

*directing council*

PAN AMERICAN  
HEALTH  
ORGANIZATION

XXXIII Meeting

Washington, D.C.  
September-October 1988

*regional committee*

WORLD  
HEALTH  
ORGANIZATION

XL Meeting



INDEXED



Provisional Agenda Item 5.5

CD33/17 (Eng.)  
20 July 1988  
ORIGINAL: ENGLISH

JOINT PLAN OF ACTION FOR THE ANDEAN SUBREGION

At the request of the Governing Bodies of the Organization, the Director reported on the status of the Joint Plan of Action for the Andean Subregion which is now called the "Andean Cooperation in Health" with the motto the "Andean Countries Strengthened through Health." Document CE101/6 (see Annex), presented to the 101st Meeting of the Executive Committee, provides the background of the initiative; the objectives and strategies to be followed; the general guidelines for the plan of work of each of the priority areas; and some indication of the progress to date.

In its deliberations the 101st Meeting of the Executive Committee expressed support for the governments of the Andean Subregion in their efforts to promote the Andean Cooperation in Health (ACH); it emphasized the importance of technical cooperation among the countries of the subregion; and it expressed the hope of seeing shortly the development of specific, defined activities which could attract political commitment and external resources. At the end of the discussion, the Executive Committee adopted Resolution VIII which reads as follows:

THE 101st MEETING OF THE EXECUTIVE COMMITTEE,

Having seen the report on Andean cooperation in health (Document CE101/6), which summarizes the guidelines and strategies in the priority areas for joint action by the countries of the Andean Subregion,

RESOLVES:

To recommend to the XXXIII Meeting of the Directing Council adoption of a resolution along the following lines:

THE XXXIII MEETING OF THE DIRECTING COUNCIL,

Having seen the report on Andean cooperation in health (Document CD33/17), which summarizes the guidelines and strategies in the priority areas for joint action by the countries of the Andean Subregion;

Taking note of Resolution CSP22.R22 of the XXII Pan American Sanitary Conference, which supports the formulation of a joint plan of action for the Andean area; and

Recognizing the efforts made by the countries of the Subregion, the Secretariat of the Hipólito Unanue Agreement and PAHO for the joint framing and implementation of health measures,

RESOLVES:

1. To congratulate the Governments of the Andean countries on the preparation of the Joint Plan of Action and the commitment that this represents, especially in terms of the effort that the Andean countries will have to make to mobilize local resources and obtain support from external sources.

2. To forward this Plan to WHO and to the Andean Parliament in order to promote active consideration and support for it.

3. To request the Director:

- a) To orient PASB technical cooperation to the Andean area in keeping with the objectives and strategies of the Plan of Action;
- b) To seek, jointly with the Governments of the Andean countries, the support of other agencies and governments in and outside the Region for the execution of this Plan;
- c) To endeavor, jointly with the Governments of the Andean countries, to accelerate implementation of the Plan of Action.

*executive committee of  
the directing council*

PAN AMERICAN  
HEALTH  
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CD33/17 (Eng.)  
ANNEX  
*working party of  
the regional committee*

WORLD  
HEALTH  
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101st Meeting  
Washington, D.C.  
June-July 1988

Provisional Agenda Item 4.5

CE101/6 (Eng.)  
12 April 1988  
ORIGINAL: SPANISH

JOINT PLAN OF ACTION FOR THE ANDEAN SUBREGION

The XXII Pan American Sanitary Conference, in Resolution GSP22.R22, supported the formulation of a Joint Plan of Action for the Andean Area and requested the Governments of the Subregion to provide backing and support to this initiative and the Director to report periodically to the Governing Bodies on the progress achieved. Reports were presented to the 99th Meeting of the Executive Committee (Document CE99/10) and to the XXXII Meeting of the Directing Council (Document CD32/6).

Since the last meeting of the Directing Council in September 1987, the Ministers of Health of the Andean Area, meeting in Quito in November 1987 (XII REMSAA), formally approved for the first time the Joint Plan of Action with its objectives and strategies. On that occasion, the Ministers ratified the five priority areas of Andean Cooperation in Health (CAS), that is, health services infrastructure, maternal and child health, malaria, essential drugs, and drug abuse. In addition, they agreed to include natural disasters as a sixth priority area in the initiative.

The present document provides, for the information of the Executive Committee, a summary of the main lines of work and the strategies proposed to be pursued in each of the priority areas. It further reports on the progress achieved to date and indicates some of the future actions that are being envisaged.

The Executive Committee is invited to comment on the progress achieved so far and offer suggestions for future lines of action, particularly for the Organization.

