

# Promoting Health in the Americas

Annual Report of the Director - 2001



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## Mission of the Pan American Sanitary Bureau

The Pan American Sanitary Bureau is the Secretariat of the Pan American Health Organization (PAHO), an international agency specializing in health. Its mission is to cooperate technically with the Member Countries and to stimulate cooperation among them in order that, while maintaining a healthy environment and charting a course to sustainable human development, the peoples of the Americas may achieve Health for All and by All.

## To the Member Countries

In accordance with the Constitution of the Pan American Health Organization, I have the honor to submit the 2000–2001 annual report on technical cooperation activities of the Pan American Sanitary Bureau, Regional Office of the World Health Organization. Within the context of the strategic and programmatic orientations for the 1999–2002 quadrennium, defined by the Governing Bodies of the Pan American Health Organization, the report analyzes the salient activities of the Organization's technical cooperation program during this period.

The report is complemented by the *Interim Financial Report of the Director for the Year 2000*.



George A. O. Alleyne  
Director

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# Health Promotion and Protection

# 1

PASB directed much of its technical cooperation toward creating a new culture of health promotion and protection that views health as a social value.



The Bureau pursued this goal by promoting a broad concept of health as the basis for human development and for an acceptable quality of life, and by encouraging Member States to pursue the five action areas or strategies of health promotion: establishing healthy public policies, creating supportive environments for health, empowering communities, developing personal skills, and reorienting health services.

A growing number of countries in the Region have recognized the importance of health promotion as a powerful public health strategy and have incorporated many of these action areas in their national health plans and programs. These advances have been achieved through active collaboration among national governments, nongovernmental organizations (NGOs), national and international institutions, and communities. Although progress has been made toward many of the goals of “health for all,” challenges remain.

The Fifth Global Conference for Health Promotion—“Health Promotion: Bridging the Equity Gap”—held in June 2000 in Mexico City, built on the advances of the four previous international health promotion conferences (Ottawa, 1986; Adelaide, 1988; Sundsvall, 1991; Jakarta, 1997). This conference brought together 100 countries to review the lessons learned since the first conference was held in Ottawa and to renew the commitment to promote the health of the world’s people, to increase intersectoral collaboration, and to improve the infrastructure for health promotion. Ministerial delegations from almost all of the countries of the Region of the Americas participated and all signed the “Ministerial Statement for the Promotion of Health: From Ideas to Action,” also known as the Mexico Declaration. In signing the Declaration, PAHO Member States have committed themselves to strengthening health promotion planning by making health promotion a fundamental priority in local, regional, national, and international policies and programs; taking a leadership role to ensure that all government sectors and actors in civil society participate in the implementation of health promotion activities that strengthen and expand partnerships for health; using every means available to support the preparation of nationwide health promotion plans of action tailored to each country’s circumstances; establishing or strengthening national and international networks to promote health; advocating that UN agencies be accountable for the impact on health of their development agenda; and informing the Director General of the World Health Organization of the progress made in the performance of the above actions so she can report on this to the 107th session of WHO’s Executive Board.

A strategic planning process involving PASB, the Caribbean Food and Nutrition Institute (CFNI), the Latin American Center for Perinatology and Human Development, and the Institute of Nutrition of Central America and Panama (INCAP) was initiated to integrate the technical areas within a conceptual and methodological framework for health promotion. Understanding of the basic determinants of health inequities has improved significantly, yet social and economic inequities in the Region continue to

*A young man’s lifestyle choices in adolescence will have far-reaching consequences throughout his life: staying active and avoiding risky behaviors are like buying health insurance for adulthood and old age. PASB has worked actively with Member States, as well as in partnership with other international agencies and nongovernmental organizations, to sponsor healthy policies and advocate for legislation that protects adolescents’ rights. In addition, by encouraging the wide use of life skills training, many of the young in the Americas have been empowered to take charge of their own health and sprint into a healthy future.*



### **PAHO's Representative in Canada Speaks Out on Health Issues**

As PAHO's representative in Canada, the Canadian Society for International Health (CSIH) has vigorously fought to focus attention on health issues. To publicize PASB's work, CSIH organized a presentation on equity and health by Dr. George A.O. Alleyne, the Bureau's Director. The presentation was well covered by the media and also drew representatives from several NGOs. CSIH celebrated World Health Day with a special ceremony and a forum to discuss this year's theme, "Safe Blood Saves Lives." The gathering provided an opportunity to distribute PAHO/WHO information kits on the issue to public health clinics, blood clinics, hospitals, health care associations, and government officials throughout Canada. Finally, the Society sponsored study tours of Canada for high-level health sector officials from the ministries of health of Bolivia, Honduras, Mexico, and Peru.

In a press conference held in Ottawa, CSIH joined several other international organizations to plead for a quicker and more effective response to the growing worldwide crisis of children with HIV/AIDS. The Society also organized a media breakfast at the National Press Club to further publicize the issue. Representatives from television stations, Radio Canada, the *Medical Post*, and the *Canadian Medical Association Journal* attended the event, as did the upper echelons of Health Canada and members of the AIDS community.

erode health conditions for many population groups. For this reason, health promotion must continue to focus on bridging equity gaps among and within countries.

## **Building Healthy Public Policy**

Public policies in all sectors influence the determinants of health and are important vehicles for reducing social and economic inequities, for example, by ensuring equitable access to goods and services, among them health care. The Regional Healthy Public Policy Initiative relies on a multisectoral approach for ensuring the sustainability of services; increasing protection and reducing risks; increasing care to indigenous groups; enhancing coverage and impact at the local level; and improving quality of life. Some countries have assessed their policy, analysis, and development needs, and this information, in turn, has strengthened the governments' capacity to participate in the initiative.

In Chile, for example, health promotion has been established as a State policy and is strongly supported by the President and by most government sectors. Led by the Ministry of Health and with support from PASB, 24 national agencies work together through the National Council for Health Promotion, known as "VIDA CHILE." This intersectoral entity sets strategic lines of work for health promotion, and ensures that

there is sufficient political commitment in the country to launch and sustain health promotion activities. Local intersectoral councils also have been established in the country's regions. The intersectoral body relies on information dissemination, social communication, and human resources training to fulfill its mandate of strengthening health promotion and enhancing quality-of-life efforts undertaken by each sector. VIDA CHILE designed a communication campaign to promote healthy nutrition and underscore the importance that physical activity has for health. The private sector, NGOs, scientific organizations, and universities have joined in the campaign, which significantly extends the reach of the message. In November, VIDA CHILE submitted the national goals for health promotion for 2000–2006 to Chile's President; PASB was actively involved in establishing these goals.

The focus on healthy public policies is timely, as most countries are reforming various sectors, particularly health and education, and are incorporating health promotion in this process. During 2000, PASB's technical cooperation in health promotion has supported the ministries of health and other agencies at the national and regional levels in establishing healthy public policies. The development of legislation favoring healthy public policies has been one way of addressing the Region's health priorities. Six countries in the Region have implemented policies to facilitate delivery of integrated adolescent care. In addition, the Bureau actively participated in the discussion and formulation of laws to protect the sexual and reproductive health rights established in the constitutions of 14 countries in the Region, and many countries have developed laws to guarantee access to sexual and reproductive health information and services. Venezuela has enacted comprehensive laws that protect children and adolescents and establish their right to sexual and reproductive health education. These laws aim to increase access to services and programs and ensure confidentiality. In addition, laws establishing national intersectoral youth programs have been incorporated into the framework of child and adolescent health and social policies, and a minimum age limit of 18 years was established for the purchase of cigarettes. These laws require all cigarette packaging to include a health warning covering 20% of the package's surface area.

PASB's technical cooperation in adolescent health utilizes a conceptual framework for human development and health promotion; the Bureau has contributed to healthy policies and advocacy in Central America by conducting a seminar on health policy, equity, and youth in El Salvador. PASB has actively supported the countries in order to generate consensus and put adolescent health on the agenda of the United Nations Special Session on Children, to be held in September 2001. The Bureau's technical cooperation was also key to the incorporation of adolescent health issues in the Fifth Ministerial Meeting on Children and Social Policies in the Americas, held in October 2000 in Jamaica, and in the Kingston Consensus on Children and Social Policy in the Americas that resulted from the meeting.

PASB, in collaboration with The George Washington University's Center for International Health, conducted case studies of policies affecting adolescents and youths, which were published in Colombia, the Dominican Republic, and Nicaragua. The Central American countries, as part of the project on adolescent sexual and reproductive health conducted by PAHO and the Swedish International Development Cooperation Agency (SIDA), have formed an intersectoral committee on adolescence to formulate policies on adolescence and youth. The Dominican Republic, with PASB's support, passed the Law of Youth and allocated 1% of the national budget and 4% of municipal budgets for its implementation. This process was carried out with the participation of various sectors and of young people themselves. The Central American Seminar on Policy and Equity was also held with the support of the PAHO-SIDA project.

With the Bureau's support, Antigua, Bahamas, Barbados, British Virgin Islands, Dominica, Grenada, Guyana, Jamaica, and Saint Lucia participated in the survey of adolescents published recently in *A Portrait of Adolescent Health in the Caribbean*, which is being effectively used as an advocacy tool and a model for the use of research in policymaking and programming.

One of the most significant public policy developments in health promotion was the beginning of negotiations on the Framework Convention on Tobacco Control, the first international health treaty of this kind, which has been developed under the auspices of WHO. Approximately 25 countries in the Region have participated in this process. PASB provided technical cooperation and funding to help the countries prepare for the negotiations on the Framework Convention on Tobacco Control.

In 2000, significant tobacco policy developments in the countries included Brazil's passage of wide-ranging restrictions on tobacco advertising, which are now the most comprehensive in Latin America. Canada introduced new health messages that cover half the surface area of tobacco packaging and provide advice to smokers.

PASB supported the promotion and monitoring of public policies for iodine fortification of salt to ensure the elimination of iodine-deficiency-related disorders in Bolivia, Chile, the Dominican Republic, and Panama. By improving the monitoring and surveillance systems and ensuring the quality of iodized salt, this effort will help guarantee the sustainability of fortification programs. At present, 97% of the population in Bolivia, over 95% in Chile, less than 40% in the Dominican Republic, and over 90% in Panama consume iodized salt.

Technical cooperation was provided to several countries to implement vitamin A supplementation, significantly increasing coverage of at least the first dose (Figures 1 and 2). The implementation status of national food and nutrition plans in the Region was reviewed and information was gathered from 18 Spanish-speaking countries. Eleven countries' plans have been approved and are being implemented, four countries have formulated plans, and three countries as yet have no plan.

PASB supported the analysis of nutritional status and equity in Ecuador and of health and equity in eight other countries in order to help them develop healthy pub-

FIGURE 1. Vitamin A supplementation coverage of children 6–11 months of age, 1998–2000.

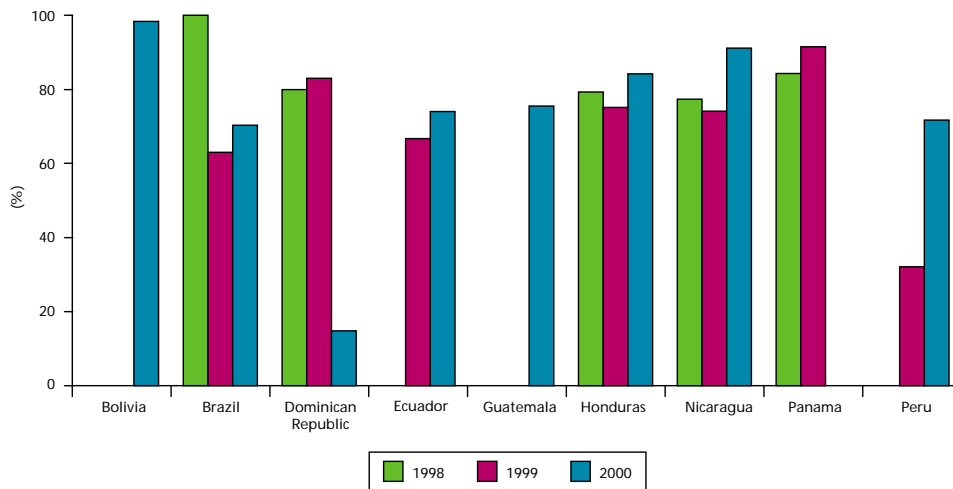
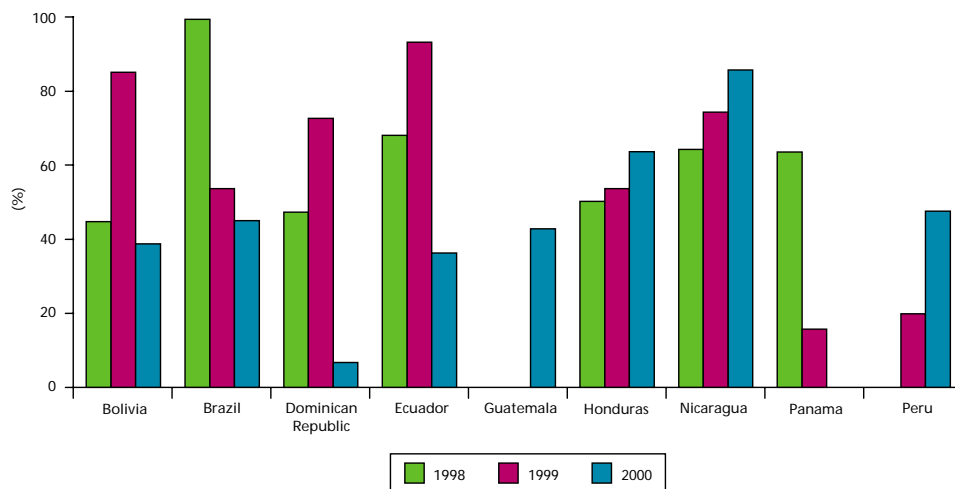


FIGURE 2. First dose of Vitamin A coverage of children 1 year old and older, 1998–2000.



lic policies to address internal inequities. The Bureau also promoted and supported the evaluation of Chile’s program to fortify flour with folic acid in order to demonstrate this effort’s contribution to the reduced incidence of neural tube defects.

