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**PROGRESS IN IMPLEMENTATION OF THE REGIONAL PLAN FOR  
INVESTMENT IN THE ENVIRONMENT AND HEALTH**

In response to the mandate issued by the I Ibero-American Summit of Heads of State and of Government, held in Guadalajara, Mexico, in July 1991, the Pan American Health Organization (PAHO), in close consultation with the countries of Latin America and the Caribbean, prepared the Regional Plan for Investment in the Environment and Health (PIAS) in 1992. At its XXXVI Meeting (1992), the Directing Council of PAHO approved the Plan as the framework for the investments that will be required in Latin America and the Caribbean in order to gradually overcome the existing deficit in health services and basic sanitation.

This document has two objectives: (1) to report on developments since PIAS began execution, in terms of the framework established by the Organization for implementation of the Plan and the achievement of its objectives, and on the specific preinvestment activities carried out over more than three years of Plan operations in three major areas of action: sectoral analyses, master plans for investment, and project formulation; and (2) to describe the program approved by the PIAS Advisory Council for 1996.

In this regard, this document is submitted to the Executive Committee for consideration in the hope of obtaining its feedback on the activities undertaken in the past three years, as well as its suggestions for future action.

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## EXECUTIVE SUMMARY

The object of this document is to describe what has transpired in the more than three years since the Regional Plan for Investment in the Environment and Health (PIAS) was launched in November 1992.

For this purpose the document has been divided into the following sections and an annex:

1. *Background.* This section describes the decrease in investment in the environment and health experienced by Latin America and the Caribbean during the 1980s, as well as the launching of PIAS as the long-term response of the Governments of the Region to surmount the countries' enormous infrastructure deficit in health services, drinking water supply and quality assurance, and basic sanitation.
2. *Framework for Implementation of the Regional Plan for Investment in the Environment and Health.* This discusses the principal macroeconomic elements of PIAS, its objectives, and the main instruments employed for its implementation.
3. *Building Strategic Alliances.* This section describes the synergy that should take place between the governments of the Region, the multi- and bilateral technical and financial cooperation agencies, and PAHO in the implementation of PIAS in order to guarantee its success.
4. *Principal Preinvestment Activities.* This provides a review of the principal actions taken by PAHO in the implementation of PIAS, with special emphasis on the more than 40 preinvestment operations launched in the form of sectoral analyses, development of master plans for investment, and design and/or support for implementation of investment proposals in the environment and health sectors.
5. *Conclusions*
6. *Annex.* This consists of a table that describes and classifies the preinvestment operations under the three modalities mentioned in point 4 above, indicating the volume of financial resources mobilized for each and the total for all operations carried out or under way.

## **1. Background**

### **1.1 *Reduction in Investment in the Environment and Health in Latin America and the Caribbean during the 1980s***

In the majority of countries in Latin America and Caribbean, the social impact of the crisis of the 1980s has been a worsening of inequality and an increase in poverty, magnified by explosive population growth. In these circumstances, decreased spending on the social sectors in recent years has aggravated the deficits in basic infrastructure and public services, thereby perpetuating the inadequate response to the essential needs of large sectors of the population.

For Latin America and the Caribbean, the economic stagnation of 1980s meant no growth. Many countries in the Region, moreover, have experienced a regression in average per capita income, coupled with a reduction in spending on the social sectors. While public and private spending on social services in the 1960s and 1970s grew at an average rate of 5% annually, in the 1980s it remained stagnant. Several countries witnessed a reduction in spending on health, first in investments in infrastructure and later in operational areas such as wages and supplies. Meanwhile, the population continued to grow at an average rate of 2.2% per annum.

In effect, the result was a contraction in social services in real terms, accompanied by a decrease in purchasing power for the vast majority of the population. Gross public and private domestic investment fell sharply during the 1980s, plummeting from annual growth rates of 7.4% in the two previous decades to a negative rate—a reduction of 3.2% per year on average.<sup>1</sup>

As part of the stabilization and structural adjustment measures during the 1980s, total public sector expenditures in Latin America and the Caribbean declined in relation to GDP, which itself was already reduced. Still more marked was the reduction in public investment during the period, which decreased as a proportion of total public sector expenditures, particularly in the social categories. This has meant a real reduction in investment in human capital in the Region during the past decade, limiting the response capability in health and sanitation.

