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EVALUATION OF PAHO TECHNICAL COOPERATION IN EL SALVADOR

The first joint meeting to evaluate PAHO technical cooperation in El Salvador was held in San Salvador in October 1995, with 150 participants from 29 agencies of the central government, municipalities, decentralized institutions, universities, nongovernmental organizations, and international cooperation agencies.

The purpose of the evaluation was to determine whether the PAHO technical cooperation program in the country has been and remains relevant, efficient, and effective in the context of national health priorities and PAHO's strategic and programmatic orientations. This critical analysis endorsed PAHO's technical cooperation activities, highlighted their congruence, and made recommendations for improvements.

The results, conclusions, and recommendations from the joint evaluation meeting are submitted to the Subcommittee on Planning and Programming for its consideration.

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1. General Purpose of the Meeting

The general purpose of the evaluation process was to determine whether PAHO's technical cooperation program in the country has been relevant, efficient, and effective in the context of the national health priorities and the strategic and programmatic orientations (SPO) established by the PAHO Governing Bodies. Its specific objectives were as follows:

- To evaluate the nature and the quality of PAHO technical cooperation during the last three years;
- To analyze the degree to which the technical cooperation program coincides with the priority needs expressed by the country and with global and regional health objectives and strategies;
- To indicate the areas of PAHO's technical cooperation program in which objectives, strategies, and activities should be reoriented in order to meet the needs of the country.

2. National Priorities for Technical Cooperation

The national priorities varied in emphasis during the two government administrations covered by the evaluation. The first administration placed greater emphasis on specific ad hoc activities during the period following the armed conflict. Under the second administration, there have been an aggressive process of change and greater emphasis on sectoral reform.

Within this frame of reference and during the period analyzed, the requests for technical cooperation presented to PAHO by the national government were oriented toward the following priority areas:

- support for the health planning process;
- strengthening the capability for epidemiological analysis;
- activities that emphasize the importance of women's health and the relationship between women, health, and development;
- coordination of international cooperation for the country's priority areas and programs;

- joint activities with other countries and with subregional initiatives in order to implement and monitor the mandates issued at presidential summits and other sectoral integration forums;
- support for decentralization and processes to bolster local government management;
- development of local health systems;
- training and education of human resources;
- reconstruction and modernization of facilities and strengthening of the maintenance system for building, installations, and equipment;
- strengthening the programs for emergency preparedness and disaster mitigation;
- development of the Plan of Action on Food and Nutrition and strengthening the institutions involved in food and nutrition security;
- promotion of health and the adoption of healthy lifestyles;
- greater coverage and quality control in water supply and basic sanitation services;
- support for the prevention and control of prevalent communicable diseases, including cholera, malaria, dengue, and AIDS.

3. Analysis of Technical Cooperation

The technical cooperation provided during the evaluation period was marked by different approaches and policy decisions. Until the first quarter of 1994 the resources of the Organization were directed toward providing support for programs related to the resumption of the peace process in the country, the strengthening of health programs geared to society's least protected sectors, and to the timely development of instruments to improve the management of the health services (budget and personnel administration and management information system). The achievements in these areas constituted important contributions to strengthening the institutions in the country, improving the health situation in areas of high social impact, and improving the Ministry's response capacity.

Beginning with the new administration, the cooperation strategy placed special emphasis on comprehensive support activities for institutional development in the three principal components of the sector: the Ministry of Public Health and Social Welfare, the

Salvadorian Social Security Institute, and the National Association of Water Supply and Sewerage Systems. At the subregional level, the Organization paid special attention to the support of initiatives from meetings of the ministers of health of the area and activities designed to create better conditions and improve the competitive position of Central America in the global economy.

3.1 *Cooperation Priorities by Specific Strategic Area*

3.1.1 *Health in Development and Health Systems*

The concept of reform has dominated the health scenario since the new government was inaugurated in June 1994. Current policy expresses a clear determination to effect structural change in the organization of the national health system and in the models for health services delivery. The response of the Organization in support of the sectoral reform process has been structured around the following components:

- Support for the development of a vision of change that is responsive to the principles of equity, effectiveness, and efficiency. The principal mechanism has been to help familiarize policy-makers and mid-level technical personnel with experiences, principles, and models of health system reform;
- Support for institutional development in the Ministry of Public Health and Social Welfare that are part of the national sectoral reform policy or that can be used to guide this policy. In this area the following initiatives stand out: the community empowerment development project in the eastern zone of San Salvador, the projects to restore efficiency targeted at the same area and the departments of La Libertad and Chalatenango; the training program to support these processes, develop departmental public management, and decentralization; and restoration of efficiency through local analysis and institutional development;
- Support for the institutional development of the Salvadorian Social Security Institute, which has encouraged changes that will have important consequences for the future organization of the national health system;
- Support for the creation of a legal framework and management organization and capacity in the National Administration for Water Supply and Sewerage Systems.

