



## XXII PAN AMERICAN SANITARY CONFERENCE

## XXXVIII REGIONAL COMMITTEE MEETING

WASHINGTON, D.C.

SEPTEMBER 1986

Provisional Agenda Item 5.1

CSP22/6 (Eng.)

1 August 1986

ORIGINAL: ENGLISH-SPANISH

ORIENTATION AND PROGRAM PRIORITIES FOR PAHO DURING THE QUADRENNIUM  
1987-1990

This document presents the results of the discussions of the Subcommittee on Planning and Programming on general policies and criteria for the establishment of priorities for PAHO technical cooperation during the quadrennium 1987-1990 and the results of the subsequent discussions at the 97th Meeting of the Executive Committee. It indicates the responsibility of the XXII Pan American Sanitary Conference to establish guidelines for the Organization over the next four years and, in view of the general situation of the Region of the Americas between now and the end of the decade, the need to rationalize technical cooperation activities, concentrating available resources on priority areas. The principal proposal refers to the transformation of national health systems as a means of fulfilling the goal of health for all by the year 2000. For this purpose, priority should be given to the development of health services infrastructure with emphasis on primary health care, the implementation of specific prevention and control programs for priority health problems of vulnerable groups, and the management of knowledge, which will further advance the attainment of the above-mentioned objectives.

The 97th Meeting of the Executive Committee (June 1986) discussed the proposed document on the orientation and program priorities for PAHO during the quadrennium 1987-1990. It recognized the importance of its content, and made suggestions for modifications, to which the Secretariat responded. Based on those discussions, the Executive Committee adopted Resolution V, urging favorable consideration by the Pan American Sanitary Conference of the document, revised to reflect the discussions in the Executive Committee. Those revisions have been incorporated into the document being submitted to the Conference. Resolution V reads as follows:

THE 97th MEETING OF THE EXECUTIVE COMMITTEE,

Having reviewed Document CE97/26 concerning the orientation and program priorities for PAHO during the quadrennium 1987-1990;

Bearing in mind the Constitution of the Pan American Health Organization, which establishes the Pan American Sanitary Conference as the supreme governing authority of the Organization and gives it the function of determining the general policies of the Organization; and

Recognizing the benefits of establishing program priorities in order to enhance the mission of the Organization, to strengthen technical cooperation, and to guide the allocation of available resources within the context of the PAHO/WHO Strategies for Health for All by the Year 2000 (HFA/2000), the Plan of Action for the Implementation of the Regional Strategies for HFA/2000, the Management Strategy for the Optimum Use of PAHO's Resources, and the Regional Program Budget Policy,

RESOLVES:

1. To thank the Subcommittee on Planning and Programming and the Director for preparing a comprehensive document proposing program priorities for 1987-1990 for consideration and action by the Governing Bodies.

2. To request the Director to revise Document CE97/26, "Orientation and Program Priorities for PAHO during the Quadrennium 1987-1990," taking into consideration the comments expressed at the 97th Meeting of the Executive Committee, and to transmit the revised document to the XXII Pan American Sanitary Conference.

3. To suggest to the XXII Pan American Sanitary Conference that it adopt a resolution along the following lines:

THE XXII PAN AMERICAN SANITARY CONFERENCE,

Having considered Document CSP22/6, "Orientation and Program Priorities for PAHO during the Quadrennium 1987-1990," and the comments of the 97th Meeting of the Executive Committee;

Bearing in mind the constitutional role of the Pan American Sanitary Conference to determine the general policies of the Organization;

Recognizing the benefits of establishing program priorities in order to enhance the mission of the Organization, to strengthen technical cooperation, and to guide the allocation of available resources within the context of the PAHO/WHO Strategies for Health for All for the Year 2000 (HFA/2000), the Plan of Action for the Implementation of the Regional Strategies for HFA/2000, the Management Strategy for the Optimum Use of PAHO's Resources, and the Regional Program Budget Policy; and

Taking note of Health Conditions in the Americas, 1981-1984, and recognizing the current financial situation of the Organization,

RESOLVES:

1. To adopt the document "Orientation and Program Priorities for PAHO during the Quadrennium 1987-1990," presented by the Director to the XXII Pan American Sanitary Conference.