As a contribution to the development of healthy public policies on breastfeeding, the article “Length of Exclusive Breastfeeding: Linking Biology and Scientific Evidence to a Public Health Recommendation” was published in the *Journal of Nutrition* and a chapter was produced for a book on the short- and long-term effects of breastfeed-

### **Enlisting the Media to Promote Health**

The Office of Caribbean Program Coordination (CPC) has been one of PAHO's most active country offices in using strategic social communication to support its technical cooperation interventions. During 2000, the CPC continued to grant its Awards for Excellence in Journalism to journalists and other media workers in the English-speaking Caribbean who did outstanding work for health. Over the years, these awards have increased the reach of health messages among the people of the English-speaking Caribbean, and in doing so, have increased their capacity to make healthy lifestyle choices.

The awards, which have been handed out since 1992, are designed to increase awareness of health and environmental issues by encouraging the publication or broadcast of news items, features, documentaries, and other materials on these subjects; recognize the contribution of national and regional journalists in putting health and the environment on the public agenda; improve the coverage of health and environmental issues; and increase awareness of the importance of international cooperation in health in general and PASB's contribution in particular.

The effort to promote health through these awards involves a partnership coalition that includes the governments of the Region, particularly individual ministries such as the ministries of health, of the environment, of labor and social transformation, and of education, as well as parts of the private sector. PAHO's Office of Caribbean Program Coordination is firmly committed to actively participate in the partnership among the health sector, media professionals, UN agencies, the private sector, and the community at large, believing that this is an effective way to enhance the state of health and well-being in the communities of the English-speaking Caribbean.

ing on child health. In addition, PASB organized a technical consultation on the recommended length of exclusive breastfeeding in August 2000, and invited experts in the field from the Region.

To contribute to the cost-effective purchase and consumption of highly nutritious foods, PASB published "La Mejor Compra" (The Best Purchase) for dissemination throughout the Region. "La Mejor Compra" contains a software package and guidelines on how to use the media and other channels to promote the best nutritional values at the lowest cost in a specific region during specific times of year.

With technical support from PASB, Ecuador's Ministry of Public Health formally launched its national food and nutrition program, which targets children under 2 years of age, as well as pregnant and breastfeeding women. The program, developed jointly by PASB and the Ministry, contains components that rely on health promotion to address public policy issues, community activities, the development of life skills, and the reorientation of health services to ensure that appropriate health messages are linked to food provision.

Five countries have implemented healthy public policies in the area of nutrition, focusing on national food security and micronutrient supplementation. Panama carried out national surveys and utilized the data collected to review its micronutrient supplementation strategies and to work toward certifying the country as free of iodine deficiency.

Also in 2000, PASB held a series of subregional forums to examine and promote technical collaboration among countries to develop national policies to promote the health and well-being of the elderly. The Central American Forum on Health and Aging was held in El Salvador in collaboration with the Ministry of Public Health, the National Secretariat of the Family, the Office of the First Lady, and Spain's Institute of Migration and Social Services.

The Bahamas, Bolivia, Brazil, Chile, Costa Rica, Dominica, El Salvador, Mexico, and Peru developed policies that address quality of life issues for older persons. These policies use a multisectoral approach to promote the participation of nongovernmental organizations and other civil society actors, and address health inequities and poverty as major risk factors for poor health in the elderly. Peru and Chile collaborated technically to draft Peru's national policy, which focuses on healthy aging and on the contributions that various sectors of society make toward a dignified old age. Technical collaboration between Canada and Mexico has significantly advanced the development of a model of healthy public policy for aging. This model will be tested in both countries and used as part of an ongoing effort to develop the necessary building blocks for establishing a public policy on healthy aging. The Caribbean Charter on Health and Aging has fostered the adoption of national policies oriented toward health promotion in various countries; Dominica's and the Bahamas' national policies are good examples.

To address these priorities, Brazil, Canada, Chile, Costa Rica, Jamaica, Mexico, Panama, Suriname, Trinidad and Tobago, and the United States have developed public policies for mental health and have empowered communities to care for the mentally ill, sensitizing police and security forces to the needs of this group, and enacting legislation to protect the human rights of the mentally ill.

Domestic violence and violence against women have been increasing in the Region, and four countries have responded with public policies to address these concerns. Strategies for combating domestic violence include putting this problem on the public agenda, strengthening multisectoral coordination between government sectors and nongovernmental actors, and providing support to women's groups.

Acknowledging the link between environmental conditions and health outcomes, in 2000, several countries in the Region formulated policies and standards to guide future economic and developmental activities in ways that consider the health impact of environmental changes.

*In working with Member States to launch nutrition-related social communication campaigns, PASB also has relied on health promotion techniques to effectively improve the nutritional status of the population. For example, the Bureau has put together an information packet showing how to best tap the media and other channels to promote food that yields the best nutritional values at the lowest possible cost.*



PROMOTING HEALTH IN THE AMERICAS  
Pan American Health Organization

Health promotion needs assessments carried out in the countries identified key issues for intersectoral collaboration. In Trinidad and Tobago, training needs in the area of public policy analysis and development were assessed among senior staff at the Ministry of Health. The objective was to obtain information about training needs and to strengthen the Ministry's capacity to lead healthy public policy initiatives and to participate with other sectors in joint efforts in this regard. The results highlighted the need for negotiation skills to build consensus among stakeholders and for the adoption of a multisectoral approach. Based on the assessment's findings, three policy documents dealing with noncommunicable disease control and prevention, tobacco consumption control and prevention, and sexual and reproductive health care were drafted with PASB's support and are being submitted to the Ministry of Health for approval.

The Bureau has actively participated in monitoring the fulfillment of the commitments undertaken at the 1990 World Summit for Children and has contributed to the evaluation of the achievements and to the political and strategic situation analysis of infant health in the Region. An ongoing advocacy effort by UN agencies, NGOs, academic institutions, and others to incorporate health promotion in public policies dealing with children and adolescents is under way in the countries. These efforts have led to the signing of the Kingston Consensus and to preparatory meetings for the United Nations Special Session on Children, which were held in January 2001, where children's health was central to the agenda of the countries in the Region.

PASB made substantive contributions to the construction of conceptual health promotion frameworks that highlight the importance of biological, psychological, and social determinants of health and quality of life of children and adolescents. The role of supportive environments (family, community, school, municipalities) for comprehensive childhood development was clearly demonstrated, as was the need for accessible, quality health services with a health promotion approach.

Maternal mortality continues to be a major public health challenge in the Region of the Americas. A significant event in 2000 was the consolidation of the Regional Interagency Task Force on Maternal Mortality Reduction, which is a partnership among PAHO, the World Bank, IDB, USAID, UNICEF, UNFPA, Family Care International, and the Population Council. This task force was born of the lessons learned from the past decade, particularly that partnerships can produce positive changes. As its technical secretariat, PASB played a key role in bringing this task force to action, building consensus on strategies and effective interventions based on lessons learned, and creating a common vision for the reorientation of public policies aimed at reducing maternal mortality.

In conjunction with PASB and CDC, the Member States met to assess epidemiological surveillance systems for maternal mortality in 26 countries of the Region, and found that since 1995, most have improved these systems.

*Health promoting schools hold the best promise for developing future citizens who will care for their health and that of their loved ones and who will be responsible stewards of their environment. In health promoting schools, the health and education sectors come together to promote healthy habits, self-esteem, and environmental health among the students.*



PASB, in collaboration with the countries, is improving the information and surveillance systems that will supply evidence on tobacco use and tobacco-related deaths to be used in policy development. The Bureau continued to collaborate with WHO and CDC to support implementation of the Global Youth Tobacco Survey in several Latin American and English-speaking Caribbean countries, which included two regional training sessions on conducting the survey.

The Bureau published a study of tobacco use in Latin America and North America and began work on a study of tobacco use in the Caribbean and on mortality caused by tobacco throughout the Region. The latter two studies will be published in 2001. Preliminary data from 1989 on tobacco-caused mortality in the Americas show a far greater impact than previously thought, with an estimated 845,000 deaths caused by tobacco every year. It is likely that the current annual death toll in the Region from tobacco approaches one million.

## Creating Supportive Environments

The Sundsvall Statement on Supportive Environments for Health (Third International Conference on Health Promotion, Sundsvall, Sweden, June 1991) addresses the creation of supportive environments—the physical and psychosocial aspects of where people live, work, and play. It also encompasses the framework that determines access to resources and opportunities for empowerment. During 2000, PASB's technical cooperation enabled countries to create supportive environments, considering their interrelated physical, social, spiritual, economic, and political dimensions. Coordinated actions at local, regional, national, and global levels were effective in achieving sustainable solutions. The Bureau collaborated with 17 countries during 2000, mainly on the initiatives highlighted below.

### Health Promoting Schools

The establishment of a health promoting school is a social development process that provides a comprehensive response to children's biological, psychological, and social needs. The Health Promoting Schools Initiative focused on disseminating information on and ensuring the rights of children and adolescents to health and education, including sexual and reproductive health, life skills, family life education, interfamily communication, exercise, and healthy lifestyles. Technical collaboration included reviewing and updating school health policies, establishing and/or strengthening intersectoral coordination between the health and education sectors, and committing to



the incorporation of health promotion in school curricula, particularly when training teachers in life skills education. PASB also collaborated with UNICEF and UNESCO to incorporate life skills education in the Education for All Initiative, undertaken at the World Conference on Education for All in Jomtien, Thailand, in 1990.

Most countries have established intersectoral and interinstitutional committees in which all social sectors actively participate to discuss problems and suggest solutions. As a result, domestic violence and other problems that affect children and adolescents are increasingly visible and are being addressed as priority issues.

## Healthy Municipalities

In 2000, PASB collaborated with 13 countries to promote healthy municipalities. Figures 3 and 4 illustrate the evolution of healthy municipalities from 1995 to 2000 in selected countries. In Mexico, the healthy municipality movement has developed dynamically and steadily and is considered a key national strategy to promote intersectoral collaboration, community participation, dissemination of health and public policy information, and creation of healthy spaces. PASB provided technical cooperation and mobilized national and international resources for the consolidation of the healthy community network's strategies and projects.

In Argentina, several municipalities have worked with NGOs, schools, governmental and educational institutions, ecological groups, and the Red Cross, to implement strategies to improve infant, adolescent, and maternal health; reduce malnutrition; create microenterprises and community gardens; and establish radio networks to assist in the dissemination of health promotion and protection messages. PASB provided technical cooperation to establish healthier environments in jails.