This has manifested itself in the constraints on investments in drinking water, basic sanitation, and the replacement, maintenance, and conservation of the equipment and physical plant of the health services. Moreover, it has translated into an inability to maintain an adequate level of current expenditures, impeding the normal operation of

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<sup>1</sup> Inter-American Development Bank. *Economic and Social Progress in Latin America, 1990.*

programs to address prevalent problems and hampering administrative development and the training of sector personnel. Furthermore, the resources for health, drinking water, and sanitation tend to concentrate in major urban areas and are available to those who are able to pay or who have selective access. This leaves large portions of the marginal rural and urban population without coverage.

## **1.2 *Long-term Response: The Regional Plan for Investment in the Environment and Health for Latin America and the Caribbean***

In order to gradually overcome the enormous deficit in health services infrastructure, drinking water supply and quality assurance, and basic sanitation services, and in response to the mandate issued by the I Ibero-American Summit of Heads of State and of Government, held in Guadalajara, Mexico, in July 1991, the Pan American Health Organization (PAHO), in close consultation with the countries of Latin America and the Caribbean, prepared the Regional Plan for Investment in the Environment and Health (PIAS) in 1992. The II Ibero-American Summit of Heads of State and of Government, held in Madrid in July 1992, supported the launching of PIAS and accorded priority to its implementation at the regional level. At its XXXVI Meeting in September 1992, the Directing Council of PAHO approved the Plan as the framework for investments that would be required over the next 12 years in Latin America and the Caribbean in order to gradually overcome the existing deficit in health services infrastructure, water supply and quality assurance, and basic sanitation. The Directing Council of PAHO also recognized the need for channeling more national and external resources than have been allocated in recent years to rebuild and expand infrastructure and to improve health services and environmental protection and adapt them to the national agendas for sectoral reform.

The Plan has six major components: physical infrastructure for environmental protection and monitoring; physical infrastructure for direct health care for the population; preinvestments; institutional development; science and technology; and special areas. Each of these components has subcomponents that have been selectively identified, corresponding to priority areas of action.

To promote the implementation of the Plan, in November 1992 PAHO established an Executive Secretariat, directly linked to the Director, to coordinate the implementation of PIAS. One of the tasks of the Executive Secretariat has been to develop lines of action in order to improve coordination of PAHO technical cooperation to Member States with investment in the environment and health sectors.

The III, IV, and V Ibero-American Summits of Heads of State and of Government—held, respectively, in Salvador, Bahia, Brazil in July 1993; in Cartagena, Colombia in June 1994; and in Bariloche, Argentina in October 1995—recognized the

principal achievements of the Plan in the countries during its first three years of operation. Moreover, PIAS received support from the Conference of Heads of Government of the Caribbean Community (CARICOM), held in the Bahamas in 1993.

## **2. Framework for the Implementation of the Regional Plan for Investment in the Environment and Health**

PIAS is a response to the need to improve the living conditions of the population of the Americas, to combat the rampant poverty in many countries of the Region with tangible instruments, and to fight for access by every person in Latin America and the Caribbean to health care, clean and safe water, and basic sanitation services.

PIAS has emphasized the need to mobilize US\$ 217 billion over a 12-year period to finance the investment required in the Region to reduce the existing deficits in health and basic sanitation services. The Plan has estimated that approximately 70% of these resources should be provided by domestic sources from national savings, which implies channeling 0.8% of the combined GDP of the Region's economies into investment in the environment and health sectors. The remaining 30% should come from external sources, both concessional and non-concessional.

However, it is extremely difficult to mobilize the magnitude of resources required for the environment and health. The problem lies not so much in the availability of the financial resources required for the task as in the serious weakness in the capacity of both sectors to draw up agendas for major reform, to translate such policies into resource allocations that bring change, to plan the investments required for the medium and long term in a concrete fashion, and to design and implement investment proposals that contribute to an effective transformation in the delivery of services.