2. To request the Director:

- a) To transmit the document "Orientation and Program Priorities for PAHO during the Quadrennium 1987-1990" to the Member Countries;
- b) To apply the program priorities contained therein in the formulation of the biennial regular program budget proposals and in the approval of annual operating program budgets during the quadrennium 1987-1990.

3. To request the Member Countries to adopt the Organization's program priorities for the quadrennium 1987-1990 in the development of their country program proposals for technical cooperation during the years cited.

4. To request the Director to transmit the document to the Director-General of WHO for his consideration.

The document, revised to reflect the Executive Committee's discussion, is presented in the following annex.

Annex

ORIENTATION AND PROGRAM PRIORITIES FOR PAHO  
DURING THE QUADRENNIUM 1987-1990

## CONTENTS

	<u>Page</u>
I. Introduction	1
II. The Region of the Americas in the Quadrennium 1987-1990	3
III. Programming Priorities of the Organization	5
IV. Characteristics of Technical Cooperation	9
4.1 Formulation	9
4.2 Management	11
4.3 Evaluation	12
V. Implications of Programming Priorities	13

## ORIENTATION AND PROGRAM PRIORITIES FOR PAHO DURING THE QUADRENNIUM

### I. INTRODUCTION

The Pan American Sanitary Conference, as the supreme governing authority of the Pan American Health Organization,<sup>1</sup> is responsible for determining the general direction and the program and priorities which will guide its work during the following quadrennium. The definition of such general policies should take into account the resolutions and commitments adopted at the global and regional level, particularly with respect to the Global Strategy and the Regional Strategies of health for all by the year 2000.

For several decades, the governments of the Hemisphere have recognized the need to program economic and social development as a harmonious process in order to achieve specific priority objectives. In 1972, for the first time, they established regional goals to be considered in defining their health policies, policies which themselves were to be consistent with national economic and social development policies.

In 1977, the health ministers of the Americas reaffirmed their intent to accelerate extension of health services coverage to the entire population, recommending the adoption of primary health care and community participation strategies as the essential vehicles for extending coverage. They also recognized the need for concerted action by all development sectors, directing their activities toward a common objective of economic and social development. It was pointed out at the International Conference on Primary Health Care, held in Alma-Ata in 1978,<sup>2</sup> that such a strategy, incorporating those elements, was the key to attaining the goal of health for all by the year 2000 as part of general development.

Thereafter, the Thirty-second World Health Assembly approved Resolution WHA32.30, "Formulating strategies for health for all by the year 2000," which recommends that Member States formulate national policies, strategies, and plans of action, and that they formulate and adopt national and world strategies.

In 1981, in Resolution XI, the Directing Council approved the Plan of Action for the Implementation of Regional Strategies, which contains minimum goals and regional objectives, in addition to actions that the governments of the countries of the Americas and the Member Countries of the Organization should carry out in order to attain health for all.

---

<sup>1</sup> Constitution of the Pan American Health Organization, Chapter II, Article 4. Basic Documents of the Pan American Health Organization. Official Document No. 188, Fourteenth Edition, 1983.

<sup>2</sup> WHO/UNICEF. International Conference on Primary Health Care. Alma-Ata, USSR, 6-12 September 1978.

The policies approved by the Organization's Governing Bodies, the present state of implementation of the Strategies and of the Plan of Action, together with the economic, political, and social situation forecast for the the end of the decade, point to the need during this quadrennium to renew and reorient the efforts and resources on the health sector as well as those of other sector to progress toward the goals of health for all. PAHO's technical cooperation must be redirected as well, to concentrate efficiently and effectively in priority areas which will have a significant impact on health development as part of the overall national development. It is consequently of fundamental importance that technical cooperation activities in health during the next quadrennium mobilize the resources of the health sectors and those of other development sectors.

Within<sup>14</sup> this frame of reference, the main concern should be attaining the goal of health for all by the year 2000 in the context of the experience of the economic and social crisis affecting many of the countries in the Region and in the light of an evaluation of the progress made and the limitations encountered in extending coverage to the entire population of the Hemisphere.

