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**ANNUAL REPORT OF THE DIRECTOR OF THE
PAN AMERICAN SANITARY BUREAU**

WORKING TOGETHER FOR THE HEALTH OF THE AMERICAS

To the Member States:

In accordance with the provisions of the Constitution of the Pan American Health Organization, I have the honor to present the 2004-2005 annual report on the activities of the Pan American Sanitary Bureau, Regional Office of the World Health Organization. The report highlights the major events that have taken place during the period in the course of carrying out the program of technical cooperation within the framework of the Strategic Plan for the Pan American Sanitary Bureau, 2003-2007, defined by the Governing Bodies of the Pan American Health Organization.

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Director

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Introduction

1.   Despite the work we have done and continue to carry out jointly on many health issues, closer interagency collaboration remains critical. For instance, the field of disaster reduction is becoming increasingly crowded and competitive, with overlapping activities in many areas that were once the traditional domain of the health sector. The period covered by this report began and ended with disasters—some overwhelming and some small, some natural and one of human origin. It is often the case that the more severe the emergency, the more crowded the playing field, which sometimes results in competition rather than coordination.

2.   In response to these challenges during the period 2004-2005, the PAHO Secretariat has worked together with the Member States, partners, networks, and strategic allies. We have strived to make PAHO the regional forum for health issues by inviting the participation of all sectors of society. We have promoted consensus building, conflict resolution, and the forging of alliances, by strengthening hemispheric and global solidarity and encouraging new social actors to get involved in the defense of health. We have also ensured that the new dimensions of health are addressed in the Region's economic, social, and political integration processes. We have advocated for the critical importance of strengthening health systems, and we have promoted greater progress in securing geographical, cultural, and financial access to health services as well as the expansion of social protection; and the response has been overwhelming.

3.   Many countries are engaged in diverse forms and stages of decentralization, granting increasing responsibility to entities at the subnational and local levels, while the central levels devote more attention to their role of policy-making and regulation. At the same time, to better address the challenges of globalization, countries are delegating responsibilities to organizations at supranational levels. In order to participate more effectively in this process, the countries of the Region are negotiating a number of trade agreements or integration at the global, regional, subregional, and bilateral levels.

4.   Increasingly, public health is becoming itself a forum for fostering national and regional political dialogue and consensus building, and for the development of collective agendas. Progress has been made, for example, in bringing health sector issues to the forefront of the discussions at presidential summits and meetings in the Region, and the number of regional and subregional meetings among ministers of health and with other sectors such as environment, agriculture, labor, and education is on the rise. Consensus building and the adoption of common strategies has been the hallmark of efforts to reduce maternal mortality in the Americas, and social networks and innovative community approaches are being effectively used to reduce child and infant mortality. Multisector alliances have been forged to improve the health of the indigenous peoples, increase access to water and sanitation, and fight against infectious diseases. Local actors and partners have

been mobilized in support of immunizations and the promotion of local development and governance: healthy and productive communities and municipalities. Collective action has also been undertaken in the fight against AIDS, in the prevention of violence, in response to local and international disasters, and in addressing the health of border populations at the subregional level.

5.   The following report highlights the accomplishments of the Member States working together with the PAHO Secretariat, partners, and strategic allies for the health of the people of the Americas. The list of achievements during the period 2004-2005 is by no means exclusive and seeks only to reflect the diversity and richness of their efforts in the three areas of PAHO's technical cooperation: addressing the unfinished agenda, protecting health achievements, and facing new challenges.

6.   Here you will find examples of how we are accomplishing our mission: to lead the collaborative efforts of our Member States . . . in pursuing the values of equity and Pan Americanism.

Committed to the Completion of the Unfinished Agenda

Building Consensus to Reduce Maternal Mortality in the Americas

7.   In the global community there is widespread recognition and a strong commitment to the prevention of unnecessary deaths of women during pregnancy and childbirth. PAHO and its partners have developed mechanisms favoring close coordination and collaboration that address maternal mortality reduction with a special focus on countries with high maternal mortality ratios and significant in-country disparities. The agreement represents a common vision on how to address maternal deaths in a cohesive and unified manner in order to optimize technical cooperation and collaboration within countries and amongst agencies.

8.   The Task Force for Maternal Mortality Reduction, of which PAHO is the technical secretariat, includes UNFPA, UNICEF, USAID, IDB, the World Bank, the Population Council, and Family Care International. The specific objectives are: to generate consensus in maternal mortality reduction strategies, to share lessons learned at the regional and country levels, to optimize financial and technical resources at the country level, and to support countries in their efforts to reduce maternal mortality. Task Force efforts have provided political momentum for maternal mortality reduction; increased the promotion of effective implementation of policies, programs and interventions; and strengthened South-to-South cooperation, allowing countries to share lessons learned and to scale up successful experiences.

9.   At the country level, the joint approach focuses on policy initiatives and program implementation. One important contribution of the Task Force to program implementation has been to translate policy into programmatic activities—national and local plans of action that will ensure that effective interventions, such as Emergency Obstetric Care (EOC) services and skilled attendance at birth, are available for women. Ten priority countries have functioning CICCs led by national governments, who play a significant role as team leaders of inter-agency and inter-institutional efforts. Other stakeholders include women's groups, NGOs, private voluntary organizations, and participants from civil society and representatives from the education, labor, women's affairs, and indigenous sectors, among others.

10.   The Task Force's main achievement has been the development and launch of the *Inter-Agency Strategic Consensus for Latin America and the Caribbean* in February 2004 and the launch of the *Regional Task Force on Maternal Mortality Reduction's Inter-Agency Strategic Consensus for Latin America and the Caribbean* in Washington, D.C. As of 2005, ten priority countries—Bolivia, Brazil, Colombia, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Panama, and Paraguay—had either updated or completed their national maternal mortality policies. Bolivia, the Dominican Republic, El Salvador, Nicaragua, and Panama launched their own national versions of the maternal mortality reduction strategic consensus, espousing national and inter-agency commitment to skilled attendance, availability of quality essential obstetric care services, and the improvement of the maternal mortality surveillance systems. PAHO and its partners continue to provide special support to Haiti in the development and implementation of its action plan.

Blood Safety Initiative

During 2005, PAHO continued working with its partners to achieve the regional goal of having at least 50% voluntary blood donors in each country. National coordinators to promote voluntary blood donation were appointed by the Latin American countries. With the technical cooperation of the United Blood Services in El Paso, Texas, these individuals received hands-on training and upon returning to their places of origin, developed national plans of action to be implemented with the participation of local stakeholders and partners. Tools for training local promoters are based on the distance learning module "Making a Difference," originally produced by the International Federation of Red Cross and Red Crescent Societies, and translated into Spanish and Portuguese by PAHO. Materials aimed at school children, "Life Givers," were developed in collaboration with the Healthy Schools Initiative, and are being field tested. Rotary Clubs in Maryland, USA; Bolivia; Colombia; El Salvador; and Uruguay are supporting the national blood programs in the latter four countries. On June 14, *World Blood Donor Day* was celebrated for the first time; PAHO prepared public service announcements and other types of publicity to acknowledge the contribution of voluntary blood donors and to raise awareness among the public regionally.

11.   At the national level, in **Costa Rica**, where maternal mortality has remained constant during the last two decades (at 3.6 per 10,000 live births) and where 85% of these deaths are avoidable, a national alliance has been launched to build consensus and coordinate actions and resources between Government agencies and civil society. It reflects the commitment of decision-makers, program administrators, health care providers, social workers, and communities alike to a healthy and safe motherhood as a fundamental right and consequently an important and necessary economic and social investment. The strategy is part of the national commitment to the attainment of the MDGs and the promotion of gender equity and the empowerment of women. The formal launch of the national alliance took place during *World Health Day 2005*; major stakeholders include several government agencies and sectors, among them the Ministry of Health, the Office of the President, the Ministry of Education, the National Institute of Water and Sanitation, and the Ministry of Women's Affairs. Various universities and academic centers, professional associations, hospitals, women's and religious organizations, and international cooperation agencies are also part of the coalition.

Building a Maternal Mortality Baseline in El Salvador

In El Salvador a committee representing various agencies and organizations with a shared interest in sexual and reproductive health issues was formed. The group includes PAHO/WHO, USAID, Lux-Development, UNFPA, UNICEF, El Salvador's Demographic Society, the Department of Census and Statistics, the Social Security Institute, the National Association of Obstetrics and Gynecology, and the national municipalities. The pooling of financial resources among the participating agencies made possible the construction of the baseline, an important and necessary step to attain the MDGs.

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12.   **Guatemala**'s national strategic plan for the reduction of maternal mortality is the product of the inter-institutional working group that supports the *National Reproductive Health Plan* and is based on the maternal mortality baseline of 2000. The baseline profiled maternal mortality in Guatemala, its context, causes, geographic location, and socio-cultural factors. Its magnitude and the level of under-registration were also established. The inter-agency working group includes PAHO/WHO, USAID, UNFPA, UNICEF, APROFAM, CIESAR, and national public and private organizations working on women's health issues. A second working group has been formed to develop protocols and training modules in risk detection. The main benefits of the alliance include: a sector commitment to the reduction of maternal mortality; a joint national response to the challenge, including common strategies and standard criteria; resource mobilization; and specialized training free of charge for health care professionals.

13.   Under the framework of the MDGs, **Panama** identified maternal and infant mortality reduction as one of the main pillars for achieving equity and national development. Despite progress shown by social and health indicators in the last decades,

basic maternal and infant health are still lagging and need to be put on track. For this purpose, the *Prevention of Maternal and Perinatal Mortality Week* was launched. Among its main features were the launch of a national consensus and commitment to the reduction of maternal and perinatal mortality. The event gathered over 80 representatives from government, social, and community organizations.

Argentina: Sexual Health and Responsible Procreation a National Priority

The National Sexual Health and Responsible Procreation program was created by law in 2002 as a response to the rise in maternal mortality due to unwanted pregnancies resulting in abortion, adolescent pregnancy, the spread of HIV, and other STIs. It is based on the right to health guaranteed by the state, ensuring equal access to primary health care on demand, as well as access to information on the most effective and safe contraceptive methods and their use. Health rights include sexual and reproductive health and the right to enjoy sexual relations without coercion, without fear of infections or unwanted pregnancies, and the right to safe motherhood and healthy children.

The enactment of the law and the launch of the program are the product of a national consensus among members of parliament and NGOs and society at large and constitute an unprecedented step in government actions to reduce maternal and infant mortality. The program seeks to reduce maternal mortality, adolescent pregnancy, and the number of abortions. It promotes family planning and free counseling on sexual health and responsible procreation for all women. The program also promotes intra- and inter-sectorial coordination on HIV/AIDS and STIs, on gender issues, and with the Ministries of Education, Youth, and Women's Affairs, among others. It also fosters alliances with universities and women's and community organizations. The program currently benefits over 1.5 million women in 24 provinces. 65% of public health providers offer information, free counseling, and contraceptives.

Social Networks and Infant Mortality Prevention

14.   The 2004-2005 period was very important to the advancement of the international public health agenda to address neonatal mortality in the LAC region. Neonatal mortality rates have remained almost unchanged over the last ten years, and there is increasing consensus that in order to have an impact on child mortality rates, particularly in the context of the MDGs, it is vital to curb neonatal mortality. PAHO, USAID, BASICS, Saving Newborn Lives, and the CORE Group organized a regional meeting to discuss community-based responses to newborn care. The meeting, which included the participation of delegates from eight countries as well as members of professional associations, led to a series of recommendations submitted through the *Tegucigalpa Declaration*, which called for greater regional commitment to newborn care and to sustained efforts for better integration at service and community levels. In addition, participants recommended the preparation of a regional strategy for neonatal health, which should help countries generate political and

financial commitment, mobilize resources with international cooperation agencies, and improve coordination of various partners at the country level.

15.   This strategy is currently being developed in collaboration with the various partners involved and it should provide a roadmap for advocacy and technical support efforts and activities for the next three years. *World Health Day* and the *World Health Report*, which focused on the health of mothers and children, also served as a tremendous opportunity to mobilize key actors to advance neonatal health issues.

Working Together at the Community Level

The partnership between the American Red Cross (ARC) the United Nations Foundation (UNF) and PAHO is maximizing the advantage of the Red Cross organizational structure, network and voluntary nature, and enhancing sustainable linkages with governmental National Child Health Plans in each country. The partnership is increasing the capacity of PAHO and the ministries of health to deliver family and community-based IMCI activities through non-governmental organizations (NGOs) and civil society, preventing deaths by concentrating interventions in local areas of countries with infant mortality rates greater than 40/1000 live births.

The partnership promotes the use of the WHO/UNICEF *Key Family Practices* for the prevention of common childhood illnesses as the main intervention to promote healthy behaviors at the family and community levels. The *Red Cross Movement* is providing an excellent opportunity to scale up community IMCI activities and to promote equity in the Region of the Americas. As of December 2004, thirty community IMCI projects in ten countries were being implemented and plans for expansion of the IMCI strategy were underway in nine countries.

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16.   Appropriate infant and young child feeding is also critical to child survival and the development of strong families. Interventions to promote optimal breastfeeding and complementary feeding practices are two out of the three most effective preventive interventions available to prevent child mortality. These interventions are also essential to achievement of the MDGs related to child survival, the eradication of hunger, prevention of HIV/AIDS, and educational attainment. To revitalize world attention on the impact that feeding practices have on the survival of infants and young children, WHO and UNICEF jointly developed the *Global Strategy for Infant and Young Child Feeding*. It was endorsed by Member States at the 55th World Health Assembly in May 2002. In addition, WHO has recently completed a multi-center growth reference study and developed a new international growth standard, based on breastfed children living in optimal conditions.