The Organization has also supported those initiatives that the countries believe help to foster Central American economic integration within the framework of economic globalization. The following priority areas for cooperation at the subregional level stand out: health legislation, safe blood management, drug registration, regulation of medical

professions, and workforce mobility in the area; cross-border collaborative programs; and in general, support for the subregional initiatives promoted by the ministers of health.

3.1.2 *Health Promotion and Protection*

Health policy emphasizes the principle of health as a right and responsibility of all persons. A comprehensive response to the health problem follows the same principle based on more active participation from social and political actors. In this way more effective frameworks can be created so that these actors, working in coordination with the Ministry and other institutions of the sector and outside it can increase their capacity to respond to problems associated with lifestyles and patterns of individual and group behavior.

The healthy municipios and healthy schools concepts, along with other initiatives, will gradually make it possible to implement a culture of health as part of the development of local health systems. In this regard the Organization has promoted more comprehensive health promotion strategies that are more responsive to the complex nature of the problem at the national level, which is characterized by the presence of new risk factors, such as violence, lack of safety and drug addiction. This set of problems has been aggravated by demographic pressures and the concentration of the population in communities that do not offer healthy environments.

3.1.3 *Environmental Protection and Development*

These efforts were designed to provide direct technical cooperation in order to improve the institutional ability to efficiently face basic sanitation problems, increase the coverage of water supply systems, and address the problem of solid waste and excreta. With respect to sanitation strategies, special emphasis has been placed on providing the tools needed to improve and control the quality of water for human consumption.

3.1.4 *Disease Prevention and Control*

The Organization has provided support for specific policies to reduce morbidity and mortality from the most frequent illnesses and support for strategies designed to control, eliminate, or eradicate communicable diseases. Within this general framework, national initiatives in highly sensitive areas were supported, including: (i) the formation of interinstitutional epidemiological teams at the national level and local research and outbreak-control teams; (ii) increase in vaccination coverage, consolidation of efforts to eradicate the wild poliomyelitis virus and implementation of activities to eliminate measles and neonatal tetanus; (iii) greater efforts to fulfill the commitment to eliminate the transmission of *T. cruzi* infection by blood transfusion, and to eliminate leprosy; (iv) strengthening of the laboratory that produces the rabies vaccine, with the goal of

becoming self-sufficient in the supply of this biological and reinforce activities to eliminate urban rabies; and (v) extrabudgetary financial support for programs to eradicate vector-borne diseases (dengue and malaria).

3.2 *Analysis of the Allocation and Use of Cooperation Resources*

The PAHO technical cooperation program in El Salvador during the period analyzed had a total budget of US\$ 10.6 million, of which 19.5% consisted of funds used to finance consultant posts. In 1993 the budget was \$3.6 million, an amount that declined to \$3.5 million in 1994 and \$2.9 million in 1995. Funds for consultant posts represented 16.6%, 21.0% and 25.0% of the total budgets for each of these years, respectively.

The approved budget, excluding posts, during the period from January 1993 to December 1995 was \$7,988,880, of which \$6,967,740 (87.3%) was used to implement the activities agreed upon. The annual budget, excluding posts, declined from \$3.0 million in 1993, to \$2.8 million in 1994, and to \$2.2 million in 1995. This downward trend will be reversed over the next three years with the allocation of more than \$8 million for local development projects.

Of total available resources, including funding for the posts, 40% consisted of funds from the regular PAHO budget, and the remaining 60% was obtained from other international cooperation agencies and the governments of countries collaborating in the improvement of health conditions.

The area of "Health in Development and Health Systems" received the largest allocation for the entire period, followed by "Disease Prevention and Control," "Environmental Protection and Development," and "Health Promotion and Protection."

Of the total resources utilized during the period of analysis, 29.4% was allocated to "Contractual Services," 22.6% for "Equipment and Supplies," 21.9% for "Courses and Seminars," 11.2% for "General Operating Expenses;" 6.0% for "Consultants;" and 6.0% for "Construction Projects." This last expenditure disappeared in 1995 because the Project to Reconstruct the Health Services at the Primary Care Level in the San Salvador Metropolitan Area concluded in 1994. The relative expenditure levels of the first four items were fairly consistent throughout the period analyzed.

Budget utilization by element varied among the strategic areas of the cooperation program. Thus, while in the case of "Health in Development and Health Systems" and of "Environmental Protection and Development" contractual services ranked first, they ranked second in the case of "Disease Prevention and Control" and fourth in "Health Promotion and Protection." These differences were due to the fact that in the first two

areas, which include a broad range of complex activities that were recently initiated in several institutions, the support of local professionals was required. The emphasis on local contracts is due to the Organization's policy to promote greater use of national resources.

The importance of resource mobilization can be appreciated even more considering that from the second half of 1994 through the first half of 1995, some \$3 million in extrabudgetary resources were raised. In addition, projects amounting to \$2.3 million are currently being negotiated, and discussions have begun for an additional \$2 million project.