The process that the Pan American Sanitary Bureau initiated in 1983 in defining and applying its "Managerial Strategy for the Optimum Use of PAHO/WHO Resources in Direct Support of Member Countries"<sup>1</sup> to respond to that situation has emphasized the management of knowledge, the mobilization of resources, and the country as the primary unit of production in terms of health activities and of cooperation. An attempt has also been made to carry out the obligations assumed in the Seventh General Programme of Work (1984-1989)<sup>2</sup> and to prepare the groundwork for actions to be carried out in the last decade of the twentieth century. For this purpose it will be necessary to continue to improve the management and evaluation of the technical cooperation provided by the Organization and to concentrate available resources on priority actions for the next quadrennium. To this end, the Member Countries approved the Regional Program Budget Policy<sup>3</sup> to link programming and budgeting with a goal of reflecting more closely the Organization's priorities in the allocation of resources between country programs and regional programs, among countries, and in the nature of PAHO technical cooperation activities.

---

<sup>1</sup> PAHO. Managerial Strategy for the Optimum Use of PAHO/WHO Resources in Direct Support of Member Countries. CE92/16, 1984.

<sup>2</sup> WHO. Seventh General Programme of Work for 1984-1989. Geneva, 1982.

<sup>3</sup> PAHO. Regional Program Budget Policy. CD31/29, 1985.

It will therefore be necessary for the Pan American Sanitary Conference, in fulfilling its responsibilities, to consolidate prior decisions into a course of action that will enable it to bring about the required transformations. This perspective will guide the work of the Bureau during the next quadrennium. In the end, PAHO's technical cooperation can only be extensive when the Member Countries fulfill their own commitments and respond positively to the guidance suggested by the Pan American Sanitary Conference.

## II. THE REGION OF THE AMERICAS IN THE QUADRENNIUM 1987-1990

The Region of the Americas, as noted in Health Conditions in the Americas (1981-1984), is highly diversified in its economic and social development, political organization, demographic and health situation, in the structure of the health sector, and in the coverage of health services.

From the demographic standpoint, it should be noted that in most of the countries the population will continue to increase, even though growth rates are slowing. Accentuated reduction of fertility will continue, together with less pronounced reduction of mortality. The increase in the proportion of the aged and the burgeoning geographic and cultural urbanization process will also have great impact on health. Nevertheless, the population of the Region as a whole will only attain a life expectancy of 70 years by the year 2010, almost half a century after the developed countries of the Americas surpassed that figure.

With respect to mortality profiles in the Region, the predominance of infectious diseases is giving way to chronic diseases, perinatal disorders, accidents, the results of violence, and environmentally associated problems as significant causes of death. It should nevertheless be noted that these regional tendencies are not uniform and that marked geographic and social differences exist among the countries as well as within each country.

Many of the Region's health problems can be reduced with existing knowledge and technology. Nevertheless, malnutrition, tropical diseases, diarrheal diseases, and acute respiratory infections persist as problems in all countries and leading causes of death in many of them.

Broad sectors of the population in most of the countries do not have real access to services and, over the years to come, this will constitute a great challenge to the organizational and management capabilities of health systems. If coverage estimates are valid and population growth evolves in accordance with projections, the challenge will be to extend health services to 310 million more people, 140 million who do not yet have permanent access, and an additional 170 million during the period 1986-2000.



Another element of great importance that must be taken into consideration is that in almost all the countries, development policies are heavily influenced by the external debt, which in Latin America at the end of 1985 amounted to \$370 billion, with interest payments equivalent to between 30 and 50% of export income.

Although an economic recovery is expected in the developing countries, the growth rate in Latin America and the Caribbean for the remainder of the present decade is unlikely to attain the levels existing prior to the crisis. This means that the adjustment is not a transitory phenomenon but is rather a requirement for the economies of the countries that will persist for a prolonged period of time. In the face of such a situation it is difficult to sustain the contraction of consumption and public expenditure over such a prolonged period without affecting social and political stability and the potential for future development.<sup>1</sup>

A number of studies made by PAHO<sup>2</sup> and other international organizations regarding the impact of the economic crisis on the health sector reveal a significant reduction in resources allocated to the sector. Although available information is insufficient, negative consequences may already be discerned for health in the groups most vulnerable to reductions in income and in access to health services.

