America and a response for change in the nineties*. The document was presented to the Central American Presidents at their summit meeting in December 1991 which dealt with aspects of social development. Subsequently, the Ministers of Health met in Roatán, Islas de la Bahía, Honduras and approved the plan for the elimination of measles from Central America by 1997.

The Declaration of Tegucigalpa, drafted at the Central American Presidential Summit in December 1991, reaffirmed the presidents' support for the Central American Health Initiative and stated that the highest priority as well as political and financial backing would be given to the urgent task of implementing the national plans for cholera prevention and control and elimination of measles by 1997.

At VIII RESSCA in San Salvador in September 1992, there was a report on the progress of the Initiative, as well as political aspects related to the presidential summits. A work agreement was also developed with the Central American Parliament (PARLACEN). In this context the need to find support for the development of cross-border cooperation was emphasized, particularly in relation to TRIFINIO. A new subregional area of action financed by Sweden and Finland--support for cooperation agreements among countries--promoted intercountry health consultations, as well as specific agreements on the control of malaria (Nicaragua/Honduras and Nicaragua/Costa Rica) and other communicable diseases (Panama/Costa Rica; Guatemala/Belize/Mexico; Guatemala/Honduras/El Salvador).

The creation of the Central American Council of Social Security Institutions (COCISS) was reported at the Presidential Summit in Panama in December 1992. The presidents expressed their support for the Council and urged that it be coordinated with the Regional Commission on Social Issues.

At IX RESSCA, held in Tegucigalpa, Honduras from 30 August to 1 September 1993, the matters under discussion and review included the progress of the projects; the new initiatives for Human Development and RUTA Social supported by the United Nations Development Program (UNDP) and the World Bank, with the participation of PAHO; and the ECOSAL I and II conferences held in San Salvador and Tegucigalpa in 1992 and 1993. The mandates issued by the Presidential Summits were reviewed as well, with specific emphasis on the support provided for the development of epidemiological surveillance systems, cholera control, and the elimination of measles. The social security Institutions, through COCISS, presented the subregional projects in that area.

The resolutions of IX RESSCA emphasized the important role played by the health sector, through COMISCA, COCISS, and RESSCA, in coordinating the health component of social development initiatives, in conjunction with the Secretariat of the Central American Integration System (SICA).

Finally, at the XIV Presidential Summit in October 1993 in Guatemala, the Protocol for the General Treaty on Central American Economic Integration (the Guatemala Protocol) was signed, which will have a major impact on economic and social development in the region. The Declaration of Guatemala was signed at this meeting as well; in it the presidents reaffirmed their decision to support Central American social development through policies, programs, and allocations of funds aimed at enhancing the human and social development of the population. The presidents also committed themselves to develop a "Treaty for Social Integration in Central America," in which health would play a leading role.

The social section of the so-called "Guatemala Agenda" refers to the social integration project and instructs the Regional Commission on Social Issues to coordinate with the Secretariat of the SICA in drafting that project for presentation at the XV Summit in 1994. In addition, subsection 19 of the social section mentions the initiative known as "Common Borders: A Plan for Comprehensive Development of the Central American Family in Border Areas," which is directly related to the Initiative.

3. General Evaluation of the Achievements of the Second Phase of the Central American Health Initiative

The Central American Health Initiative, with its basic goal of supporting economic and social development and subregional integration, has helped significantly to ensure that the agendas of the Summit Meetings of the Presidents of Central America and Panama have given due recognition to the importance of dealing with social and health problems in order to promote the welfare of the Central American countries. The presidential summits have not only recognized the Initiative, but also shown support for continuing it, as evidenced by the Declaration of Montelimar and other subsequent declarations. There has also been support for presentation of the RESSCA, which serve as health forums and provide a means of planning and monitoring the Initiative, as well as for the creation of COMISCA and COCISS, as mechanisms to integrate Central American efforts aimed at improving the health and social welfare of the peoples of Central America.

The RESSCA, together with COMISCA and COCISS, have been given the task of developing the health components of the social development programs approved by the presidents in coordination with the CRAS and the SICA. The presidential mandates on cholera control, establishment of epidemiological surveillance systems, and elimination of measles by 1997 have been implemented as part of the initiative, as shown by the corresponding programs.

The PARLACEN has provided political support to the RESSCA and the Central American Health Initiative, and has articulated with them in the implementation of activities having to do with coordinating the health components.

The subregional and national projects in the Initiative have helped to consolidate peace in the region and have contributed to economic and social reconstruction. Thus the PRODERE project financed by Italy through the UNDP has made it possible to focus on the health problems of the populations of displaced persons who have been returning to their places of origin from the places they fled to either outside or inside the country. This project has also expanded its activities in the area of services and sanitation for mental health and the physical rehabilitation of war disabilities. In addition, it has supported health care programs for demobilized soldiers trying to return to civilian life in Nicaragua and El Salvador, in response to a request by the Secretary General of the Organization of American States (OAS), the government of Nicaragua, and other involved actors and members of the International Committee for Support and Verification (OAS/CIIV).

Keeping in mind the strategic guidelines of the Initiative, implemented through PAHO, the most notable achievements of some of the projects have included:

- helping to identify priority areas and population groups with health needs in various of the countries;
- maintaining full cooperation among the Central American countries in the implementation of subregional projects involving two or more countries, as shown by the border projects for dengue and malaria control;
- demonstrating the capacity to mobilize resources, with the support of PAHO, as shown by the success of the Third Madrid Conference, presented with the support of the government of Spain, as well as by the amounts of international resources obtained, the resources allocated by the Organization, and the cooperation received for the planning, execution, and evolution of the projects. There is an improved capacity at the country level to draft projects that are able to be financed by other countries and international donor agencies;
- coordinating sectoral activities, although, with the exception of two countries, progress has been limited. There is room to improve coordination between the ministries of health and the social security institutions within the framework of the RESSCAs;
- developing multisectoral policies to improve the health of the peoples of Central America, with varying degrees of success depending on the country. Some of the policies proposed in recent years are still largely single sector or, in some cases, institutional policies;
- holding some meetings at the subregional level with the participation of the ministries or offices of planning and other ministries, but without follow-up;
- developing a support program for legislative bodies within the framework of the Initiative. The Tegucigalpa Conference in 1990 examined the health situation of the countries, as well as the situation of health in development, and identified mechanisms of collaboration with legislative assemblies. These mechanisms provided bibliographic information about health legislation and other subjects; computer equipment to strengthen the assemblies' information units and interface with international networks; and, in some cases, training in health issues for some lawmakers;

4. Mobilization of Resources

After the second phase was approved by VI RESSCA in Belize in September 1990, subregional and national projects began to be drafted with the support of PAHO, both at Headquarters and in the PAHO/WHO Representative Offices; preparations were

underway for the Third Madrid Conference described above; and potential funding sources, international agencies, and countries interested in supporting the initiative were contacted. This process allowed the countries, based on their experience with the first phase, to prepare projects that more accurately reflected the priorities defined in each country.

The Office of Analysis and Strategic Planning and the Office of External Relations of the Pan American Health Organization organized visits to the European countries by some of the Ministers of Health before the Madrid Conference. At this conference it was essential to obtain donor support for the new projects, and to ensure that the support already being provided for ongoing projects would be continued.

The newly funded projects were in the area of environment; women, health, and development; health care for displaced persons; control of vector-borne diseases; and inter-country cooperation and some national projects.

Since many of the projects initiated during the first phase continued during the second phase, the information about donors, projects, and size of donations listed in Annex III is for the full period covered by the Initiative (first and second phases), from 1984 to 1993.

It is important to point out that some of the funds were not executed through PAHO. This was the case with the support received from the European Economic Community and the government of Italy for the Subregional Project on Child Survival, which was managed by UNICEF during the first phase; the funds from Spain, which were directly managed by Spanish Cooperation; and, more recently, the funds from the European Economic Community for the second phase of the project on maternal and child health.

It is also important to highlight the support received from the Nordic countries for most of the subregional projects during the second phase. Nicaragua received a significant proportion of these funds because of its special situation, as well as the number of national projects being supported there by the Nordic countries.