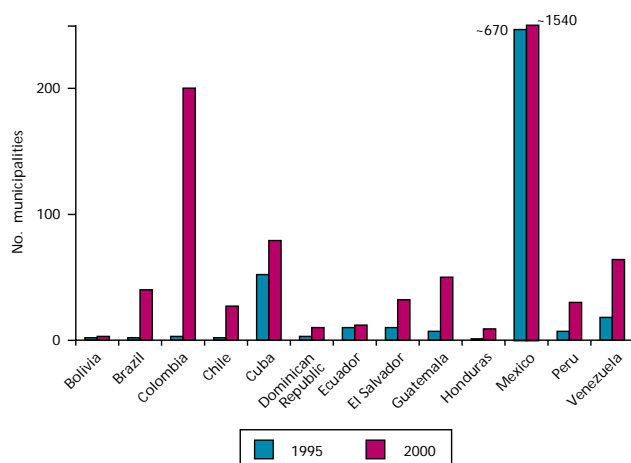
In Cuba, a model program for adolescents and young adults in the healthy municipality of Horquitas (Cienfuegos) involves community members and young people in managing the program.

In Chile, health promotion was strengthened through the creation of intersectoral health promotion committees in 60% of the country's municipalities. The mayors played a leading role in ensuring political support and mobilizing resources.

In Jamaica, the creation of healthy spaces has been broadened to include the Inter-Church Association of Health, Healing, and Counseling Ministries, thereby expanding the churches' health and healing programs to include health promotion in their services.

As part of the Caribbean Tourism Health, Safety, and Resource Conservation Project, which is a joint venture among

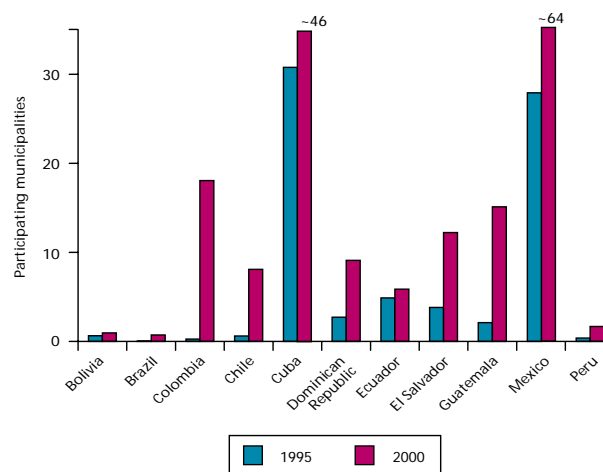
FIGURE 3. Number of healthy municipalities, selected countries, 1995 and 2000.



PAHO, CAREC, the Caribbean Hotel Association, and Caribbean Action for Sustainable Tourism, a number of workshops on the need for continued vigilance in preparing and serving healthy food both to the local population and to foreign visitors were conducted for hotel and restaurant personnel and for street food vendors. The workshops provided information to management and staff on cost-effective steps to improve food and beverage preparation practices and to eliminate unsanitary and unhygienic practices among catering industry personnel. Work was done in collaboration with the various national ministries and agencies, and private sector groups, which resulted in the staging of several workshops on food safety in the tourism industry.

In collaboration with the ministries of health of the Bahamas and of Uruguay, PASB has been addressing the challenge of improving physical and psychosocial conditions in long-term care facilities for the elderly. The Bureau has provided technical cooperation for the review of regulatory and monitoring systems as well as for training workshops for caregivers. The lessons learned will be useful to other countries.

FIGURE 4. Municipalities participating in the Healthy Municipality Movement (%), selected countries, 1995 and 2000.



### Mexico's Healthy Municipalities Movement Soars

Beginning in the 1990s, PASB began to promote the creation of healthy municipalities in the Region, believing it to be a strategy that held great promise for improving health at the community level. In Mexico, healthy municipalities have burgeoned since the movement's inception, and at this time, the country has close to 1,500 municipalities registered with the program coordinated by the Secretariat of Health. Many of the Mexican healthy municipalities fall along the perimeter of ancient Aztec settlements, which, in turn, were established according to sound ecological considerations.

In becoming a healthy municipality, a community engages in various activities, such as the development of healthy policies, enlisting its members' participation and self-management, the creation of healthy environments, and the reorientation of community health services so as to improve the population's access to them. Healthy municipalities in Mexico have undertaken citizen education campaigns to protect the environment and improve basic sanitation, projects to improve quality of life and the physical and social environment, activities to prevent drug addiction, and the establishment of investment policies designed to improve the quality of life for special groups affected by various inequities. The health of the communities will continue to improve as the citizens increasingly gain control of the future of their municipalities and cities.

## Strengthening Community Action

The Bureau's technical cooperation has focused on community leaders and individuals in an attempt to get communities to accept greater social responsibility for their health and to translate this into activities that lead to the improvement of existing conditions and the adoption of healthier choices and lifestyles by the population. PASB has collaborated with community leaders in training activities that have empowered them, improved their relationship with health workers, and strengthened the community development process. Community initiatives have helped to bridge gaps in health equity in many countries.

In recognition of the role that city mayors play in decision-making and resource allocation for health, PASB developed advocacy tools and audiovisual materials to create awareness of the importance of supporting safe motherhood programs at the local level. These materials were designed to encourage community leaders to mobilize efforts and increase access to quality essential obstetric care.

Health fairs are held frequently in the Region. They strengthen the relationship between the community and health providers, including physicians, nurses, and pharmacists. The community also benefits from increased awareness of the importance of health and a healthy environment.

Jamaica's four Regional Health Authorities conducted workshops to strengthen the leadership and health promotion skills of 100 community leaders. For the International Day of Older Persons, 16 countries in the Region participated in the WHO Global Movement for Active Aging, which advocates greater recognition of the role of healthy lifestyles in maintaining health and function in old age. In Mexico, the day was celebrated with 767 health walks in 29 of the country's 32 states. Chile held an intergenerational walk and a health fair and distributed health education materials. In Peru, PASB provided technical cooperation and sponsored a radio program on health and aging issues. PASB also collaborated with Peru's Ministry of Women and Development in sponsoring a number of self-care workshops for older persons and in disseminating public information on important health topics for older persons.

The participation of members of the clergy, beauticians, and women's associations is being proposed to identify individuals suffering from depression. An evaluation study conducted in Panama showed that 89% of the beauticians surveyed were eager to improve their knowledge of mental health. Nearly 40% of a sample of 268 hairdressers were able to recognize depression in a case vignette, but only 14% of them said they would refer their customers to the health services for treatment.

Encouraging the participation of young people has been a priority strategy of the projects on adolescents and young adults in Central America. El Salvador, Guatemala, Honduras, and Nicaragua held national youth forums in order to define policies,

plans, and programs. Young people have also participated in such international events as the Fifth Ministerial Meeting on Children and Social Policy in the Americas.

Paraguay's Interinstitutional National Commission on Tobacco Control has collaborated with Argentina, Bolivia, Brazil, Chile, Colombia, Peru, Uruguay, Venezuela, and on tobacco control initiatives. In some areas, this initiative included alcohol abuse prevention targeted to youths.

With support from PASB, community leaders and health personnel worked together to develop programs in the following areas:

***Domestic violence*** – Several countries in the Region have focused their efforts on increasing the visibility of the issue of domestic violence as a way to define policies to diminish or eradicate this kind of violence. In El Salvador, for example, city leaders played an important role in establishing cooperation agreements with the Ministry of Public Health, developing interventions to promote and protect health, strengthening intersectoral efforts, and seeking the population's commitment to establish healthy lifestyles and reduce violence. El Salvador's comprehensive model for domestic violence prevention is supported by national development policies and a law against domestic violence, which assist and protect such at-risk groups as women, children, girls, the disabled, and the elderly. Similarly, efforts have been initiated in Panama through community networks in 14 regions to institutionalize domestic violence prevention. The Ministry of Health and several NGOs have started sexual abuse prevention campaigns to increase awareness of child and adolescent abuse.

***Nutrition*** – Interinstitutional participation in the protection and promotion of infant health reached a high point in Ecuador in 2000 with the adoption of the Integrated Management of Childhood Illness (IMCI) strategy in the majority of public institutions. The IMCI strategy includes managing severe malnutrition and offering breastfeeding and other nutrition counseling, as well as vitamin A and iron supplementation, at the primary care level. Research and evaluation reveal that the implementation of the strategy yielded positive outcomes. One of the strategy's objectives is to empower communities to promote and protect health. In 2000, these community-oriented components were expanded at the national level with the support of NGOs and community organizations, particularly those working with indigenous peoples.

INCAP and El Salvador's Ministry of Public Health have identified the population groups at greatest risk of malnutrition. The multisectoral work has resulted in the signing of an agreement among INCAP, FAO, and WFP to support nutritional and food security.

*Because good health and nutrition are key to scholastic achievement, PAHO is especially concerned with the nutritional status of schoolchildren. For example, the Organization has worked with governmental and nongovernment organizations in Bolivia to improve nutrition in schools. With the help of mayors' offices working through the healthy municipalities initiative, about 20% of the country's elementary schools currently offer breakfast to students.*



PAHO and CFNI developed a position paper on nutrition and healthy aging, which is being reviewed by a group of experts and will be an important tool for technical cooperation in the Caribbean.

With support from PASB, community leaders and health personnel in Trinidad and Tobago are actively participating in wellness programs in four health regions to promote physical fitness and appropriate nutritional practices within the community. The effort focuses on developing healthy lifestyles with emphasis on risk factors for chronic diseases such as diabetes and hypertension.

***Indigenous rights*** – The Wayuu community in Colombia has taken the lead in establishing microenterprises among indigenous communities to stimulate employment and economic development in rural areas while improving basic sanitation. This project, initiated in Guajira State, has improved environmental health conditions for the most vulnerable groups. In Brazil, the National Health Foundation is developing a system to strengthen cultural, linguistic, and organizational potential to enhance the quality of life and health of indigenous groups.

***Mental health*** – In Uruguay, an initiative has been formulated to address the country's high levels of depression and its high suicide rate, the highest in the Region (12 to 17 deaths per 100,000 population). "El Club de los Cazabajones" (The Depression Hunters) promotes self-help strategies for people who suffer from depression and encourages the involvement of their family and friends in treatment. The club provides psychiatric and psychological services, including diagnosis, psychotherapy, pharmacological treatment, and rehabilitation. An important factor taken into consideration in this initiative is the economic sustainability of community activities.

## Developing Personal Skills

One of PASB's main focuses has been the development of personal skills throughout the life cycle. Life skills education in schools, the principal element of this strategy, includes teacher training, parental involvement, and the implementation of the Health Promoting Schools Initiative. With the Bureau's cooperation, Brazil, Chile, Colombia, Costa Rica, Mexico, Venezuela, and all the Caribbean countries have developed a protocol to incorporate life skills education in schools. In Colombia, 80 health promoting schools incorporated life skills education in their curricula, which enhanced the students' learning capacity. Teachers reported that they spent less time disciplining chil-

### **Contest in Brazil Helps People Quit Smoking**

A study on tobacco use conducted in Goias State, Brazil, revealed that 26% of the overall population and about 10% of the population aged 15 to 19 years used tobacco. Considering that tobacco advertising targets youths in this age group, the latter figure is particularly alarming. To counteract the influence of tobacco ads, the Secretariat of Health organized an international smoking-cessation contest—“Quit and Win 2000”—in which contestants committed themselves to quit smoking for four weeks. This activity is part of an anti-tobacco effort supported by Finland’s National Institute of Public Health; in support, the Bureau provided specific technical cooperation to help launch the campaign.

“Quit and Win 2000” was a resounding success: more than 80 countries participated and six commercial enterprises sponsored prizes for winners and paid to publicize the contest in the media. The winner was a contestant from Chile.

dren and more time teaching. Mexico’s Health Promoting Schools Network sponsored a workshop for teachers and health sector personnel in life skills education.

The Eleventh World Conference on Tobacco or Health was held in Chicago, USA, in August 2000. Drawing nearly 4,000 participants, the conference provided a forum for PASB staff and tobacco control professionals from the Americas to highlight Regional achievements and learn about tobacco control experiences from around the world.

In Goias State, Brazil, the Ministry of Health and the Ministry of Education are implementing a program for the promotion of healthy habits, self-esteem, environmental health, and prevention of risk factors within the Health Promoting Schools Initiative. Similarly, six countries in the Region participated in campaigns to raise awareness about the risks of tobacco and its link to several diseases, and to encourage people to quit smoking. In addition, PASB worked with the Inter-American Heart Foundation and Member States to implement counseling and treatment services at the primary care level and assisted in the development of national radio programs to help smokers from Colombia, Peru, and other Andean countries to quit.

In Jamaica, PASB supported “Woman Inc.,” an NGO, to help young women acquire skills needed in order to develop self-esteem, access health information, and make healthy choices. These skills empowered the women to earn an income; make worthwhile contributions to society; develop to their fullest potential socially, economically, mentally, and emotionally; and take control of factors that determine their health and other aspects of their lives. Support was also provided for a summer program for adolescents, conducted by the Ministry of Health, to empower 50 adolescents to make informed choices regarding their health, relationships, and sexuality.