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## JOINT PLAN OF ACTION FOR THE ANDEAN SUBREGION

## A. BACKGROUND

In the document on "Managerial Strategy for the Optimum Use of PAHO/WHO Resources in Direct Support of Member Countries," the document on "Regional Budget Policy," and Document CSP22/6, "Orientation and Programming Priorities for PAHO during the Quadrennium 1987-1990," the Governing Bodies of the Organization repeatedly stressed that the principal objective of PAHO/WHO technical cooperation is that of promoting, coordinating, and supporting the efforts made by the Member States, individually and collectively, to improve the health of their peoples, and that one of the most useful strategies to attain this goal was the special initiatives, in which technical cooperation among countries (TCC) is promoted and strengthened in order to mobilize technical, scientific, and managerial resources to bolster national capacities. Based on the experiences already acquired in the initiatives of Central America and Panama and of the Caribbean, exploration was begun regarding the possibilities of carrying out a similar effort in the Subregion. This topic was discussed for the first time with the PAHO Representatives in the countries of the Andean Area in Caracas in 1985. Then, with the approval of the Ministers of Health, this initiative began to be developed, which is now known as "Andean Cooperation in Health" (CAS) with the motto "The Andean Countries Strengthened Through Health."

Although this specific effort began a relatively short time ago, the Governments of the Andean Subregion have been aware of the advantages that mutual support represents for each of them for a great number of years. In 1969 the Governments signed a subregional integration agreement known as the Cartagena Agreement, and two years later the Governments of Bolivia, Chile, Colombia, Ecuador, Peru, and Venezuela, represented by their Ministers of Health, with a view to "seeking constant improvement in the living standards of the inhabitants of the Subregion" and aware that for this purpose it was imperative to coordinate the health efforts of the Andean Area, signed the Hipólito Unanue Agreement.

That same year an agreement also was signed between the Organization and the Hipólito Unanue Agreement in which PAHO/WHO committed itself to participate in formulating the general plan of work and to provide technical cooperation, together with the Secretariat of the Agreement, for the execution of joint activities.

In addition to the intentions for subregional collaboration promoted by the Ministers of Health of the Andean Area and by the Governing Bodies of the Organization, some countries with common problems have signed border agreements in an attempt to solve them jointly. The common work of these countries represents a further step in the collective effort, which should be taken into account in the Plan of Action to be developed. Border agreements on health now exist between Peru and Bolivia; Ecuador and Colombia; Colombia and Venezuela; Colombia, Argentina and Peru; and in the Treaty of Amazonian Cooperation, signed by Brazil, Peru, Ecuador, Guyana, Suriname, and Venezuela, among others.

## B. BACKGROUND OF THE JOINT PLAN OF ACTION

Execution of a joint plan of action for the Andean Subregion was discussed for the first time with the PAHO Representatives in the Andean countries in Caracas in August 1985.

At the XI Meeting of the Ministers of Health of the Andean Area in December 1985, the Ministers of Health, in Resolution XI/177, agreed to revise the Agreement with PAHO so that it would provide support to the Executive Secretariat and to the programs for the Hipólito Unanue Agreement administratively, technically, and financially, and would help channel resources from other external sources. They also requested the Executive Secretary to develop, together with PAHO, a joint work plan for 1986. In Resolution XI/179 the Ministers also defined the priority areas.

Taking into account these considerations, PAHO and the Hipólito Unanue Agreement prepared a preliminary document on a joint plan of action for the countries of the Subregion, which was approved by the Executive Committee of PAHO/WHO in June 1986 and by the Pan American Sanitary Conference in September of the same year. At that time the Andean Ministers of Health decided to concentrate efforts in a few priority areas, to identify viable and feasible activities that would have impact in the short or medium term; that were of interest to two or more countries of the Andean Area; and that would lead to strengthening self-sufficiency in each country. With these terms the following priorities were established:

- a) Development of the health services infrastructure;
- b) Maternal and child health;
- c) Control of malaria and other vector-borne diseases;
- d) Essential drugs and biologicals;
- e) Prevention and control of health problems related to the consumption of psychoactive substances.

In two meetings of the Directors General of Health of the countries of the Subregion, one in Quito in November 1986 and the more recent in Caracas in September 1987, the general objectives and guidelines of a joint plan of action as a concrete instrument of Andean cooperation in health were refined. A basic document was also prepared that defines the objectives and strategies to be pursued. These documents were submitted for the consideration of the Ministers of Health of the Andean Area at its last meeting (REMSAA XII) in Quito in November 1987, where they were ratified. In addition, the Ministers added disaster preparedness as a sixth priority area and approved a program and budget for the Secretariat of the Hipólito Unanue Agreement (CONHU) that already incorporates some activities defined in the Plan of Action that will be carried out jointly by the countries of the Subregion, PAHO, and CONHU.