5. Conclusions

- The second phase of the Central American Health Initiative has directly contributed to the achievement and consolidation of peace in the region through meeting the health needs of populations touched by or directly involved in war when the time came for them to be peacefully reincorporated into their own countries.

- It has been possible to focus the attention of Central America's highest political levels on general and specific health topics related to the living conditions of the population in the subregion, as shown by the issues addressed at the presidential summits. The Initiative has supported the health sector in its efforts to ensure that social and, of course, health components, viewed as part of comprehensive and local human development, are incorporated into the agendas of the periodic summits held by the presidents of the region.
- It has been possible to establish relations with the Central American Parliament and the Secretariat of the SICA, as part of the process of economic and social integration in Central America.
- The Initiative, in accordance with the guidelines adopted, has contributed to the development of health activities targeting priority groups, and has supported the decentralization and development of local health systems.
- In the specific priority areas, progress has been made in developing managerial capacity and information systems in the health sector.
- In the area of disease control, the advances made in polio eradication and the elimination of neonatal tetanus and measles have been very important to the region.
- The advances achieved in the field of health and environment through the projects that are part of the MASICA program reflect national awareness of and commitment to the environment, and have been supported by the presidential summits, especially through ECOSAL I and II.
- Except in two cases, coordination between the social security institutions and the ministries of health needs to be improved within the countries and expanded at the regional level; excellent progress with this kind of coordination has been made through the RESSCA and COCISS.
- The achievements of the Initiative have not been fully consolidated because they are poorly integrated into national policies and programs.
- A sizeable proportion of the Initiative has been funded by external resources. There has not been any appreciable national financial commitment, which will threaten the sustainability of important projects like the Expanded Program on Immunization (EPI), cholera control, and control of vector-borne diseases when the external financing runs out.

- The creation of COMISCA and COCISS, as approved by the presidential summits, makes it necessary to completely revise the mechanisms of coordination in the sector, as well as the role of the RESSCA as the means of coordinating and monitoring the initiative.
- Mechanisms have been identified to involve the sector in fulfilling the mandates on social and human development issued by the presidential summits, and PAHO is committed to help the countries achieve the stipulated objectives.
- All of the above aspects need to be kept in mind during the implementation of Phase III,⁴ especially the mandates of the Central American Presidential Summits and the various agencies of economic, social, and political integration in the region. It is also important to take into account the other initiatives being promoted by the UNDP, the World Bank and the Inter-American Development Bank, and USAID, which are giving priority to health actions.
- The Central American countries must have a basic community health agenda that will enable them to unite in confronting common problems, to exchange information about their achievements and developments, and to garner the strength necessary to accommodate offers of external technical and financial cooperation. In this context, the principles of the Initiative must be the guiding principles for cooperation in health in Central America.

⁴ The bases for preparing the third phase of the Initiative were discussed during a special RESSCA held on 23 to 25 February 1994 in Puntarenas, Costa Rica. A document will be presented for approval during X RESSCA to be held in September 1994 in Managua, Nicaragua.

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CE113/14 (Eng.)
ANNEX 1

Progress Report On The Subregional Projects, 1991-1993
(by priority areas)

ANNEX 1

Progress Report on the Subregional Projects, 1991-1993⁵
(by priority areas)

AREA: HEALTH INFRASTRUCTURE

PROJECT	OBJECTIVES	ACHIEVEMENTS	COMMENTS
<p>Subregional Project to Consolidate and Enhance the Managerial Capacity of Health Services in Central America</p>	<p>To develop the capacity for strategic planning, financing, and management of projects, as well as for updating and strengthening institutional development plans aimed at reorganizing the sector and its institutions.</p> <p>To review and update bodies of regulations and legislation as frames of reference and institutionalization for the reorganization, decentralization, and development of local health systems.</p>	<ul style="list-style-type: none"> - Sectoral reform processes were supported in the context of government modernization in Costa Rica and Honduras, in connection with structural adjustment plans and financial transactions involving the World Bank and IDB, resulting in proposals for national consensus-building and negotiation with financial entities regarding the reforms to be carried out. - Operational teaching materials on strategic planning and management of processes with total quality were prepared, tested, and distributed to the countries. - Support was provided to promote leadership for the social process of building health; this support included a subregional forum and document. - Teaching materials on developing negotiating skills were prepared, published, and distributed to the countries; there was a training workshop for multipliers. - Support was provided to revise the legal framework of sectoral leadership in Costa Rica and implement decentralization in Nicaragua. 	<p>UNDP/PEC (Special Plan for Economic Cooperation) has reduced its contribution by almost 30% (US\$237,288), which means that the size and scope of the project will have to be reduced in the coming year as well.</p>
	<p>To develop and consolidate local planning and programming in order to adapt health service delivery and the configuration of local health systems to the characteristics and conditions of specific areas/populations, as well as the strengthening of local governments.</p>	<ul style="list-style-type: none"> - Support was provided to reform the approach and methodology of local planning and programming in Nicaragua and Panama, based on use of the risk approach and community participation in the context of local health systems. 	

⁵ Central American Health Initiative (ISCA), 1991-1993.

PROJECT	OBJECTIVES	ACHIEVEMENTS	COMMENTS
	<p>To develop and consolidate local planning and programming in order to adapt health service delivery and the configuration of local health systems to the characteristics and conditions of specific areas/populations, as well as the strengthening of local governments.</p> <p>To develop and consolidate legislation, standards, and systems, along with the capacity for decentralized administration of resources.</p> <p>To develop a comprehensive management information system (containing sociodemographic, epidemiological, institutional, and production data for technical and managerial decision-making at all levels); and to consolidate the implementation and utilization of the Management Information System (SIG) at the level of regional and local management.</p>	<ul style="list-style-type: none"> - Support was provided to reform the approach and methodology of local planning and programming in Nicaragua and Panama, based on use of the risk approach and community participation in the context of local health systems. - A subregional reference document on development of local health systems was published and distributed to the countries. - A new frame of reference was prepared for the revision and adaptation of health care models; the process included a subregional workshop and document. - A self-assessment model for local health systems was prepared and is in the pilot testing phase. - In coordination with the area of epidemiology, a model for health situation assessment was prepared. - Support was provided to help define decentralization policies in Nicaragua. - Support was provided for deconcentration of the administration of personnel, supplies, and budget in El Salvador, Honduras, and Nicaragua. - Support was provided for large-scale implementation of the PRRC module in El Salvador, Guatemala, Honduras, Nicaragua, and Panama. - Training was provided in the managerial analysis of PRRC indicators for improved productivity. - A new version of the PRRC computer program was prepared. - A health situation module was developed which is in the pilot testing phase. 	

PROJECT	OBJECTIVES	ACHIEVEMENTS	COMMENTS
	<p>To institutionalize the permanent managerial training processes at all levels; and to formulate and promote national managerial training projects in conjunction with the cooperating community.</p>	<ul style="list-style-type: none"> - Support was provided to formulate managerial training in El Salvador, Guatemala, Honduras, Nicaragua, and Panama. - Teaching materials on health management, strategic planning and total quality, and negotiation were prepared and are being tested in the countries and offered to others. 	
<p>Human Resources</p>	<p>To strengthen the area of human resources.</p> <p>To support the development of public health education.</p> <p>To support the process of health work force planning.</p> <p>To support the development of the continuing education process.</p> <p>To support human resources education.</p>	<ul style="list-style-type: none"> - Human resources training was provided for national directors of human resources in the countries. - Interinstitutional human resources commissions were established at the national level. - The bibliographic human resources information network was organized and consolidated. - Support was provided for curriculum revision and development of graduate courses in the countries. - Studies of the work force as the basis for strategic planning in the information systems of the countries were carried out in all the countries. - Support was provided to train groups of local and regional directors of continuing education. A methodology was prepared for performance evaluation in continuing education at the local level. - Support was provided for curriculum revision in training schools for health personnel in the countries. - Twelve publications were produced on subjects related to educational planning and methodology. 	