> **Strengthening the Faith-based Health Care Network to Reach the MDGs**
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> The Catholic Medical Mission Board (CMMB), the Bristol-Myers Squibb Foundation (BMSF), and PAHO have joined efforts to implement the three components of the IMCI strategy (strengthening of health services, improvement of skills of health personnel, and promotion of family and community healthy practices), to provide essential drugs, and to promote prevention of mother-to-child transmission of HIV/AIDS (PMTCT) activities in five countries (the Dominican Republic, El Salvador, Honduras, Nicaragua, and Haiti).
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> The partnership will strengthen the capacity of the Catholic-based healthcare networks and Ministry of Health to implement these activities, leverage the vast network of Catholic faith-based organizations, such *Caritas* and *Pastoral del Nino,* in participating countries, in efforts to reduce mortality rates and improve the overall health conditions of children.
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> Five country projects are being implemented with the Catholic health care network and Ministries of Health in 36 dioceses, 292 community sites, and 468 health facilities. The total number of partnership beneficiaries has increased to 6,257,667, of which 938,649 are children under five years of age. Extensive technical training of course facilitators and participants is underway in the areas of IMCI, HIV/AIDS, and essential drugs. To date, almost 1,400 people have been trained (more than 994 than the last reporting period). IMCI essential drugs and supplies and antiretroviral drugs have been purchased using in-kind CMMB funds and have been delivered to all countries. This process follows Ministry of Health national drug polices, government rules and regulations, and PAHO/WHO guidelines and procedures.

17.   At the national level, the Integrated Management of Childhood Diseases (IMCI) was first introduced to the Americas in **Peru** in 1996. With the subsequent addition of the community component, the application of IMCI greatly expanded to include health NGOs and other institutions beyond the health sector. These include national institutions and international cooperation agencies, such as PAHO/WHO and UNICEF, as well as bilateral institutions and donors, such as USAID, CIDA, the World Bank, and the IDB. IMCI also enjoys the support of professional organizations, such as the American Society of Pediatrics, the Latin American Society of Pediatrics, the Peruvian Society of Pediatrics, the Peruvian Associations of Physicians, Nurses, and Pediatricians, and human resources development organizations, such as medical and nursing schools, both public and private. The widespread support enjoyed by IMCI in Peru has led to the establishment of an inter-institutional task force on child health under the leadership of the Ministry of Health and the Peruvian Red Cross. Its main purpose is to prioritize children's health in government policy at the national, regional, and local levels to reduce child mortality and morbidity with an emphasis on the perinatal and neonatal stages. Its main accomplishment has been the incorporation in July 2005 of IMCI, as part of the comprehensive health care model.

Healthy Mothers and Healthy Children
A Multi-media and Multi-partners Campaign in Suriname

World Health Day 2005's theme "Healthy mothers and children: Every mother and child counts" is a very relevant theme for Suriname, where both maternal and perinatal mortality rates are still relatively high. One of the reasons for these high rates is that expecting women do not always seek prenatal care in time. It is quite common for women to pay their first visit to the clinic in the last month of their pregnancy.

The focus for the media campaign was not only pregnant women themselves, but also their partners, family, and friends. The key message in this campaign was joint responsibility for a safe pregnancy and delivery—a joint investment for the nation's wealth: healthy mothers, healthy children. To appeal to the partners' responsibility, the new concept "We are pregnant" was introduced and to appeal to the entire society, the slogan was translated and adapted into the lingua franca of Suriname "Gesontu Mama, Gesontu Pikin: Sranan Gudu" (Healthy Mothers, Healthy Children: Suriname's Wealth).

A "Mother and Child" health fair was held on 7 and 8 April, with the participation of 16 health-related governmental organizations and NGOs, with information on healthy lifestyles, healthy eating habits, the importance of good physical and mental care and balance for the mother(-to-be) and the (unborn) child. Special mention should be made of the participation of Man-mit-Man, a faith-based NGO, focusing on men and their responsible behavior toward society in general and toward women in particular.

Health of the Indigenous Peoples and Access to Water and Sanitation

18. Globally the health of the indigenous peoples has acquired new relevance, as illustrated by the evaluation carried out as part of the activities marking the end of the *International Decade of the Indigenous Peoples of the World*. The evaluation shows many multicultural public policies and experiences in the Region. For instance, all 20 countries that participated in the regional evaluation have public policies that support the welfare of the indigenous peoples; 95% have technical units responsible for their health at the ministerial level, 60% have technical units in other ministries, and three countries have other instances within the Office of the President. Ninety-five percent reported the existence of national projects, and 80% of local networks that address indigenous issues. Seventy-five percent of countries reported the incorporation of traditional medicine and practices in the national health system, and the multiplicity of funding agencies working on these issues shows also a high degree of interest on the part of donors. Though significant progress has been made, the evaluation also uncovered some worrisome facts. Only 30% of the participating countries have research programs, and only 25% offer scholarships to indigenous students. Moreover, only 50% of the countries report activities related to the development of information systems for the monitoring and evaluation of health status that

includes ethnicity. Lack of in-country coordination was also identified as was the absence of multicultural education in general, and specifically among health teams. These findings have been incorporated in the program's Action Plan 2005-2007, which focuses on achieving the MDGs and on the renewal of PHC.

19.   The MDGs represent a commitment by the international community in the fight against poverty and the search for an answer to problems affecting human development. They include the reduction in half by the year 2015 of the percentage of people without sustained access to safe drinking water and sanitation. In the countries of the Region it is not difficult to see how the health status and living conditions of the indigenous people are closely related to extreme poverty and lack of access to water and sanitation. Water-borne and other diseases related to lack of water and sanitation figure among the leading causes of maternal and infant mortality. For this reason, and within the framework of the program, PAHO in partnership with GTZ has developed a project to improve the environmental conditions in indigenous communities, which emphasizes quality water for human consumption, disposal and treatment of solid waste, and improvement in hygienic practices.

Trachoma Eradication among the Indigenous Communities of Chiapas, Mexico

   The eradication of trachoma among indigenous communities is a top priority for the Chiapas Secretary of Health; in its advanced state this disease can produce blindness in men, women, and children. The Secretary, in partnership with CEPIS, GTZ, local authorities, government agencies (health, water and sanitation, indigenous affairs), and the indigenous communities themselves, launched a water and sanitation project to reduce the prevalence of trachoma in the municipality of San Juan Cancuc. Project benefits included: construction of a water pipeline, basic sanitation, the construction of latrines, and sanitary education in six localities of San Juan Cancuc; all of them inhabited by the Tzeltal ethnic group. The water pipeline covered an area of approximately 20 kilometers and provides access to safe water to 4,000 people.

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20.   At the national level, in 2004 in **Chile**, the Ministry of Health and the School of Public Health of the University of Chile made an agreement to develop an epidemiological profile for the Mapuche and Aymara peoples. Workshops were held in the north and south of Chile with the participation of representatives from indigenous groups, health care providers, and academics from various universities. Representatives of Chile's national, regional and local levels of government were also present. Progress was made in the definition of several epidemiological variables and in the analysis of health care models for the indigenous peoples. Other benefits included a mutual understanding between health care providers and practitioners of traditional healing with regards to each other's cultural values, including recognition by the academic world of the need to adapt the curricula of doctors, nurses, and health-related studies to intercultural requirements. A strategic alliance was born among participants to continue and develop further on these subjects.

21.   **Panama** also launched a project for the development of indigenous people's health in response to the challenges involved in attaining the MDGs. The main purpose of the project is to launch a comprehensive development process through innovative approaches to be developed for each ethnic group. The project seeks to galvanize, lead, and coordinate all efforts aimed at improving the health of the indigenous peoples with an intercultural approach within PHC; specifically it seeks to reduce morbidity and mortality in the areas populated by the indigenous peoples. The initiative is organized in three components: institutional strengthening, development of a primary health strategy with intercultural criteria, and the recovery and development of traditional medicine and the promotion of its use.

Progress in the Control of Chagas and Other Neglected Diseases

22.   PAHO's regional work for the prevention and control of Chagas disease is decentralized and based in Uruguay. The focus of its technical cooperation is the building of alliances at the subregional level and among countries.   Thus, intergovernmental commissions or subregional initiatives gathering representatives from national programs and agencies working on Chagas are supported by PAHO at both the regional and subregional levels: the *Southern Cone Initiative* (Argentina, Bolivia, Brazil, Chile, Paraguay and Uruguay) established in 1991; the *Central America Initiative* (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama) established in 1997; the *Andean Countries Initiative* (Colombia, Ecuador, Peru, Venezuela) established in 1998; the *Amazon Initiative for Surveillance and Control* (Bolivia, Brazil, Colombia, Ecuador, French Guyana, Guyana, Peru, Suriname, Venezuela) established in 2004; and Mexico established in 2003.

23.   The subregional initiatives actively promote technical cooperation among countries, within the framework of the subregional political agenda and fora. These subregional initiatives have allowed the development of bilateral and multilateral cooperation and technical exchanges among national, international, and funding agencies: Tropical Disease Research, JICA, CIDA, Doctors without Borders, IDB, Chagas Disease Intervention Activities/European Community (CDIA/EC), ECLAT, and others. Although significant progress has been made, much remains to be done, particularly with regards to care and treatment for those already afflicted by the disease.

24.   In Central America, the initiative was launched during the 23rd meeting of RESSCAD (the Central America Health Sector Meeting) in 1997. In 2004 meetings with representatives from the Chagas Control Program and the Blood Banks Program of Honduras and El Salvador agreed to a joint technical cooperation program for 2004-2005 on vector control and epidemiological surveillance. As part of the initiative, a team of international experts has evaluated the national programs, with representatives from PAHO and JICA.

25.   At the national level, in **Guatemala**, the Ministry of Health launched vector control programs in five priority locations on the basis of a baseline prepared jointly with the University of San Carlos and the Medical Entomology Research Training Unit Guatemala (MERTUG) of CDC.

26.   **Honduras** with the support of PAHO/WHO, prepared a plan with the participation of representatives from the Ministry of Health, other ministries, civil society, local government authorities, and international cooperation agencies. The plan addresses national priorities with a concerted and broader response, involving the many actors who participated in its formulation. The process led to the development of shared coordination mechanisms, with a technical coordinating committee, biannual joint evaluations at the national and subnational levels, and joint procurement plans. At the local level, it also includes integrated vector controls, serologic assessments, treatment, and surveillance.

Foot-and-Mouth Disease Eradication Plan

The Declaration of Houston, issued by the Hemispheric Conference on the Eradication of Foot-and-Mouth Disease, held in the United States of America in March 2004, enunciated the formal commitment of the political, technical, and private sectors to achieve the goal of eradicating foot-and-mouth disease in the Americas. As an operational outcome of that commitment, the Inter-American Group for the Eradication of Foot-and-Mouth Disease (GIEFA) was formed, under the technical secretariatship of PANAFTOSA. The mandate of GIEFA includes the formulation, establishment, supervision, and execution of the Plan of Action, 2005-2009, of the Hemispheric Program for the Eradication of Foot-and-mouth Disease (PHEFA). Within the framework of PHEFA, a public-interest civil society organization (*organizacão da sociedade civil de interesse público* – OSCIP) was created and began working in Brazil. The group will extend its activities to other countries of the region as needed.

Yellow Fever Control Plan in Peru

During 2004, the identification and delimitation of the areas from which migrant populations move into yellow fever risk areas in Peru motivated and made possible the execution of a mass vaccination campaign among adults in the migrant population in their areas of origin. This innovative and highly effective strategy was applied in the framework of the National Immunization Strategy, which involves several departments within the Ministry of Health. Technical cooperation and resources were provided by the Interagency Coordinating Committee and the Government of Brazil, which donated almost 4 million doses of vaccine.

Amazon Network for Monitoring of Antimalarial
Drug Resistance –Amazon Initiative against Malaria

The Amazon Network for Monitoring of Antimalarial Drug Resistance (RAVREDA) was created in 2001 in the framework of the global Roll Back Malaria Partnership, with funding from the United States Agency for International Development (USAID). The objective of RAVREDA is to join forces to address the problem of antimalarial drug resistance in the Amazon area of Bolivia, Brazil, Colombia, Ecuador, Guyana, Peru, Suriname, and Venezuela. PAHO is assisting in the implementation of the Network's activities, working alongside its counterparts in national malaria control programs. USAID provides direct technical support in the field, with technical assistance from the U.S. Centers for Disease Control and Prevention and a network of institutions, universities and nongovernmental organizations. This joint effort at research and action has borne fruit: the Network's biggest impact in the region thus far, achieved in a very short time, has been the change in the first-line treatment used for *P. falciparum* in 7 of the 8 countries of the Amazon Cooperation Treaty Organization (OCTA). Brazil is currently in the process of selecting the artemisinin-based combination therapy to be used in that country.

Nutrition and Food Safety in the Fight against Poverty

27.   Within the context of health sector reform and modernization, **El Salvador** promotes a variety of initiatives to support food availability, access to, and consumption by the poorest municipalities or in areas afflicted by natural disasters, thus supporting the decentralization of basic health care as part of the *Integrated Basic Health System* (SIBASI in Spanish). The process for selecting beneficiaries is an intersectoral approach through the participation of NGOs, mayors, the Church, local health authorities, SIBASI which manages the program; and other agencies at the local level. Selection criteria include: high prevalence of malnutrition or acute malnutrition, demand and strong support for local development projects, and technical feasibility of productive and agro-industrial projects. Program interventions are based on a joint planning exercise between communities and local stakeholders, which in turn are based on local participatory assessments, including food safety and nutritional risks for the communities involved. Program activities are based on appropriate technology and include: domestic orchards, production of bread using nutritionally improved flour, production and sale of basic grains, and preparation of foodstuffs for local consumption.