In terms of real resources, PAHO technical cooperation provided at the country level for the period from January 1993 to August 1995 consisted of a total of 1,187 consulting days; 37.7 fellowship months; the participation of 458 officials in courses, seminars, and meetings abroad; holding of 908 courses, seminars, workshops, and other training activities in the country, attended by 88,993 participants; the implementation of 36 research projects of different kinds; 67 foreign purchases and 2,695 domestic purchases for cooperation program projects; and 49 purchases abroad for the national government using its resources.

In addition to all of the above, Headquarters units of PAHO provided technical support for program activities in El Salvador through visits to the country. These visits totaled 1,634 staff days at a total cost of \$583,200.

4. Recommendations for Future Technical Cooperation from the Joint Evaluation Meeting

The recommendations generated by the meeting can be grouped under three broad headings: (i) the role of PAHO in the country; (ii) the priority areas for the use of technical cooperation resources; and (iii) lines of action for cooperation.

4.1 PAHO's Role in the Country

- (a) PAHO should assume its advisory role to the Ministry of Public Health and Social Welfare in the sector reform process. In addition, it should provide support for the coordination and orientation of internal and external resources in relation to priority policies;
- (b) PAHO should resume leadership in technical cooperation in health, supporting the Ministry in the coordination of the various technical, financial, national, and international agencies;

- (c) The technical cooperation efforts of PAHO in El Salvador should be developed by strategic areas in the form of integrated projects that will support the priority processes described in the health policies.

4.2 *Priority Areas for the Use of Cooperation Resources*

- (a) Health sector reform in order to support the processes of extending health service coverage and improving the health status of the population;
- (b) Reorganization of the health service system, including: (i) redefinition of primary health care, (ii) decentralization, (iii) definition of care models based on the quality, effectiveness, efficiency, and equity of care; (iv) prioritization of health promotion activities, self-care, and healthy lifestyles; (v) development of management capacity and administrative systems;
- (c) Targeting activities to priority groups, promoting improvement in their health and social situations, particularly in women, children, and the elderly;
- (d) Development, enhancement, and use of the health information system, including its economic, social, and demographic aspects, in order to facilitate the definition of priorities and the orientation, monitoring, and evaluation of health programs;
- (e) Strengthening social communication activities as a vital element of health education and information dissemination;
- (f) Healthy schools as the priority program to ensure the growth and development of the healthy and productive population that the country needs.

4.3 *Lines of Action for Cooperation*

- (a) Formulation of laws, policies, plans, and standards for health programs in order to facilitate their implementation; of particular interest are those concerning human resources for health, essential drugs, environmental health, food security, maternal and child health, and maintenance of medical and hospital equipment;
- (b) Strengthening of the ability of civil society (the community) to assume its proper responsibilities for individual and group health care;
- (c) Strengthening the dissemination of scientific and technical information to health services personnel and the population in general;

- (d) Education and training of personnel in areas of (i) hospital administration and epidemiology, and (ii) in-service training geared toward the correction of operational problems;
- (e) Promotion of operations research on aspects of national priorities (sectoral reform, decentralization, community participation, health promotion, environmental protection and development, and emerging infectious diseases);
- (f) Mobilization of additional resources for the health sector.

5. Future Technical Cooperation Needs by PAHO Organizational Level

In general it was determined that in addition to technical cooperation at the country level, cooperation will be required from the regional programs in areas of high priority to the current government, including: (i) sector reform; (ii) decentralization; (iii) formulation of social policies in relation to the production and improvement of public health; (iv) development of new and better vaccines, quality control, and good manufacturing practices; (v) strengthening health sector preparedness with regard to disaster prevention and mitigation; (vi) increasing efforts to contain the epidemic of acquired immunodeficiency syndrome; (vii) development of policies and strategies that promote workers' health; (viii) maintaining efforts to control and eradicate certain prevalent zoonoses; (ix) strengthening epidemiological surveillance processes in order to detect changes in the prevalence of infectious diseases in a timely manner.

Meeting participants also indicated the need for support from PAHO's specialized centers, particularly from the Institute of Nutrition of Central America and Panama (INCAP), the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS), and the Pan American Center for Human Ecology and Health (ECO).

6. Adequacy of Staffing Levels to Meet the Demand for Technical Cooperation

The number of international staff is adequate to meet the demand for management and general advisory services from the cooperation projects. As progress is made in such important areas as sectoral reform, decentralization, human resources development, and community participation, and if there is a need to conduct in-depth studies, begin work in new fields of activities, and implement solutions, then this core staff will require support from the regional programs and the Centers. Larger efforts will need special assistance from short-term consultants and the national professional staff. These requirements are covered in the 1996 annual operating program budget (APB) and will be spelled out in greater detail in the corresponding four-month plans of work (PTC).