In this regard, the fundamental challenge faced by PIAS is to improve the countries' ability to mobilize investment resources. This means strengthening the institutional capacity to carry out sectoral analyses that will redefine investment needs quantitatively and qualitatively, making it possible to properly design, manage, and evaluate investment projects in the environment and health.

In light of the above, it should be recalled that the main objectives of PIAS can be summarized as follows:

- reestablish the flow of investments in the environmental and health sectors in Latin America and the Caribbean;

- redirect capital spending in health, drinking water, basic sanitation, and environmental protection to ensure sectoral expansion, recovery, and operational improvement;
- support the process of sectoral reform, in both environment and health, in the countries of Latin America and the Caribbean by mobilizing investment resources.

In assuming responsibility for coordinating efforts aimed at the implementation of PIAS in the Region, PAHO has had to design operational mechanisms that make possible:

- the extensive promotion of the PIAS initiative among the countries of the Region and the development agencies;
- the establishment of a strategic alliance with the key multilateral and bilateral technical and financial cooperation agencies;
- the delivery of technical cooperation, through the Representative Offices and Headquarters, to support preinvestment and investment activities in the environment and health.

In delivering PAHO technical cooperation to the countries focused on preinvestment and investment activities, it is important to note that PAHO should not become extensively involved in the execution of investment proposals, since national execution of the project should be promoted. It is only in cases where there is a good match between the project and the technical cooperation work of the Organization that the Secretariat might consider direct execution of investment projects.

However, it is indeed essential for PAHO to step up its efforts in preinvestment activities so that it will participate from the earliest stages in the identification of investment projects and the design of activities for their implementation. In this regard, PAHO support for the implementation of PIAS has and should continue to focus on four major types of preinvestment activities listed below:

## **2.1 *Sectoral Analyses***

These portray the situation faced by a country, state, or province in terms of the needs and opportunities for sectoral reform and the investments its implementation will require. Sectoral analyses may focus on water and sanitation, municipal solid waste management, environmental protection, or health service delivery. Their ultimate goal is to improve the quality and quantity of investments in the environment and health.

Hence, they generate and analyze the information that permits decision-making to ensure the technical and financial feasibility as well as the social sustainability of the proposed interventions.

## ***2.2 Preparation of Master Plans for Investment in the Environment and Health***

These plans are intended to provide a structured medium-term view for the identification and execution of priority investments in the environment and health in a country, state, or province. This type of tool can avert the fragmentation that can arise from the isolated planning of investment projects, allowing for the design of comprehensive investments that bolster sectoral reform.

## ***2.3 Formulation of Investment Proposals***

In order to mobilize national resources and external resources from multilateral lending institutions or bilateral cooperation agencies, investment projects must be technically and financially sound and should be designed so as to lend support to the sectoral reform agenda for the environment and health. Therefore, bringing PAHO technical cooperation closer to the identification and formulation of investment proposals is of paramount importance, since it enables the Organization to exert an influence in the early stages on significant allocations of investment resources in the environment and health sectors.

## ***2.4 Institutional Development for Planning, Managing, and Evaluating Investment in the Environment and Health***

This type of activity is particularly important for ensuring sustainable investment management in both sectors. Its primary focus is on human resources development and institution-building to bolster the national capacity for carrying out preinvestment activities in the sectors.

## **3. Building Strategic Alliances**

With the economic recovery in the Region in the early 1990s and the visibility of the human and political costs of adjustment and stabilization, the social development agenda is regaining priority. The opportunities for funding investments and recurrent costs in the environment and health have improved substantially. Privatization of the direct economic activity of the State in several countries of the Region, reform of the public sector in the majority of the countries, and the increasing availability of resources for the social sector from multilateral lending institutions (approximately \$4 billion per year for the environment and health) favor higher investment in areas that can improve the social well-being of the population of the Region.



These new circumstances call for greater public effort in the social sectors. However, both the investments and recurrent costs will increasingly have to be shared by government, the private sector, and the community, seeking the maximum degree of complementarity.