28.   In **Costa Rica**, the main objective of the nutrition and food safety model at the local level is to contribute to the comprehensive development of low income families living in communities that are lagging behind. It supports local activities working together with public and private organizations, local organizations, and international agencies. The program brings local stakeholders together and forms a nutrition and food safety committee. The local committee is responsible for conducting an assessment as a base for the action plan, which is later validated with the members of the community and it is then transformed into productive projects by the participating agencies. They include: the Ministries of Agriculture, Education, and the Environment, World Vision, the Inter-American Institute for Cooperation on Agriculture (IICA), FAO, United Nations programs, and the embassies of Canada and Germany. The program is also technically supported by INCAP. Accomplishments to date include the comprehensive mobilization of resources at the national, local, and community levels, and building an intersectoral coalition. The program benefits poor families, who are now reinserted in their local economy.

Focus on Protecting Health Achievements

Mobilization to Sustain Immunization Coverage

29.   *Vaccination Week in the Americas*, the initiative that began in the Andean region two years ago, has grown to include 19 countries and as a result 15 million people have received vaccinations. All the health ministers of the Americas have endorsed the initiative and agreed to join it. The regional initiative focuses on the children normally left behind; those living in rural border regions, indigenous people and vulnerable groups, including women of childbearing age and the elderly. In 2004 the countries of South and Central America, Mexico, and the Caribbean vaccinated 43.7 million people, mostly children. More than 3 million children over a year old had previously not been immunized with DPT/Penta vaccine. Approximately 1.5 million women of childbearing age, who live in municipalities at risk for neonatal tetanus, were also immunized. Emphasis was placed on reaching indigenous communities, and more than 12 million people over 60 years old were also immunized against influenza.

30.   The participation of many strategic partners and allies has made these efforts a success. They include ministries of health in the Member States, the Governments of Canada and the United States, CDC, the International Red Cross, UNICEF, the Spanish Cooperation Agency, USAID, CIDA, the Sabin Institute of Vaccines, the March of Dimes, Rotary International, the World Bank, IDB, Head Start, NGOs, and the national media. In addition, there is strong national political support as evidenced by the participation of five presidents, first ladies, and numerous ministers of health and local representatives of international organizations during launch activities. *Vaccination Week in the Americas* has clearly contributed to reduce vaccination inequities, and focus national attention on the most vulnerable and those with the least access to health services. The sustainability of immunizations in the regional political agenda will consolidate their status as a regional public good.

31.   At the national level, in many cases other effective health interventions were added. Some countries provided Vitamin A and parasiticides to children and folic acid to pregnant women, conducted retinal examinations, or disseminated health information. Other countries launched unprecedented campaigns to eliminate rubella and congenital rubella syndrome. For 2005 the goal is to immunize 43 million people, and preliminary data shows that countries like Cuba, the Dominican Republic, Panama, and Paraguay have already reached or surpassed the national goals. Colombia completed during the first round its target for yellow fever. Guatemala introduced for the first time the pentavalent vaccines and immunized 55,000 children with a single shot. Likewise, Paraguay completed its national campaign to eliminate rubella and congenital rubella syndrome; this campaign was supported by a Presidential Decree. Despite political and social unrest, Bolivia, Nicaragua, and Ecuador were also able to carry out their vaccination activities.

VACCINATION WEEK IN BOLIVIA

Bolivia has supported the initiative of the ministers of health of the Region to establish Vaccination Week in the Americas since its launch in 2003. As a result of the progressive rise in vaccination coverage in the country, polio has been eradicated and there have been no confirmed case of measles since 2000. The incidence of diphtheria, tetanus, whooping cough, and other vaccine-preventable diseases has also fallen. Despite these efforts, however, some areas of the country continue to have low vaccination coverage, which jeopardizes the maintenance of the successes achieved thus far. Another important public health problem is yellow fever, outbreaks of which occur in specific populations each year.

The country's immunization efforts have garnered broad support from political and health authorities, cooperation agencies, and nongovernmental organizations.

With a view to ensuring the continuity of the campaign and stemming any social opposition, in 2005 agreements were signed between health authorities and the most important community organizations, including the Bolivian confederation of peasant workers (CSUTCB), the confederation of indigenous peoples of eastern Bolivia (CIDOB), and others. Also in 2005, the goal of 82.5% vaccination with the pentavalent and polio vaccines was attained. Coverage of 59% was achieved for the vaccine against measles, mumps, and rubella (MMR). A total of 380,258 people were immunized against yellow fever.

Clearly, Vaccination Week in the Americas has succeeded in placing the issue of vaccination on the agenda of political and health authorities throughout the country.

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32.   **Paraguay** joined regional efforts for the elimination of rubella by launching a campaign to vaccinate 3.5 million people between the ages of 5 and 39 (65% of the population). In addition to the mobilization of national health authorities and health agencies, a strategic alliance was forged to include national, departmental, and local governments and civil society. The private sector, universities, and research institutes also joined. Paraguay had great success in obtaining 99% coverage due to this national partnership, which was also supported by the National Police, educators, and education authorities. Power, telephone, and water company workers disseminated informational materials, and medical and nursing schools students were trained to administer the vaccines and register those immunized.

TRANSPARENCY AND BETTER PRICES FOR THE EPI PROGRAM IN COLOMBIA

The Ministry of Social Protection (MPS) and the National Institute of Health (INS) of Colombia have been using the purchasing mechanism of the PAHO's Revolving Fund for Vaccine Procurement since the 1990s. With average purchases totaling between US$ 15 and $26 million, Colombia is one of the three largest Revolving Fund purchasers in the region (along with Argentina and Brazil). These purchases, which are formalized through agreements between the MPS and the INS, comprise mainly biologicals used for the national program for immunization of children and high-risk adults—i.e., women of childbearing age and all population residing in yellow fever endemic areas. The government recently signed a loan agreement with the Inter-American Development Bank (IDB), under which more than $127 million will be allocated for the purchase of vaccines during the period 2005-2008. The IDB agreed to procurement of the biologicals through the Revolving Fund because of the transparency of its purchasing mechanisms, the timeliness of vaccine supply to countries, the quality of the products, and the highly favorable prices, made possible by the economies of scale achieved by mass purchasing through the Fund by all countries of the Region.

Colombia has derived numerous benefits from purchasing its biologicals through the Revolving Fund: affordable prices, reliability and timeliness of delivery, procurement of biologicals of recognized and verifiable quality, transparency in purchasing transactions, support in emergencies (e.g., outbreaks of measles and yellow fever), procurement of combination biologicals at reasonable prices (e.g., pentavalent and influenza vaccines), and reduction of bureaucratic red tape in the bidding process, among other advantages.

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33.   The Ministry of Health of **Guatemala** decided to introduce the pentavalent vaccine but met with financial difficulties during the introductory phase. A coalition was put together, and the governments of Finland and Sweden agreed to help. Other agencies reallocated resources from their existing programs, including USAID, UNICEF, Plan International, and Quality in Health. An inter-agency coordinating committee was born out of this initiative to mobilize resources and expand immunization coverage to include rubella and congenital rubella syndrome elimination. The government is expected to wholly finance the program next year.

Local Development and Governance: Healthy Municipalities and Communities

34.   The Healthy Municipalities, Healthy Communities strategy seeks to forge alliances between local authorities, community members and other sectors. Thirty-seven percent of the Member States have established local and/or national intersectoral committees, and 22% of the countries in the Region have developed a common vision and intersectoral plans with shared responsibilities. Over 30% have incorporated standard of living indicators in their information systems, and at least 7 have trained local teams in the application of participatory methodologies.

35.   At the national level, in **Uruguay**, the Ministries of Health and Agriculture agreed that development should be the main goal for small rural communities, and a Productive and Healthy Municipalities project was launched. The project combines health care interventions with employment generation and other production activities centered on community-based initiatives.

36.   In **Bolivia**, the concept of Productive and Healthy Communities was launched in 2004 and has been a contributing factor to increase income for small communities and to prevent internal migration and poverty. For instance, in the community of Chacaltaya, benefits included trout farming, solar heating, and the production of llama meat, community pharmacies, and water heating.

37.   In **Brazil**, the project *Rede de Municípios Potencialmente Saudáveis* (RMPS) is a partnership among universities, the Department for Community Affairs, NGOs, and several research institutions. The network was launched in May 2005 and seeks to capitalize on lessons learned and the exchange of best practices to fill the information needs of the participants and to redirect actions by local authorities in support of local sustainable development. A major focus of the partnership is the formulation of local development plans. Although in existence for only a few months, the results are already visible: twenty-one municipalities are participating, several initiatives for a micro-regional approach to the solution of common problems have been agreed to, and specific joint projects, such as the protection of water basins, are under preparation. The network is also sponsoring joint training activities for representatives of the beneficiary communities.

38.   In **Argentina**, the network reaches 100 municipalities and focuses on the exchange of experiences, shared tools and resources, technical cooperation, and training on common issues. The network is an important venue to channel regional and subregional initiatives to the local level.

> **Bolivia: Partnership for the Development of Departmental Environmental Health Plans**
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> Unsafe drinking water, high levels of pesticides and other contaminants in water, inadequate and unhealthy housing conditions, ignorance of the threats to human health posed by exposure to highly hazardous substances, chemical emergencies and accidents, poor management of wastewater, risks of consumption of contaminated food, and increase in vector-borne diseases are some of the problems that led to the creation of a partnership for the development of departmental plans for environmental health in Bolivia.
>
> During the period 2004-2005 a strategic partnership was formed and launched for cooperation between international, bilateral, and multilateral cooperation agencies and the governments of the country's various departments, with backing from the Ministry of Health and Sports. The aim of this initiative is to formulate and begin the implementation of departmental plans in priority departments. The principal national partners are the departmental prefectures, the departmental directorates of social development, the departmental directorates of natural resources and environment, and the departmental health services. PAHO's functions and contributions to the initiative have been leadership of the partnership and specialized technical cooperation. The Danish Cooperation Program for the Environment Sector (PCDSMA) also provides support, mainly in the form of funding, as does the Reform Project. The Swiss Foundation for Technical Cooperation (Swisscontact) furnishes financial cooperation and supplies baseline information on specific environmental health issues.
>
> Notable results of the partnership thus far include the development of environmental health plans in the departments of Cochabamba, La Paz, Pando, Santa Cruz and Tarija, which are five of the country's new departments and include the three departments that make up its administrative center.

39.   In **Nicaragua**, the project to develop local integrated health systems (PROSILAIS in Spanish) in four departments and the northern autonomous indigenous region (RAAS) was recently completed. It focused on developing local human capital to ensure project sustainability beyond its completion, as well as on improving health services infrastructure and equipment. Within the context of ongoing harmonization and alignment efforts, the project stands as an example of partnership between national and local authorities and the international cooperation, and forms now part of the baseline agreed upon at the Paris High Level Summit for monitoring results. The multidisciplinary strategy followed in the implementation of the project promoted a comprehensive approach at the local level, building on and strengthening national decentralization efforts.

40.   In **Cuba**, technical cooperation for the strengthening of PHC has now been expanded to include the municipal level. To date, 65 municipalities are receiving direct technical support to build local capacity to carry out needs assessment, and link local to national priorities. Technical support includes management, implementation of interventions in accordance with national priorities, and response to local emerging needs. Particular

emphasis has been placed on information technology and on data analysis for local decision makers, using intersectoral and multidisciplinary approaches. Evaluation of the experience is under way, and the results will be published shortly. The process has been meticulously recorded to facilitate sharing the experience with other countries of the Region and has already led to the development of a health and governance network between municipalities in Ecuador and Cuba.

In Haiti, Project **PROVIDA: Community in Action** is supporting basic water supply and sanitation initiatives at the local level, especially those related to latrine-building and public sanitation.

Mention should be made of the youth project in Cité Soleil, an urban slum that is home to nearly 300,000 people and the area with the highest poverty index and highest incidence of violence in the country. Here, a group of young people, with support from PAHO and the Ministry of Public Health, hope to create an alternative to violence.

The initiative, whose first three-month phase employed 270 young people, has already borne fruit. A second phase is under way, with financing obtained with the help of Brazilian soccer star Ronaldo.

The initiative has also gotten young people from the most violent neighborhoods of Port-au-Prince involved in the canine vaccination campaign. An example of this effort is Belair, a place where even the police have trouble entering and State institutions are virtually nonexistent.

Health of Border Populations and Subregional Integration

41.   Globalization and integration processes have an impact on border areas. Increasingly the crossing and exchanges of people, goods, and services are leading to the identification of common public health problems in border areas that affect large groups of people, which in turn require the participation of all countries involved. PAHO priorities to improve health in border cities include the reduction of inequities in health, by acting as a broker and advocate for joint coordinated action; development of health information exchange systems and networks; and development of health services networks to guarantee access. PAHO efforts also seek to obtain a unified epidemiologic surveillance and the continuity of treatment of communicable diseases, like tuberculosis or AIDS in sister cities. They include activities to harmonize sanitary codes and medical treatments, and to share networks of medical services. They also include coordination of health promotion programs and the development of common sanitary objectives and their incorporation in the national political agendas.