In Trinidad and Tobago, a subregional workshop was held to train health personnel, public relations officers of the Regional Health Authorities, journalists, and health edu-

cators to develop quantitative and qualitative research projects to assess health communication activities. As a result of this effort, the quality of health education materials has improved and health educators at the regional levels are conducting evaluations.

In Haiti, a national committee for tobacco control was established to educate the population about the dangers of tobacco use and second-hand smoke.

In Costa Rica, in collaboration with the Costa Rican Social Security Fund, and in Mexico, in collaboration with the Ministry of Health, PASB field tested a training manual on health care for older persons aimed at primary health care professionals. A training workshop on aging was held for community caregivers in collaboration with the PAHO/WHO Collaborating Center on Health and Aging at the University of West Indies in Kingston, Jamaica. PASB also worked with the Catholic University of Chile to conduct a workshop to teach professionals who work with the elderly about the myths and realities of aging and strategies for dealing with them.

## Reorienting Health Services

PASB's technical cooperation has contributed to the identification and definition of new care models in Chile, Costa Rica, and Jamaica by utilizing integrated health care policies that aim to strengthen primary health care, enhance the problem-solving capacity of the health services, and emphasize health promotion and protection actions that involve civil society. These policies also seek to make health promotion and protection an integral part of the health care delivery process, and to incorporate health promotion principles into health services management.

In 2000, the Bureau supported Member States' efforts to strengthen and reorient health service models. In Brazil, the family health model was strengthened and expanded, and the inclusion of mental health as an integral part of the model was considered. In Cuba, the health promotion component was strengthened in the family physician model, which includes a school health services component as well as primary health care for families at the community level. In Chile, primary health care personnel received intensive training in health promotion strategies and now form an integral part of the healthy municipalities and "comunas" initiative.

In Jamaica, the Ministry of Health has made health promotion the primary strategy in all its programs and in health services delivery. The decentralization taking place within the health reform process has transferred responsibility for health services delivery and program implementation to the health regions. The Regional Health Authorities carry out their activities under the guidance of the Head Office, but with total independence in their decision-making. PASB supported the Ministry of Health's

efforts to have people-friendly health services support the whole process of social mobilization and community participation.

Brazil, Colombia, Costa Rica, El Salvador, Guatemala, Honduras, Jamaica, and Mexico completed qualitative research on the sexual and reproductive health of adolescent males in Latin America and the Caribbean that facilitated the incorporation of gender and health promotion in health services for adolescents. In addition, health services personnel received training that incorporated the new conceptual framework for human development and health promotion.

PASB supported a Regional consultative group meeting on primary health care and aging in Costa Rica. As a result of this meeting, the Bureau developed a kit to enable health centers to define their policies for promoting, protecting, and caring for the health of older adults. The kit teaches health personnel how to analyze the social, economic, environmental, biological, and behavioral factors associated with the autonomy and well-being of elderly persons in their community. The training manual provides methods and examples for the community health center to work effectively with the local government in addressing these factors. The manual uses a participatory methodology to identify resources, problems that older people face in accessing quality and appropriate health care in the community, and solutions to these problems. The manual will be tested in a variety of health centers before it is made widely available in the Region.

The Bureau strengthened the countries' capabilities to establish adolescent health and development policies and programs and increased opportunities for youth involvement in reorienting health services. In 10 of the 11 countries participating in the Regional Initiative for the Reduction of Maternal Mortality (Bolivia, Brazil, the Dominican Republic, Ecuador, El Salvador, Haiti, Honduras, Guatemala, Nicaragua, Paraguay, and Peru), the methodologies used resulted in improved managerial capacity and in the incorporation and effective implementation of organizational policies and plans of action to ensure quality essential obstetric care at the first referral level.

In the Caribbean, the health services' capacity in the dietary management of nutrition-related chronic diseases was strengthened with the support of CFNI and the ministries of health. In the Bahamas, nurses designed intervention strategies in the dietary management of obesity, diabetes, hypertension, and coronary heart disease and developed counseling skills for use when interacting with patients with chronic noncommunicable diseases. National dietary guidelines to promote healthy lifestyles were developed with CFNI's support, based on a survey on Bahamians' dietary habits.

The Bureau supported Argentina, Bolivia, Cuba, Ecuador, Grenada, Saint Kitts and Nevis, Saint Lucia, and Trinidad and Tobago in training and developing human resources within the health sector to promote breastfeeding, including the development of skills in breastfeeding counseling using the WHO/UNICEF counseling methodology.

*In Latin America and the Caribbean, more than 20,000 women die each year from pregnancy-related causes. As part of its multi-faceted effort to make motherhood safer for women in the Americas, PAHO has been fostering the implementation of essential obstetric care in the 11 Latin American countries that have the highest maternal mortality rates.*





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The WHO/UNICEF/UNAIDS guidelines on HIV and infant feeding were translated into Spanish and disseminated to all countries.

The decentralization of community health services has led to the incorporation of psychosocial services into primary health care. In Brazil, El Salvador, Guatemala, and Trinidad and Tobago, a technical advisory group has been appointed to guide the re-orientation of mental health services toward a wider primary-care-based program. In support of this initiative, a technical cooperation among countries (TCC) project was undertaken with several Caribbean countries to develop and nurture mental health care at the primary care level. A main strategy has been to encourage the training of community health workers in mental health issues. Several areas have been targeted in the reorientation of community health care services, including large psychiatric institutions. A new mental health care model introduces favorable conditions and norms for guaranteeing patients' rights and incorporates new crisis management services and rehabilitation interventions at the community level.

Specialized mental health services, including family and group therapy modalities, are being integrated into primary health care in an effort to provide mental health care coverage to more people. Mental health services have also been tailored to meet the needs of children, parents, and teachers as part of the health promotion and protection strategy to support children's psychosocial development.

In Barbados, the Bureau is providing technical cooperation for the formulation of a national mental health plan that includes alternatives to the care provided at psychiatric hospitals. In El Salvador, a national committee on mental health was established and a national mental health plan is being prepared; community mental health services are being implemented in San Salvador. In Brazil, technical support is being provided for evaluating the integration of chronically ill patients discharged from two large mental hospitals into the community. Colombia received support to strengthen its institutional capacity to implement community-based mental health services. In Belize, a national mental health plan is being implemented. Trinidad and Tobago approved a national mental health plan and designed an action for its implementation.

As part of the Global Campaign Against Epilepsy and in collaboration with the International League Against Epilepsy and the International Bureau for Epilepsy, PASB supported the development of a training module for primary care doctors and nurses to detect and manage epilepsy as well as the development of questionnaires to assess changes in knowledge, attitudes, and practices after training. In preparation for a demonstration project to be launched in 2001, two pilot studies were conducted in Argentina to field test both the feasibility of the module and the provision of informational materials to both teachers and the general public for early detection and referral of possible epilepsy cases. The creation of self-help groups for epileptics and their families was also promoted.

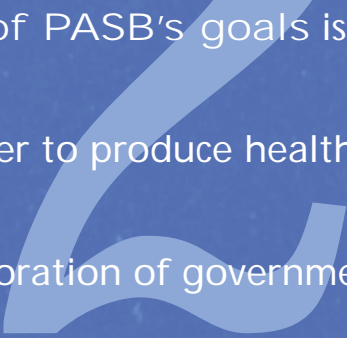
*PASB has worked with ministries of health in the Americas to improve the physical and psychosocial conditions of older persons living in long-term care facilities. This approach is part of the Bureau's many-pronged initiative to promote the health and well-being of the Region's elderly, bringing the hope of health, dignity, and autonomy to old age.*



PASB supported the shift of family health and population programs from a birth-control orientation toward a more comprehensive sexual- and reproductive-health orientation. Action plans have been drawn up in the countries with the participation of NGOs, community-based organizations, and government agencies with special interest and activities in this area.

PASB facilitated technical cooperation with and among Member States that widely disseminated the concepts and practices of health promotion and protection. Lessons learned in Canada and other countries highlight the essential components for the development of effective and successful health promotion activities—a strong conceptual framework and the engagement of academic institutions with explicit research agendas and programs for training and developing human resources in health promotion. In the future, these aspects will be further developed and strengthened in the context of the Mexico Declaration.

# Health in Human Development



One of PASB's goals is to cooperate with Member States in order to produce health as a social good that results from the collaboration of governments, public institutions, the community, and civil society.



Health promotion is unquestionably a key element for bringing about equity and sensitizing the population; it is also essential for advocating policies that seek to improve the health situation by influencing its socioeconomic determinants and modernizing health systems in the Region.

The main challenge facing the health sector is that of overcoming inequities in health status and in access to health care. Because inequities in access to health care are, in turn, a reflection of the Region's prevailing social inequities (economic, political, ethnic, and gender), the health and human development approach targets its work to those charged with formulating public policies that have an impact on living conditions and human development, including those policies related to the countries' health systems.

Poverty can only be fully eliminated by increasing equity. This is the thinking that drives the current political agenda for development in the Region of the Americas. It is now widely recognized that in order for certain social groups to overcome their development lag, inequalities in access to education and health services and in political representation must be redressed. This understanding has sparked renewed interest in formulating public policies and programs to combat poverty, especially those that will benefit the most underserved groups in the countries of Latin America.

PASB has embraced the concern, as have the governments of the Americas, for mitigating poverty and is, therefore, directing efforts toward reducing health inequities. A significant portion of the Bureau's technical cooperation currently centers around the issue of equity and health.

To that end, it must identify and combat the factors that threaten the population's overall health and strengthen those that foster it, promote healthy public policy, support the creation of healthy environments, and strengthen the power of communities.

## Building Healthy Public Policy

Health systems the world over are being reexamined and, in many cases, reformed. These reform processes aim to improve the population's health and foster the participation of various sectors in planning, implementing, and evaluating public policies that benefit health.

One of the Bureau's strategies is to support initiatives emanating from legislative bodies, NGOs, and civil society to promote the creation of healthy public policies and environments, in addition to strengthening the power of the community and developing the personal skills of its members. In at least three countries—Brazil, Chile, and Venezuela—PASB has collaborated in incorporating strategies to reduce inequities in health in sector reforms.

*The main challenge for improving health in the Americas—and for PASB's work with Member States—is to overcome inequities in health status and access to health care. The task for the coming years will be to determine which groups lag behind in development and by how much. Then, inequalities in access to education, health care, and political representation must be redressed so these groups can catch up with the rest of the population. The Bureau worked with Member States to establish a sound legislative foundation for formulating healthy public policies, create supportive environments, empower communities, and reorient the health services to increase equity.*

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*Along the United States-Mexico border, these substandard dwellings offer little shelter and compromise the health of a community. Poorly constructed housing, often built on precarious terrain, is one of the manifestations of inequities in living conditions in the Region. Low access to drinking water and excreta disposal services among the poor and rural residents also is a chronic plight in the Americas.*



With a view to promoting healthy lifestyles and environments and increasing the knowledge and skills of individuals and communities to care for their health, the Bureau formulated the Plan on Health Promotion for 1998–2000, which has intersectoral collaboration and social participation as its strategic pillars.

In collaboration with the Ministry of Health of Chile, PASB designed a profile of health equity in that country, which included the development of equity indicators for environmental health. Under a collaboration agreement with the School of Social Sciences of the University of Chile, the Bureau also produced a series of reports on health inequities in the Region. Thus far, the situations in Panama and Chile have been analyzed, and reports for another 10 countries will be published toward the end of 2001.

The Bureau supported the development of macro-legislation for the health sector in Bolivia, Chile, Ecuador, El Salvador, Honduras, Nicaragua, Paraguay, and Venezuela. The last country's new constitution makes health promotion a priority in which community participation is both a right and a civic duty. It also protects families and the right of couples to decide the number of children they wish to have, and guarantees access to the information needed to exercise that right.

Also in Venezuela, the Bureau has supported the reform process launched by the Ministry of Health and Social Development. The reform seeks to establish a concept of total health and achieve the active participation of the various sectors in the formulation of legal instruments to put into effect the provisions of the new constitution.

PASB assisted the Ministry of Health of Costa Rica in formulating its National Health Policy, 1998–2002, and the National Health Plan, 1999–2004. The first document defines the policies and strategies for health promotion and disease prevention that are to guide the comprehensive health care model, while the second outlines the model's objectives, financing sources, those responsible for carrying out activities.

In other countries, PASB has promoted the strengthening of legislation relating to issues such as blood banks and mental health. With WHO, the Bureau has deepened its collaboration in the area of health and human rights.