The implementation of PIAS must take all this into account in order to build a synergistic partnership among:

- the governments of the Region, which are directly involved in the formulation and execution of investment plans and projects and are the principal source of financing and the ultimate beneficiaries;
- multilateral and bilateral cooperation agencies, whose political, technical, and supplementary financial support are essential to the PIAS initiative;
- PAHO, whose primary responsibility is to promote PIAS by fostering the strategic alliances required for its implementation and designing and delivering technical cooperation in support of the investment process in the environment and health.

PAHO has actively supported the implementation of the Plan in the countries of Latin America and the Caribbean and has lent its support to institutional development for the promotion of investments in the environment and health. In addition, it has encouraged bilateral and multilateral cooperation agencies, such as the Inter-American Development Bank (IDB), the United Nations Development Program (UNDP), the U.S. Agency for International Development (USAID), and the World Bank to adopt the Plan as a mechanism to coordinate investment activities in the environment and health sectors.

Along these lines, PAHO, UNDP, and the World Bank signed an agreement in early 1994, whereby PAHO will join the "Ruta Social" Project in Central America by assigning a health sector specialist who will articulate his or her responsibilities as much as possible with PAHO technical cooperation programs and particularly with the implementation of PIAS in Central America.

#### **4. Principal Preinvestment Activities**

In order to characterize the processes of investment in the environment and health in each country and to have the core information needed to design support activities, the Organization has conducted analyses of the investment processes in the environment and health over the past decade in many of the countries of the Region. In fact, final versions are available of studies in 16 Ibero-American countries (Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador,

Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, and Uruguay), the U.S.-Mexican border area and Puerto Rico, and nine Caribbean countries (Belize, Dominica, Grenada, Guyana, Jamaica, Netherlands Antilles, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago). The results of these studies represent a valuable source of information for designing new strategies to implement the Plan in each country.

To facilitate dissemination of the Plan and the principal advances in its implementation, a project has been undertaken to coordinate the editing, publication, and dissemination of four document series: the studies series, the sectoral analysis series, the technical report series, and the documents series. A total of 42 documents have been published to date. Moreover, basic information on PIAS and the complete text of its publications has been made available over the World Wide Web on the Internet, and work is in progress to make it available on CD-ROM.

In the first three years of the Plan, more than 40 preinvestment operations have been carried out, including sectoral analyses, master plans for investment, and formulation and/or support for the execution of investment projects in the environment and health sectors (see Annex). These efforts have involved a total mobilization of approximately \$12 million in resources.

With regard to financial contributions from governments and bilateral and multilateral cooperation and credit agencies, while many contributions for specific preinvestment operations have been made, the contribution by the Government of Spain to PIAS of approximately \$750,000 stands out.

In order to assess the progress made by PIAS and to determine how to allocate funds, including the Spanish contribution, for specific preinvestment operations, the first meeting of the PIAS Advisory Council was held in November 1995. The meeting, convened by the Director of PAHO, included the participation of representatives from Bahamas, Colombia, Mexico, Panama, and Spain, as well as USAID and the World Bank. The Council approved the program of preinvestment activities for 1996, consisting of 34 operations, and the allocation of extrabudgetary funds for them. The next meeting of the Council will take place toward the end of November 1996.

Sectoral analyses in the areas of water supply and sanitation took the form of a collaborative project in 1993 involving IDB, PAHO, USAID, and the World Bank, which drew up common methodological guidelines that have been used to date in seven countries (Belize, Colombia, Cuba, Ecuador, El Salvador, Guatemala, and Uruguay), the State of Oaxaca, Mexico, and four states in southern Brazil. Moreover, in September 1995 the International Meeting in Support of the Cuban Water Supply and Sanitation Sector was held, the product of a coordinated effort by the PAHO/WHO Representative Office in Cuba, the Division of Health and Environment, and the Executive Secretariat of the Regional Plan for Investment in the Environment and Health.

In 1994, IDB, PAHO, USAID, and the World Bank jointly prepared methodological guidelines for sectoral studies on solid waste, and these have already been used in Colombia, Cuba, Guatemala, Mexico, and Uruguay.