42.   In Central America, and in the context of nutrition and food security, four initiatives have been developed, which allow the use of common strategies, technical criteria, methodologies, and other operational aspects. The first initiative addresses nutrition and

food security issues in border areas; the second is related to the promotion of nutrition and food security in local government development processes and in support of programs to empower women through food production via microenterprises. The third initiative relates to TCC projects between border municipalities of Costa Rica and Nicaragua, and to local development processes in Central America and the Spanish Caribbean. The last is a subregional initiative targeting 159 border municipalities at risk from a nutrition and food safety perspective.

43.   The political landscape of the **US-Mexico** Border has changed radically in the past few years. The creation of the US-Mexico Border Health Commission has caused the reorientation of the work of multiple agencies and networks on the border; the Commission prepared a health plan with clear objectives through 2010 known as the Healthy Border Agenda 2010. The year 2004 also saw renewed coordination activities, led by the Governors Conference, to strengthen joint work under the plan. No other border area in the Americas has as many coordination mechanisms as the US-Mexico border. The initiative of Safe and Healthy Sister Cities seeks to improve inter-institutional coordination, increase community participation, and promote intersectoral work to address health issues requiring bilateral cooperation in border communities. The initiative gathers a variety of institutions with a common health objective in the US-Mexico border. For instance, the binational health councils, the US-Mexico Border Health Association, the healthy border strategy of the US-Mexico Border Health Commission, liaison mechanisms between the consulates of the United States and Mexico, and a large number of NGOs and academic institutions implementing interventions along the US-Mexico border.

44.   The Integrated Health Systems on the Border Project (SIS-Fronteras in Portuguese) was launched by **Brazil** to facilitate, support, and standardize health actions in its border areas with other countries of MERCOSUR. The project includes three stages: needs assessment and formulation of an action plan, health services in border areas, and management strengthening in strategic areas. The project will first target 69 municipalities of Brazil and the users of health services in these areas, whether Brazilian or other nationalities. A second tier of 52 municipalities will be added in a second phase.

45.   **Colombia** and **Ecuador** have held joint meetings to coordinate vaccination activities during *Vaccination Week of the Americas*. In addition, a joint four-year Health Plan for the border areas is under development, with particular attention to people displaced by conflict or poverty. A border commission established by both countries has already set priorities. There have also been meetings to coordinate activities for the control of foot-and-mouth disease on the border between Colombia and Venezuela, and a tripartite project on the Amazon basin involving Brazil, Colombia, and Peru is under study.

PHC Renewal to Strengthen Health Systems

46.   The PAHO Primary Health Care Working Group's mandate is to examine and reaffirm the conceptual dimensions of PHC as contained in the Alma Ata Declaration; to develop operational definitions relevant to PHC; and to provide guidance to countries and on how to reorient the Region's health systems and services following the principles of PHC and in the context of regional health sector reform. The Working Group held regional and country-level consultations and fostered dialogue with relevant stakeholders, including civil society and NGOs, universities, professional associations and government authorities to build consensus and establish strategic alliances for the advancement of PHC throughout the Region. The first meeting of the Working Group was held in June 2004 in Washington, D.C., and the second meeting in October 2004 in San Jose, Costa Rica. Towards the end of 2004, the Working Group produced the first draft of the position paper on the renewal of PHC, and a draft of the Regional Declaration on PHC was sent to the Member States for comments. A *Regional Consultation on the Renewal of PHC* was held in July 2005, in Montevideo, Uruguay. The objectives of the consultation were to discuss and validate both the position paper and the regional declaration, as well as to develop an action plan for the renewal of PHC across the Americas.

47.   At the national level, PHC is a top priority in **Argentina**. On the basis of its principles and as part of Argentina's overall PHC approach, the Primary Environmental Care initiative was launched. It is known in the region as an organizational strategy that leads, through the active participation of local stakeholders, to sustainable progress in addressing environmental health issues at the local and community levels. In particular, it leads to behavioral changes in the relationship between individuals and their environment. In this regard, the PAHO alliance with *Ecoclubes* continues to move forward and now includes over 170 beneficiary communities in Argentina. Through the alliance, the communities have gained access to solid waste management projects, water conservation technology, reforestation interventions, and technical assistance in the fight against dengue. *Ecoclubes* have been established in 15 provinces and staffed with over 3,000 youth volunteers. Argentina belongs to an international network of 24 countries in the Americas, Europe, and Africa, representing 12,000 volunteers organized in 500 clubs.

48.   In **Venezuela**, PHC is also the instrument to guarantee health rights to the population. The *Barrio Adentro* program represents the paradigm for human development stemming from the 1999 Constitution. *Barrio Adentro* seeks to expand coverage of basic health services in a timely and equitable manner, and with quality, to the poorest segments of the population. The municipality of Libertador in the Caracas metropolitan area was the first to launch the program. Difficulties in attracting local health practitioners to the poorest neighborhoods led to the initial collaboration of 50 Cuban general physicians, dentists, and nurses through a technical cooperation agreement with the Cuban government; the number today reaches 20,000 distributed in population areas that traditionally have been neglected. In January 2005, the program entered a second phase and is now focusing on the secondary level of care (and the construction of 600 comprehensive diagnostic centers around the

country); as well as human resources development (30,000 doctors are expected to graduate in the next 5 years) and the integration of the *Barrio Adentro* program within the public health system.

Comprehensive Public Policies to Improve the Quality of Life

49.   *Safe Environment.* The CDC, PAHO, and the EPA forged an alliance to develop and implement a joint program of technical cooperation to improve technical capacities and decision making based on evidence in the field of environmental public health across the Region. Its main objectives are: the strengthening of public institutions and civil society organizations at the national and local levels, to improving the collection and dissemination of information about the environment and health; providing technical support for research; and implementing water and sanitation programs, among others. The proposed strategies include the development of linkages among the health and environmental sectors, civil society and collaboration centers, and the search for opportunities to integrate children's public environmental health in regional and national initiatives. A regional atlas for children's environmental health is currently being prepared; it includes information relevant to decision makers, health sector and environmental professionals, and the general public.

50.   *Health Protection.* It is estimated that between 20 and 25% of the total population of the Region has no access to health care despite the fact that universal declarations signed by most countries and the national laws of many more guarantee universal access to health care. Health reform processes likewise have not been able to make progress on this issue. There is a significant gap between the state of development of national social protection systems and the legal framework that supports it. PAHO has been actively supporting countries to make some progress in the promotion of social protection in health in the Region. Activities conducted include: an assessment of its magnitude and identification of its principal causes, dialogue with international financial institutions and development agencies, and the development of a methodology and instruments to assist decision makers in the design, application, and evaluation of policies to foster social protection in health.

**Progress in Ensuring Social Protection in Health in Ecuador:
The Legal And Political Framework**

Articles 42, 43, and 456 of the Ecuadorian constitution stipulate that the State must ensure the right to free health care and the promotion and protection of health, providing continuous and uninterrupted access to health services, in accordance with the principles of equity, universality, solidarity, quality, and efficiency.

Article 12 of the Organic Law on the National Health System defines "insurance" as the guarantee of universal and equitable access by the population to the Comprehensive Health Plan, in fulfillment of the civil right to social protection in health, and provides for the initiation of this protection through the insurance plan for women and children covered under the law and programs for free maternal and child health care. At the same time, the country is promoting expansion of health care coverage through compulsory general and social security insurance for rural inhabitants and of all service provider entities affiliated with the Ecuadorian Social Security Institute (IESS) and other public insurance programs, such as the Armed Forces Social Security Institute (ISSFA) and the National Police Social Security Institute (ISSPOL).

The Law on Free Maternal Health Care stipulates that every Ecuadorian woman has the right to free health care of acceptable quality during pregnancy, childbirth, and the postpartum period, as well as access to sexual and reproductive health programs. The law also provides for free health care for newborns and children under 5, as one of the essential public health functions of the State.

Executive Decree 2345 of December 2004 gives the Ministry of Public Health responsibility for execution of all activities needed to enable access to health services for the excluded population and establishes, as a priority policy of the State, the Program for Expansion of Social Protection in Health, based on the primary health care strategy.

The national government, through the Ministry of Public Health, has designed a program for the expansion of health care coverage (PROECOS), based on the application of the comprehensive care model, with emphasis on primary health care. It has also begun developing a program for licensing of the network of services operated by the Ministry of Public Health. Through Executive Decree 2345, published in Official Journal 483 of 16 December 2004, the national government declared PROECOS a priority policy of the State. The program will be implemented in stages, starting in the country's poorest parishes and expanding gradually until coverage of 4.5 million inhabitants currently excluded from such services is achieved.

During the Second National Congress for Health and Life, held in September 2004 in Guayaquil, participants agreed to allocate greater resources for the expansion of coverage to women and children protected under the law on free maternal and child health care, extending coverage to other population groups, especially the elderly, and giving priority to the regions of greatest poverty.

51.   *Social Security*. In **Guatemala**, a social security reform through interparliamentary and national dialogue was launched. The initiative stems from the National Shared Agenda signed by all political parties, which established social security and health reform as top priorities for the period 2004-2008. The parliamentary Commission on Health and Social Security enlisted the support of PAHO and UNDP in an effort to strengthen the capacity of its members to review and propose changes to the social security law. The initiative includes a joint work program in three stages: basic concepts and lessons learned from social security reform in Latin America, a historical review of trends in the Guatemalan Social Security Institute, and a preliminary assessment of current social security needs. The work program also covers other aspects, such as citizens' dialogue; the discussion of proposals from other sectors; and a dialogue among government authorities, members of congress, and civil society. Activities to date include: studies on public and private health expenditures; position papers and joint statements on the need to raise the level of public health expenditures; the formulation of a strategic plan for the Guatemalan Social Security Institute; dialogue with major stakeholders, including labor unions; and formulation of a proposal for social protection in health for the indigenous people.

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Mental Health Reform in Mexico

PAHO is working with Mexican national health authorities to establish community-based mental health services that will enable persons with mental disorders to effectively exercise their right to care and rehabilitation.

Active inclusion of mental health in health policies is being promoted through efforts to encourage the development of schemes to facilitate access and substantially improve coverage, promote human rights and destigmatization, and foster continuity of care and effective reintegration of people with mental health disorders into their normal environment. This requires the creation of interdisciplinary teams, intersectoral work, and the inclusion of non-traditional partners, as well as the involvement of neighbors, families, and social leaders, among others. The aim is to promote respect for and integration of people who are "different" in general, applying a socio-sanitary approach.

To support the process of mental health reform in Mexico, PAHO has taken part in numerous public events organized by universities or human rights agencies in Mexico City and various other places around the country. The Organization is also lending support for the preparation of press releases directed at the mass media. In addition, PAHO has been instrumental in mobilizing experts from other countries to collaborate in situation assessments in the various Mexican states, the recommendations of whom are then submitted to Mexican authorities.

The creation of a national movement to mobilize and consolidate political support for the reform is also being encouraged, involving associations of users and family members, associations of indigenous women, and professional associations. This work is aimed at establishing and strengthening such groups at the local and national levels.

Other initiatives under way target lawmakers, with a view to bringing about legislative reform, and mayors and governors, in order to obtain their effective commitment. Another area of activity is promotion of the development of strategies for work at the local level through the active involvement of nongovernmental organizations, religious leaders, law enforcement officials, teachers, and trade associations.

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52. *Health and Tourism.* At the beginning of 2005, the government of the **Dominican Republic** created the National Commission on Health and Tourism (CONSATUR in Spanish) as part of the National Health and Tourism Plan, which aims to provide comprehensive health care to everybody involved in the tourism sector. The tourism sector is one of the main sources of income for Dominicans and has been recently affected by outbreaks of disease which have caused millions of dollars in lawsuits and lost revenue due to massive cancellations. This alliance between the public and private sectors will allow the early detection of imported diseases, as well as the coordination and monitoring of health

actions for the prevention and control of malaria. The plan will also provide training for health care providers at tourist centers around the country.

Office of Caribbean Program Coordination
Caribbean Commission on Health and Development

The Caribbean Commission on Health and Development (CCCHD) was established at the request of the Caribbean Heads of Government as one of the components of the Nassau Declaration on Health, July 2001. The major product of the CCHD is a report based on the commissioning of special papers; technical consultations; policy roundtable discussions; presentations by the Chair to the CARICOM Council on Human and Social Development (COHSOD), the CARICOM Caucus of Ministers of Health, CARICOM Heads of Government, and the Caribbean Forum for Development; presentations to Caribbean cabinets by a selected group of commissioners and Secretariat personnel; advocacy and communication sessions to expand knowledge to the wider Caribbean community; a formal Launch of the Report of the Caribbean Commission on Health and Development; and in-country initiatives to foster the adoption of the policy recommendations made in the final CCHD Report.

Eastern Caribbean Cooperation Strategy

During 2004, the Office of Caribbean Program Coordination conducted a series of consultations with the governments of the Members and Associated Members of the Organization of Eastern Caribbean States,[1] Barbados, development and donor partners, civil society and nongovernmental organizations with a view toward developing the Eastern Caribbean Cooperation Strategy (ECCS). This initiative will guide the technical cooperation (TC) to be provided by the entire WHO system and is in keeping with the WHO Country Focus Initiative to enhance performance at the country level.

The ECCS was developed based on the (a) needs, interests, and expectations of the countries focusing on health and development challenges; (b) PAHO/WHO policy framework; and (c) work of other development partners, especially their activities and approaches. The ECCS should assist the countries in improving their management of development cooperation in the health sector, and contribute to the achievement of the various global, regional, and subregional initiatives defined by the Millennium Development Goals (MDGs), PAHO/WHO strategies, the Caribbean Cooperation in Health Initiative (CCH), the Organization of Eastern Caribbean States Development Strategy (OECS) and the United Nations Development Assistance Framework (UNDAF).