### C. OBJECTIVES AND STRATEGIES OF ANDEAN COOPERATION IN HEALTH

The cultural, economic, and social roots that unite the Andean countries are expressed in their ongoing concern to raise the living conditions of their inhabitants and to attain the social goal of Health for All. For this reason, Andean cooperation in health is a collective, conscious and deliberate effort to eliminate the social marginality of and disregard for large Andean population groups by identifying common priority health problems that affect the equity, efficiency, and effectiveness of health interventions, and by promoting actions to catalyze and mobilize both human and technical resources and the knowledge and experiences available in the Subregion.

This Andean cooperation seeks to strengthen national and subregional capacities in health and to make better use of technical resources and of native institutions in order to achieve collective self-reliance that can respond opportunely and effectively to the common and shared needs of the population of the countries of the Andean Area. Consequently, the objectives are focused epidemiologically and consist of program groups directed toward mothers, children, workers, and the environment in order to simultaneously provide for immediate needs and bring about transformation of health systems.

The specific objectives are:

- a) To implement programs in common priority areas as mechanisms for improved use of available resources, in which the concerted action of the countries can bring about significant change in relatively short periods of time;
- b) To deal initially with problems that can be resolved through the use of available international and national resources, not only financial, but also institutional, human, technological, scientific, and political;
- c) To establish effective mechanisms for the exchange of information on the development of health in each of the countries of the Subregion;
- d) To contribute to increasing the ties of integration between countries by developing instruments to evaluate the progress of the work carried out, accumulate experiences, and adjust priorities and mechanisms for cooperation;
- e) To generate opportunities for the establishment of agreements between countries that will permit the application of approaches of economy of scale in the administration of inputs and critical materials for health services delivery;
- f) To mobilize other national, multilateral, and bilateral resources in order to focus coherently on established priorities.

The principal approach in each of the chosen priority areas was to identify a few key activities of common interest to two or more countries whose fulfillment would have an important impact. In addition, the activities selected should be viable and feasible in the countries and should lead to positive results in the short and medium term.

A proposal was made to develop the Joint Plan of Action by following two simultaneous lines of work: a) giving special attention to subregional activities or activities between two or more countries; and b) at the same time strengthening national capacity in this same field.

The specific strategies agreed upon were:

- a) Development and formal adoption of the Plan in each country and in the participating agencies;
- b) Adoption of the areas of action proposed at the national level and definition of: mechanisms of operation, responsible institutions, technical groups, political negotiation, allocation of resources;
- c) Determination and characterization of the specific needs for cooperation in each country in accordance with the areas of action of the Plan;
- d) National inventory of the ability to supply cooperation to other countries of the Subregion in the areas of action of the Plan;
- e) Detailed formulation of programs and subregional projects in the areas of common interest;
- f) Mobilization of the national and international resources required for the execution of the Plan;
- g) Execution of the activities agreed upon at the subregional level, and periodic evaluation of the results attained.

The actions planned involve two clearly defined elements to be put into practice simultaneously:

- a) Promotion of the Plan of Action;
- b) Development of projects and activities in the established priority areas.

#### D. GENERAL GUIDELINES OF THE PLAN OF WORK IN THE SIX PRIORITY AREAS

##### 1. Health Services Infrastructure

Because the institutional weakness of the Ministries of Health in fulfilling their functions within the sector is a common occurrence with

respect to, inter alia, conduct, leadership, direction, coordination, supervision, regulation, and control, the Plan of Work is aimed at promoting the exchange of methods, techniques, and resources to strengthen health services at local levels and in the conduct of the sector; developing methods and techniques for strengthening managerial capacity; and promoting national capabilities in all matters related to maintenance of the physical resources employed in the provision of health services. The priority components of cooperation are:

1.1 Documentation of the process of strengthening local health systems:

- a) Documentation of experiences in local planning (methods and processes);
- b) Documentation of modalities for the provision of services (outpatient care, day hospitals, care by voluntary personnel, services in urban areas, etc.);
- c) Review of advances in operation and evaluation of services.