PROJECT	OBJECTIVES	ACHIEVEMENTS	COMMENTS
Development of Social Security	<p>To realize the objectives of the priority components of the following projects:</p> <ul style="list-style-type: none"> - Central American Network of Health and Social Security Information. - Project on Essential Drugs. - Project on Beneficiaries in Transit. - Subregional Project on Engineering and Maintenance. - Organizational Development Project. - Project on Extension of Coverage. - Project on Revision of Pension Systems. - Program on Care of Children with Leukemia and Other Cancers. - Project on Social Security Education in Central America. 	<ul style="list-style-type: none"> - The project on the Central American information network has advanced with PAHO support. - Information systems on drugs were set up in Costa Rica and Honduras. - The maintenance project is being operated jointly with the Ministries of Health. 	<p>The creation of the Central American Council of Social Security Institutions (COCISS) is an important step forward in the development of social security in the region.</p> <p>The projects are in the planning phase.</p>
Health Program for Disaster Situations	<p>To strengthen institutional capacity in each of the countries.</p> <p>To train personnel in the various sectors.</p> <p>To provide direct support to the countries in cases of disaster and special emergencies.</p>	<ul style="list-style-type: none"> - All the countries have specific disaster relief units in their health institutions. Coordination was achieved with similar units in other ministries, as well as national emergency preparedness committees. - It was possible to train personnel from the Ministries of Health, Education, and Foreign Affairs; the national emergency preparedness committees; and universities in all the countries. - The program provided direct support to the countries in disaster situations or situations requiring emergency care for special groups (El Salvador and Nicaragua). 	

PROJECT	OBJECTIVES	ACHIEVEMENTS	COMMENTS
Essential Drugs	<p>To support the development of pharmaceutical policies and rational drug use.</p> <p>To support national production of drugs.</p> <p>To support the implementation of FORMED and the development of pharmaceutical services.</p> <p>To support joint procurement of essential drugs.</p>	<ul style="list-style-type: none"> - Although none of the countries have formalized national policies, progress was made in the implementation of standards and a regulatory system for drugs. All the countries have basic lists of drugs. - Quality control was improved. The national pharmaceutical industries improved their manufacturing practices. The teaching of pharmaceutical technology in universities was improved. - It was not possible to implement FORMED at the national level; efforts were focused on local services and hospitals. The supply systems were improved, as were hospital pharmaceutical services. Personnel were trained. - The project was not successful; only Belize continues to utilize the system. 	<p>There is not any political support at the country level. National producers put up resistance to the activities of the different projects. Payments were not made to the revolving fund for joint drug procurement.</p>
Strengthening of the Engineering and Maintenance of Health Facilities	<p>To support the organization of maintenance services in the ministries of health and social security institutions.</p> <p>To provide training for technical personnel and equipment users.</p> <p>To develop information systems on maintenance and equipment.</p> <p>To develop and disseminate technical material on maintenance.</p> <p>To create and utilize an emergency fund to purchase replacement parts and equipment.</p>	<ul style="list-style-type: none"> - All the countries prepared policies, standards, methods, and programs for maintenance services, as well as manuals and procedures aimed at the central levels. - Subregional and national courses were offered. - A subregional data bank was created on human resources, replacement parts and equipment, and support for technical documentation. - Manuals and guidelines were prepared and distributed. Technical reports were prepared and a bimonthly bulletin was published. - Some emergency needs in the countries were met. 	<p>There was a shortage of qualified personnel and counterpart funds in some countries.</p> <p>There was limited participation in some countries.</p> <p>The information needs to be adapted to specific working conditions and practices.</p> <p>The fund was not utilized in an organized way due to lack of adequate information. The procurement mechanism had some drawbacks.</p>

PROJECT	OBJECTIVES	ACHIEVEMENTS	COMMENTS
	To strengthen national capacity through hiring professionals on a short-term basis.	<ul style="list-style-type: none"> - National engineers were hired in most of the countries and they improved the coordination of project activities at both the national and subregional level. 	In some countries there wasn't any coordination with other projects in the maintenance field sponsored by GTZ, Japan, and USAID.

AREA: HEALTH PROMOTION AND DISEASE CONTROL

PROJECT	OBJECTIVES	ACHIEVEMENTS	COMMENTS
Human Resources Education and Development in Food and Nutrition	To support human resources education and development in food and nutrition at the country level.	<ul style="list-style-type: none"> - Support was provided to schools of nutrition to help with curriculum revision, teacher training, and preparation of scientific and technical material. - Support was provided to schools of health sciences, education, and agriculture at universities to help them teach about food and nutrition. 	The project's funding ended in 1992. It will be continued with INCAP resources.
Food and Nutrition Education	To support programs for food and nutrition education at the country level.	<ul style="list-style-type: none"> - Field staff from the Ministries of Agriculture, Health, and Education were trained to develop programs on food and nutrition education. - Support was provided to incorporate this subject into primary and secondary school curricula. - Food production projects were developed at the local level. 	The original funding ended in 1992. Continued support will be provided through INCAP.
Food and Nutrition in Child Survival Programs	<p>To support training for national personnel from maternal and child health programs in the areas of growth and development, control of diarrheal diseases, and food and nutrition education.</p> <p>To support the countries in their development of national maternal and child health plans.</p>	<ul style="list-style-type: none"> - Training was provided at the subregional and national level to directors of maternal and child health programs, as well as regional and local personnel. - Efficiency studies were done of children's health care programs. Information systems (including sentinel sites) were developed for maternal and child health programs. Technical assistance was provided in growth and development and control of diarrheal diseases. 	This project developed by INCAP was coordinated with the Subregional Project on Child Survival managed by UNICEF, with support from the EEC and Italy. It was complemented by a special project for Nicaragua that was supported by the government of Sweden. The project ended in 1992.

PROJECT	OBJECTIVES	ACHIEVEMENTS	COMMENTS
Support for Feeding and Food Supplement Programs	<p>To support the development of institutional capacity to manage food supplement programs.</p> <p>To support the management of food supplement programs.</p>	<ul style="list-style-type: none"> - Several countries defined management policies for food supplement programs. There was intersectoral coordination. - Information systems were developed for the management of the programs. 	
	<p>To train managers of food supplement programs.</p> <p>To transfer technology for food supplement programs.</p> <p>To evaluate food supplement programs.</p>	<ul style="list-style-type: none"> - Personnel at all levels were trained in the management of food supplement programs. - Specific projects on composite flours were developed in Guatemala, Panama, and El Salvador. - Costa Rica's food supplement program was evaluated. 	
Promotion of Breastfeeding and Infant Feeding in Central America	<p>To support improvement of hospital practices in the area of breastfeeding promotion.</p> <p>To support personnel training.</p> <p>To disseminate through the mass media.</p> <p>To disseminate scientific and technical information.</p> <p>To support women who work outside the home.</p>	<ul style="list-style-type: none"> - A base-line study was done of the practices that affect breastfeeding in hospitals. - Multiplier personnel were trained. - "Mother-to-mother" support groups were created. - Equipment and audiovisual materials were provided to hospitals. - A distance education course was offered in six of the countries. - University curricula were revised to incorporate breastfeeding in three countries. - Teaching materials, books, and manuals were prepared. - Promotional documents, videotapes, posters, and pamphlets were prepared and distributed. - National documentation centers containing specific bibliographic information were supported. - A study on the status of working women was carried out in four countries. 	<p>This is a project with activities supported by other donors, such as UNICEF, EEC, Italian cooperation, and others.</p>