PAHO is nearing completion of methodological guidelines for undertaking sectoral analyses in health this year in selected countries, among them Cuba.

A collaborative project has also been undertaken by the Inter-American Development Bank, PAHO/WHO, the University of the West Indies (UWI), and the University of Toronto to prepare the *Caribbean Regional Health Study*, which covers 16 countries. The Caribbean Group for Cooperation in Economic Development (CGCED) commissioned IDB and PAHO to do the study, which should be presented at the biennial session of the advisory body scheduled for June 1996. The CGCED will also review other studies related to public sector reform in the Caribbean. Members of the CGCED include the governments of 16 Member States (mainly the ministries of the economy and finance), the development banks, the principal bilateral donors active in the Region, and some multilateral technical cooperation agencies and organizations.

In addition, support has been given to the preparation of master plans for investment in the environment and health in several countries of the Region (Costa Rica, Honduras, and Panama) and one state in Mexico (Chihuahua).

Progress has also been made in preparing instruments for the design and management of projects with the main multilateral and bilateral technical and financial cooperation agencies. For instance, support has been provided to the governments for the design and implementation of technical cooperation for the investment projects listed below, financed by multilateral and/or with national resources in Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Nicaragua, Paraguay, Peru, and Uruguay:

- a project to strengthen basic health services in Ecuador and extend their coverage (FASBASE);
- an IDB/PAHO program to strengthen health services in Peru;
- support for the implementation of health sector reform in Colombia;
- activities in preparation for the project on institutional strengthening of the health sector in Uruguay;
- design of a preinvestment project on micronutrients in Ecuador;

- preparation of a joint PAHO/USAID/World Bank investment proposal for health sector reform in El Salvador;
- preinvestment operation for institutional development of the Ministry of Health in Nicaragua;
- joint Dominican Republic/PAHO execution of a project on administrative reform of the country's Ministry of Health and Social Welfare (SESPAS), financed by the World Bank;
- design of a project for institutional strengthening of the Unified Health System (SUS) in the state of Minas Gerais, Brazil;
- design of a project for restoration of the operating capacity of the health services network (REFORSUS) in Brazil;
- design of an expanded project on maternal and child care in Paraguay;
- design of a project on health sector reform in Ecuador;
- support for implementation of selected services of the project for institutional strengthening of the health sector in Uruguay;
- activities by PAHO and the Water and Sanitation Company (AyA) in preparation for the second project on drinking water and sanitation, financed by the World Bank, in Costa Rica;
- preparation and support for the execution of the SANEBAR project in Costa Rica;
- preparation of the sanitation project in the Londrina-Maringá area of Brazil;
- design of a proposal for a system to certify water quality in Rio Grande do Sul, Brazil;
- development of the conditions for the financing of sanitation investments in scattered rural populations in Chile.

In addition, since February 1995 the PIAS Secretariat (DSI) has devoted a major share of its efforts to the joint work with the Divisions of Health Systems and Services Development and Health and Human Development in health sector reform.

Finally, the program of preinvestment activities for 1996 approved by the PIAS Advisory Council includes the following specific operations:

- sectoral analyses of water supply and sanitation in Argentina (Province of Neuquén), Brazil (State of Bahía), Colombia, Mexico (State of Querétaro), and Uruguay;
- sectoral analyses of solid waste in Brazil (State of Rio de Janeiro), Chile, Costa Rica, Cuba, Jamaica, and Mexico;
- sectoral analyses of health in Brazil (State of São Paulo), Cuba, and Ecuador;
- master plans for investment in the environment and health in Argentina (Buenos Aires), Colombia, Mexico, and Peru;
- design of investment projects in health in Bolivia, Dominican Republic, and Ecuador;
- design of investment projects in the environment in Guatemala.

Implementation of these activities will require the mobilization of approximately \$1,290,000 in PAHO resources and total resource mobilization of \$3,250,000.