1.2 Development of managerial capacity and sectoral conduct:

- a) Study groups on articulation of the institutions responsible for the provision of services;
- b) Study groups on economy and health financing, with participation of governmental (public sector) and nongovernmental agencies (private sector);
- c) Modernization of management methods:
  - Managerial information
  - Administration of personnel
  - Administration of supplies
  - Financial/accounting administration
- d) Development of managerial personnel in sectoral institutions; leadership.

This training would constitute the basis for planning and management.

1.3 Collaborative network to support development of physical resources in the following areas:

- a) Formulation and design of establishments;
- b) Execution of projects;
- c) Maintenance and recovery of installations and equipment;
- d) Development and exchange of technologies.

## 2. Maternal and Child Health

Within the framework of the Joint Plan of Action for the Andean Subregion, the countries centered their attention on three well-defined areas: monitoring and evaluation; training of personnel; and education and community mobilization.

### 2.1 Monitoring and evaluation:

Evaluation of progress, the exchange of experiences, and the periodic definition of new goals in relation to coverage and technical adaptation of all interventions in maternal and child health.

In this area it was especially recommended:

- a) To carry out periodically in the countries and extend in the Subregion the evaluation of quality and coverage of maternal and child services, using standard methodology;
- b) To support interinstitutional and intersectoral coordination in the countries;
- c) To support operations research in areas of common interest;
- d) To promote interagency coordination and externally financed support to country programs, with emphasis on training;
- e) To carry out evaluation and monitoring of the extension of coverage of all components of the program;
- f) To unify standards, especially in growth and development, in order to facilitate evaluation.

### 2.2 Training of personnel:

A change in the behavior of providers of health care requires both national regulations and technical consultation and dissemination of material that can be utilized in training personnel at all levels.

It includes the selection and dissemination of existing material, analysis of special needs for the Subregion, and preparation of new materials, using resources of the agencies and technical cooperation between countries.

It also includes training in specific health areas in one of the countries that serves the entire Subregion at the level of administrators of programs or specialization, with the active participation of the education sector; broad participation of the staffs of schools of medicine, nursing, nutrition, preventive medicine, and public health, in order to ensure the inclusion of high-level intervention strategy in undergraduate and graduate curricula.

### 2.3 Education and community mobilization:

Experience has been accumulated regarding activities in the Subregion in this area. Although sociocultural variations among the countries and within each country do not permit the utilization of standard materials, the preparation of educational material models is feasible, including technical content recommended for different levels of instruction to facilitate adaptation to the conditions of each country or geographic area, and the exchange of experiences in social mobilization and community education techniques.

The following were recommended in this area:

- a) Support for community training and mobilization as a means of participating in all maternal and child health matters through the development and testing of educational materials and techniques for adaptation by the countries;
- b) The exchange of experiences in mass communication through analysis and direct observation by personnel of other countries of the Subregion.

### 2.4 Other fields of interest:

- a) Ensuring basic supplies at the subregional level for maternal and child programs (drugs and biologicals);
- b) Joint acquisition of inputs;
- d) Promotion of coordination with programs for nutrition and mental health (emotional development of children).

## 3. Malaria and Vector-borne Diseases

It was considered that the approach should address not only the problem of malaria but of all vector-borne diseases.

The principal lines of action are to focus on three large areas of work:

3.1 Stratification to characterize malarious areas in accordance with biomedical, social, and economic variables to facilitate epidemiological analysis of the malaria problem. This requires strengthening the information and surveillance systems in order to make possible permanent and updated critical analysis. It also permits the adoption of primary care strategies and the utilization and strengthening of the infrastructure of the general health services and of specialized services for the prevention and control of the disease.

3.2 Professional education and training with the contributions of the experience of the countries and educational institutions of Colombia, Venezuela, and Peru. Analysis of the specific needs by country will help

to develop these kinds of activities for the purpose of strengthening the network of educational institutions, designing undergraduate and graduate courses at the professional level, and preparing guidelines, manuals, directives, and teaching material in accordance with current trends of malaria control methods.

3.3 Joint purchase of basic inputs through a mechanism for joint purchase by the countries of the Andean Area of insecticides, vehicles, drugs, laboratory equipment and material, and parts.

3.4 Information systems for decision-making and control and evaluation measures through modernization of current systems in order to constitute an Andean network of epidemiological information.

- a) The acquisition of specific drugs and insecticides, including the exchange of country experiences and consideration of minimum needs for the progress of programs for vector-borne disease control;
- b) Equipment and maintenance: Homogenization of equipment in the Andean Region would favor purchases in units and assist in filling the needs for spare parts and for maintenance standards for the equipment.

#### 4. Essential Drugs and Biologicals

In most of the countries of the Subregion numerous products of doubtful effectiveness are marketed.