PROJECT	OBJECTIVES	ACHIEVEMENTS	COMMENTS
		<ul style="list-style-type: none"> - Legislation and information about workplace improvements were promoted and disseminated. Support was provided for women's organizations. 	
<p>Increasing Food Availability and Consumption Through Technology Transfer</p>	<p>To promote rural community development through technology transfer in food production, processing, and marketing.</p> <p>To help optimize local food resources in order to produce better quality food through agroindustries.</p>	<ul style="list-style-type: none"> - There were studies and experiences with integrated systems in agriculture, feeding, and nutrition in health in El Salvador, Guatemala, Honduras, Nicaragua, and Panama. Technical cooperation was provided to implement projects in these same countries. - NGO personnel were trained in the integrated systems approach and methodology. - Studies of technical and economic feasibility were carried out in El Salvador, Guatemala, Honduras, Nicaragua, and Panama. - Technology transfer was carried out. - Agroindustries and production and marketing support were organized and implemented. 	<p>INCAP capacity was strengthened at the country level through hiring engineers specializing in food to execute the projects.</p>
<p>Composite Flours</p>	<p>To support the countries in the development of projects to produce composite flours (made of grains and legumes) that will improve food quality for the population.</p> <p>To provide technical support and technology transfer for the production of composite flours.</p> <p>To provide support for the preparation of fundable projects so that financial support can be obtained.</p>	<ul style="list-style-type: none"> - Studies were carried out in El Salvador, Costa Rica, Guatemala, Honduras, Nicaragua, and Panama for the development of projects. - Potential products were identified in all the countries. The design of an automated plant was developed. - Projects are being prepared for possible donors. 	<p>The studies were carried out with the help of national institutions specializing in food technology and the support of INCAP. CABEL supported the preparation of fundable projects. The project ends in 1994.</p>
<p>Control of Malaria and other Vector-borne Diseases</p>	<p>To incorporate programs for vector-borne disease control into local health systems.</p>	<ul style="list-style-type: none"> - Progress was made with the decentralization and incorporation of control of malaria and other vector-borne diseases, especially in the local health systems in border areas of Honduras, Nicaragua, and Costa Rica. 	

PROJECT	OBJECTIVES	ACHIEVEMENTS	COMMENTS
	<p>To strengthen training for health service personnel and members of the community in control of malaria and other vector-borne diseases.</p> <p>To provide support for epidemiological information systems.</p>	<ul style="list-style-type: none"> - In-service training for local teams, mid-level technicians, and volunteers was strengthened; this included education for groups at the community level. - An intercountry system was developed for epidemiological surveillance in border area local health systems. 	
<p>Tri-Country Plan for Dengue Control in Guatemala, El Salvador, and Honduras</p>	<p>To support the development of epidemiological surveillance of dengue by region, department, and municipality (suspected cases), as well as serological surveillance.</p> <p>To support vector control and entomological surveillance activities.</p> <p>To conduct anthropological studies in order to promote community participation in controlling the disease.</p>	<ul style="list-style-type: none"> - The epidemiological information systems in the three countries were improved, along with their serological assessments. - Progress was made in joint control activities. - Only limited progress was made with community participation. In general, most transmission factors remain unchanged, presenting the risk of epidemic outbreaks. 	
<p>Prevention and Control of HIV/AIDS</p>	<p>To support the countries in activities aimed at preventing the transmission of HIV through sexual activity, perinatal transmission, and blood and blood products.</p> <p>To improve epidemiological surveillance of HIV/AIDS and other sexually transmitted diseases (STDs).</p> <p>To reduce the impact of HIV/AIDS on individuals, groups, and societies.</p>	<ul style="list-style-type: none"> - National capacity for detecting HIV-infected individuals and AIDS cases was improved. Laboratory capacity was improved as well. Screening of blood and blood products is done in 95% of cases. There are activities to disseminate information, train personnel, and provide educational programs for special groups. - The surveillance systems for HIV/AIDS and STDs were strengthened. Sentinel sites were developed. - Meetings were held on the socioeconomic impact of HIV/AIDS. Most of the countries show weaknesses in the area of patient management. 	<p>The main limitation is lack of resources for the public information programs. The cost of using the mass media is very high.</p> <p>Financing from international donors has fallen off.</p> <p>Condoms are unavailable despite their being heavily promoted.</p>
<p>Expanded Program on Immunization</p>	<p>To support the countries in the eradication of poliomyelitis.</p>	<ul style="list-style-type: none"> - The last wild poliovirus isolated in Central America was in 1990. Immunization coverage exceeds 85%. The surveillance system works adequately. Laboratory diagnosis is available for all cases of flaccid paralysis. The region has entered into the certification phase for eradication of the disease. 	<p>National resources and international cooperation need to be mobilized in order to support the achievements. The countries need to be informed.</p>

PROJECT	OBJECTIVES	ACHIEVEMENTS	COMMENTS
	<p>To support the countries in the elimination of neonatal tetanus.</p> <p>To support the countries in the elimination of measles by 1997.</p> <p>To control the other diseases preventable by vaccination.</p>	<ul style="list-style-type: none"> - In 1993 the average coverage by TT in Central America was 61%. - In 1993, the regional coverage of immunized children ages 1 to 14 was 88%. Epidemiological surveillance systems were developed to monitor cases and laboratory diagnosis. - Coverage by DTP and B vaccine are lower than for measles and polio. 	
Cholera Control	To support cholera control and prevention in Central America.	<ul style="list-style-type: none"> - Emerging financial resources were allocated to fight the epidemic in most of the countries. - Support was provided for implementation of the epidemiological surveillance system in all the countries. - Support was provided for training in clinical case management. - Support was provided to develop laboratory diagnostic capacity to confirm cases and test food and water supplies in all the countries. - Personnel training was provided at all levels. - Drugs, other basic supplies for laboratory diagnosis, and equipment were provided. 	This program was launched with PAHO funds and, beginning in 1992, was funded by the Swedish International Development Authority (SIDA).
		<ul style="list-style-type: none"> - Support was provided to carry out educational activities in the community, including education through the mass media. - Manuals were produced on clinical case management and laboratory diagnosis. 	

AREA: HEALTH CARE FOR SPECIAL GROUPS

PROJECT	OBJECTIVES	ACHIEVEMENTS	COMMENTS
<p>Development Program for Displaced Persons, Refugees, and Repatriates in Central America (PRODERE)</p>	<p>To support the peace-making processes.</p> <p>To strengthen the promotion and protection of human rights.</p> <p>To promote reactivation and diversification of production.</p> <p>To expand popular access to basic services.</p>	<ul style="list-style-type: none"> - Local health systems were promoted. - Support was provided for education and training for technical personnel and the community. - Health infrastructure was built and equipped. - Support was provided for priority maternal and child health programs, disease control, environmental sanitation, medical care, and care during emergencies and disasters. - More than 240,000 people were provided with water. Eighty health units were built and equipped, as well as 278 schools. Credit was given to 32,000 small agricultural producers, and 1,200 km of roads were built. - One million people within the program's area of influence in the six countries are considered to be direct and indirect beneficiaries. 	<p>PRODERE operated in Belize, Costa Rica, El Salvador, Guatemala, Honduras, and Nicaragua.</p> <p>The program supported the development of local health systems, as well as integration of programs, development of information systems, human resources education, environmental sanitation, construction and equipping of health infrastructure, and promotion of community participation.</p>
<p>Program on Women, Health, and Development: Project on Comprehensive Health of Women in Central America (SIMCA)</p>	<p>To support the preparation, dissemination, and consolidation of legal changes and reforms aimed at preventing discrimination against women in matters related to health.</p> <p>To promote institutional strengthening for the formulation and evaluation of policies aimed at risk groups, utilizing participatory strategies and approaches involving promotion and development for women.</p>	<ul style="list-style-type: none"> - In the area of legislation, opportunities arose to improve women's legal status. Changes were made in basic legislation, especially that dealing with violence against women. - More openness and consolidation was achieved in the political arenas where women's health issues are discussed. The four countries consolidated programs on women, health, and development. Three countries have national commissions. An information system on women and health was established. 	<p>The project will end in 1994.</p>
	<p>To support the local development initiative with participation by women.</p>	<ul style="list-style-type: none"> - Projects on women's health were initiated with women's NGOs. 	

PROJECT	OBJECTIVES	ACHIEVEMENTS	COMMENTS
	<p>To promote human resources development and research to obtain a broader knowledge of women's health problems.</p>	<ul style="list-style-type: none"> - Training was provided for the project consultants and the national counterparts in gender issues and women's health, as well as project planning. Training was provided for health personnel and women's organizations. Training modules on gender and women's health were developed and distributed. At the country level, research was carried out on the health status of women. 	