The magnitude of the impact on health will become more evident in the years to come, since the economic crisis tends to be out of phase with subsequent health consequences. Nevertheless, in many countries an increase in unemployment already has occurred, which affects income levels and, consequently, consumption levels. This has an unfavorable effect on living conditions and increases the risk of morbidity and mortality in broad social groups. Purchasing power with respect to health goods and services of these groups is reduced and many lose their rights to social security benefits, services and coverage. Consequently, the demand for the services provided by ministries of health and other public organizations increases at the same time as their ability to respond is curtailed as a result of a reduction in public expenditures.

There is a need for the countries to make more efficient use of their resources for health care as a means of attenuating the effects of the crisis. Likewise, the mobilization of national resources should be supplemented by the mobilization of external resources in order to administer simultaneously to immediate needs and to bring about changes in health systems.

---

<sup>1</sup> Economic Commission for Latin America and the Caribbean (ECLAC). Balance preliminar de la economía latinoamericana. December 1985.

<sup>2</sup> PAHO. The Economic Crisis and its Impact on Health and Health Services in Latin America and the Caribbean. Report to Subcommittee on Planning and Programming of the PAHO Executive Committee, December 1985.

The economic crisis being experienced by a substantial portion of the countries of the Region serves as a lesson and an experience for the future. In addition to demanding greater efficiency in the use of existing resources, macroeconomic adjustment policies should include a commitment to protect minimum levels of health of the most vulnerable social groups. Implementation of such adjustment policies should include evaluation of their impact on health services and the health situation, all of which demands reconsideration of the question of development and seeking a new balance between the imperatives of economic growth and providing for social demands, among them demands in health.

### III. PROGRAMMING PRIORITIES OF THE ORGANIZATION

Studies and evaluations of the decision of the governments to adopt the goal of health for all by the year 2000 have revealed the complexity of this enterprise and the great efforts that remain to be expended. National and international resources must thus be defined and oriented with greater precision in order to translate them into more efficient and effective actions. Attainment of this goal demands highly significant social and economic changes, in addition to a review of the orientation, organization, and administration of national health systems. Each government, with the support of the Organization, thus will need to make a careful study of the actions required and their appropriate sequence in order to bring about the desired changes.

Transformations in health services systems in the countries of the Region are dictated by the problems affecting their development, the most important of which are: 1) the serious economic crisis, with its attendant social and political repercussions; 2) the insufficiency of institutional responses in the face of the growth and evolution of the problems of the health sector, including the waste of resources through inappropriate use or misuse of technology, and a continuing emphasis on often needless and costly curative versus preventive interventions; 3) the accumulation of unsatisfied needs in unprotected population groups; and 4) the requirements of equity, efficiency and effectiveness in attaining the goal of health for all.

The basic focal points for the transformation of the national health systems should become the Organization's programming priorities during the next quadrennium. They may be broken down into three general interrelated areas, as follows:

- 1) development of health services infrastructures with emphasis on primary health care;
- 2) providing responses to priority health problems present in vulnerable groups with specific programs implemented through the system of health services; and
- 3) the management of knowledge required to make headway in the first two areas in accordance with PAHO/WHO Managerial Strategies.

Efforts to implement these three priority areas in PAHO programming will have to incorporate specific medium-term benchmarks that indicate the adjustments and corrections required in health services systems.

These actions to improve health are viewed as an integral part of development for well-being, within a context of community participation that envisages providing for the basic needs of the population. This leads to a primary component of the first priority area, which is the strengthening of health-related elements in development policies and the coordination of actions with other sectors. In both endeavors, health components should interact with other components of well-being.

To a large extent, it may be said that the crisis has strengthened collective awareness of the insufficiency of institutional solutions in the countries in the face of the growth and evolution of the problems besetting the health sector. Nevertheless, one of the most critical elements of the present situation is the relationship among the needs that must be covered to attain the goal of health for all, the deterioration of health conditions, and the limited resources available to the sector.