- a) The acquisition and systematized use of drugs at the subregional level offers many advantages in regard to economy and effectiveness. Lists of essential drugs should be adapted to the diversity of local situations so that they respond to the true health needs of the population. An attempt will be made to raise the overall system of quality assurance from the control of raw materials up through the phase of utilization and to bring the pharmacological standards for pharmaceutical and biological products into line, strengthen registration and inspection systems, and establish mechanisms for the operation of a network of quality control laboratories. Coordination of the health sector with the university and industrial sectors is necessary in order to fulfill this objective;
- b) Activities are oriented to regulate the acquisition of inputs by entities of the health sector; assist in supplying strategic inputs under conditions of quantity, quality, and price geared to the Andean population in general; and contribute to selective substitution of raw materials and active ingredients from outside the Subregion.

Among the most important activities within the Plan of Work are the following:

- a) Train national support groups that will be responsible to the focal point and for the definition and development of the plan of work the country will carry out within the framework of the CAS, as well as for the identification of projects and possible sources of financing;
- b) Carry out an Andean subregional meeting of the focal points in order to define a detailed program in which responsibilities for joint action on specific topics are assigned and a timetable for their execution is established;
- c) Carry out a subregional workshop on pharmaceutical policies and social drug programs. Each country should prepare working documents on its policies and national programs and on experiences accumulated as a preparatory activity for the encounter;
- d) Establish information centers on drugs;
- e) Obtain bridge credit for joint purchases of raw materials for the manufacture of essential drugs by the industry installed in each country;
- f) Reactivate the subregional system of exchange of information on prices of raw materials for the production of drugs;
- g) Ensure the participation of the laboratories in the Subregion in all activities of the Latin American network of drug quality control laboratories;
- h) Organize courses on good manufacturing practices for government, university, and private sector personnel;
- i) Develop pharmacological standards for the registration of the drugs in the formulary in order to ensure their proper use;
- j) Carry out collaborative studies at the institutional and national level on the use of and expenditure on drugs based on common protocols.

## 5. Drug Abuse

Judging by the activity observed in police, legislative and social circles, the impact of the consumption and illegal traffic of psychoactive substances in the Andean Subregion appears to be rising. Reports of governments, international agencies, and the agencies responsible for the control of production and the illegal traffic of narcotics and psychoactive substances appear to indicate that such is the case, based on the volume of production, seizure of refined and unprocessed drugs, the reporting of illegal transactions, and monetary estimates of the total magnitude of such transfer and trade activity.

The information obtained by the health sector to determine the magnitude and nature of the problem of drug abuse continues to be limited, fragmented, noncomparable, and not completely reliable.

The registration, collection, and processing of data related to the level of consumption of drugs and its consequences should be methodically increased and systematized through epidemiological research.

This research should be oriented to the production of usable information that permits the development of epidemiological surveillance systems that indicate promptly and periodically the trends in consumption, the levels of prevalence, and their medical, psychological, social, and economic consequences.

With this purpose in mind, the following activities are included:

#### 5.1 Research activities:

Epidemiological studies that include systems of data registration, collection, and processing, in addition to surveys for the general population and specific groups; studies on etiological factors and on the medical, psychological, and socioeconomic consequences of drug abuse; action-oriented and evaluative research to determine the effectiveness of preventive intervention and treatment; operations research; research on attitudes, opinions and risk behavior; and specific studies on the use of narcotic and psychotropic drugs.

#### 5.2 Human resource development:

Training courses and training in alcoholism and drug abuse for the personnel responsible for national programs at all levels; curriculum and undergraduate training in schools of medicine, nursing, psychology, social work, among others; graduate-level training; special training through the ASEP and other participating centers such as the Simón Bolívar Andean University.

#### 5.3 Strengthening and development of centers for participation and collaboration:

Identification and designation of new centers; preparation of plans of action for the participating centers; definition of lines of exchange between the centers; promotion of activities by the centers at the national level through meetings, seminars, etc.; and establishment of dissemination and information mechanisms.

### 6. Natural Disasters

Both natural and man-made disasters have become very frequent, fatal, and destructive events in the Andean area. However, despite the interest and effort demonstrated by the countries and their various institutions to cope with disaster situations, so far no programs are fully under way in regard to health.

It has frequently been observed that when a disaster occurs in the field difficulties arise for lack of adequate coordination, such as the heterogeneous nature of unrequested assistance, the provision of complex hospitals, the abundance of inappropriate drugs, unnecessary vaccination campaigns, the arrival of volunteers with no knowledge of the local language, and the lack of attention to priority activities.