AREA: ENVIRONMENT

PROJECT	OBJECTIVES	ACHIEVEMENTS	COMMENTS
<p>Program on Environment and Health in the Central American Isthmus (MASICA)</p> <p>BASE PROJECTS:</p> <p>► Project: Conservation of Water Resources and Surveillance of Drinking Water Quality</p>	<p>To promote conservation of water resources and surveillance of drinking water quality.</p>	<ul style="list-style-type: none"> - The process of strengthening the units in charge of coordinating and implementing the project was initiated. Specifically these included divisions of environmental sanitation, national water and sewerage authorities, municipalities, universities, NGOs, and laboratories involved in water quality control. - Project-related training of personnel in the countries was initiated. 	<p>The Project was initiated on 1 May 1993.</p> <p>Activities are coordinated with CAPRE, GTZ, AIDIS, REDES, ECO, and CEPIS.</p>
<p>► Project: Management and Control of Solid Wastes and their Effects on Health and the Environment</p>	<p>To promote management and control of solid wastes and their effects on health and the environment.</p>	<ul style="list-style-type: none"> - As part of this project, the project on <i>Management of Hospital Solid Wastes</i> was initiated which will allow incinerators to be installed at hospitals in the capitals of six countries. Three of the six countries have signed a funding protocol with the EEC. 	<p>The project is managed by the EEC, and will be coordinated with MASICA.</p>
<p>► Project: Occupational and Environmental Aspects of Exposure to Pesticides</p>	<p>To evaluate occupational and environmental aspects of exposure to pesticides.</p>	<ul style="list-style-type: none"> - The project has already been formulated and submitted for consideration by DANIDA. 	
<p>► Project: Industrial and Vehicular Pollution in Central America</p>	<p>To study industrial and vehicular pollution in Central America.</p>	<ul style="list-style-type: none"> - The project has already been formulated and submitted for consideration by FINNIDA. 	
<p>► Project: Institutional Strengthening (PROFIN)</p>	<p>To promote institutional strengthening.</p>	<ul style="list-style-type: none"> - A process of consensus-building between health and environmental agencies was promoted. - A high-level, permanent, consensus-based forum (of ministers) was established to discuss environmental health issues and draft policies: ECOSAL. There have been two successful meetings of ECOSAL, in San Salvador in 1992 and in Tegucigalpa in 1993. Their resolutions have been supported by the presidential summits. 	<p>Financed by NORAD.</p>
		<ul style="list-style-type: none"> - Support was provided to the countries for the preparation of plans of action on ecology and health by the year 2000. They are included in a prioritized portfolio of projects looking for financing. - The countries' capacity to analyze environmental health problems was strengthened. 	

PROJECT	OBJECTIVES	ACHIEVEMENTS	COMMENTS
		<ul style="list-style-type: none"> - The development of adaptive technologies aimed at solving environmental health problems was promoted. - Support was provided for training the mid- and high-level management of environmental health institutions in the countries. - Rapid assessment methodologies for evaluating environmental conditions in local health systems were adapted. 	
<ul style="list-style-type: none"> ▶ Project: Education for Environment and Health (PROEDUC) 	<p>To promote education for environment and health.</p>	<ul style="list-style-type: none"> - The project has been formulated and submitted to be considered for funding by the government of the Netherlands. 	
<ul style="list-style-type: none"> ▶ Project: Evaluation of the Environmental and Health Impact of Development Works 	<p>To evaluate the environmental and health impact of development works.</p>	<ul style="list-style-type: none"> - The project has been formulated and submitted for consideration by IDB and CABEL. 	

CE113/14 (Eng.)
ANNEX 2

**Progress Report On National Projects
(by country)**

Annex 2

Progress Report on National Projects
(by country)

Project	Objectives	Achievements	Comments
<p>Belize</p> <p>Strengthening and Development of Engineering and Maintenance Services in the Ministry of Health</p>	<p>To strengthen and expand the engineering and maintenance services in the Ministry of Health of Belize.</p>	<ul style="list-style-type: none"> - The project largely fulfilled its goals and was successfully completed in the country. - The documentation center is working adequately and the National Center for Engineering and Maintenance was built and finally inaugurated on 26 January 1994. - Progress was made in the maintenance programs for hospitals and health centers. 	<p>This is a bilateral project between Belize and the Netherlands. Some factors affected the execution of activities: lack of technicians for the sector, the need to translate many of the manuals into English, and limitations on managerial capacity. The activities of the subregional project are integrated into this national project.</p>
<p>El Salvador</p> <p>Reconstruction of Health Services in the Metropolitan Region</p>	<p>To construct and equip health units, strengthening their technical and administrative capabilities.</p>	<ul style="list-style-type: none"> - Seven new health units were built, one was rebuilt, and all of the units were provided with equipment. - There are plans to build two additional units and repair six others in 1994. - The technical and administrative aspects of the units were changed through community participation, training of leaders, and redefinition of the health care model. - The project also collaborated in the development of the local health system in the northern section of San Salvador, supporting the development of programs in the metropolitan area. 	<p>This project was initiated in 1987, after the earthquake that hit San Salvador in 1986. The project has encompassed three phases and will end in 1994. The government of the Netherlands has provided funds in the amount of US\$ 5,098,552, and PAHO has provided technical support.</p>

Project	Objectives	Achievements	Comments
<p>Guatemala</p> <p>Strengthening and Development of Engineering and Maintenance Services in the Ministry of Health</p>	<p>To strengthen and expand the engineering and maintenance services in the Ministry of Health of Guatemala.</p>	<ul style="list-style-type: none"> - The strategies, activities, and plans were not fully carried out because of changes in the management of the Department of Engineering and Maintenance. - The mechanical workshops did not fulfill their objectives. - Personnel training is still insufficient. - The documentation center has not reached the anticipated stage of development. - The development of local health services will make it possible to use the deteriorated resources available at that level more effectively. 	<p>This is a bilateral project between the Netherlands and Guatemala; in contrast to the national activities under the subregional project, it is directed solely at the Ministry of Public Health.</p>
<p>Honduras</p> <p>Access to Health Services</p>	<p>To expand access to health services by training resources.</p>	<ul style="list-style-type: none"> - Support was provided for the component on developing institutional capacity in the areas of programming and administration through in-service training for medium to high complexity service providers (clinics and hospitals). - <i>Managerial training activities were also carried out at the central level.</i> 	<p>The project was initiated in 1992 with financial support from PAHO.</p>
<p>Nicaragua</p> <p>Maintenance of Health Services.</p>	<ul style="list-style-type: none"> - To strengthen hospital engineering and maintenance services. - To enhance the availability and operation of hospital equipment. - To provide human resources training and development for the human resources in engineering and maintenance services. 	<ul style="list-style-type: none"> - As of June 1993, there had been training for hospital directors, administrators, and heads of nursing; maintenance seminars for technicians; courses for operators of radiodiagnostic equipment; and adjustments in the final document on national engineering and maintenance policy. - Manuals on organization and maintenance were written and disseminated; and maintenance assistance (including procurement of replacement parts and basic materials) was provided to 68 laboratory teams at health centers in the primary health care network. 	<p>The national project supported by FINNIDA is expected to conclude at the end of 1994, although negotiations are underway regarding a possible extension.</p> <p>The project between the country and the Netherlands is awaiting approval of its third phase, and the bilateral project with the Netherlands appears likely to continue supporting the country.</p>
	<ul style="list-style-type: none"> - To develop preventive and corrective maintenance programs. - To help develop the capacity to manufacture replacement parts, medical instruments, and small medical equipment. 	<ul style="list-style-type: none"> - Maintenance programs were made operational for around 45% of the equipment installed and operating in the hospitals. - Maintenance workshops were strengthened at five hospitals through provision of the basic materials needed to conduct their activities. 	