This leads to consideration of a second component of the priority area, consisting of the reorientation and reorganization of national health systems to achieve equity, efficiency, and effectiveness in health actions, thereby ensuring the availability of services for the entire population and the full development of the strategy of primary health care. This requires the introduction of more effective methods for planning the development of services and improving their management in accordance with local programming requirements, objectives which can be advanced by effective political and administrative decentralization.

In this connection, it is important to consider the diversity of the forms of organization of the health sector in the Member Countries and the inequality of resources, coverage, and access among the institutions making up the sector, all of which constitute structural limitations that make attainment of the goals of equity more difficult. Special importance should therefore be given to rationalizing sectoral financing, seeking lower health costs and assuring more efficient expenditure of health resources, particularly in the light of generalized restrictions on social expenditures and specific reductions in health expenditures. This leads to the third component of the priority area, development of the sector's financial analysis capabilities, which should lead to the formulation and implementation of alternatives to bring about structural reforms in health financing, expenditures, and costs on a truly strategic basis.

Progress must also be made in applying the epidemiologic bases of planning of health programs, particularly at the intermediate and local levels, so as to provide a more effective response with regard to

services. The selection and utilization of health information should be reviewed in operational terms, which implies more detailed knowledge of the overall development situation. This requires ongoing study of the health situation of the population taking into account changes in needs and demands together with assessment of the performance of the health services. This, in turn, points to a fourth component in the priority area, improvement of national health information systems and their linkage with information systems in other sectors.

Progress in this direction will make it possible to improve the decision-making process that will lead, inter alia, to the more appropriate use of available technology and to the orientation, adaptation, and incorporation of new technologies in the most appropriate manner for each country and for each level of care. A fifth component of the priority area should consequently be directed toward the promotion of policies for development, production, incorporation and utilization of technology and critical inputs for providing health services. This will seek more rational and efficient use of the sector's installed capacity, avoiding duplication in physical installations and irregularities in incorporating technology, thereby making it possible to free resources to extend health care coverage.

It should be noted that development of the components referred to above is hindered by a common limitation that warrants a priority response in strengthening the health services infrastructure: the inadequate development of human resources for managing and operating health services. Studies will have to be promoted and procedures developed to bring about more rational recruitment, composition, and utilization of manpower in order to reduce geographic and functional disparities in existing personnel and to improve employment and working conditions by offering continuing education opportunities to the health sector's present work force. This forms the sixth component of the priority area of development of the health services infrastructure, the search for a better definition of the roles of health workers, for better means of manpower education and training, and for greater efficiency in their recruitment, continuing education, and use, particularly for managing services at the intermediate and higher levels.

The components of the priority area of development of health services infrastructure respond to the need to develop programs aimed at solving specific health problems of the population. Such programs should be formulated and executed through the services infrastructure in order to give them a secure base for their execution and also to contribute to the strengthening of the infrastructure itself.

At the same time, adjustments must be made in health services delivery so that the most vulnerable groups will have effective health care coverage in accordance with the nature and intensity of the risk factors to which they are exposed. In particular, health services should extend care for children, mothers, and the poor, who constitute a significant proportion of those with difficulty of access.

The Organization has provided increasing attention to the means of extending coverage to groups at highest risk. It must also continue to support the development of programs directed toward persistent health problems in the Region, particularly communicable diseases, such as malaria, Chagas' disease, and dengue. Health problems, such as perinatal disorders, chronic degenerative diseases, and those resulting from accidents, violence, mental disorders, and diverse substance dependencies, are assuming increased importance among the causes of morbidity and mortality and have extremely high costs of treatment.

Specific targeted attempts to deal with those problems must be promoted during the next quadrennium, such as eliminating transmission of the wild poliomyelitis virus and increasing vaccination coverage generally among children under one year of age, improving perinatal care, and preventing and controlling malnutrition, diarrheal diseases, and acute respiratory infections through an integrated approach which will contribute to the reduction of mortality rates and to longer life expectancy.