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53.   *Access to Essential Medicines.* Timely access to essential drugs at low cost is one of the central issues in the Region. The main obstacles facing the Member States are selection of quality products, financing, cost containment, copyrights and patents, and the

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[1] The OECS membership comprises Antigua and Barbuda, Dominica, Grenada, Saint Lucia, Saint Christopher and Nevis, Saint Vincent, and the United Kingdom Overseas Territories (UKOTs) of Anguilla, British Virgin Islands, and Montserrat.

management of supplies. PAHO is assisting in this endeavor through the regional program. The program supports the development of drug policies that promote equitable access and the use of a methodology to monitor performance. It promotes the use of generic products and other strategies to contain costs and minimize copyright infringement. At the same time, it supports the strengthening of supply and procurement systems. The program works in collaboration with other U.N. agencies, centers, national and local authorities, and NGOs around the Region. PAHO has been instrumental in the negotiation of antiretrovirals in two rounds of regional negotiations held in Peru and Argentina, where 11 countries participated.

Disability Prevention and Rehabilitation

Within the framework of the National Social Health and Development Plans, PAHO has collaborated closely with the countries of the Region to formulate and draw up national policies and plans to include disability issues and reach the objective of equalizing opportunities. The following countries are currently formulating or reviewing their respective plans: Panama, Bolivia, Honduras, Guatemala, Venezuela, Paraguay, and the Dominican Republic. Plans have already been drawn up in Colombia, Nicaragua, El Salvador, Cuba, Argentina, Chile, and Ecuador.

PAHO has been collaborating with Peru's National Institute of Rehabilitation to develop a Disability Information System for its Health Information Systems to profile the changing demographic models of the causes and types of disability and to identify the necessary interventions. This program can be modified to meet other countries' needs and has been validated in Peru, Venezuela, Nicaragua, Brazil, El Salvador, and Honduras. Moreover, specific disability studies in the general population have been promoted in: Nicaragua, Chile, El Salvador and more recently, Panama. At the same time, application of the methodology for analyzing the situation of people with disabilities has begun. These studies have been concluded in Costa Rica, Chile, and Panama and are currently under way in Nicaragua, El Salvador, and Bolivia.

In light of the Region's critical inequities in access to rehabilitation in the health services, PAHO has actively promoted and adopted the Community-Based Rehabilitation (CBR) strategy to respond to the need for greater coverage of rehabilitation services and the promotion of equal opportunities for people with disabilities. PAHO has had success in this area, providing technical assistance in the application of CBR strategies in the following countries: Colombia, Argentina, El Salvador, Honduras, Nicaragua, Uruguay, Paraguay, Bolivia, and Guatemala. Furthermore, to collaborate with these countries, CBR strategies have been expanded in the indigenous areas of Venezuela, Guyana, Peru, Bolivia, Panama, Honduras, and Nicaragua as well as periurban areas in Mexico, Peru, Brazil, and Venezuela.

The worldwide movement to ban landmines has promoted cooperation among Canada, Mexico, and PAHO to prepare a plan of action to support the survivors of antipersonnel landmines and other people with disabilities in Central America. The Tripartite Initiative is a fully operational program in El Salvador, Honduras, and Nicaragua.

Facing New Challenges Together

The Fight against HIV/AIDS

54.   The "3 by 5" Initiative is an opportunity to renew PAHO's commitment toward halting and reversing the HIV/AIDS epidemic in the Region through concerted efforts and partnerships with governments, civil society, people living with HIV, and major bilateral and multilateral organizations. In January 2004 a task force was established with representatives from Member States, PLWA, external partners, and PAHO/WHO staff from

headquarters and the country offices. The task force reviewed the global initiative and proposed the way forward for the Region through five strategic orientations.

55.   In January 2005, a Technical Advisory Committee (TAC) on HIV/AIDS/STI met for the first time in Boca Chica, Dominican Republic, together with member countries and several development partners. The TAC, consisting of recognized experts from the Region, provided a set of recommendations. These recommendations are actively monitored by the TAC, and feedback is provided on an ongoing basis to PAHO's Governing Bodies. With additional resources mobilized with the "3 by 5" Initiative through WHO, financial and human resources have been decentralized to countries to ensure effective implementation of this strategy. To date, 80% of member countries are implementing a work plan using assigned resources to strengthen the health sector response and create synergy with other existing resources. The recruitment of new staff to strengthen PAHO's response was accelerated at the regional level and in priority countries.

56.   In the Caribbean, the "3 by 5" Initiative strengthened the harmonization of PAHO/CAREC resources through regular consultative, monitoring and evaluation meetings with partners. This enhanced collaboration has resulted in significant changes in strategies and processes, including PAHO/CAREC participation as a sub-recipient of the PANCAP-Global Fund project and the PANCAP World Bank Project. Trinidad and Tobago has embarked on the implementation of a five-year strategic plan, for which a National AIDS Coordinating Committee was appointed by the Cabinet. HIV/AIDS has been addressed as a developmental issue in Vision 20/20—a process whose fundamental purpose is to transform the country into a developed society by the year 2020.

57.   Addressing HIV/AIDS has required expanding the scope of technical cooperation related areas with particular emphasis on common sexually transmitted infections (CSTIs), sexual reproductive health, targeting youths, HIV/AIDS prevalence, high teen pregnancy rates, and women in light of the growing trend of infection among this population group largely through heterosexual transmission. PAHO/WHO has forged a sustainable partnership with community groups and national health authorities with a renewed approach that recognizes the need to revisit core issues such as policy framework, synergy of interventions, enhancing competencies, resource mobilization, strengthening of prevention interventions, and health promotion at the community level and institutional strengthening. One-third of PAHO Member States have now signed agreements for participation in the Regional Revolving Fund for Strategic Public Health Supplies established in 2000, which links technical processes in the supply management of strategic public health products with product procurement. At the end of 2004, participating countries have used the mechanism to purchase $18 million worth of essential public health supplies. In 2005, Brazil, Guatemala, Honduras, and Nicaragua also enjoyed the benefits of the Strategic Fund.

58.   The Regional Directors Group (RDG) of the UNAIDS Co-Sponsoring Agencies and the Secretariat, established in 2003, represents a promising high-level mechanism to

reinforce and coordinate United Nations action in support of national responses to HIV/AIDS. A key decision adopted by the RDG during its 3-4 March 2005 meeting at PAHO Headquarters was to launch in the coming months a process for harmonizing and aligning international cooperation on HIV/AIDS in Latin America and the Caribbean. This process calls for the participation of national authorities; key bilateral, multilateral, and international financial institutions; foundations; and global health and development initiatives. As a first step in this direction, the RDG met with the President and senior staff of the IDB, as well as with representatives of several U.S. agencies, including the State Department's Office of the U.S. Global AIDS Coordinator, USAID, and the U.S. Department of Health and Human Services/CDC. This meeting generated a political and strategic dialogue that augurs well for a future harmonization process.

59.   PAHO's added value in facilitating dialogue among development partners, governments, and civil society has been recognized as a powerful instrument to foster the HIV/AIDS agenda in the Region. Its capacity to mobilize a range of technical expertise within countries and from other regions has been instrumental in the development of action plans and the implementation of important strategies. The experience gained has been used to foster harmonization and collaboration in the Region. In 2005 PAHO initiated the process for the formulation of a *Regional Plan for HIV/AIDS 2006-2015*, which seeks to enhance country and regional efforts to halt and reverse the HIV/AIDS epidemic, in line with the MDGs.

Special Summit of the Americas in Nuevo Leon, Monterrey, Mexico

In January 2004 at the Special Summit of the Americas in Nuevo Leon, Monterrey, Mexico, Heads of Government of Latin America and the Caribbean signed a commitment to the goal of universal treatment with antiretroviral therapy (ART) for all those who need it as soon as possible, and for at least 600,000 people needing treatment by the next Summit in 2005. Also, in September 2004, Member States adopted Resolution CD45.10 supporting scaling-up efforts to treat HIV/AIDS/STI within the context of a comprehensive response to the epidemic.

Thanks to the political commitment of governments and an extraordinary mobilization of human and financial resources, including those of the Global Fund, PEPFAR and the World Bank, by the time the Fourth Summit of the Americas is held, the target of treating 600,000 individuals needing ART will be met, and exceeded. At the end of June 2005, the estimated number of people receiving treatment in Member States, including Canada and the United States, was 622,275. Practically all countries substantially increased treatment coverage from January 2004, when the commitment was announced. In LAC, 108,415 new treatments were initiated in this period, as the number of people under treatment rose from 196,000 to 304,415. This robust and steady increase was possible because of the high level of commitment and intensified action of countries in the Region, and heightened support from development partners.

Inter-American Coalition for Violence Prevention

60.   Violence in the Americas is a growing phenomenon and a serious threat to public health. Latin America is one of the most violent regions in the world, with a homicide rate three times that of the rest of the world and an estimated 75% of the world's kidnappings. The extremely high levels of violence have a negative impact on development potential as they are obstacles for the social and economic development and well-being of peoples in the Americas. By promoting a comprehensive strategy of violence prevention, based on well-tested public health approaches, the Inter-American Coalition for the Prevention of Violence (IACPV) has helped to find cost-effective, rights-respecting solutions to the challenges posed by high levels of violence. PAHO, through its ongoing support to the IACPV and its hosting of the IACPV Secretariat, has been a leader in this initiative.

61.   The IACPV was launched in June 2000 as an innovative partnership of bilateral and multilateral development organizations. The IACPV has highlighted two specific priorities for 2005-2006: youth and gang violence and municipal-level violence prevention. The IACPV manages a USAID-funded project working on monitoring municipal violence indicators, promoting municipal violence observatories, and implementing municipal violence prevention plans in six Central American countries. The IACPV has had a significant impact throughout Latin America. Most noteworthy is the growing acceptance of violence prevention as a critically important tool in finding positive solutions to the increasing levels of violence throughout the Americas.

62.   At the subregional level, GTZ and PAHO have developed a Project for Youth Development and Violence Prevention in six countries of the Region (Argentina, Colombia, El Salvador, Honduras, Nicaragua, and Peru). Its purpose is to promote the participation of youth in the management of youth development programs. With the collaboration of other relevant sectors, the project seeks to incorporate an approach to violence prevention into public policy and to support knowledge transfer and intra-regional exchanges on youth and violence prevention. In Colombia, the project has identified local experiences in violence prevention with youth participation in an effort to systematize lessons learned, knowledge, and youth practices.

63.   In **El Salvador**, the *Intra-family Violence Initiative* (VIF in Spanish) seeks to consolidate a comprehensive model for violence prevention within the health sector and to expand its application to more communities. Current activities focus on the establishment of local networks, strengthening social participation and intersectoral coordination, and the identification of intervention strategies on violence prevention from an institutional perspective. Emphasis has been placed on the use of gender as a cross-cutting issue in the formulation and monitoring of health plans and programs.

64.   In **Jamaica**, the Violence Prevention Alliance (VPA) is a network of governmental, nongovernmental, private, and international organizations committed to the prevention of interpersonal violence and to improvement of victim services within the framework of the *WHO's World Report on Violence and Health*. The alliance does not implement programs or deliver services, but encourages individual alliance participants to conduct activities that are consistent with its mission. VPA activities aim to facilitate the development of policies, programs and tools to implement the recommendations of the WHO's report in Jamaica, and attempt to strengthen sustained, multisectoral cooperation around this shared vision for violence prevention. In an initial phase, the VPA has established two working groups Behavior Change Communication and Education, and Safe Community Intervention. Since VPA's inception, Violence Free Day during Bob Marley Memorial Day in February 2005 has been promoted, and Safe Communities Criteria have been developed and endorsed by 15 communities, as a way of encouraging communities to strive to achieve and maintain a peaceful coexistence.

New Rules to Confront Global Health Challenges

65.   The International Health Regulations (IHR) have been revised to address the threat posed by the emergence and resurgence of infectious diseases and the heightened risk of their international spread caused, in particular, by the growth of commercial air transport and trade. The experiences following the emergence and rapid international dissemination of severe acute respiratory syndrome (SARS) in 2003 and the detection of human transmission of a highly pathogenic avian influenza virus in 2004 have given concrete

expression to these threats and risks. The new text in IHR-2005, adopted by the 58th World Health Assembly, will adequately orient the international public health community on a code of conduct when facing public health emergencies of international concern.

66.   PAHO has successfully taken the opportunities presented by the regional integration systems activities to harmonize policies and practices related to the transborder movement of people, conveyances, and goods, as a means to reducing associated public health risks. Four subregional consultation meetings were conducted: in Rio de Janeiro, Brazil (the Southern Common Market (MERCOSUR) and the Andean Community countries); in Boca Chica, the Dominican Republic (Central American countries, Dominican Republic (RESSCAD) and Cuba); Saint George's, Grenada (English-speaking Caribbean countries); and Ottawa, Canada (Canada, Mexico, and the United States of America). Representatives from transport, agriculture, foreign affairs, and food safety sectors were present. The results were instrumental in preparing the ground for the Inter-Governmental Working Group that met in Geneva.

MERCOSUR Health Information and Communication System

As part of the common projects and plans of the Meeting of Ministers of Health of MERCOSUR and its Associated States (Bolivia and Chile) and entities, Coordination Unit No. 1, known as the "MERCOSUR Health Information and Communication System," has been created.