Project	Objectives	Achievements	Comments
	<ul style="list-style-type: none"> - To develop institutional capacity for preventive and corrective maintenance of hospital equipment at the national level. - To develop the technical skills of the maintenance staff. 		
<p>Nicaragua</p> <p>Development of RAAN Health Services.</p>	<p>To help strengthen the training and education program for health personnel; contribute to the development of the system for maintenance and rehabilitation of installed physical capacity; and improve the drinking water supply system in Rosita.</p>	<ul style="list-style-type: none"> - Support was provided for the cooperation agreement with the National Autonomous University of Nicaragua, supervision of operational units by the comprehensive local health system. - The construction works for the maintenance workshop were reinitiated and completed. - Support was provided for an analysis of the project by NORAD with a view to possibly extending the cooperation agreements. 	<p>This project began in 1990 and concluded in December 1993.</p>
<p>Nicaragua</p> <p>Development of Comprehensive Local Health Systems in Regions I and II and RAAS.</p>	<p>To support the decentralization of the comprehensive local health systems; to support the strengthening of local capacity for analysis, planning, and operation; to support education and training for the health work force; to strengthen the service network through preventive and corrective maintenance of physical infrastructure and equipment; and to promote community and multisectoral participation.</p>	<p>The results achieved as of June 1993 were in line with the programming outlined in conjunction with the management teams of the comprehensive local health systems in Estelí, Madriz, Nueva Segovia, León, Chinandega, and the RAAS. During this period, the project was particularly aimed at strengthening the managerial capacity of the management teams; supporting the administrative, teaching, and health care infrastructure of the principal units; and facilitating community participation.</p>	<p>This project has guaranteed financing for 3 years.</p>
<p>El Salvador</p> <p>Fortification of Sugar with Vitamin A.</p>	<p>To fortify sugar with Vitamin A.</p>	<p>The project was initiated in 1991 and succeeded in fortifying 50% of the 1991-92 sugar crop destined for domestic consumption. Only 20% of the 1992-93 sugar crop was fortified, however, and for the 1993-94 crop, the agreement with the sugar producers was revised so that there is expected to be a higher proportion of fortified sugar.</p>	<p>The project was financed as the result of an agreement between the government of El Salvador, the World Bank, UNICEF, and the Hoffman La Roche Corporation, with technical cooperation from INCAP/PAHO.</p> <p>A law and regulations are pending approval so that it will be possible to continue with this intervention which could have a major impact on the high rate of vitamin A deficiency in El Salvador.</p>

Project	Objectives	Achievements	Comments
<p>El Salvador</p> <p>Reactivation of the Salt Iodization Program.</p>	<p>To reactivate the salt iodization program.</p>	<p>The law salt iodization was drafted and promulgated and the regulations were updated. During 1993, equipment was purchased and the program was reorganized in the expectation that it will begin to operate during the first quarter of 1994.</p>	<p>This project is funded by the World Bank and UNICEF, with technical cooperation from INCAP/PAHO. The project was initiated in 1993, after a situation assessment of the program.</p>
<p>El Salvador</p> <p>Supplementing Child Feeding with High Nutrition Mixtures.</p>	<p>To supplement child feeding with high nutrition mixtures.</p>	<p>INCAP collaborated with the studies of feasibility and acceptance of composite flour; 20% of the stated feeding goal was fulfilled in 1993, and the coverage is expected to increase in 1994.</p>	<p>This project was financed by an agreement between the government of El Salvador and the World Bank, with technical cooperation from INCAP/PAHO. The target population is children between 6 and 36 months of age living in designated priority municipalities in the country who will receive food supplements in the form of high nutrition mixtures during 1992-94.</p>
<p>El Salvador</p> <p>Strengthening of Maternal Health Services in Local Health Systems.</p>	<p>To strengthen maternal health services in local health systems.</p>		<p>This project, which will begin during the current year, is financed by the government of the Netherlands for the sum of US\$219,000 and will be carried out in priority municipalities in the western and eastern regions. It will receive technical support from INCAP/PAHO.</p>
<p>Nicaragua</p> <p>Malaria and Dengue.</p>	<p>To implement the process of technical and administrative deconcentration which can strengthen administrative and managerial capacity at the local level, and to update control strategies at the institutional level, incorporating the community into malaria control at the local level.</p>	<p>Most of the project objectives were fulfilled.</p>	

Project	Objectives	Achievements	Comments
<p>Costa Rica</p> <p>Development of Occupational Health Services in the Health System.</p>	<p>To learn about the current status of workers' health; to execute programs on prevention of job-related accidents and illnesses and control of occupational hazards; to train human resources; and to encourage participation by labor organizations in the development and execution of programs to control occupational hazards.</p>	<p>Information was obtained about the health status of health workers, and some activities were carried out in the area of accident prevention, control of occupational hazards, and training.</p>	<p>The project is managed by the Costa Rican Social Security Fund, and received initial financial support from PAHO.</p>
<p>El Salvador</p> <p>Emergency Health Services Plan for Former FMLN Soldiers in the Process of Being Demobilized.</p>	<p>The plan had two phases:</p> <ul style="list-style-type: none"> - An initial phase, to plan, organize, and execute a health care plan for former soldiers concentrated in several areas of the Salvadorian territory. PAHO/WHO, with the authorization of the government of El Salvador and the support of Doctors Without Borders, formulated the plan and carried it out between March and December 1992. - An emergency phase, to attend to immediate needs, along with another phase centered on health care in the camps, including medical care, dental care, emergency referral, and specialized group care. 	<ul style="list-style-type: none"> - In coordination with Doctors Without Borders, work was done in the area of environmental sanitation. - Medical care and referrals were coordinated with the Ministry of Health and carried out with the support of health resources--physicians, health brigade members, etc.--from the FMLN. - The project was completed and the stated objectives were achieved. 	<p>As a result of the needs raised during the signing of the peace accords between the government of El Salvador and the FMLN, the United Nations requested help from PAHO/WHO. The project was funded initially by PAHO, and subsequently by the governments of Japan, the United States of America, and Sweden, through the United Nations (UNDP).</p>

Project	Objectives	Achievements	Comments
<p>Guatemala</p> <p>Leadership and Participation by Indigenous Women from Eight Selected Municipalities in the Area of Quiché and Cakchiquel.</p>	<p>To promote leadership and participation by indigenous women in two areas:</p> <ul style="list-style-type: none"> - At the level of health services, by creating women's health councils on which indigenous women participate and represent other women in their population; and by designing, with the participation of these women, educational modules for promoters of women's health. - At the level of the population, by forming indigenous women's councils and broadcasting a radio program on gender and health. 	<ul style="list-style-type: none"> - The results achieved were in the area of research on the situation of indigenous women in the municipalities in the project, as well as the formation of indigenous women's councils at the local level. - The nonprogrammed results included participation by operational institutional personnel and indigenous women in the preparation of the 1995-98 project, which was presented to the cooperating Nordic countries in November 1993. 	

Project	Objectives	Achievements	Comments
<p>Nicaragua</p> <p>Rehabilitation of Disabled People.</p>	<p>To help mitigate the impact of disability on the individual, the family, and the society by carrying out activities in the area of disability prevention, comprehensive rehabilitation, and social integration of disabled people.</p>	<ul style="list-style-type: none"> - Sensitivity-raising workshops were carried out in four comprehensive local health systems, as well as in Nandaime and San Carlos, with the objective of disseminating the rehabilitation strategy to the team in the comprehensive local health system, community members, and individuals from other sectors. - A workshop was carried out on designing a system for referral and counterreferral in rehabilitation with the participation of rehabilitation program directors from the comprehensive local health systems, as well as personnel from the Directorate for Organization of Services, the Aldo Chavarría Hospital, and the program team. - Activities were coordinated with other institutions to evaluate patients with war disabilities in two comprehensive local health systems - A project to establish a national rehabilitation unit was designed. - Work moved ahead on the equipping of rehabilitation units, and continued with repairs to existing physiotherapy equipment in three comprehensive local health systems. - There were training workshops on community-based rehabilitation and a program on recreation and sports. The first phase of the training course on swimming and management of patients in aquatic activities was developed for physical therapists, nurse's aides, and patients with various disabilities. 	<p>The project began in 1990 and ended in December 1993; a possible extension of the second phase for an additional 3 years is being negotiated.</p>