In Bolivia, Brazil, Colombia, Nicaragua, and Peru, the Bureau carried out a multi-center research project on inequities in health, which is based on an analysis of results of household surveys of living conditions and on demographics and health. This pioneering study in the Region aims to measure inequities in health, access to and use of services, and family expenditures on health, as well as to compare the results worldwide. The conclusions are expected to make a valuable contribution to the measurement and surveillance of health inequities and to the formulation of policies aimed at reducing those inequities.

To guide PASB's work on public policies that effectively address health inequities linked to race or ethnicity, a study focusing on the status of the Latin American population of African descent was initiated. The results of this study will be submitted for regional consultation by experts, political leaders, and community representatives.

The PAHO/WHO country offices work closely with the legislatures and with local and municipal institutions in the Region to promote the development of a holistic model of health that incorporates the participation of all sectors in the formulation of policies on equity and quality of life. Through its technical cooperation, the Bureau stimulates legislative initiatives to promote new health strategies throughout the Americas, including legislation aimed at modernizing and introducing innovations into municipal administration with the objective of establishing healthy municipalities in the Region.

In Brazil, Canada, Ecuador, El Salvador, Mexico, and the United States, support was provided for training to measure and analyze inequities in health, as well as to develop and analyze policies designed to reduce those inequities.

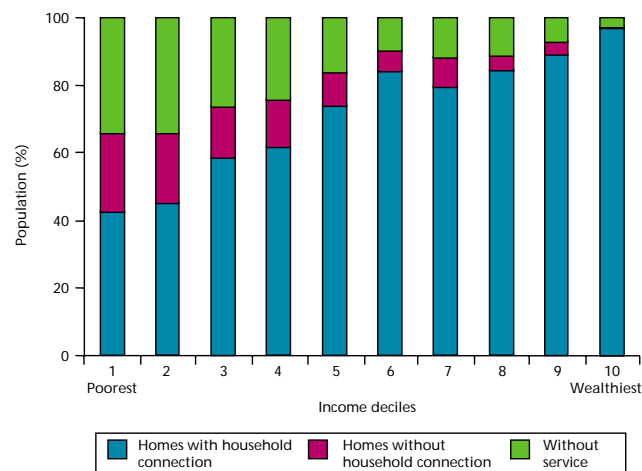
In collaboration with WHO, PASB initiated a study on health and poverty reduction policies in 19 low-income countries in the Region; the study was designed to detect and analyze the synergy and complementarity between these two types of policies. It is part of the Bureau's efforts to place health at the forefront of poverty reduction policies and incorporate poverty reduction into health policies. At the same time, this study will serve as the basis for the poverty reduction strategies that Member States will adopt in the coming years, especially those that are included in the Debt Initiative for Heavily Indebted Poor Countries.

Inequity manifests itself in various ways. Differential access to potable water, for example, is widespread throughout the Region. As Figure 1 illustrates, the poorest people have the least access to potable water. In Peru in 1997, in the poorest decile—as measured by household income—only around 40% of the population had adequate access to potable water through house connections, versus 90% of the population in the highest-income decile. The situation with regard to availability of adequate excreta and solid waste disposal systems, as well as housing conditions among the poor (dirt floors, substandard walls and roofs, and other conditions not conducive to a healthy life), is similar.

## Health Accounts, Regional Integration, and Health Legislation

Within the framework of the PAHO/IDB/World Bank Shared Agenda for Health in the Americas and with the collaboration of WHO, the OECD, USAID, and SIDA, PASB supported the countries of the Region that are taking part in the second phase of the

FIGURE 1. Population (%) with access to water, by annual household income, Peru, 1997.



Source: Pan American Health Organization. Desigualdades en el acceso, uso y gasto en el agua potable en América Latina y el Caribe. Perú, Serie de Informes Técnicos No. 11. Washington, D.C.: PAHO; 2001.

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health accounts initiative. The initiative, which will provide a basis for analyzing and conducting international comparisons of public and private expenditure and financing in the health sector, is a tool of tremendous importance for the equitable allocation and macro-management of public and private financial resources. The goal for 2002 is for all the countries of the Region to have at least an initial estimate of their respective health accounts. The results will serve as input for the databases of the cooperation organizations involved.

As part of this effort, studies on spending and financing for health care services for women were undertaken in collaboration with IDB and the World Bank. With the ISALUD Foundation of Argentina, a methodology was developed for estimating national expenditure on and financing for drugs.

In collaboration with WHO, IDB, the World Bank, and the Mexican Health Foundation (FUNSALUD), support was provided for the training of national technical personnel from most of the Latin American countries on the OECD methodology for estimating health accounts, which has been adopted by PASB. In addition to several technical reports on household health surveys, the Bureau published the OECD manual on health accounts.

PASB disseminated, via its website, the database on national health expenditure and financing, which contains detailed information on public and private spending on health since 1980 in all countries of the Region. This database will also be made available electronically on the web page of the Shared Agenda.

Bearing in mind the health implications of regional integration and trade liberalization movements, PASB continued to assist the Region's countries in incorporating their health priorities into agreement negotiations related to the two processes. This support was offered in conjunction with WHO and the United Nations Conference on Trade and Development in the framework of the World Trade Organization, MERCOSUR, the Andean Community, SICA, the Caribbean Community, the Latin American Integration Association, and the Free Trade Area of the Americas.

This issue was the subject of the Seventh Course/Workshop on Health Legislation, conducted in Mexico jointly with the Inter-American Center for Social Security Studies. Participants from most Latin American countries attended the workshop. In addition, the book *Acceso a los servicios de salud en el marco del tratado de libre comercio de América del Norte (TLC)* [Access to Health Services in the Framework of the North American Free Trade Agreement (NAFTA)] was published. The book analyzes, from a legal standpoint, NAFTA's implications for the reduction of inequities in access to health services for the most vulnerable populations.

In cooperation with several PAHO regional centers and the Regional Health Legislation Network, the Bureau continues to update the LEYES database of health legislation in Latin America and the Caribbean on PAHO's website. The database currently

*Working through the health accounts initiative, which is part of the PAHO/IDB/World Bank Shared Agenda for Health in the Americas, expenditures and financing for health care services for women were measured. This sort of research is critical for determining inequities in access and quality of health care for women—and for formulating policies to address them.*





contains more than 10,000 records of health legislation from the Latin American and Caribbean countries.

## Bioethics

PASB has conducted studies on bioethical aspects of health legislation and is continuing to study bioethical components of Latin American biomedical publications. Among the activities undertaken for the promotion of bioethics, one of the most noteworthy is the publication of the first issue of the series *Acta Bioethica*, following a lengthy and complex process of defining objectives and obtaining articles. In addition, three information bulletins, a book, and various working documents were produced.

The Bureau, together with several other international agencies, made an important contribution to the revision and dissemination of the Spanish version of the operating guidelines for ethics committees that review biomedical research, developed by the UNDP/World Bank/WHO Special Program for Research and Training in Tropical Diseases, and the drafting of guidelines for the Council for International Organizations of Medical Sciences for the regulation of research involving human subjects. It also continued to conduct the series of workshops on bioethics instruction, which were offered in nine countries (Argentina, Bolivia, Colombia, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, and Mexico) during 2000, in collaboration with the respective PAHO/WHO country offices.

## Creating Supportive Environments

The monitoring of health interventions is an important component of the creation of healthy environments. In collaboration with the Ministry of Health in Chile, the Bureau worked to develop social indicators and identify risk factors and health impairments that will facilitate assessment of the progress of health interventions aimed at achieving the country's health goals.

PASB carried out a study on the legal framework for decentralization as means to establish equity policies in the Region. The objective is to contribute to the consolidation of a national public system in which the federal, state, and municipal levels act in a complementary and harmonious manner; strengthen decentralized administrative practices; and disseminate proposals for creating a social model of health—all of which are essential aspects of the Bureau's work in the area of health promotion.

### **Argentina Promotes Healthy Prisons**

The fundamental principle underlying Argentina's healthy prisons project is that everyone living and working in federal prisons has a right to do so in a healthy environment. The project's components include health promotion, medical care, epidemiological information, strategies aimed at special populations (e.g., adolescents and children of women prisoners), definition of responsibilities, ethical treatment of inmates, and protection of inmates' human and legal rights. The main areas of work—all targeted through a health promotion approach—are mental health, drug addiction, and communicable diseases.

The following groups participate in the project: an interinstitutional and interdisciplinary team; a network of partners that guide and support this team through intervention modalities, monitoring, and evaluation; and prison personnel, who participate in training, are present during the activities, and supply information on specific needs.

The project is overseen by the criminal policy and penitentiary affairs divisions of the Ministry of Justice and Human Rights, and is supported by the Department of Health Policy and Regulation within the Ministry of Health and by PASB. The project seeks to respond to the high demand for clinical, traumatologic, psychiatric, and psychological care among the incarcerated, and to reduce the high rates of violence; alcohol consumption of alcohol, psychoactive and other drugs, and tobacco; and the risk of HIV transmission.

## **Strengthening Community Action**

The Organization has continued to work to empower communities and reduce inequities in health in the Region. As a key part of these efforts, it has advocated for the inclusion of these issues as essential components of the political agendas of the Latin American Parliament, the Andean Parliament, and the Central American Parliament.

In Colombia, the Bureau published *Promoción de la salud: cómo construir una vida saludable* [Health Promotion: How to Build a Healthy Life], which analyzes theoretical and practical concepts of health promotion in the pursuit of equity in the community. Also in Colombia, PASB carried out a project on communications and information for healthy aging, through which 200 older adults (residents of low-income communities) were trained in communications design and production for project management, which has generated opportunities for improving their living conditions.

As a way to systematize health promotion activities in schools and communities, the Bureau supported the establishment of health promoting schools in Brazil. The healthy businesses and industries project fostered the development of a culture of health that includes improvement of quality of life through promotion of healthy habits, self-esteem, environmental health, and prevention of chronic diseases.

In Colombia, the mayor's office in Mesitas del Colegio is carrying out a food security project that includes the donation of livestock to the rural population. The goal is to improve quality of life for the community by having its members participate in the design and development of social projects. The project already has led to greater awareness among participants of the need to improve their nutritional status and identify risk factors for health. In addition to PASB, the Colombian Social Security Institute and the Secretariat of Health of Cundinamarca are taking part in the project.

The mass campaign against dengue carried out in the Dominican Republic is another successful example of community participation. By means of house-to-house visits, it was possible to improve the techniques that families were using for the periodic cleaning of water containers by introducing a new chlorination technique and the use of brushes to clean container walls. The strategy began in the city of Santo Domingo, but during the period of highest dengue incidence (July–October), it was conducted throughout the country.

## Developing Personal Skills

To support the development of personal skills in the area of equitable health and human development, the Bureau disseminated information for use in the promotion and implementation of policies dealing with these issues.

As part of this effort, two books were published: *Gobernabilidad y salud: políticas públicas y participación social* [Governance and Health: Public Policies and Social Participation] and *Negociación del desarrollo sanitario* (the Spanish translation of WHO's *Negotiating Health Development: A Guide for Practitioners*). PASB also disseminated the negotiation methodology in the fields of health development and integration agreements through workshops in the countries of Latin America. This methodology may prove useful in training activities related to health and poverty reduction policies and in the negotiation of regional integration agreements.

## Disseminating Technical Information

An important effort to disseminate information was carried out in Mexico, where five PAHO/EURO/WHO monographs were distributed. These publications contain technical information on various issues relating to drinking water: water and health, water during emergencies, leaks and water meters, water disinfection, and source protection.

With support from PASB and the World Bank, a project on air pollution and human health was launched in Mexico City; it aims to contribute to the integrated and participatory design of an environmental management policy for the government of the

*The elderly are another population group that often receives below-par care. PASB targeted health promotion efforts toward empowering older persons in the Americas. In an innovative project in Colombia, 200 elderly residents of low-income communities were trained in the design and production of communications projects, an effort that has already paid off in improving their health conditions.*



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TABLE 1. Distribution of PAHO/EURO/WHO monographs on topics relating to drinking water, Mexico, 2000.