Consideration should be given to the environment, not only for its own importance but also because of its complementary action in controlling a number of serious threats to health--both the traditional health problems of the Region and the emerging disease profile. Governments have approved the goals of the International Drinking Water Supply and Sanitation Decade, recognizing that providing drinking water and adequate sanitary services to the greatest possible number of people during the quadrennium is fundamental to controlling diseases associated with underdevelopment. Environmental protection also is crucial to reducing risks from pollution and environmental misuse and will require intersectoral concern for health.

The strategy of primary health care must be the guiding force in controlling priority health problems and must have application at every level of care, avoiding the use of inappropriate therapeutic technologies or systems characterized by high cost and low efficiency. Greater efficacy and efficiency in establishing standards for both outpatient and hospital care is consequently of fundamental importance in redirecting resources to more effective alternative activities.

Lastly, the supporting role of research should be stressed, both to develop the six components required to bring about change in health systems and to deal with the priority health problems of the most vulnerable groups. Research, as defined in the Managerial Strategy, should identify and fill in the gaps of technical and administrative knowledge to maximize the efficiency and effectiveness of health sector actions and move closer to solving the most pressing health problems affecting the countries.

The foregoing reveals the essential role of the management of knowledge in the Organization's programming priorities. Stimulating the cycle of production, collection, critical analysis, and application of

knowledge through the twin focal points of developing the health services infrastructure and assuring health care coverage for vulnerable groups is required for the transformation of health systems.

#### IV. CHARACTERISTICS OF TECHNICAL COOPERATION

The principal goal of PAHO/WHO's technical cooperation is to promote, coordinate, and support the individual and collective efforts by Member Countries to apply the strategies of health for all. To respond most effectively to the priority problems defined by each country and by the Governing Bodies, technical cooperation should be conducted according to the principles of the Managerial Strategy for the Optimum Use of PAHO/WHO Resources in Direct Support of Member Countries.<sup>1</sup> The basic principle of the strategy requires that the definition of needs, the allocation of resources, and the implementation of actions should be focused toward the country. Special initiatives, such as those described in the Quadrennial Report of the Director, and other innovative forms of cooperation among countries have demonstrated high potential for implementing these management principles. These mainly subregional initiatives also should be promoted as a means of increasing technical cooperation among the participating countries.

##### 4.1 Formulation

Identifying the transformation of national health systems as the priority action area carries immediate implications for the orientation of the technical cooperation process. For this reason, emphasis is being placed on programming cooperation to systematically strengthen the capacity of the health services infrastructure to conduct integrated, feasible and sustainable health programs.<sup>2</sup>

Fulfillment of this goal requires permanent study of the health situation and of the political decision-making process that determines national health sector priorities, identifying the objectives of national programs and the resources allocated to them.

Within the framework of the priority area established, certain criteria for national projects or programs should be ensured, which, like those described below, are designed to assure more effective use of both the Organization's and the countries' resources.

---

<sup>1</sup> PAHO. Managerial Strategy for the Optimum Use of PAHO/WHO Resources in Direct Support of Member Countries. 1983.

<sup>2</sup> WHO. Seventh General Programme of Work for 1984-1989. Geneva, 1982.

The Pan American Health Organization, as a specialized inter-American organization, has the primary responsibility to receive its mandate from the collective decisions of its Member Countries. Consequently, neither the Pan American Sanitary Bureau nor national health authorities expect the Organization to carry out activities of limited national interest or partially to assume a national responsibility. Nevertheless, this is still common in requests presented by the countries, and diverts resources and the attention of the Organization away from activities agreed upon by the countries themselves at the level of the Governing Bodies. It is therefore important that activities supported by the Organization be directed toward the objective needs of each country and be part of global and regional policies and strategies.

Some countries face difficulties in implementing the Regional Strategies and the Plan of Action and, consequently, priority should be assigned to programs which resolve specific problems that block fulfillment of the agreed upon goals. Priority should also be given to programs for which the country has assumed or intends to assume commitments involving the use of external resources or the application of significant counterpart funds.

In this regard, the Organization will devote special attention to programs linked to defined national commitments that have received sufficient allocation of resources and are directed toward areas of greatest impact.