The objectives of the MERCOSUR Health Information and Communication System include the design, preparation, establishment, and maintenance of a health information and communication system to serve the participating organs and bodies of MERCOSUR, as well as the general public, promoting coordination and integration among the Member and Associated States and the sharing of data, information, and experiences.

Its principal functions include the identification of information systems and the systematization of data collection and processing; the identification of priority information on and resources for integration of the information systems, health education and communication in the Member and Associated States; the identification and dissemination of important activities, especially in the areas of distance learning in health, popular culture as a vehicle for health messages, social marketing, training programs, community mobilization, etc.; the promotion of activities in each Member or Associated State, such as printed, audiovisual, and electronic records, mobile training workshops and international meetings; the establishment of a regular flow of continuously updated health information; and definition of the profile of professionals who work in these areas.

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67. With PAHO support, ministries of health established national working groups with broad institutional representation comprised of all interested parties such as foreign affairs, agriculture, commerce, and tourism. In addition, the MERCOSUR and Associated State Parties organized, with PAHO support, two remarkable consensus building events to which Andean countries were invited. Two white papers were produced, known as the Montevideo and the Buenos Aires Declarations. The adoption of IHR-2005 represents both challenges and opportunities for Member States and the Organization in the years to come. Fulfilling the IHR-2005 obligations requires maintaining or enhancing public health infrastructures for core capacities on surveillance and response and at ports, airports, and ground crossings, and coordinating with other sectors with a stake in the IHR such as trade, transport, foreign affairs and agriculture to prepare and respond to national and international emergencies of public health importance.

Central American and Dominican Republic Water Supply and Sanitation Forum

Within the framework of the XX RESSCAD, the Central American and Dominican Republic Water Supply and Sanitation Forum (FOCARD-APS) was held in Boca Chica, Dominican Republic on 7 July 2004. The agencies responsible for regulating water supply and sanitation in the member countries participate in this permanent mechanism for sectoral coordination. The creation of FOCARD-APS marked the culmination of a very constructive process launched at the XII Meeting of the Council of Central American Ministers of Health (COMISCA) in 2000 as an expression of their concern about the situation of the water supply and sanitation sector (WSSS).

Furthermore, the formal establishment of FOCARD-APS as a body of the Central American Integration System (SICA) opens up a new stage in the development of the WSSS in the Region, since it institutionalizes the Forum, giving it formal regional political representativeness that strengthens it and makes it the authorized intermediary with all national and international bodies associated with WSSS services.

The 1st Meeting of the Board of Directors of the Central American and Dominican Republic Water Supply and Sanitation Council (CONCARD-APS), held in San Salvador in November 2004, ratified the creation and constitution of FOCARD-APS and the monitoring of activities related to Forum operations. On 20 July 2005, the meeting preparatory to the Second Central American and Dominican Republic Water Supply and Sanitation Forum was held to draft the proposal for the Forum and follow up on the agreements reached at the meeting of the First Forum and first CONCARD-APS.

Throughout this process, PAHO's Sustainable Development and Environmental Health Area figured prominently in the creation of the conceptual model of the FOCARD-APS proposal and in its contribution to the technical development of its structure and operations.

Some of the technical activities agreed to in the Forum and reconsidered at the preparatory meeting for the Second Forum to buttress the sector in the Region are: a workshop on standardization of basic concepts fundamental to the water supply and sanitation sector, monitoring of the Regional Plan for the Prevention and Reduction of Vulnerability in the Water Supply and Sanitation Systems of Central America and the Dominican Republic, a workshop on the drafting of general guidelines for the preparation of rural water supply and sanitation plans, and a workshop on Support for the Reform and Modernization of the WSSS in Central America and the Dominican Republic.

68.   Regarding tobacco control, it is a public health issue that requires alliances between governments and civil society, strong and creative enough to counter the aggressive lobbying activities of tobacco companies. PAHO's role as a broker and participant in these alliances has required a delicate balancing act in order to ensure the continued trust and goodwill of key players. With the WHO Framework Convention on Tobacco Control

(FCTC) in particular, the uncharted process of treaty development presented challenging situations. Larger and more focused multilateral and bilateral efforts are needed to continue to secure and develop the extraordinary public health achievements in tobacco control seen in the last year.

Diagnostic Imaging and Radiation Therapy Services

Conventional diagnostic radiology—basic and specialized—, interventional radiology, sonography, and diagnostic and therapeutic nuclear medicine currently play an essential role in clinical health care processes. Cancer is the second leading cause of death in the majority of countries in the Region, and it is internationally acknowledged that radiation therapy will continue to be key to its treatment in the coming decades. Compared with other therapeutic modalities, the costs per patient treated are relatively low if the equipment is used optimally.

In 2004, PAHO was very active in promoting, organizing, and sponsoring educational activities such as the Workshop on Technology Management and Clinical Engineering in Nicaragua, the XI World Congress of the International Radiation Protection Association in Spain, the international event marking the 70th anniversary of the National Oncology Institute in Colombia, and the III Ibero-Latin American and Caribbean Congress on Medical Physics in Brazil. In addition, a regional initiative for training radiologists in ultrasonography was implemented with cooperation from the Jefferson Ultrasound Research and Education Institute of the United States, a PAHO/WHO Collaborating Center.

At the request of the health authorities, all radiation therapy services in the Bahamas, Costa Rica, and Nicaragua were evaluated. Also launched was the LXXV Project of the Regional Cooperation Agreement for Latin America (ARCAL) of the International Atomic Energy Agency (IAEA). This project, known as Determination of Guidance Levels for Conventional and Interventional Radiology, involved 11 countries. In addition, Costa Rica and El Salvador received technical assistance for the introduction of technology in the fields of diagnosis and radiation therapy.

Protection against Radiation Risks

The advantages and risks of radiation in medical, industrial, or research applications are well known. The high potential health risk that its use involves makes it necessary to adopt special radiation protection measures for patients, workers, the public, and the environment.

The international organizations with expertise in this area, PAHO among them, adopted the International Basic Safety Standards for Protection against Ionizing Radiation and for the Safety of Radiation Sources, endorsed by the 24th Pan American Sanitary Conference (Resolution CSP24.R9), as a regulatory instrument. In 2004, regulations and legislation were reviewed and proposals were sent to Bahamas, Honduras, and Panama.

With respect to patient safety, in 2004 more than 110 radiation therapy units in the Region were verified through the joint IAEA/PAHO program for dose verification through postal dosimetry. PAHO assumed the secretariat of the Interagency Committee on Radiation Safety (IACRS), one of the international committees in which the Organization participates as a member at the world level.

69.　　In addition to **Brazil**, **Canada**, and the **United States**, which started in 2004 having strong tobacco control policies in place and have continued strengthening them, 19 countries of the Americas have taken measures to improve tobacco control. Eleven countries have adopted local or national smoke-free policies, 9 have adopted labeling measures compatible with the provisions of the FCTC already implemented in Cuba and Venezuela, 7 have adopted significant measures to ban tobacco promotion yet to be implemented, and 3 countries have raised taxes on tobacco products, although increases were minor. Uruguay is the country that most quickly and comprehensively intensified its tobacco control efforts during the reporting period.

70.　　PAHO has worked on tobacco control with two priorities in mind: the FCTC and the Smoke Free Americas initiative. Both priorities reinforce each other by strengthening government and civil society capacities and political will to implement effective tobacco control measures. As of July 2005, nine countries in the Americas had ratified the FCTC—Canada, Chile, Honduras, Jamaica, Mexico, Panama, Peru, Trinidad and Tobago, and Uruguay—and at least three others had approved ratification—Bolivia, Guatemala, and Venezuela. Creative partnerships and collaborative efforts within and between governments, intergovernmental organizations, and NGOs have stemmed from these efforts to accomplish the adoption of the FCTC in the Americas and its subsequent implementation.

71.　　Similarly*, Smoke Free Americas* has brought together representatives from national and local governments and from NGOs to take part in PAHO planning workshops for nine countries. The planning process involved a broad cross-section of civil society, including not only health groups and ministries, but also teachers' unions, academics, environmental organizations, labor groups, and members of the media. The participation of civil society in the process of discussing the FCTC and planning smoke-free environments was important. The process helped to bring new NGOs from the Americas into tobacco control, reactivated others, and opened up dialogue between NGOs and governments from the same country, in many cases for the first time. (These included multiple NGOs in Canada and the United States; 33 organizations and coalitions representing civil society in 17 countries of Latin America and the Caribbean, most of them under the umbrella of the Framework Convention Alliance (FCA); an international coalition of more than 200 NGOs from more than 60 countries; and the guidance of the Inter-American Heart Foundation). In addition, more than 520 organizations of health professionals in 30 countries from throughout the Americas joined together to support tobacco control activities

72.　　In **Argentina**, PAHO has been supporting the work of the Argentine Anti-tobacco Union (UATA in Spanish), which represents 239 professionals, members of academia, activists, and 58 professional associations. For the Tobacco-free World Day 2005 celebration, the alliance published the results of a national poll of medical students carried out with the support of the CDC. The alliance also published the book *Tobacco Consumption in Argentina, Disease, Incapacity, and Death* and with PAHO's support, the

alliance assisted the Ministry of Health and the Environment in the promotion of new legislation and the ratification of international agreements. Members of the alliance have also testified before congressional panels and given interviews to the media in the provinces of Buenos Aires, Mendoza, Rio Negro, and others to raise the local profile of the fight against tobacco consumption.

73.   Facilitated by PAHO, Governments of the Americas, such as **Canada** and **Venezuela**, and **Guatemala** and **Honduras** are also collaborating bilaterally on tobacco control. Governments of MERCOSUR and associates, with the participation of PAHO, are also working together to implement a common action plan to reduce tobacco use. Joint tobacco surveillance efforts are under way in all countries of the Americas thanks to the collaboration of all governments of the Region coordinated by PAHO and with the support of the CDC, the Canadian Public Health Association, the National Institute of Public Health of Mexico, and other collaborating centers, such as the National Cancer Institute of Brazil and the Johns Hopkins University. In the Smoke-Free Environments initiative, PAHO has actively brought NGOs and governments at various jurisdictional levels together to promote smoke-free environments.

Technical Cooperation among Countries (TCC): An Effective Tool for Intercountry Alliances

74.   In good measure, as a result of PAHO's work with the countries over the past century, they have attained a level of competence in health that enables them to cooperate directly with each other and to reap the fruits of technical excellence throughout the hemisphere. Technical Cooperation among Countries (TCC), the strategy launched by PAHO in 1998, seeks to help build capacities, to develop human resources, and to strengthen institutions in the countries. It also aims to strength inter-country relations and increase technical and scientific exchanges among countries.

75.   TCC projects are a concrete example of the benefits brought about by forging partnerships for health. During the 2004-2005 period, more than 65 projects have been presented to the Secretariat. These projects involve the majority of the countries in the Region, and it is important to highlight that, though the ministries of health remain the primary responsible parties, in the last few years there has been a tendency to diversify the number of actors and institutions, both at the national and local levels. Today these actors include academic and collaborative centers, other sectors (agriculture, education, and women's affairs), municipalities, civil society organizations, and professional associations. During this biennium, TCC projects have been primarily focused on sustainable development and intersectoral interventions, sanitary information and technology, universal access to health services, risk management and disease control, and family and community health.

76.   Most of the TCC projects pertain to sustainable development and intersectoral interventions, as there is a marked trend towards the inclusion of health on the international development agenda. For example, **Brazil** and **Cuba** have developed a project on surveillance and environmental health, focusing on best practices in water quality assurance for human consumption and in which Brazil is benefiting from Cuba's extensive experience during national emergencies and disasters and in setting up national laboratories, and Cuba benefits from Brazil's experience in the detection of bacteria and toxins.

77.   **Argentina, Canada**, **Chile**, and **Uruguay** are focusing their TCC on the development of comprehensive long-term care policies for the elderly. The aim of this project is to strengthen their technical capacity and knowledge to plan, design, implement, and monitor comprehensive policies addressing the needs of this population group. Progress has been made in both the Southern Cone and Canada, but there is still a need to develop accreditation protocols and classification norms for retirement homes and other geriatric facilities, and to develop community-based alternatives for the care of the elderly and incapacitated.

78.   **El Salvador**, **Honduras**, and **Nicaragua** are participating in a project for the integrated development of their respective populations along the Gulf of Fonseca corridor. The project seeks to strengthen local capacity through health promotion and prevention interventions to raise sanitary and nutrition levels in these border communities. The TCC project provides technical assistance and training in local organization, participatory project formulation and project management, and supports the development of macro productive projects and community surveillance projects.

79.   **Dominica**, **Saint Lucia**, **Saint Kitts and Nevis** are collaborating with **Barbados**, **Bahamas**, **Trinidad and Tobago**, and **Jamaica** in the construction of a surveillance network for their ports. The project seeks to expand the successful experience of these countries and focuses on public health risk reduction associated with the traffic of both persons and goods. The project includes the construction of a common system of surveillance and control to prevent the importation of pathogens, among others. It includes the evaluation of port-based health programs in the participating countries and forging political alliances and adopting common guidelines to support their regulatory systems.

80.   **Haiti** and **Uruguay** are working together to address Haiti's sanitary emergency. The project seeks to strengthen Uruguay's participation in the U.N. peacekeeping force and focuses on two areas: incorporation of two Uruguayan health teams, and support for the design and implementation of a large-scale sanitary project to be funded by multilateral institutions.