Distribution sites and recipients	Number of sets distributed
Fourth Annual Convention of the National Association of Water and Sanitation Companies	1,000
Seventh National Meeting of the Healthy Municipalities Network, Zacatecas	1,500
Third Thematic Meeting on Healthy Municipalities, Morelia, Michoacán	800
Sixteenth National Hydraulics Congress, Morelia, Michoacán	800
Meeting of the Mexican Society of Public Health, Tuxtla Gutiérrez, Chiapas	200
Public Health Services, Mexico City	500
Municipal Presidents of the Healthy Municipalities Network	3,600
Chiefs of municipal water and sewerage services	2,000
University libraries (various states)	200
Health services (various states)	720
National Autonomous University of Mexico	100
Mexican Social Security Institute	100
Others	130
<b>Total</b>	<b>11,650</b>

*In Havana, Cuba, a technician at the National Center of Housing and City Planning prepares to gather information. To help disseminate technical information more efficiently, PASB has tapped into technological advances that can reach ever-larger audiences faster. For example, through a strategy known as DECIDES, electronic technology offers various social actors the widest possible access to information that they can use to build individual and collective health.*



Federal District. Applying an ecosystems approach, the project sought to analyze the health risks from air pollution in the metropolitan area of the valley of Mexico, estimate the magnitude of the damage, and assess social perceptions.

In a study of pollution perceptions, a sample of almost 4,000 people were asked what the objective of air pollution reduction programs is: 40% responded that the objective is health, 30% said the objective is ecological, and 27% answered that the objective is political. As for the credibility of information on air quality, 63% said they thought the information provided was true.

PASB's technical cooperation priorities in the area of scientific and technical development are to strengthen scientific infrastructure in the countries of the Region and to forge closer ties between that sector and other sectors of society. Among the main lines of work for achieving these objectives are the development of research agendas that respond to the main health problems and needs, the creation of networks for collaboration among research institutions, and the establishment of mechanisms for disseminating and transferring research results to decision-makers and the general public.

PASB, through the Latin American and Caribbean Center on Health Sciences Information (BIREME), coordinates a regional network that enables a wide range of users to access scientific and technical information, which provides support for decision-making in the planning, formulation, and implementation of public policies. Since BIREME entered the cyber revolution by offering virtual libraries and electronic ser-

vices, the information it provides is available not only to health professionals, but also to decision-makers and the general public.

In addition to its traditional services as a library—it offers access to leading medical publications from around the world, including 600 published in Latin America—BIREME has developed and coordinated the implementation of the Virtual Health Library (VHL). The VHL is a collection and network of sources of scientific and technical information on health, operated cooperatively on the Internet by producers, brokers, and users of health information in the countries of Latin America and the Caribbean. Its objective is to make health information available on an equitable basis by maximizing the capacity of the Region's libraries and documentation centers to access information sources, regardless of their physical location. At the same time, the VHL makes it possible to dynamically enlarge collections, minimize duplication, and offer higher quality products and services.

A document delivery service (SCAD), the Scientific Electronic Library Online (SciELO), listserves on equity and gender in health (which include health information locators), and sites devoted to specific topics are some of the new services BIREME is offering through the VHL to respond to the need for interactive communication on health in the Region.

As part of this effort, BIREME has developed new products based on the concept of virtual libraries, such as BVS-Adolec in Brazil ([www.bireme.br/bvs/adolec](http://www.bireme.br/bvs/adolec)), which has served as a model for the operation of other specialized online sites. Some coun-

### **The Youth House of Sucre, Bolivia**

In response to the problems of youths in Sucre, Bolivia, PAHO, the W.K. Kellogg Foundation, and the Pan American Health and Education Foundation (PAHEF), together with local authorities, developed the healthy adolescence initiative. The strategy for the initiative seeks to pool the work and resources of diverse institutions in a collaborative effort aimed at fostering conditions and opportunities to enable young people to fully realize their potential.

Dialogue was promoted to strengthen existing youth groups and form new ones, and a coordinating entity was established, which facilitated broad citizen participation. Gradually, the initiative was consolidated and young people began to participate actively in promoting environments and behaviors conducive to health and local development. Sports, culture, ecology, health, education, technical and professional training, production and employment, social communication, leadership and formation of microenterprises are some of the areas of youth action.

This successful experience has begun to spread to other municipalities seeking to nurture a population of adolescents and young people who are healthy and who are committed to their own comprehensive development.

tries, such as Mexico, have begun to construct their own national BVS-Adolec sites and, with financial support from the Bureau, a Regional site is being developed.

## Increasing the Number of Virtual Health Sites

PASB programs and specialized centers have provided support for other virtual sites on public health, healthy aging, workers' health, legislation, and toxicology, which are at various stages of development.

The cooperating centers have kept up their their contributions to the Latin American and Caribbean Health Sciences Literature (LILACS) database, adding close to 23,000 new entries per year. The database now has a new format for data entry, which will be disseminated to the countries of the Region after a trial period.

By the end of 2001, 200 new scientific journals are to be incorporated into the SciELO network as part of the effort to promote BIREME's participation in communicating and disseminating technical and medical information aimed at influencing decision-making and public policy formulation.

These lines of work are expressed in a cooperation strategy known as DECIDES (the Spanish acronym for "Democratizing Knowledge and Information for the Right to Health"), which uses new communication technologies to promote the production of and access to information that can be used by diverse social actors to actively build individual and collective health. The premise underlying DECIDES is that broad access to scientific and technical information is necessary for health promotion.

The conceptual and methodological foundations for DECIDES were developed in 2000, and specific projects for its implementation have been formulated, such as a project on the Mexico–United States border. In addition, support services have been created to assist investigators in mobilizing funding for research projects. A recently launched electronic information system—known as CVLACS (Curriculum Vitae of Latin America and Caribbean Health Researchers)—includes data on the training and publications of investigators in the Region. Its objective is to promote communication and interaction among investigators, research institutions, and post-graduate training programs, thereby facilitating exchange and collaboration between them.

Another initiative in the area of research is the establishment of agreements with institutions in the United States and Europe to facilitate exchanges of investigators and the development of collaborative projects on topics of interest for health promotion. Examples include agreements with the Carlos III Institute in Spain (where six Latin American researchers are currently working) and an agreement with the National Institutes of Health and the Harvard Center for Society and Health, both in the United States. Agreements were also established with the Central American Program on Population and Health at the University of Costa Rica (to support the preparation of theses on equity in health in Central America), the Latin American Biology Network

(RELAB), and the National Councils on Science and Technology of Guatemala and Costa Rica to support research projects on priority topics.

## Reorienting Health Services

One of the Bureau's objectives is to help make health services more responsive to gender differences and the specific needs of both men and women.

In collaboration with the Central American and several Andean countries, and with the support of the governments of Sweden, the Netherlands, and Norway, PASB developed a model of comprehensive care aimed at addressing the problem of violence against women. The model has been put in place in 10 countries (Bolivia, Ecuador, Peru, and the seven Central American countries). In those countries, the model was subsequently expanded to incorporate more than 100 intersectoral, community-level networks, which support, counsel, and refer women who are victims of violence. The networks also organize campaigns to educate the population on violence against women and promote measures to prevent it.

The Bureau worked with Member States to develop and implement training modules, procedures for dealing with cases of violence, and domestic violence surveillance systems in the health services. It also worked to strengthen national coalitions that advocate for better laws and institutionalization of the model's goals.

As part of the United Nations interagency group for the campaign "A Life Free of Violence: It's Our Right," PASB played a leading role in the organization of a symposium aimed at mobilizing the health sector against gender violence. Intersectoral and interagency groups from 30 countries submitted reports on experiences in the health sector, from which working models were selected for presentation at the symposium.

With support from the Rockefeller and Ford foundations, PASB launched an initiative to develop, test, and implement plans to combat gender violence and instruments for incorporating gender equity criteria in health situation analysis and policy formulation. The first stage of the project is being implemented in Chile, to later be expanded Regionwide.

In eight countries (Barbados, Brazil, Chile, Colombia, Ecuador, Jamaica, Nicaragua, and Peru), the Organization is coordinating the development of research projects on gender inequity in access to and financing of health services in the context of health sector reform.

The Organization also offers—in print and on the Internet—publications, databases, and reference materials, such as a training guide on gender, health, and development (in English and Spanish); various publications relating to the project on domestic violence; the Spanish translation of *Ethical Guide for Research on Domestic*

*In Honduras, women attend a community meeting on domestic violence. In the Central American countries and in three Andean countries, PASB, working with the governments of Sweden, Norway, and the Netherlands has set up a comprehensive care model to address violence against women. The project brings together more than 100 intersectoral networks at the community level, which support, provide counsel, and refer women who have been victims of domestic violence to the appropriate health, social, and legal agencies.*



### **In Guatemala the Government and Indigenous Groups Work to Promote Equity in Health**

Between 1995 and 1999, PASB, Guatemala's Ministry of Public Health and Social Assistance and that country's National Indigenous Institute, with support from the Government of Sweden, developed a model of care and health promotion in nine predominantly indigenous communities. Groups of women in these communities organized themselves in councils and participated in training courses to promote both modern and traditional health care. These councils played an active role in promoting preventive measures such as gynecological exams and child vaccination. The model also includes referral to modern and traditional practitioners and provision of traditional remedies in health centers.

This approach served as the basis for a project that promotes cultural exchange and gender equity in health reform throughout Central America. The proposal was developed with the participation of indigenous groups and the health sector in the countries and was submitted to the Government of Norway for financing. The project promotes the active participation of government and civil society in the production and analysis of information on gender inequity in health and health care, strategic communication of the results to key audiences, and monitoring of implementation policy and the reform process.

*Violence; Women, Adolescents and Tobacco* (in English and Spanish); and several instruments to combat intrafamily violence. In addition, PAHO published *Domestic Violence: Women's Way Out* (the English translation of *La ruta crítica que siguen las mujeres afectadas por la violencia intrafamiliar*) and the Spanish translation of the Harvard University series on gender and equity in health.

The GENSALUD electronic discussion group on gender and health (gensalud@paho.org), which currently has 330 subscribers, provides information on Internet sites, publications, conferences, and much more. A monthly bulletin also is distributed to all members.

PASB's competition for financing of projects on gender equity in health sector reform processes also bears mentioning, given its importance for health promotion. A committee of experts evaluated 61 proposals, from which it selected six for funding. The selected proposals came from Barbados, Brazil, Colombia, Chile, Ecuador, and Peru.

With support from the Government of Sweden, PASB carried out four research projects on gender and quality of care in four Central American countries (El Salvador, Guatemala, Honduras, and Nicaragua) between 1999 and 2000. Based on a protocol designed in Argentina and Peru, in each of the four countries the studies detected gender differences in the way men and women perceived their degree of illness, how this affected their care-seeking behavior and treatment follow-up, and how health care providers perceived their male, as compared to their female, patients. Diabetes



was used as a tracer condition in El Salvador and Nicaragua, while tuberculosis was used in Guatemala and Honduras.

The results of the studies were disseminated in reports and meetings with politicians from three countries and were incorporated into training for health care providers. In Nicaragua, the process culminated in the creation of support groups for women with diabetes; in Honduras, the National Tuberculosis Control Program incorporated a gender perspective into its principles.

The Government of Germany supported an operations research project in four Central American countries, which consisted of participatory studies of knowledge, attitudes, and practices of men with regard to their reproductive situation and that of their families. Based on this information, groups of men and other groups will coordinate, together with the ministries of health, the development of models for male participation in a health center and a recreational sports center. The results were published in an article in the *Pan American Journal of Public Health* (June 2000) on men's participation in reproductive health programs.

PASB developed standard systems of health surveillance for men and women who work in the export industry, with a view to mainstreaming gender in health policy and planning in the framework of the Central American project PLAGSALUD (Project on Occupational and Environmental Aspects of Pesticide Exposure in Central America).

*In Quetzaltenango, Guatemala, a group of indigenous women meet to discuss health issues. The Bureau has long worked to improve health conditions of indigenous peoples, one of the groups that suffer the deepest inequities in the Region. In many of the countries with a high proportion of native peoples, such as Guatemala, PASB has joined forces with ministries of health, indigenous institutions, and NGOs working on indigenous issues to empower indigenous communities and increase equity in their health conditions and care. An important component of this effort has been the incorporation of traditional health care practices into the overall health care of these communities.*



# Environmental Protection and Development

PASB participated in many environmental protection and development activities in fulfillment of the agreements established under Agenda 21, the Pan American Conference on Health and Environment in Sustainable Human Development, and the various Summits of the Americas.



## Building Healthy Public Policy

### Workers' Health

Within the framework of the Regional Plan on Workers' Health adopted by the countries in 1999, an instrument for standardizing legislation on workers' health in the Central American region was created and will be presented to the International Labor Organization (ILO), the Commission for Labor Cooperation of the North American Free Trade Agreement, and the ministries of labor.

Belize updated its National Plan for Workers' Health, 1996–2000 and revised legislation on environmental health. Cuba implemented a strategy of primary care for workers' health in the Cienfuegos manufacturing sector, in which 16 industrial centers participate. In Haiti, a joint evaluation of the plan for workers' health was completed. In Uruguay, a national workshop on coordination, assessment, and strategies for improving occupational health was conducted in October 2000. Workshop conclusions, which examined technical, policy, union-related, management, and community issues, are guiding technical cooperation activities in 2001.