Programs should also be promoted that include activities with a broader spectrum of action, including, inter alia, social, economic, and educational elements, in addition to those related to health. Proper understanding of the interactions among the various disciplines involved has the positive effect of maximizing improvements in health within the framework of the concept of well-being, as advocated by WHO.

For this reason special emphasis will be placed on interdisciplinary activities and those with a potential for promoting integration.

Programs should be designed that include strategies for cooperation and solidarity among countries, the mobilization of national and international resources, and community participation. Such strategies, despite their acceptance by the countries at the collective level in the Governing Bodies, are still not applied satisfactorily at the operating level of national programs. The inclusion of these characteristics in country programs is essential to bring them into conformity with the Managerial Strategies.

Fundamental importance is assigned to developing the ability to formulate projects that embody sound planning criteria and cost-effectiveness measures to enhance their impact. The possibility of

replicating and multiplying the results of these projects leads to greater freedom from traditional patterns of dependency, promoting the horizontal sharing of benefits with other developing countries. Consequently, priority support should be given to those projects and programs that have been formulated envisaging the principal requirements for project development and whose results can be evaluated according to measurable, and not merely descriptive, standards.

#### 4.2 Management

Technical cooperation provided by the Organization should be generally oriented and programmed in accordance with the mandates of the Governing Bodies and the Managerial Strategy for the Optimum Use of PAHO/WHO Resources in Direct Support of Member Countries. The focus of attention will be the country, and programming will be carried out through health ministries, and will be executed in sectoral and extrasectoral arenas.

In this framework, the Organization should take the lead in identifying actions by other sectors that have an effect on health objectives or that can support them. The Organization also will collaborate with national authorities to promote the understanding of other sectors with respect to the importance of their actions for health goals. In this context, the Organization's technical cooperation should be capable not only of supporting greater cohesion and coherence within the health sector but also of promoting inclusion of the field of health in the process of national development.

Mobilization of resources should be the Organization's main function in managing its technical cooperation at the national, regional, and international levels. This requires active coordination not only of all the sector's institutions and centers of excellence but also with other sectors and with agencies and countries possessing resources useful for the health development process.

The search for, and the introduction of, mechanisms to strengthen technical cooperation among the countries--in view of the effectiveness this strategy has demonstrated in health and in other sectors--should form part of the Organization's cooperation programs. Subregional initiatives have demonstrated their utility in mobilizing resources, both national and external, and in assuring the focus of resources on priority health problems. The Organization should continue to develop special initiatives to draw together groups of countries in activities of common interest which may permit joint solutions.

The Organization will collaborate with national authorities to achieve effective coordination of external resources provided to the country to obtain a more significant and structured impact on the country's health programs and health situation.



#### 4.3 Evaluation

Permanent monitoring, control, and evaluation of the impact of the Organization's technical cooperation on national programs is required to ensure that the transformation of national health systems and the development of the health services infrastructure advance toward the goals of health for all. Joint evaluation by the country and the Bureau will be used as a tool for adapting the Organization's technical cooperation to countries' priority programs.

Evaluation should be considered as a fundamental element in the Organization's planning and programming permitting a systematic and objective determination of the efficiency, effectiveness, and impact of cooperation activities that are proposed and carried out in the light of the objectives jointly defined by the Organization and the countries.

In the quadrennium 1987-1990, evaluation of the Organization's activities will include three complementary components: evaluation of the technical cooperation provided by the Organization at the national level; evaluation of the Secretariat in the execution of that technical cooperation; and promotion of evaluation of country health programs.

Evaluation of technical cooperation at the country level will consist of a joint process between the authorities of the country and the Bureau in which the technical cooperation contributed to national programs by the Organization will be analyzed. The results of this evaluation will form the basis for definition of the overall cooperation program. At the same time, groundwork will be laid for development of a more thorough and detailed evaluation of technical cooperation at the country level, which will be carried out at greater intervals as national conditions permit, to study the efficiency, effectiveness, and impact of employing PAHO/WHO cooperation resources.