81.   In the area of sanitary information and technology, **Argentina** and **Venezuela** are collaborating on a project to strengthen their surveillance of antibiotic resistance. **Barbados**,

the **British Virgin Islands**, **Guyana**, **Jamaica**, **Saint Vincent and the Grenadines** are implementing a common perinatal information system with the support of the University Hospital of the West Indies and the Latin American Center for Perinatology and Human Development (CLAP). With regards to universal access to health services, **Costa Rica** and **Mexico** are collaborating on an exchange of information and of technical cooperation on medical arbitration, with a particular focus on the quality of health services and surveillance systems, among others.

82.   In the areas of family and community health, **Cuba**, **the Dominican Republic**, and **Panama** are participating in a project to strengthen the mental health component in primary care services. The project focuses mainly on the exchange of experiences and technology, particularly in the reorganization of mental health services and through enhanced PHC. **Colombia** and **Ecuador** are collaborating on a project to improve health systems in the metropolitan areas of Quito and Bogotá. The project focuses mostly on violence prevention and safety.

83.   The diversity and quality of current TCC projects demonstrates the benefits to other countries of existing capacities and experience in the Region. TCC projects are generating a wealth of knowledge, improving relations between countries, and strengthening national development processes, which in turn are contributing to the solution of common problems, promoting intersectoral coordination, and the formulation of sound public policies.

LIST OF TCC PROJECTS AND PARTICIPATING COUNTRIES IN THE PERIOD 2004-2005

Participating Countries	Project	Participating Countries	Project
ARG-BOL	Development of IMCI as a thematic area in the virtual libraries of pediatrics societies	ARG-CHI-URU-CAN	Integrated long-term care for the elderly who have lost autonomy
ARG-NIC	Characterization and studies of the cloning capacity of *Vibrio cholerae* and *Escherichia coli*	ARG-VEN	Strengthening of antibiotic resistance surveillance
BAR- BAH DOM- JAM-SAL-SCN-TRT	Health surveillance system in ports	BAR-BVI-GUY-JAM-SAV	Establishment of the perinatal information system
BLZ-COR	Transfer of knowledge and experiences in the areas of healthy agriculture and food safety	BLZ-JAM	Strengthening of national food safety programs
BOL-COL	Strengthening of public health surveillance of pesticides	BOL-CUB	Sharing of experiences on the integration of traditional medicine in national health systems
BOL-PAR	Control of foot-and-mouth disease	BRA-CHI	Strengthening of the cultural heritage
BRA-COR	Strengthening of national models for promoting and protecting the health of indigenous peoples	BRA-CUB	Project on health and environmental surveillance
COL-CUB	Improvement of the coverage and quality of the information system on perinatal maternal mortality	COL-ECU	Systematization and sharing of experiences in the organization and management of decentralized health services for indigenous populations
COL-ECU	Systematization of experiences in healthy policies and strengthening of the health system in metropolitan areas of Quito and Bogotá	COL-ELS	Water and sanitation in emergencies
COL-ELS	Systematization and sharing of experiences in the establishment of community-based rehabilitation strategies	COR-MEX	Exchange and cooperation in health in the field of medical arbitration
BAH-CUB	Strengthening of support services for health care delivery in the Bahamas	CUB-DOR-PAN	Strengthening of the mental health component of primary health care
CUB-ECU	Governance opportunities and resources to promote sustainable development and the quality of life	CUB-HON	Clinical, epidemiological, and microbiological surveillance of human leptospirosis
CUB-NIC	Epidemiological and entomological surveillance of dengue and malaria in Nicaragua in the context of the dengue emergency	COR-ECU	Integrated health care model

LIST OF TCC PROJECTS AND PARTICIPATING COUNTRIES IN THE PERIOD 2004-2005 *(cont.)*

Participating Countries	Project	Participating Countries	Project
ELS-GUT-NIC	Restructuring of services and formulation of a community-based mental health model	ELS-HON-NIC	Development of the Social Corridor in the Gulf of Fonseca
ELS-GUT-HON	Prevention and control of Chagas' disease transmission	GUT-MEX	Reduction of canine rabies transmission risks in the border area
HAI-URU	Health emergency in Haiti	HON-NIC	Rehabilitation of divers disabled by acute decompression syndrome in the Mosquitia area
NEA-VEN	Development of the situation room for health services management	COR-PAN	Strengthening of epidemiological surveillance through the information and communication network of the border area
PAR-URU	Strengthening of the activities of MERCOSUR's Working Group 11 on Health.		

Joint Action in Disaster Preparedness, Mitigation, and Response

84.   Disasters transcend geographical and political borders. When a disaster strikes, its effects generally extend to more than one country and throughout the health sector. Consequently, disaster preparedness, mitigation, and response activities need to be broached from a regional perspective and in conjunction with partners. During 2004, there was a marked increase in formal subregional cooperation agreements that encompass disaster preparedness and mitigation, as a result of initiatives that were implemented in the recent past. This process is particularly important because it strengthens the position of the Ministry of Health and gives legitimacy to the need to address and reduce the consequences of disasters on the health sector. One successful strategy was to support subregional integration mechanisms in order to include health disaster preparedness and response on the political agendas of other sectors. As a result of this approach, Central American nations approved a subregional *Disaster Plan for the Health Sector* in 2003. Within this framework, in 2004 these countries expanded their cooperation to include other issues.

85.   Another topic that contributed to reinforce technical cooperation among countries was the management of hazardous materials. This issue has been promoted through regional courses organized in Sao Paulo, Brazil by CETESB[2], the PAHO/WHO Collaborating Center for chemical emergency preparedness and response. A group of former Panamanian participants in this course, with the support of PAHO, developed a national initiative that evolved in 2004 from a Panama-PAHO-CETESB initiative to a Central American Plan—

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[2] CETESB - Companhia de Tecnologia de Saneamento Ambiental, da Secretaria de Estado do Meio Ambiente do Governo do Estado de São Paulo. (www.cetesb.sp.gov.br/emergencia/emergencia.asp).

from a one-country health issue to a multisectoral Central American integration commitment. The interest of the ministers of health progressively involved the institutions responsible for environmental management at SICA.[3] After several months of negotiation and sharing of experiences promoted and supported by PAHO, the ministers of health of Central America and the Dominican Republic approved the Subregional Plan for Integrated Management of Hazardous Materials. This agreement includes the participation of the secretaries of agriculture, secretaries of environment, and the UNITAR[4] chemical and waste management program.

86.   As in previous years, the mission of the Regional Disaster Information Center (CRID) continued to expand beyond its original mission to gather and disseminate disaster-related information. In 2004, CRID consolidated alliances with several external partners including the National Library of Medicines (NLM), DIPECHO, the Caribbean Disaster Information Network (CARDIN), the University of West Indies, the Regional Health Sciences Information Center (BIREME), and the ministries of health and national emergency commissions in the Americas, all of which allowed CRID to expand its distribution network at relatively low cost.

The Interagency Logistics Support System Serves as Coordination Tool

The LSS software (developed on the basis of the original UNJLC and SUMA systems) looks specifically at coordination functions (both at national and international levels) that are not addressed by other commodity tracking systems developed or contracted by larger humanitarian actors. LSS can serve as an inventory control tool for smaller agencies (including national institutions) that cannot afford the cost or human resources required by the existing commodity tracking systems. LSS has two components, a Windows–based application that can work as a stand-alone or network module and a Web-based application. The use of either application or a combination of both will depend on the situation in a given emergency and the available resources. LSS can work with data entered directly into the database or with information collected from other tracking systems. (Data on certain uncommon items will have to be entered manually.)

87.   At the national level, because of the multiple humanitarian actors and efforts under way in **Colombia** to address issues related to health and displacement, a Humanitarian Action Plan was developed in 2004. The plan is a joint effort of the Government of Colombia, civil society humanitarian groups, donors, and the U.N. system to contribute, in a coordinated manner, to the response to the health needs of at-risk populations living in these conditions.

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[3] The Central American Integration System.
[4] United Nations Institute for Training and Research.

88.   For more than 20 years, the Swiss Cooperation (COSUDE) has worked in rural areas of **Peru** to build or rehabilitate water and sanitation services, provide community-level training and promote community participation in the planning, construction, and operation of these systems. Considering that Peru is highly vulnerable to many different types of natural hazards, and that many of the communities in which COSUDE works are located in these same at-risk areas, PAHO/WHO is working with COSUDE's humanitarian aid programs in this region to incorporate risk reduction into their projects. PAHO/WHO and COSUDE have both assigned resources for PAHO to develop materials that facilitate community participation in the identification of hazards in areas in which water systems will be built. Additional reference materials on risk management in rural water and sanitation systems are being prepared, and technicians and professionals that build these projects are being trained.

89.   A series of emergency situations in **Haiti** in 2004—first the civil strife caused by the departure of former president Aristide in February, followed by severe flooding at mid-year, and finally, the effects of Tropical Storm Jeanne in September—helped focus on the need to strike a balance between emergencies and development. In late May, heavy rains and flooding affected an estimated 25,000 people in southeastern Haiti. PAHO worked together with *Médecins sans Frontières, Médecins du Monde*, the International Committee for the Red Cross and the Federation of Red Cross Societies to quickly launch medical and psychosocial interventions, while NGOs, such as OXFAM, prepared water and sanitation programs. In 2004, a rebellion forced Haiti's president to leave the country, an interim government took over, and a multinational U.N. stabilization force was deployed to restore law and order. The international community responded en masse to the emergency, and PAHO actively participated in the U.N. Humanitarian Assessment Mission to Haiti and assisted the interim government with the coordination of national and international efforts in health in the aftermath of the rebellion and during the post-emergency period.

90.   At the request of the interim government and in response to the needs identified in the humanitarian assessment, the international community subsequently pledged its support to Haiti's recovery at an international conference in April of 2004 and organized a joint planning process involving the national and local authorities, civil society, donors and cooperation agencies. The *Interim Cooperation Framework* (ICF) planning process included the IDB, U.N. agencies, the World Bank, and the European Commission (EC), local authorities and NGOs. PAHO/WHO was the focal point, within the ICF Steering Committee for the Health and Nutrition Thematic Group and provided technical support to government authorities during the planning and costing exercise for health and nutrition, and for water and sanitation.

91.   On January 17, 2005 heavy rainfall and subsequent floods, unprecedented in **Guyana**, descended upon the country with devastating effects on the East Coast of Demerara. It was estimated that more than 270,000 people were severely afflicted. PAHO provided full support to the Health Task Force organized by the Ministry of Health. Public awareness and education campaigns were launched on safe water, sanitation, personal hygiene, prevention of diarrhea, oral rehydaration, and post-flood cleanup. PAHO also assisted with the mobilization of resources through the United Nations Flash Appeal for Guyana.

Bahamas: Health Response to Hurricanes Frances and Jeanne

Hurricane Frances passed through the islands of the northwestern Bahamas as a category 2 hurricane with wind speeds of up to 110mph during 2-3 September 2004. The islands of Abaco and Grand Bahama bore the brunt of the storm. A few weeks later, on 25 September 2004, Hurricane Jeanne, a category 3 hurricane with winds of up to 130 mph and with heavy rains, passed over the same islands. Both hurricanes did severe damage to poor and vulnerable communities on the two islands.

As part of the Organization's response, support was provided to the Ministry of Health for the preparation of a proposal for the European Commission Humanitarian Aid Office (ECHO) to provide emergency assistance to reduce the health risks to vulnerable populations in the affected islands. The communities targeted by the project were those situated around an area known as Eight-Mile-Rock in Grand Bahama, with a population of approximately 8,500 (total population of Grand Bahama: 46,954 Census 2000), and the communities of the Mud, Pigeon Peas, and Sand Bank on Abaco, with a population of around 4,000-5,000 (total population of Abaco: 13,170 Census 2000). These communities have a high proportion of immigrants from Haiti and other countries. The main components of the project were solid waste management, vector control, and health promotion and education.

The success of this project was the result of a continuing partnership between the funding agency ECHO and the executing agency PAHO. The Bahamas Red Cross through its branch in Abaco was already supporting the immediate relief effort for the communities and continued their support through this project. Finally the communities themselves seized the opportunity to improve their knowledge of health and their living conditions.

Development Aid and Strategic Partnerships for Health

92.   International cooperation, as a whole, is undergoing significant changes, which represent important challenges for health sector institutions in the countries of the Region. For instance, harmonization and alignment of international cooperation tend to support sector-wide approaches and financing from the national budgets. At the same time, there is a tendency to create new entities or global alliances to confront specific public health issues,

sometimes in parallel, sometimes in addition to national and international health institutions. The new scenario demands stronger steering and coordination of the sector and of the international cooperation by the ministries of health.

93. Net contributions to ODA worldwide are on the increase. They have grown from $69 billion in 2003 to $78.5 billion in 2004. This trend in development aid reflects in good measure the commitments made on development financing at the Monterrey Conference in 2002. International cooperation in health likewise has increased through global initiatives like GAVI and GAFTM. The regional share of ODA, on the other hand, has decreased from 11% in 2001 to 8% in 2003, as a result of international resource mobilization for Africa, support for the transition economies of Eastern Europe, and the demands of humanitarian relief efforts such as the Tsunami in 2004 and the ongoing reconstruction of the Middle East. This trend is expected to continue through the next biennium.

94. In response to this situation, PAHO is optimizing resource mobilization through the development of strategic alliances and partnerships to strengthen the impact of health programs in the Region and the promotion of health at the regional, subregional, and national levels. A key ingredient in this effort has been the identification of common strategic interests and issues between bilateral agencies, the Member States, and PAHO. PAHO has also taken into account emerging issues, such as the MDGs, the proliferation of actors in the health sector, and international harmonization and alignment efforts, among others. The new type of alliances stemming from these issues requires migration from a single project focus to a more comprehensive program support focus. This approach, which started with NORAD in 2002-2003, has been steadily developed during this period and now includes PAHO collaborations with CIDA, SIDA, USAID, and AECI. The decision has been taken to fully expand it as the basis for all external resource mobilization efforts in 2006-2007.