### Water, Sanitation, and Solid Waste

Using a 1998 data base, during 1999 and 2000 PASB coordinated "Evaluation 2000," an assessment of drinking water and sanitation services in the Region of the Americas. That exercise, which was part of the global evaluation undertaken jointly by WHO and UNICEF, showed improvements in drinking water and sanitation coverage. Between 1988 and 1998, water supplied through house connections or easily accessible sources rose from 80% to 85% in Latin America and the Caribbean, while sanitation by means of sewer systems or other options increased from 66% to 79%. Figure 1 shows the trend of the coverage of these services over the last 40 years.

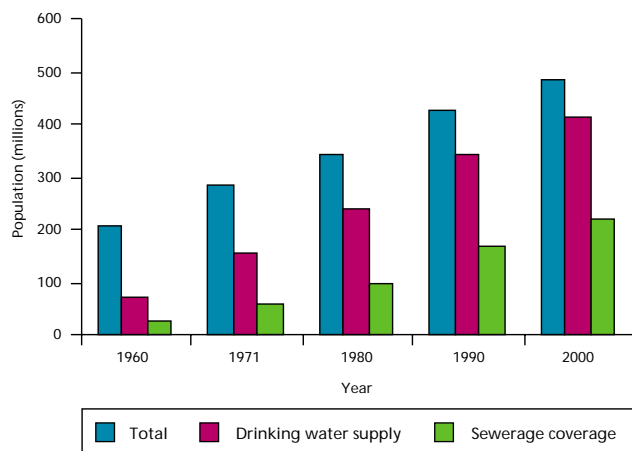
Nevertheless, despite progress achieved in the Region's water supply and sanitation coverage, 77 million people still lack easy access to adequate water, and 103 million lack good sanitation options. In Latin America and the Caribbean, 50% of the countries that have information on uninterrupted water supply in urban areas report disruptions in service. In rural areas, the percentage of population without adequate access to water and sanitation is five times higher than in urban areas. Moreover, only 49% of the population has house connections to sewer systems, and just 14% of the effluents from these systems receive any treatment prior to discharge. This situation poses a threat to the sustainability of water resources and makes it much more difficult to ensure a supply of high-quality water that poses few health risks.

The 27th International Congress of the Inter-American Association of Sanitary Engineering (AIDIS), held in Porto Alegre, Brazil, in December 2000, recommended the

*Despite impressive advances in drinking water coverage throughout Latin America and the Caribbean, there are inequities in the availability of safe drinking water. The roughly 77 million persons—most of them rural residents—who have no easy access to adequate drinking water must face many health risks. The task of collecting water for the family, sometimes over vast and difficult terrain, mostly falls on women and children, such as this boy filling his container from a community standpipe. PASB has conducted studies and established strategic guidelines to expand coverage and sustain quality control and monitoring of drinking water in the Americas.*

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FIGURE 1. Drinking water supply and sewerage coverage in Latin America and the Caribbean, 1960–2000.



immediate adoption of legislation aimed at guaranteeing the supply of basic environmental sanitation services. During 2000, PASB conducted a study that provides figures and criteria for decision-making aimed at reducing inequalities in access to and use of drinking water services in 11 countries, and also established strategic guidelines for technical cooperation that give priority to the areas of reform and modernization of the sector, regulation, private sector participation, sustainability, expansion of coverage, wastewater treatment, and quality control and monitoring.

In addition, PASB promoted and coordinated baseline studies to identify problems and facilitate national initiatives, and it prepared and launched a plan to compile and record information on legislation and quality standards for water in the Region. The Government of the Netherlands Antilles issued a ministerial decree adopting the health measures recommended by PASB for

control of the bacteriological quality of drinking water. Peru adopted a law on development of the sanitation sector as part of its reform process and also enacted the General Law on Solid Waste, proposed and formulated according to the needs identified in a sectoral analysis coordinated by PASB and the Ministry of Health. The Bureau actively promoted the adoption of a law on water resources in Suriname. In Venezuela, PASB supported the ministries of infrastructure, of environment and health, and of social development in drawing up a plan for investing US\$ 75 million in the solid waste sector, also based on a prior sectoral analysis. In addition, the Bureau completed the preliminary documentation for an evaluation of solid waste services to be carried out in 2001 with the collaboration of the Inter-American Development Bank (IDB).

The Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS) has worked with the United States Environmental Protection Agency (EPA) on draft guidelines for assisting the countries in developing programs to monitor and control drinking water. The Center also translated EPA training materials for use in courses to be given in Central America, including guidelines for sanitary inspections; a manual for inspectors of surface water systems, and a manual for inspectors of underground water systems.

Additionally, CEPIS completed a Regional inventory of wastewater treatment and use, initiated 20 case studies in 14 countries, and concluded 5 projects in Brazil, El Salvador, and Peru, using CEPIS technology for water treatment. The Center also promoted the evaluation and use of appropriate technology (table-top filters, solar disinfection, manual well-drilling equipment, rural sanitation modules, drip disinfection, and algorithms for water supply and waste disposal); provided training for water quality laboratory personnel from El Salvador, Honduras, and Nicaragua; and presented a proposal for the construction of an ocean outfall in the Dominican Republic.

CEPIS examined the guidelines for the Regional Plan for Municipal Solid Waste and enhanced the logical support, adding technical user's guides in English and Spanish, for the Automated Cost System for Urban Sanitation, which is used by municipal solid waste services. As for the Pan American Network for Environmental Waste Management (REPAMAR), planning workshops were held in the six countries that participate in the network (Argentina, Brazil, Colombia, Costa Rica, Mexico, and Peru), and Regional projects were developed.

## Creating Supportive Environments

In 2000, numerous living and working spaces benefited from environmental risk assessment and management, which are essential components of the supportive environments paradigm.

### Healthy Work Environments

In late 2000, a meeting on occupational epidemiologic surveillance for the MERCOSUR and associated countries (Bolivia and Chile) was held with the participation of senior officials from government agencies and nongovernmental organizations. The aim of the meeting was to promote projects to prevent occupational accidents, pesticide poisoning, and lower back injuries.

In Brazil, a preliminary model for healthy workplaces and environments continued to be applied. The model, developed with the support of PASB, several universities, and that country's industrial social services agency, is being applied by two Brazilian companies, and in Colombia and Costa Rica, it is being adapted for local use by small businesses. The model also was discussed in three international workshops carried out in Brazil, Costa Rica, and Mexico. The same model also was used as a basis for developing a research project for the formulation of workers' health standards for export industries in Central America, including *maquiladoras* in El Salvador, Honduras, and Nicaragua, which employ some 205,000 people, and floriculture industries in Costa Rica and Guatemala, which employ several thousand more. In both cases, women make up a large proportion of the workforce. The standards will provide mechanisms for monitoring occupational health in the workplace and will serve as a basis for public policy formulation, legislation, and advocacy at the national level, as well as for negotiating favorable terms of trade at the international level.

The Ministry of Health of Chile, with support from other entities and advisory services from the WHO/PAHO Collaborating Center at Mount Sinai Medical Center and Queens College (New York, USA), established a system for epidemiological surveillance of fatal occupational accidents. Together with the Ministry of Health of Jamaica

*Every minute there are between 30 and 50 occupational accidents in Latin America and the Caribbean, and 300 persons die each day in the Region from work-related injuries. In its efforts to offset these figures, PASB has worked with Member State governments to monitor occupational risks, accidents, and deaths; help develop healthy workplace models; and advocate for national legislation and favorable international terms of trade.*



### **Promoting Environmental Health in Schools**

As part of the work done through the healthy schools initiative, Belize strengthened primary school curricula by including topics related to environmental health and pesticides. PASB cooperated with Brazil's Health Promoting/Healthy Schools Program; the program embraces the education, health, and environment sectors, and 400 schools currently participate in it. Since August 2000, the Ministry of Education of the Dominican Republic, in coordination with the Ministry of Public Health and with PASB's assistance, has been implementing the "Human Development Promoting Schools Initiative," which seeks to increase well-being in schools. In Ecuador, a methodological proposal for a healthy schools program was completed in collaboration with UNICEF and the Netherlands Development Organization. The Bureau's cooperation with Jamaica focused on technical and secondary schools, and stressed issues relating to water, sanitation, and overall hygiene. In Uruguay, PASB established close ties with the Ministry of Health's "Education for Health" group and the new prevention unit of the National Public Education Administration.

and other entities, during 2000 PASB promoted the healthy hotels initiative, which seeks to provide information on good hygiene practices in order to enhance the reliability of the tourism sector. In Venezuela, the steel industry continues to use the logical support for the Workplace Health Information System for Surveillance and Detection of Occupational Risks (WIZARD) to monitor exposure to dust and noise, as well as ergonomic problems.

## **Healthy Communities and Primary Environmental Care**

The healthy municipalities movement and the strategy of primary environmental care (PEC) are two PAHO-promoted initiatives that are linked to and mutually reinforce each other in the countries of the Region. PEC is now well known internationally, nationally, and locally.

The Center for Education, Research, and Documentation, which has been operating at the University of São Paulo, Brazil, since October 2000, facilitates access to scientific and technical information on healthy cities and municipalities, with support from the Ministry of Public Health and BIREME. In March 2000, with the collaboration of PASB, the University of São Paulo also launched a joint four-year project with the government of Bertioga, a resort city in the state of São Paulo, to design strategies for promoting the social development and improving the quality of life of the community's population. Numerous workshops and a survey of the most serious environmental and social problems have already been conducted as part of the project.

In Chile, the Bureau supported communication between the Municipal Primary Environmental Care Network and the recently created Latin American Network of Municipalities for Primary Environmental Care, and it facilitated exchanges between young people from Chile and Argentina for the formation of ecoclubs. In Costa Rica, PASB helped create the Healthy and Ecological Cantons Network, in which 50 of the country's 81 municipalities currently participate. The Network is having a positive impact on the environment and health at the local level. With a view to fostering capacity for planning and execution of actions in this area, for the past four years the PAHO/WHO prize "Healthy Cantons of Costa Rica" has been awarded; 23 projects competed for this distinction in 2000. In Cuba, the PEC strategy is being applied in 23 municipalities. Most of the activities in that country have been geared toward the improvement of drinking water quality, elimination of solid waste, and community education. In keeping with the PEC strategy and as a complement to the responsibilities of city councils, the Dominican Republic has undertaken several community projects aimed at improving environmental health. Projects in the municipalities of Higüey and Baní, for example, have dealt with solid waste problems, while in the municipality of Salcedo efforts have been directed toward cleaning up the La Juana ravine. In both Argentina and Peru, healthy jails programs were initiated.

In Ecuador, in the framework of the healthy municipalities movement, activities were carried out in Quito, Riobamba, Guamote, Cotacachi, and five cantons of Loja province, where the project "Development of Healthy Spaces" has been under way since 1998. In southern Ecuador and northern Peru, PASB promoted the healthy municipalities movement with border communities. It also promoted the PEC strategy, with active community participation, in Peru, where district and municipal networks for sustainable development were formed in the northern and southern border areas (Tumbes, Piura, Sullana, and Tacna). Results have ranged from clean-up of canals to the improvement of water supply and sewerage services, collection of solid waste, and reduction of pesticide contamination.

With support from PASB, from January through May 2000 the Ministry of Public Health of Paraguay carried out a participatory environmental assessment in the framework of PEC in Atyrá—a city that received the "healthy city" designation in 1997. Young people and representatives of churches, industry, and schools, together with municipal technical experts and the national police force took part in the assessment, analyzing environmental problems and their impact on the health of the population.

CEPIS developed the contents and completed several sections for a publication on the effects of the environment on children's health in the Region; it also concluded six research projects in the countries and is executing seven other studies on children's health in relation to the environment. In addition, the Center strengthened monitoring of 163 water disinfection systems in Peru, which supply 488 communities with more than 244,000 inhabitants; incorporated 15 countries into a regional project for



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the improvement of environmental conditions in indigenous communities; and carried out PEC strategy demonstration projects in Tacna (on the Chilean-Peruvian border), Suyo, and Aguas Verdes-Huaquillas (on the Ecuadorian-Peruvian border), the latter in the form of technical cooperation among countries.