The lack of precise information on the extent of the damages and the priority needs in the health sector are factors of considerable importance that largely affect the decision-making process, both in the country affected and in the international community disposed to collaborate in emergency situations. Although the countries have established emergency committees or promote national plans in the field of health, they are still not properly prepared, if the multidisciplinary character and the complexity of the necessary technical measures are taken into account.

Subregional efforts should be directed toward identifying vulnerability to natural and man-made disasters so that the most frequent risks and damages to health in such events may be established. This will make it possible to establish administrative systems of communication, information, and logistics for the management of emergencies at the site of the disaster. It will also be necessary to establish coordination mechanisms so that, on the basis of the existing health units in the Subregion, articulation may be maintained within the sector and with other sectors in order to procure supplementary actions of greater positive impact.

The activities planned are:

6.1 Technical-administrative organization of national programs so that the countries can minister to their own needs through early planning, the rational use of their resources, and the training of personnel for cases of disaster.

6.2 Coordination at different levels:

- a) National coordination: The Ministry of Health should be specifically in charge of coordination of the health sector, including the private sector, and incorporate into its program of preparation all active elements, utilizing the resources and facilities available in the sector. Civil Defense is responsible for intersectoral coordination, in which it has specific functions as far as health is concerned;

In accordance with the standards of the disaster units in the Ministries of Health, establishments in the sector will have to prepare and carry out their own programs for emergency situations;

- b) Coordination with subregional agencies: Once the programs are structured in each of the countries, operation of the advisory

committee on disasters at the subregional level will be necessary and periodic meetings of the staff responsible for these programs must be held. In emergency situations, the Secretariat of the Hipólito Unanue Agreement and the Pan American Health Organization could join efforts that would enable the countries to receive valuable cooperation and technical assistance;

- c) International coordination: For this purpose it is necessary to have detailed knowledge of the international agencies, their limitations and their potential for providing support in emergency situations. The disaster preparedness technical unit in the health sector constitutes the right arm of the Civil Defense, and it is there that the needs of the sector and the international agencies to which appeal should be made should be identified. For this purpose there should be good knowledge of the specific cooperation provided by such agencies.

### 6.3 Training of human resources:

- a) Administrative-technical level (for staff of central level) as direct action of PAHO/WHO, the Hipólito Unanue Agreement, and the Ministries of Health in each country;
- b) Operational level (for regional level staff) under the responsibility of the Ministries of Health, with the cooperation of PAHO/WHO, through audiovisual material, publications, and other auxiliary means;
- c) General population level, under the responsibility of the Civil Defense and the Red Cross, with regulatory support by the Ministry of Health;
- d) Incorporation of "health and disasters" and "Civil Defense activities" into the curricula of schools of medicine and public health and other centers for the training of professionals in health sciences.

### 6.4 Research and evaluation:

Some areas of special interest are: mortality and its characteristics, importance and type of trauma, disorders of pregnancy and delivery as a consequence of disasters, epidemiology, mental health, environmental sanitation, need for resources, nutritional surveillance in cases of food shortages, systems of registration and information on victims, effectiveness of field hospitals in relation to their cost, and communication systems.

## E. IMPLEMENTATION OF THE PLAN OF WORK

In 1985, the Ministers of Health of the Andean area, during the XI REMSAA, identified priority areas of common interest and requested the Secretariat of the Hipólito Unanue Agreement and PAHO to collaborate more closely in developing a common plan of work between the two institutions. Since then numerous subregional meetings of a technical-political nature have been held, sponsored by PAHO and the Hipólito Unanue Agreement, in order to refine, implement, and advance efforts in each of the priority areas.

1. In regard to development of the infrastructure of the health services, work is being carried out with all the countries in promoting and supporting the process of strengthening local health systems (SILOS). A project proposal on managerial development was prepared that was sent to the United Nations Development Program (UNDP) and to the Government of Spain for possible financing. Establishment of a collaborative network is being sought in order to support the development and maintenance of health physical resources. A study of the situation is being carried out and it is hoped that by the end of June a proposal will be forthcoming for a subregional project in this area.

2. The maternal and child health priority area has been developed with success. A very concrete plan of work was established for 1987 and was fully carried out. Success in this program is owed mainly to the coordinated manner in which the countries work with UNICEF, the Secretariat of the Agreement, PAHO, and all the national institutions within and outside the sector that are involved in the topic. A PAHO/UNICEF/CONHU/countries meeting has been programmed to develop a new plan of work that will include, at the request of the Ministers, the topic of adolescence. It is hoped that during the year areas for common actions will be defined.