PAHO Support for Key Countries and Guyana Day

Guyana, one of PAHO/WHO's five Key Countries, has one of the highest levels of poverty among countries in the Western Hemisphere. Its critical development challenges include political conflicts, violence, widespread poverty, inequity, and disparities between social, ethnic and geographic groups. Guyana is also afflicted by significant migration of qualified professionals, including teachers and health professionals.

The PAHO/WHO Representative in Guyana, and the Embassy of Guyana in Washington, D.C., planned the "Guyana Day" that took place after the 45th Directing Council, 27 September-1 October 2004. Participants included the Minister of Health, representatives of development agencies, financial institutions, and NGOs with offices in Washington, D.C. A Guyana Task Force comprised of representatives of PAHO and WHO technical and administrative units was formed; its objective is to support and facilitate the implementation and follow-up of the Country Cooperation Strategy (CCS). The Task Force will report periodically to a wider support group of external partners, and to other internal groups working to develop policies that would impact Guyana.

A second Guyana Day was organized during the 58th World Health Assembly in May 2005. The Minister of Health thanked WHO and PAHO for their focus on Guyana and made a presentation on progress made and the health challenges facing his country. Guyana's Country Cooperation Strategy 2004-2007 includes work in the areas of: brokering, facilitating partnerships with other agencies in response to public health issues; advocacy; influencing policy; research and analysis; support for evidence-based planning and decision-making; sharing information and knowledge to promote healthy lifestyles; support for program planning and implementation; mobilization of resources; and equity-oriented surveillance and monitoring.

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95.   Donor confidence in PAHO's systems of financial planning and internal control are essential to expanding the programmatic approach. CIDA and SIDA conducted their own independent evaluation of PAHO's systems in 2004; both with positive results. CIDA, for instance, concluded that "a much more strategic relationship is desirable and achievable. Recognizing that all organizations have ongoing challenges, PAHO is well respected in the Region, and its personnel and systems are as good and in some cases better than those of other multilateral organizations. SIDA concluded that "notwithstanding being part of WHO, PAHO in many ways comes forward as a self-confident, independent regional organization. It is larger than many (global) organizations and agencies of the United Nations, and with its 102 years it ranks among the oldest multilateral organizations whatsoever . . . . PAHO is an organization with a clear-cut vision and mandate, and with well-established working relationships with national government agencies/health ministries. It shares this "lean and streamlined" strategic focus with other functional bodies in the United Nations, providing for clarity of focus in terms of vision-goal-strategy relationships that most other development agencies (bi- and multilateral) can only envy."

96.   With regard to harmonization and alignment efforts and following the policy guidelines of the Rome and Paris conferences in 2003 and 2005, respectively, PAHO in collaboration with other agencies of the U.N. system took part in a Regional Harmonization and Alignment Workshop for Latin America and the Caribbean in Honduras in November 2004. In addition, a workshop on Harmonization and Coordination of International Cooperation and Sectorwide Approaches to Attain the MDGs in the Health Sector was conducted in Nicaragua in December 2004, with the participation of nine countries from across the Region; the Ministers of Health of Nicaragua and Haiti; representatives from bilateral, multilateral and U.N. agencies; and personnel from national health institutions. The workshop identified the need for the insertion of health as a key component in national development plans and of sector leadership in the national harmonization and alignment process.

Interagency Health Commission in Bolivia

An Interagency Health Commission was established under the Presidency of the Ministry of Health. The object of the initiative is to strengthen the leadership of the ministry to coordinate and harmonize the activities of the international cooperation agencies operating in the country. For this purpose, the Commission meets monthly or semimonthly to address an agenda of national priorities for the short, medium, and long term. The situation and national response are presented, and the potential contribution of the various agencies is analyzed. Opinions related to health policy are also shared.

The Interagency Health Commission is made up of the agencies that engage in cooperation activities in Bolivia. Its current members are the representative offices of the cooperation agencies of Belgium, Canada, Spain, the United States, France, Italy, Japan, the United Kingdom, and Sweden, as well as the World Bank, the Inter-American Development Bank, the European Commission, FAO, WFP, UNDP, UNFPA, UNICEF, UNOD, and PAHO/WHO.

The principal benefit derived from the Interagency Commission is the circulation of information among stakeholders. Through the Commission, the Ministry of Health conveys its point of view regarding national needs to the international cooperation agencies and explains the action taken under its aegis. At the same time, it offers the opportunity to learn the concerns of these agencies. As a result, some agencies have been able to gear their short-term activities to respond to critical situations. However, due to the programming cycles of the participating agencies, rapid adjustments to cooperation projects that depend on relatively lengthy negotiation processes are not always possible. The Commission has also acted as a facilitator during the institutional changes that the country has undergone in recent times.

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97.   Taking into account that the development of strategic alliances and the mobilization of resources is increasingly done at the national level, PAHO has been working to establish a communication network among the offices of international relations in the ministries of

health throughout the Region. In December 2004, through the initiative of the Minister of Health of Peru and with the support of the European Commission, a subregional meeting of international relations offices was held.

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BRAZIL: FORMATION OF THEMATIC GROUPS

Following the meeting in Panama, which noted the need to set up interagency teams in selected countries to meet the commitments to establish the Common Vision for the Country within the framework of the Common Country Assessment System (CCA) and the Joint Planning of Country Cooperation Activities within the United Nations Development Assistance Framework (UNDAF), in response to the suggestion made by the System's Resident Coordinator to the United Nations Country Support Team (UNCT), PAHO and its Representative assumed responsibility for coordinating the CCA/UNDAF interagency group.

As part of the reform of the United Nations system and as follow-up to the UNDG initiative to establish common services in the countries, on 25 May 2005 the WTO - Operation and Management Team was created in Brazil, with PAHO assuming the presidency. The team ensures continuity of the activities of the Agency Administrators Group, created in 2004 at PAHO's suggestion to identify synergies and efficiency through joint negotiations with suppliers and to share administrative resources and information. Last May a workshop to review the common services initiative was held that identified the issues to address and adopted the virtual community system as the work methodology to facilitate participation by local staff outside Brasilia.

As PAHO is the leader and president of the CCA/UNDAF group, with the input and agreement of UNCT it was decided that all agencies of the United Nations system (UNDP; UNICEF; UNFPA; WFP, which does not have a representative office in Brazil; and PAHO) would work in a coordinated fashion. This exercise is compulsory. The following agencies also joined this exercise on a permanent basis: UNDOC, ECLAC, WMO, UNEP, UNESCO, ILO, UNUSIDA, FAO, and UNIFEM.

The Organization's position in the United Nations system was strengthened, as was the national authorities' vision of PAHO's leadership role in cooperation.

The UNDAF exercise will allow PAHO to share responsibilities within the System's general cooperation with Brazil and help draw together individual efforts in the search for teamwork among these agencies to speak with a single voice to national institutions.

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Institutional Strengthening for the 21st Century

98.   During the past two years, the subject of institutional change has been extensively discussed. These discussions have included staff, the wider WHO system, other United Nations agencies, and Member States, in particular, the Working Group on PAHO in the 21st Century. From the beginning of the process, consultative working groups were organized to redesign procedures and internal guidelines and contribute to the process.

99.   The 44th Directing Council of PAHO asked the Executive Committee to establish a working group to review the situation of PAHO in the 21st Century. In compliance with this mandate, the Executive Committee formed the Working Group and appointed Argentina, Barbados, Costa Rica, Cuba, and Peru to serve as members. The Working Group elected the Minister of Health of Barbados to serve as Chairman and held six meetings, where it identified the main challenges to public health in the Region, as well as the role of international cooperation in addressing them.

100.   The final report of the Working Group reflected the broad debate related to the challenges facing PAHO/WHO and the responses required. The report addresses new functions and responsibilities to confront emerging challenges in the years to come, identifying regional public health issues as well as trends in international cooperation and the role of PAHO. It also includes institutional governance, human and financial resources, and strategic approaches to technical cooperation. The report has a specific chapter with recommendations, covering issues such as public health goods; science, technology, and research; development of partnerships and alliances; and new modalities in the delivery of technical cooperation.

101.   Following the presentation of the Managerial Strategy for Implementation of the Strategic Plan for the Pan American Health Organization for the period 2003-2007, the Director presented a Roadmap for change within the Secretariat. Both documents specify the areas of focus for improvement and change, which include human resources, planning, evaluation, and management processes. The proposal initially outlined four internal objectives for institutional change: (i) country-focused cooperation and more integration between and within the various organizational levels, including WHO; (ii) strengthened capacity to act as the regional forum for the debate and formulation of public health policies; (iii) greater availability of health data and public health information to support policy formulation, program development, and continuous learning for the production, exchange, and analysis of information, the establishment of networks, and the forging of alliances; and (iv) the creation of an enabling environment for innovation in the delivery of technical cooperation.

102.   The Roadmap for institutional transformation is a management and communication tool highlighting key institutional changes, which are important to PAHO. The 11 initiatives

on the Roadmap represent projects aligned with the five organizational changes described in PAHO's vision and strategy. The Roadmap is an action plan and a framework for ensuring that these important institutional changes are also executed and managed in an open, collaborative, and transparent manner as a corporate change project. The Roadmap is designed to build new cultural and leadership behaviors.

103.   The Roadmap has been under development for several months and includes input from multiple parties throughout the Organization. The overall context of institutional change is further influenced by the new Regional Budget Policy and the deliberations of the PAHO in the 21st Century Working Group.

104.   Team leaders have been selected outside of traditional line management functions for each project in an effort to broaden perspectives on each initiative, and they are working with team members from various functions and locations to build and implement each initiative.

Road Map Initiatives

1. COUNTRY-FOCUSED COOPERATION: Increase the relevance, efficiency, and effectiveness of PAHO/WHO to respond to national and subregional health development needs and facilitate more effective country participation in international health and international discussions and agreements.

2. EXAMINATION OF THE CSU STRUCTURE: Ensure that the Country Support Unit (CSU) effectively coordinates institutional support for the countries and adheres to the country-focused cooperation strategy.

3. REGIONAL PROGRAMS: Define the orientation framework and operational criteria for preparing and implementing regional programs.

4. REGIONAL FORUM: Formulate a proposal to establish and develop the Public Health in the Americas Forum.

5. APPLICATION OF KNOWLEDGE MANAGEMENT STRATEGIES: Strengthen PAHO's capacity as a knowledge-based organization and bridge the gap between *knowledge and action* within and among the countries of the Region.

6. CREATION OF COMPETENCIES FOR LEADERSHIP, LEARNING, AND DEVELOPMENT: Strengthen the capacity and means for leadership in public health to implement the vision of PAHO.

7. IMPROVEMENT OF THE RESOURCE MOBILIZATION STRATEGY: Ensure the effective mobilization of resources to support program priorities in an environment of constantly changing resources.

8. PREPARATION AND APPLICATION OF THE HUMAN CAPITAL MANAGEMENT STRATEGY: Establish human capital as the principal resource of PAHO and strengthen the Organization's capacity to meet its commitments to its partners, Governing Bodies, and donors.

9. IMPROVEMENT OF STANDARDS OF RESPONSIBILITY AND TRANSPARENCY: Heighten individual and institutional responsibility through clearly defined standards and procedures.

10. APPLICATION OF AN INTERNAL COMMUNICATION STRATEGY FOR MOBILIZING THE ORGANIZATION: Establish the commitment of the entire Organization to the vision, mission, and values of PAHO.

11. IMPROVEMENT OF EXTERNAL COMMUNICATION: Position PAHO prominently among its key constituents and obtain support for the Organization's strategic objectives.

ACRONYMS USED IN THIS DOCUMENT

APROFAM   Profamily Association
BMSF   Brystol Myers Squibb Foundation
CAREC   Caribbean Epidemiology Center
CDC   Centers for Disease Control and Prevention
CEPIS   Pan American Center for Sanitary Engineering and Environmental Sciences
CICCs   Country Interagency Coordinating Committees
CIDA   Canadian International Development Agency
COSUDE   Swiss Agency for Development and Cooperation (SDC)
EOC   Essential obstetric care
FAO   Food and Agriculture Organization
GAVI   Global Alliance for Vaccines and Immunization
GTZ   German Technical Cooperation Agency
HIPC   Highly Indebted Poor Countries Initiative
HIV/AIDS   Human immunodeficiency virus/Acquired Immunodeficiency Syndrome
IDB   Inter-American Development Bank
IFF   International Financial Facility (United Kingdom)
IMCI   Integrated Management of Childhood Illness
JICA   Japanese International Cooperation Agency
MCA   Millennium Challenge Account (United States of America)
MDGs   Millennium Development Goals
NGOs   Nongovernmental organizations
NORAD   Norwegian Agency for Development Cooperation
ODA   Official Development Assistance
PEPFAR   The President's Emergency Plan for AIDS Relief (United States of America)
PHC   Primary health care
PLWA   People living with AIDS
PMTCT   Prevention of mother-to-child transmission
PRSs   Poverty reduction strategies
SARS   Severe Acute Respiratory Syndrome
SIDA   Swedish Agency for International Development Cooperation
TAC   Technical Advisory Committee
TCC   Technical Cooperation among Countries
UNFPA   United Nations Population Fund
UNICEF   United Nations Children's Fund
USAID   United States Agency for International Development

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