## **5. Conclusions**

With the incipient economic recovery of the early 1990s in the countries of the Region and the growing acknowledgement of the human and political costs of economic adjustment and stabilization, the agenda for social development has regained its standing. Access to financial resources to defray investments and recurrent costs in the environment and health sectors has improved substantially. Privatization of direct economic activity of the State in several countries of the Region, government reform in virtually all the countries, and greater resource availability for the social sectors from the multilateral lending institutions (around \$4 billion per year for the environment and health sectors) favor higher investment in the areas that can improve social well-being for the Region's inhabitants.

The ultimate objective of PIAS is to ensure that between 1993 and 2004 a total of \$217 billion will have been invested in the environment and health. To achieve this goal, however, the governments of the Region need to formulate policies, adopt strategies, and carry out activities that strengthen their ability to gain access to a greater volume of resources and to gear these activities toward the sectoral reform processes that are so urgent in the Americas. PAHO will continue to lend its support to the governments so that they can face this great challenge and meet the targets set by the Plan and approved by the heads of state and of government of the Region.

**PREINVESTMENT ACTIVITIES AND RESOURCE MOBILIZATION  
NOVEMBER 1992 - APRIL 1996**

TYPE OF PREINVESTMENT	PREINVESTMENT ACTIVITY	FINANCING		TOTAL COST IN US\$
		PAHO	COUNTRY/AGENCY	
SECTORAL ANALYSES IN DRINKING WATER AND SANITATION	Development of the methodological guidelines for sectoral analyses of water supply and sanitation	43,000	37,000 <sup>1</sup>	80,000
	El Salvador	45,000	25,000	70,000
	Ecuador	45,000	25,000	70,000
	States of Rio Grande do Sul, Paraná, Santa Catarina, and Mato Grosso in Brazil	60,000	60,000 <sup>2</sup>	120,000
	Cuba	39,000 <sup>3</sup>	93,000 <sup>4</sup>	132,000
	Guatemala	50,000	46,000 <sup>5</sup>	96,000
	Belize	50,400	23,300	73,700
	Oaxaca, Mexico	59,000	61,750	120,750
	Colombia	45,000	25,000	70,000
	Uruguay	35,000	35,000	70,000

<sup>1</sup> Contributions from IDB, IBRD, and USAID.

<sup>2</sup> Contributions from the state governments of Rio Grande do Sul, Santa Catarina, Mato Grosso do Sul, and Paraná.

<sup>3</sup> Figure includes \$19,500 from the PIAS-Spain Fund.

<sup>4</sup> Figure includes a contribution of \$80,000 from the Government of Cuba and \$13,000 from CARE, Canada.

<sup>5</sup> Contribution from the country, USAID, and UNICEF.

TYPE OF PREINVESTMENT	PREINVESTMENT ACTIVITY	FINANCING		TOTAL COST IN US\$
		PAHO	COUNTRY/AGENCY	
SECTORAL ANALYSES IN SOLID WASTE	Preparation of methodological guidelines for sectoral analyses in solid waste	33,000	37,160 <sup>6</sup>	70,160
	Guatemala	45,000	53,500	98,500
	Colombia	45,000	25,000	70,000
	Uruguay	45,000	25,000	70,000
	Cuba	45,000	25,000	70,000
	Mexico	45,000	45,000	70,000
SECTORAL ANALYSIS IN HEALTH	Cuba	75,000	25,000	100,000
	Regional study of the Caribbean (16 countries)	130,000	270,000	400,000
MASTER PLANS FOR INVESTMENT IN THE ENVIRONMENT AND HEALTH	Master plan for investment in the environment and health for Costa Rica	70,000	30,000	100,000
	Master plan for investment in health for Chihuahua, Mexico	40,000	40,000 <sup>7</sup>	80,000
	Master plan for investment in the environment and health for Panama	75,000	25,000	100,000

<sup>6</sup> Contributions from IBRD, IDB, and AID.

<sup>7</sup> Contribution from the state government of Chihuahua.