Evaluation of the Secretariat will include regional programs, administrative units, and individual personnel performance. Evaluation of regional programs will be carried out annually under the responsibility of the technical areas with emphasis on the technical cooperation process itself. Attention will gradually be focused on the impact of technical cooperation on national programs. Mechanisms will be sought to increase the participation of the Governing Bodies in these evaluations. With respect to individual evaluation, a new system will be introduced to link the development of individual staff needs with the requirements of the Organization.

Finally, during the next quadrennium, the Organization increasingly will encourage the use of evaluation as an essential part of the development and administration of the health sector. This will involve strengthening national capabilities for collecting and analyzing the information required for managing national health development.

In pursuing the priorities of transforming national health systems and developing health services, intermediate goals must be established which permit adjustments at different stages. The Organization will collaborate in this task and will use the "Framework and Common Format for Evaluation of Strategies for Health for All by the Year 2000" as a tool for evaluating the progress of the countries in attaining this goal. This will require the Organization to improve the technical cooperation programming and evaluation system so that the results of evaluation may be utilized to improve the cooperation provided to the countries.

#### V. IMPLICATIONS OF PROGRAMMING PRIORITIES

Directing technical cooperation toward specific program priorities has major implications for the Governing Bodies of the Organization, for the Bureau, and for the countries of the Americas. At all three levels, new attitudes and efforts are needed to reorient technical cooperation programs and activities and bring about more efficient management of resources for their implementation.

The Governing Bodies will have to play a very active role in the Organization during the next quadrennium. They must provide unified support for the reorientation of technical cooperation and maintain close watch over fulfillment of the policies they have formulated.

The Bureau should continue its application of the Managerial Strategy to increase its efficiency through more rational use of its regular budget resources. Administrative procedures and the programming and budget system will be adjusted continually so as to increase the flexibility of managerial responses to the changes generated by the economic, social, and political situations of each country and of the Region as a whole. In this regard, the principles of the Regional Program Budget Policy, which is a corollary to the Managerial Strategies, will be employed.

Reorientation of the Organization's activities during the next quadrennium will center on transforming national health systems through development of the health services infrastructure. This task will constitute the essence of the work of Headquarters, Representations, Centers, and Units, and will require dynamism and flexibility to succeed in mobilizing resources and managing knowledge in this new context.

A substantial portion of the technical cooperation provided by the Organization is derived from the mandates of policies established by the Governing Bodies. However, another portion is generated in accordance with specific country needs for cooperation which replace national resources. On occasion, throughout its existence, PAHO has become involved in cooperation mechanisms of the latter type and, as a consequence, activities have been carried out that are inconsistent with the mandates, policies, and strategies established at the regional

level. Governments must assume, in a spirit of genuine cooperation and mutual trust, a stronger commitment to the decisions collectively adopted by the Organization.

At the same time, at the national level--and despite the heterogeneity existing with regard to health development and political and administrative organization--certain common policy elements will be required, as suggested below:

- The application of sectoral policies that make it possible to rationalize sector resources in accordance with the need to transform systems, extend coverage of health services, and improve their quality.
- The decision to promote leadership in the health sector for the integration of intersectoral plans of action with regard to priority problems and groups.
- The increasingly active and structured participation in the decisions of the Governing Bodies and in the programming and evaluation of the cooperation provided by the Organization.
- The decision to coordinate the external cooperation in health received by the country and to achieve national self-sufficiency.
- The decision to take measures with regard to administrative efficiency and financing of the sector.

The taking of these decisions will lead to a large number of activities, some of which will require external technical support. These activities should be reflected in national operating programs and in the Organization's annual operating program in order to allocate the resources required for their implementation. Joint reviews of the Organization's technical cooperation should include these elements in order to permit evaluation of the progress achieved by the countries in developing their health systems as part of health for all.

Both the organizational structure and the programming activities of the Organization should reflect priority support for these policies during the quadrennium. This will permit the concentration of scarce financial resources on mobilizing national resources and activating the management of knowledge in priority areas, thereby assuring the optimum impact for the technical cooperation of the Organization. The priorities contained in this document, once adopted by the Governing Bodies, will be reflected in PAHO/WHO biennial program budgets and the PAHO annual operating budgets during the quadrennium.