3. The field of essential drugs has been an area of great interest for the countries of the Andean Area for many years. Together with the Hipólito Unanue Agreement an attempt has been made to establish a joint purchase mechanism. The field of action is very complex, since it is linked to elements outside the normal area of the Ministers of Health and even of the public sector. However, there exists great interest in some agencies of collaborating in this field. The Netherlands has offered to collaborate with the Subregion, and in Ecuador a project is being developed that will be submitted within the next few months. Colombia and Bolivia will possibly do the same. The possibility also exists of receiving resources from WHO in order to initiate some activities in the countries; these funds could be used to formulate project proposals. Spain has also expressed particular interest in working with the Subregion. A quality control project on drugs has been prepared and sent for its consideration. In the immediate future it is hoped to develop a comprehensive proposal on the rational use of drugs. At the regional level, SELA has expressed interest in working with PAHO in the field of essential drugs and working relations are expected to be established in the coming months.

4. The problem of malaria continues to be one of the greatest concerns of the countries. PAHO has designated a professional to collaborate permanently and exclusively with the countries of the Andean Area in order to develop the common activities defined in the plan of work. There exists great potential for collaboration in this field; for example, USAID is already supporting projects in Bolivia, Ecuador, and Peru. At the request of the Ministers of Health, a border meeting between Ecuador and Colombia was held with the support of PAHO, out of which came a plan of work that will serve as the basis for a collaboration agreement between the two countries. The Secretariat of the Hipólito Unanue Agreement for its part has prepared a project proposal that was sent to OPEC for financing. A subregional project for control of malaria with several component or subprojects is expected to be developed in the coming months.

5. With respect to the prevention and control of drug abuse, two collaborating centers have already been established: one in Colombia and the other in Peru. More support from the Governments is still required to develop this priority area. National Commissions exist in the countries for the campaign against drug dependency. These Commissions have resources but do not depend on the health sector. In order to have a significant impact, a work strategy must be developed with these institutions and with the other sectors in the countries. It is proposed to organize a subregional meeting during the coming months to define future collaboration mechanisms.

6. In regard to preparation for dealing with natural disasters, it has been quite difficult to develop subregional projects, although at the national level considerable progress has been made. In order to advance the actions suggested in the plan of work it is proposed to explore the possibilities for subregional collaboration by institutionalizing the teaching of disaster preparedness in schools of public health and engineering, among others; to carry out studies on the vulnerability of structures in health, water supply, etc.; to develop basic information at the community level; and, possibly, to develop technologies such as portable water purification plants, telecommunications, etc.

#### F. STRATEGIES FOR THE FUTURE

The promotion and development of this Plan of Action will continue to be carried out both at the political level and the administrative-technical level, taking advantage of the circumstances that arise. At the national level it is essential that the Ministries of Health be increasingly committed to this approach. A firm commitment is also required from the higher decision-making levels of each Government, in particular in the Secretariats or Ministries of Planning and Finance. The Plan of Action will have to be continually strengthened in meetings of various types, such as those of Ministers of Health, of Finance, or of Planning; in meetings of international cooperation agencies; and in international technical conferences. More concretely it is proposed:

- a) To continue mobilizing national resources within and outside the health sector in order to strengthen actions in these fields;
- b) To continue working in coordination with the Secretariat of the Hipólito Unanue Agreement in order to support the six priority areas;
- c) In addition to participating concretely in the established plan of work, the Organization is also collaborating directly and individually with the Governments in these same areas. It is sought to progressively articulate the PAHO technical cooperation program within countries with subregional actions;
- d) It is hoped to promote technical cooperation among countries in the Subregion by strengthening already existing border agreements and promoting others in accordance with needs;
- e) It is proposed to increase the coordination and the participation of nongovernmental, bilateral, and multinational agencies in this effort.

Work will continue with the Ministries of Health through the focal points in each of the priority areas in order to prepare proposals for national, intercountry, and subregional projects that will mobilize more resources and produce greater impact on the areas involved.

At the end of August, and by invitation of the Government of Colombia, a meeting will be held of the national focal points together with PAHO and the Secretariat of the Hipólito Unanue Agreement in order to evaluate the progress achieved and map out the lines of future work. Meanwhile, a series of actions is being promoted to define with greater detail the plans of work of each of the priority areas and the preparation of concrete projects in each of them.