CE113/14 (Eng.)
ANNEX 3

**Financial Statement on Projects in the
Central American Health Initiative
(Funds in US\$ received between 1 January 1986 and 31 December 1993)**

Annex 3

**Financial Statement on Projects in the
Central American Health Initiative
(Funds in US\$ received between 1 January 1986 and 31 December 1993)**

DONOR	PROJECT TITLE	ITEM	FUNDS RECEIVED
NORDIC COUNTRIES			
<i>DENMARK</i>	Development of Health Education in Central America	MCP-HRP-040	2,812,540
	Support for Environmental Health	COR-CEH-033	13,973
TOTAL FUNDS FROM DENMARK			2,826,513
<i>FINLAND</i>	Strengthening of Malaria Control Programs in Central America	MCP-MAL-040	786,788
	Essential Drugs	MCP-EDV-100	783,285
	Rehabilitation Services for Disabled People	NIC-RHB-011	2,502,744

DONOR	PROJECT TITLE	ITEM	FUNDS RECEIVED
	Maintenance of Hospital Equipment	NIC-DHS-020	2,804,273
	Emergency Aid for the Measles Epidemic	NIC-EPI-011	55,432
<i>SUPPORT FOR COLLABORATION AGREEMENTS BETWEEN COUNTRIES</i>			
<i>COMPONENT 1</i>			
	Malaria Control on the Nicaragua/Costa Rica Border	NIC/COR-MAL-031	320,000
	Malaria Control on the Nicaragua/Honduras Border	NIC/HON-MAL-040	1,711,000
<i>COMPONENT 3</i>			
	Water and Sanitation Systems in Central America	MCP-CWS-084	1,194,709

DONOR	PROJECT TITLE	ITEM	FUNDS RECEIVED
	Tri-Country Dengue Control (Guatemala, Honduras, El Salvador)	MCP-OCD-030	958,009
	Technical Cooperation among Countries in Central America	MCP-TCC-032	160,813
TOTAL FUNDS FROM FINLAND:			11,277,053
<i>NORWAY</i>	Essential Drugs	MCP-EDV-070	1,851,168
	Development of Health Services in the Atlantic Coast Region	NIC-DHS-011	1,255,815
	Women, Health, and Development	MCP-WHD-021	608,459
	MASICA - Institutional Strengthening in the Environmental Sector	MCP-CEH-032	1,435,543

DONOR	PROJECT TITLE	ITEM	FUNDS RECEIVED
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	AIDS - Medium-term Plans of Action in Central America	MCP-HIV-214	675,571
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TOTAL FUNDS FROM NORWAY:			5,826,556
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<i>SWEDEN</i>	Essential Drugs	MCP-EDV-040	1,387,615
	Women, Health, and Development	MCP-WHD-022	1,337,735
	Indigenous Women, Health, and Development	GUT-WHD-032	79,905
	MASICA: Preparation	MCP-CEH-020	115,963
	MASICA: PROAGUA	ALL-CEH-031	1,328,493
	AIDS - Medium-term Plans of Action in Central America	MCP-HIV-211	1,557,217
	Demobilization of FMLN Soldiers	ELS-DHS-143-145	559,410

DONOR	PROJECT TITLE	ITEM	FUNDS RECEIVED
	Malaria Program	ALL-MAL-100	3,411,624
	Local Health Systems	NIC-DHS-030	1,994,342
	Cholera Prevention and Control	ALL-CDD-053	1,938,092
	Elimination of Measles from Central America	MCP-EPI-041	1,000,000
<i>SUPPORT FOR COLLABORATION AGREEMENTS BETWEEN COUNTRIES</i>			
	Joint Health Activities in Central America (including intercountry coordination agreements and support for international health offices)	ALL-TCC-033	928,968
	Malaria Control on the Nicaragua/Costa Rica Border	NIC-COR-MAL-030	2,670,008
	Malaria Control on the Nicaragua/Honduras Border	NIC-HON-MAL-041	2,280,855

DONOR	PROJECT TITLE	ITEM	FUNDS RECEIVED
	Development of Human Resources in Child Survival in Central America	MCP-MCH-110	386,300
	Nutrition and Child Survival	INCAP/353	546,238
	INCAP - Support for Food Supplement Aid	INCAP/711	541,287
	Support for Food Availability through Technology Transfer	INCAP/195	614,867
	Breastfeeding Promotion	INCAP/280	715,958
TOTAL FUNDS FROM SWEDEN			23,394,877
TOTAL FUNDS FROM NORDIC COUNTRIES			43,324,999

DONOR	PROJECT TITLE	ITEM	FUNDS RECEIVED
<i>OTHER DONORS</i>			
<i>NETHERLANDS</i>	Restructuring of Health System Min. of Health	ELS-DHS-161	5,147,436
	Maintenance of Phase I; Regional	MCP-DHS-131	3,450,898
	Maintenance of Phase I; Guatemala	MCP-DHS-132	1,042,358
	Maintenance of Phase I; Belize	MCP-DHS-133	240,918
	Maintenance of Phase II; Regional	MCP-DHS-134	2,433,034
	Maintenance of Phase II; Guatemala	MCP-DHS-135	818,872
	Maintenance of Phase II; Belize	MCP-DHS-136	457,586
	Maintenance of Phase III; Subregional	MCP-DHS-150	2,204,901
	Community Participation in Essential Drug Programs (FORMED)	MCP-EDV-080	106,298
	FORMED (Essential Drugs)	PCM/PF	2,264,185

DONOR	PROJECT TITLE	ITEM	FUNDS RECEIVED
	AIDS: Support for Medium-term Plans of Action	MCP-HIV-212	647,059
	Maternal and Child Health in Central America and Panama	MCP-MCH-050	1,311,604
TOTAL FUNDS FROM THE NETHERLANDS:			20,125,149
<i>EUROPEAN COMMUNITY</i>			
	Elimination of Rabies from Central America and Panama	MCP-ZNS-080	2,322,528
	Cholera Prevention and Control in Central America and Panama	MCP-CDD-051	115,000
TOTAL FUNDS FROM THE EUROPEAN COMMUNITY:			2,437,528

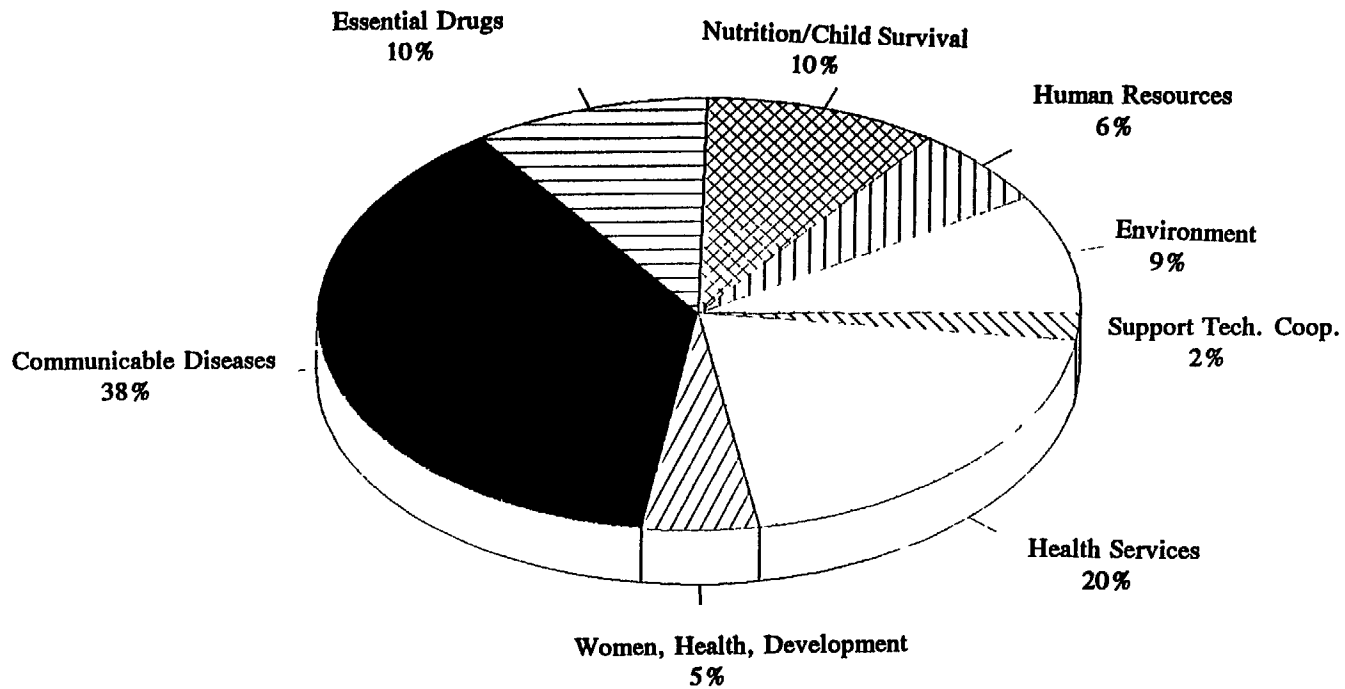
DONOR	PROJECT TITLE	ITEM	FUNDS RECEIVED
<i>FRANCE</i>	Repair of Health Equipment	MCP-DHS-110	230,411
	Policies on Essential Drugs	MCP-EDV-050	771,046
	Support for INCAP	INCAP/780	1,533,123
	Measles Eradication in Central America	MCP-EPI-037	127,282
TOTAL FUNDS FROM FRANCE:			2,661,862
<i>ITALY</i>	PRODERE (Funds through PNUD)	DHS-100/PL	6,600,000
TOTAL FUNDS FROM ITALY:			6,600,000
<i>OAS</i>	CIAV: Strengthening of Local Health Services	NIC-DHS-012	2,133,000