TYPE OF PREINVESTMENT	PREINVESTMENT ACTIVITY	FINANCING		TOTAL COST IN US\$
		PAHO	COUNTRY/AGENCY	
FORMULATION OR SUPPORT FOR EXECUTION OF INVESTMENT PROJECT IN HEALTH	Project to strengthen basic health services in Ecuador and extend their coverage (FASBASE)	100,000	1,968,588 <sup>8</sup>	2,068,590
	PAHO/IDB program to strengthen health services in Peru	50,000	398,744 <sup>9</sup>	448,740
	Support for the implementation of health sector reform in Colombia	118,100	202,440 <sup>10</sup>	320,540
	Activities in preparation for the project on institutional strengthening of the health sector in Uruguay	3,000	153,560 <sup>11</sup>	156,560
	Design of a preinvestment project on micronutrients in Ecuador	30,000	35,000 <sup>12</sup>	65,000
	Preparation of a joint World Bank/PAHO/USAID investment proposal on health sector reform in El Salvador	20,000	20,000	40,000
	Preinvestment operation for institutional development of the Ministry of Health in Nicaragua	70,000	30,000 <sup>13</sup>	100,000

<sup>8</sup> Funds from the loan agreement between Ecuador and the World Bank for the implementation of the seven-year FASBASE project carried out by PAHO to date. Total amount to be executed by PAHO, \$8.7 million.

<sup>9</sup> Funds from the IDB/Peru loan (\$95 million), 4-year execution period. Total amount to be executed by PAHO: \$622,000.

<sup>10</sup> Funds from the Government of Colombia for project implementation.

<sup>11</sup> Funds from the loan agreement between the Republic of Uruguay and the World Bank.

<sup>12</sup> Contribution to the project from Coca-Cola Inc., through the International Life Science Institute (ILSI).

<sup>13</sup> Contribution from Ruta Social.



TYPE OF PREINVESTMENT	PREINVESTMENT ACTIVITY	FINANCING		TOTAL COST IN US\$
		PAHO	COUNTRY/AGENCY	
	Joint PAHO/Dominican Republic implementation of a project on administrative reform of the Ministry of Health and Social Welfare (SESPAS), financed by the World Bank	40,000	248,000	288,000
	Design of a project for institutional strengthening of the Unified Health System (SUS) in Minas Gerais, Brazil	70,000	250,000	320,000
	Design of a project for restoration of the operating capacity of the health services network (REFORSUS) in Brazil	82,500	500,000	582,500
	Design of an expanded project on maternal and child care in Paraguay	100,000	280,000	380,000
	Design of a project on health sector reform in Ecuador	100,000	750,000	850,000
	Support for implementation of selected services of the project on institutional strengthening of the health sector in Uruguay	30,000	534,950	564,950
FORMULATION OF INVESTMENT PROPOSAL IN ENVIRONMENT	Activities by PAHO/AyA preparatory to the second project for drinking water and sanitation, financed by the World Bank, in Costa Rica	24,000	246,000 <sup>14</sup>	270,000
	Preparation and support for the execution of the SANEBAR Project in Costa Rica	100,000	3,500,000	3,600,000
	Preparation of a sanitation project for the Londrina-Maringá area of Brazil	13,500	8,000 <sup>15</sup>	21,500

<sup>14</sup> Activity prior to the signing of Agreements Nos. 2 and 3 between PAHO and AyA for the execution of technical cooperation activities in relation to a loan from the World Bank.

<sup>15</sup> Contribution from the Water and Sanitation Company of Paraná (SANEPAR).

TYPE OF PREINVESTMENT	PREINVESTMENT ACTIVITY	FINANCING		TOTAL COST IN US\$
		PAHO	COUNTRY/AGENCY	
	Design of a proposal for a system to certify water quality in Rio Grande do Sul	7,000	8,000 <sup>16</sup>	15,000
	Creation of the conditions for the financing of sanitation investments in scattered rural populations in Chile	80,000	128,800	208,800
OTHERS	Preparation of a sectoral analysis methodology in health promotion	8,000	--	8,000
	Project for human resources development for the strengthening of national environments and health systems	56,000	--	56,000
	<b>TOTAL</b>	<b>2,221,500</b>	<b>10,273,790</b>	<b>12,495,290</b>

<sup>16</sup> Contribution from the Water and Sanitation Company of Rio Grande do Sul.