*directing council*



PAN AMERICAN  
HEALTH  
ORGANIZATION

XXXIII Meeting

*regional committee*

WORLD  
HEALTH  
ORGANIZATION



XL Meeting

Washington, D.C.  
September-October 1988

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Provisional Agenda Item 5.5

CD33/17, ADD. I (Eng.)  
22 September 1988  
ORIGINAL: ENGLISH-SPANISH

JOINT PLAN OF ACTION FOR THE ANDEAN SUBREGION

For the information of the Representatives at the XXXIII Meeting of the Directing Council, the Director is pleased to add, in the light of the discussions at the 101st Meeting of the Executive Committee, a listing of preliminary projects in the process of being developed as a result of the initiative now called "Andean Cooperation in Health" (CAS). The length of each project and the cost are only preliminary estimates, subject to further technical review and negotiations with funding sources.

Annex

PRELIMINARY PROJECTS FOR ANDEAN  
COOPERATION IN HEALTH (CAS)

	<u>Duration</u>	<u>Estimated Cost</u>
		US\$
A. INFRASTRUCTURE		
1) Development of Managerial Capacity in the Health Services of the Countries of the Andean Area	3 years	508,500
2) Strengthening and Development of the Engineering and Maintenance Services in the Health Units of the Andean Area	4 years	32,900,000
3) Preparation of Maintenance Manuals and Software (binational cooperation between Colombia and Venezuela)	1 year	350,000
4) Development and Strengthening of the Health Services on the Shores and Islands of Lake Titicaca (Peru and Bolivia)		
5) Andean Subregional Institute for Health Development Research (Ecuador)		
B. MATERNAL AND CHILD HEALTH		
1) Maternity Equipment and Health Establishments at the Primary Level	1 year	474,930
2) Development of an Integrated Model of Health Care for Women of Childbearing Age		333,000
3) Development of an Integrated Model of Care for Children under 5 years of Age (Bolivia)	4 years	369,000

	<u>Duration</u>	<u>Estimated Cost</u>
		US\$
4) Participation by Community Organizations as a Strategy for the Development of Health Actions in the Andean Area		333,000
5) Integrated Care Model for the Growth and Development of Children under 5 Years of Age (Bolivia)	5 years	252,000
C. MALARIA AND OTHER VECTOR-BORNE DISEASES		
1) Prevention and Control of Malaria and Other Vector-Borne Diseases	3 years	11,847,400
2) Malaria and Control of Other Vector-Borne Diseases (Bolivia and Peru)	2 years	2,000,000
3) Malaria and Other Vector-Borne Diseases		
Component: Manpower Development and Institutional Strengthening		
- Bolivia	3 years	92,000
- Venezuela	3 years	308,000
Component: Operations Research		
- Bolivia	3 years	159,000
- Colombia		30,000
- Peru	2 years	455,200
Component: Integrated Prevention and Control		
- Bolivia	3 years	4,579,000
- Colombia	3 years	30,185,000
- Ecuador	3 years	2,519,000
- Peru	3 years	1,267,000
- Venezuela	3 years	1,831,000
D. ESSENTIAL DRUGS		
1) Subregional Project for Improving Drug Quality	3 years	583,000

	<u>Duration</u>	<u>Estimated Cost</u>
		US\$
2) Promotion of Local Production of Essential Generic Drugs and Immunizing Biologicals	3 years	3,580,000
3) Price Information System for Pharmacologicals and Finished Products	2 years	505,000
4) Establishment of a Joint Purchasing System for Pharmacologicals and Finished Products	2 years	5,265,000
E. DRUG ABUSE		
1) Drug Abuse Treatment and Rehabilitation (Ecuador)		623,000
2) Initiation of an Epidemiological Surveillance System for the Control of Drug Abuse (Bolivia)	2 years	300,000
F. NATURAL DISASTERS		
1) Hospital Disaster Preparedness (Bolivia)	2 years	85,000
2) Incorporation of Curricula on Emergency Health Management in Schools for Health-Related Careers (Bolivia)	2 years	165,000
3) Disaster Preparedness in the Countries of the Andean Region	4 years	3,084,900
4) International Technical Cooperation	2 years	84,000
5) Disaster Preparedness		623,000
6) Emergency Management and Relief Coordination of Environmental Health and Water Supply After Natural Disasters (Peru)		1,323,000
7) Program for Rapid Disaster Intervention (Peru)		1,524,000

	<u>Duration</u>	<u>Estimated Cost</u>
		US\$
8) Institutional Strengthening in Emergencies and Disasters ONED (Bolivia)	1 year	<u>10,500</u>
Estimated Total Cost		108,550,030