DONOR	PROJECT TITLE	ITEM	FUNDS RECEIVED
	CIAV: Training for Paramedics Drug Supply	NIC-DHS-014	300,000
TOTAL FUNDS FROM OAS:			2,433,000
<i>SPAIN</i>	Development of National Plans on Water and Sanitation Capacity	MCP-CWS-200	94,678
TOTAL FUNDS FROM SPAIN:			94,678
<i>UNDP</i>	Emergency Health Services for the Demobilization Process (US/JAPAN)	ELS-DHS-141	663,357
	Managerial Capacity of Health Services	MCP-DHS-140/142	3,524,611
TOTAL FUNDS FROM UNDP:			4,187,968
<i>USAID</i>	Essential Drugs and Vaccines in Central America and Panama	MCP-EDV-010	3,203,315

DONOR	PROJECT TITLE	ITEM	FUNDS RECEIVED
	Malaria Control in Central America and Panama	MCP-MAL-030	3,404,688
	Management of Malaria Control and Essential Drugs	MCP-GPD-060	437,241
	Economic Evaluation and Financing	ICP-IOC-020	89,547
	Support for INCAP (ROCAP Aid)	INC-NUT-670/710	7,733,401
TOTAL FUNDS FROM USAID:			14,868,192
TOTAL FUNDS FROM OTHER DONORS			53,408,377
GRAND TOTAL OF FUNDS FROM ALL DONORS:			96,733,376^{1/}
1/	Funds executed by PAHO		96,733,376
	EEC agreements for MCH		15,000,000*
	Italian agreements for MCH		15,000,000*
	Spanish agreements		10,000,000*
TOTAL FUNDS ALLOCATED TO THE CENTRAL AMERICAN HEALTH INITIATIVE			136,733,376

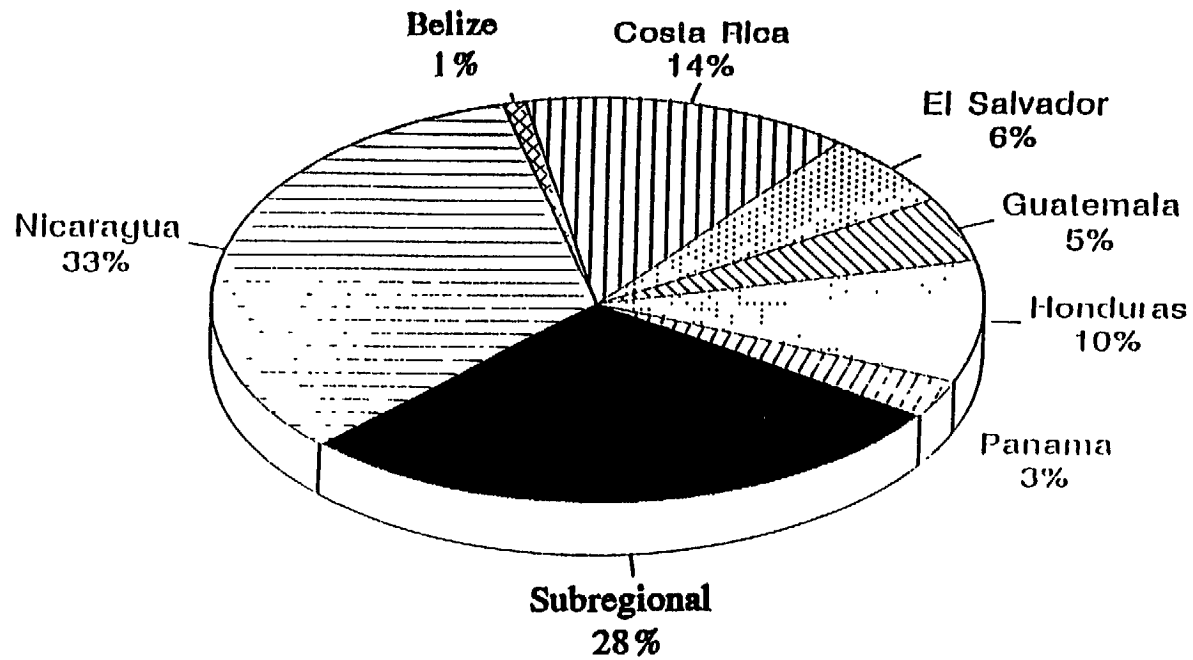
* Funds not executed by PAHO.

CENTRAL AMERICAN HEALTH INITIATIVE
Funds received through PAHO 1986-1993
by Health Area



Nordic Donors:
US\$ 43,324,999

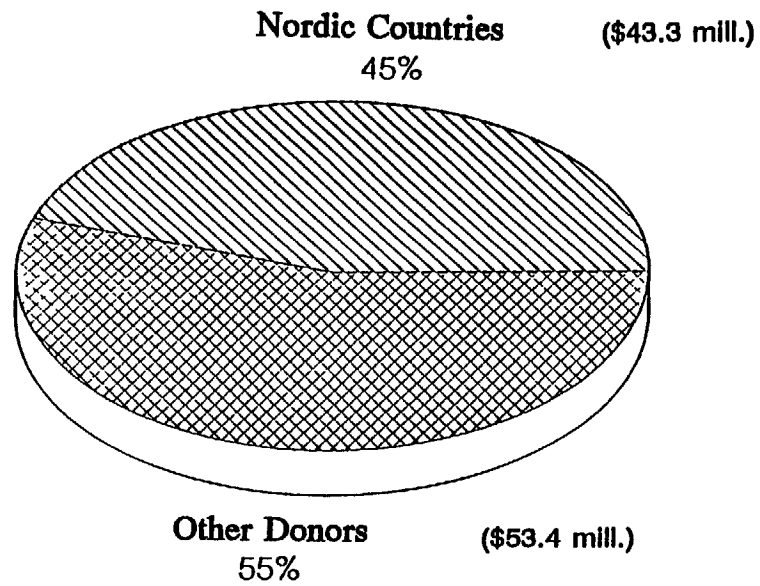
CENTRAL AMERICAN HEALTH INITIATIVE
Funds received through PAHO 1986-1993
by Country



Nordic Donors:
US\$ 43,234,999

CENTRAL AMERICAN HEALTH INITIATIVE
Funds received through PAHO 1986-1993

Nordic vs. Other Donors



All Donors: US\$ 96.733.377