## Housing and Health

PASB supports the creation and development of health in housing centers, and also promotes the operation and expansion of the Inter-American Network of Health in Housing Centers as a means of disseminating information and exchanging knowledge. Ten countries have joined the network since its founding in 1995. The Bureau is currently providing support for the creation of centers in Guatemala, with the University of San Carlos; in Brazil, with the National Health Foundation and the Oswaldo Cruz Foundation; and in Canada, with the Canada Mortgage and Housing Corporation. Two new centers also have opened recently, one in El Salvador and another in Haiti.

These centers accomplished a great deal in 2000. For example, the center in Bolivia implemented measures to control Chagas' disease through improvements in rural housing in various communities; in Chile, the center offered psychological support services for women living in precarious housing in shanty towns; in Venezuela, the center's design of healthy rural housing has raised the quality of life for thousands of people; and in Cuba, in one year, the center succeeded in eliminating dirt floors from more than 30% of rural housing.

The Fourth Meeting of the Inter-American Network of Health in Housing Centers took place in August in Buffalo, New York (United States), and the network's website is now available in an easily searchable version that includes a classified directory of centers (<http://www.cepis.ops-oms.org/eswww/saluvivi/vivsalud/vivsalud.html>). All the national projects to be incorporated in a multicenter project of the Network are currently being reformulated.

Since May 2000, under an agreement for technical cooperation between Ecuador and Cuba on health in housing, a degree program in environmental health has been offered on the Internet. Thus far, 180 students from Cuba and 58 from Ecuador have benefited from the program.

With support from PASB, the health in housing centers presented nine reports that provided national assessments of the situation of health in housing, and four additional reports are currently being drafted. The data compiled are to be used to prepare a Regional prognosis for health in housing, coordinated by the center in Bolivia and PASB. The center in Cuba has developed a guide that is being applied to assess the health in housing situation in the municipality of Sagua La Grande in that country and also in Quito, Ecuador. The Peruvian Housing, Environment, and Health Network has recently begun a study on the economic aspects of healthy housing, focus-

*After losing her home to flooding, a Venezuelan woman travels with what is left of her worldly possessions. Latin America has a shortfall of 40 million housing units, and this tally continues to climb due to natural disasters, climate changes, and political and social upheavals. Because it will tackle such aspects as water and sanitation services and the environmental soundness of building sites, in addition to dealing with the housing stock itself, the PASB-supported Inter-American Network of Health in Housing Centers offers great promise for solving the Region's housing crisis.*



ing in particular on the cost of housing-related health problems. In El Salvador, the center organized a workshop and later offered a course on healthy housing sponsored by the Ministry of Public Health and PASB, with the support of the Secretariat of the Inter-American Network of Health in Housing Centers.

## Pesticides and Health

The Central American countries received assistance to reduce deaths, poisonings, and contamination caused by pesticides through the Project on Environmental and Occupational Aspects of Pesticide Exposure in Central America (PLAGSALUD), which is financed by the Danish International Development Agency (DANIDA) and executed by PASB. The project has the backing of the ministries of health, of agriculture, of education, of environment, and of labor, as well as the involvement of civil society.

In September, PASB coordinated the first joint meeting of the steering and operations committees of the Comprehensive Action Program to Phase Out DDT and Reduce the Long-term Effects of Exposure in Mexico and Central America, which was held in Mexico. This program is part of the global effort to eliminate persistent organic pollutants and it has received high priority because it is one of the first programs to be financed by the Global Environment Facility (GEF). The program, which involves Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama, and Mexico, has been accepted by the GEF, which has already disbursed part of the funds solicited. PASB's role is to facilitate execution of the program. It is expected to run for approximately three years at a total cost between US\$ 3 million and US\$ 4 million. WHO, UNEP, and FAO have also offered to contribute. Strategies derived from the experience of Honduras and Nicaragua with expired stocks of DDT were among the topics discussed at the meeting.

CEPIS completed a course on prevention, diagnosis, and treatment of pesticide poisoning; conducted training courses on toxicology in Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Panama, and Peru, which have established national toxicology centers; and launched an electronic network of environmental and clinical toxicologists, which currently has 300 subscribers.

## Strengthening Community Action

As people better understand and take responsibility for health and environmental problems—the philosophy behind primary environmental care—they acquire more control over their lives. Empowerment also results from promotion activities on issues of concern to the community, such as water and sanitation.

### Central American Countries Move to Prevent Pesticide Poisoning

In an historic decision announced at the 16th Meeting of the Health Sector of Central America and the Dominican Republic (RESSCAD), held in Tegucigalpa, Honduras, in September 2000, the ministers of health of the Central American countries agreed unanimously to restrict the use of the 12 pesticides that cause most of the poisoning cases and deaths in that subregion—paraquat, monocrotophos, endosulfan, aluminum phosphate, chlorpyrifos, carbofuran, methylparathion, terbufos, methomyl, methamidophos, ethoprophos, and aldicarb. They also agreed, together with the ministries of agriculture and of environment of each country, to take steps to ban 107 pesticides that continue to be used in Central America, despite their having been outlawed at the international level. Different countries have come up with various innovative ways to reduce pesticide use and and prevent pesticide poisoning. Some examples follow.

In **Belize**, an effective control system has been operating since April 2000. Under this system, anyone wishing to buy or use any of the 40 most hazardous pesticides must obtain a certification card from the Office of Pesticide Control. To date, more than 8,500 users have received training and well over half of them have been certified. **Costa Rica** is fostering pesticide-free, organic farming. Some 30 organic crops are now being grown, and more than 9,000 hectares are being devoted to organic farming. The organic farming movement receives support from the Project for Training, Research, Adaptation, and Transfer of Organic Technology, which was launched in April 2000 with the assistance of 240 students from the Professional-Technical School of Orotina. The Government of **El Salvador** issued an executive order in June, prohibiting the registration, import, export, production, marketing, and distribution of 35 active ingredients in pesticides. This is the first Central American country to adopt such a measure, and it should go a long way to reduce acute pesticide poisonings, which quadrupled during the second half of the 1990s (2,300 cases in 1999). In **Guatemala**, an ongoing program of instruction on pesticides is under way, with the support of the PLAGSALUD project. Between May 1997 and June 2000, the program trained around 30,000 persons, targeting the six departments of the country with the greatest pesticide usage. In **Honduras**, an agreement for cooperation and coordination on pesticides was signed in 2000 by the ministries of health, of labor, of agriculture, and of natural resources. They are being assisted by several other entities, and receive support from PAHO/WHO and the German Technical Cooperation Agency (GTZ). This effort led to the publication of *Compendio de legislación de plaguicidas* (Compendium of Pesticide Legislation), whose dissemination is expected to lead to better enforcement of laws that prohibit the use of various pesticides. In **Nicaragua**, 55 local intersectoral pesticide commissions now exist; between 1997 and 1999, 5,657 cases of poisoning and 605 deaths from pesticide poisoning were reported in the country. These commissions are made up of representatives of various entities, including the ministries of health, of labor, of agriculture, of education, and of natural resources, as well as local mayors' offices. Their work in the area of the pesticide poisoning prevention, user training, and surveillance is carried out with support from the PLAGSALUD project. **Panama** gathers extremely accurate information on pesticide poisonings, thanks to its System for Epidemiological Surveillance of Acute Pesticide Poisoning, which was strengthened in 1997 with cooperation from PLAGSALUD. To date, 61 pesticides have been outlawed in that country, and annual per capita pesticide use dropped from 3.4 kilograms during 1980–1989 to 1.25 kilograms in 1999, a decrease of 63%.

## The Primary Environmental Care Strategy

The municipality of Toledo, in the state of Paraná, Brazil, was the site for the First Pan American Meeting of the Municipal Primary Environmental Care Network, held in June 2000 under the sponsorship of PASB and the municipal government of Toledo. In addition to belonging to the network, the municipal government has pioneered the development of primary environmental care centers (PECCs) in Brazil. The network was created by 20 mayors from cities in Argentina, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Guatemala, Honduras, Nicaragua, Panama, Paraguay, and Peru to facilitate coordination of environmental activities between the municipalities, the sharing of experiences, mutual assistance, training for community leaders and technical personnel, and mobilization of financial resources. The result will be wider acceptance of the PEC strategy, which PASB is promoting as a mechanism through which mayors can identify health and environmental risks in their respective communities and propose solutions, with a high degree of participation by civil society. The PECCs provide a forum for citizens to discuss environmental health problems and plan the best ways of solving them, in coordination with the local government and with the help of ecological clubs formed by children and young people. New PECCs have been established in Argentina and Chile, and the first centers were opened in Brazil, Nicaragua, and Paraguay.

Within the framework of the PEC approach, in April 2000 a national meeting of authorities responsible for intermunicipal agreements for integrated management of urban solid waste was held in Cañada de Gómez, Santa Fe, Argentina. Seventeen mayors and representatives of more than 60 municipalities in 7 provinces attended the meeting. Participants endorsed PEC principles and adopted several important resolutions. In August, also in Argentina, the Ministry of Health and PASB organized the First National Healthy Municipalities Day, in which mayors and officials from 34 municipalities discussed, among other issues, the possibilities for forming a national network. In September, representatives of 30 municipalities established the Municipal PEC Network.

Upon concluding a process of analysis and discussion in Uruguay and a workshop that took place in October 2000, the PEC strategy was endorsed and adopted as a line of work for the sectors with responsibility for environmental health, including the ministries and other government entities, universities, municipal governments, and nongovernmental organizations.

## Inter-American Water Day

The Inter-American Water Day (IAWD) was established in 1992 under an agreement between AIDIS, the Caribbean Water and Wastewater Association (CWWA), and PAHO.

*A Guatemalan farmer treks with his harvest. Agriculture is still a mainstay of Latin American and Caribbean economies, and pesticide use is an integral part of it. With improper use or overuse of pesticides come contamination of water sources, environmental damage, crop resistance to pests—and poisoning or death to people. PASB has been working with Central American ministries of health, of agriculture, of education, of environment, and of labor, as well as with civil society, in a comprehensive effort to reverse the tide of pesticide poisoning and death in the subregion.*



Its purpose is to reinforce public awareness in the Americas of the important role that water plays in our lives.

In Ecuador, 10 local groups were formed at the provincial level to design and execute a plan of action for IAWD, and contests, “wall newspaper” exhibits, educational talks, seminars, and press conferences. Marches organized in Guayaquil and Manabí also served as important means of mobilizing the public.

The national-level celebration of IAWD in Mexico was coordinated by the Ministry of the Environment and the National Water Commission. The main activities included press conferences in which regional and state directors of the commission and officials from agencies that operate drinking water and sewerage systems participated, as well as talks and conferences and drawing and painting competitions for schoolchildren. An estimated 15,000 people took part in the observance of Inter-American Water Day.

In Peru, materials were distributed to the main water and sanitation institutions. A regatta also was organized on the Rímac River, and the Second Technical Symposium on Water Measurement was held. The theme for the latter was “Every Drop Counts.”

In the Dominican Republic, an event was held at the central level under the leadership of the country’s vice president, at which two agreements were signed, one authorizing the reactivation of a water conservation program and another institutionalizing the Committee for the Celebration of Water Week.

In Uruguay, the National Sanitary Works Administration and the National Environmental Department of the Ministry of Housing held two events in Montevideo. Materials on IAWD were disseminated throughout the country by means of radio, television, and the press. The Administration also printed the slogan for IAWD on its water bills for October.

### **Schools Observe Inter-American Water Day**

In Ecuador, the central zone of the Metropolitan District of Quito and the Municipal Drinking Water Company developed print materials and cassettes for 10,000 primary school students. In Mexico, a poster was designed and 8,000 copies were printed, and 2,000 copies of a document on water collection were distributed. In Peru, PASB collaborated with the Lima Water and Sewerage System in designing a poster and teaching guides (50,000 copies) for use by the Ministry of Education, and a breakfast/educational presentation was held with the participation of local authorities and 150 children. In the Dominican Republic, the Ministry of Education instructed schools across the country to carry out activities related to water. In Uruguay, workshops with the theme “Open Faucets” took place at the headquarters of the National Sanitary Works Administration and its 18 regional offices throughout the country, in which schoolchildren received information on the Administration’s functions and methods of operation. In Trinidad and Tobago, poster, essay, music, and dance contests were organized in public and private schools.

## Promotion at the Community Level

Under CEPIS coordination, the project "Health of Indigenous Populations: Improvement of Environmental Conditions (Water and Sanitation) in Indigenous Communities," continued to be executed in 15 countries, 6 of which are carrying out demonstration projects with financing from GTZ. Two subregional workshops were held, one in Lima and another in Guatemala City, as were 10 national seminars, in which close to 280 people who work in the field of indigenous health participated. In addition, CEPIS has mounted a Web page on indigenous populations. Two additional projects were proposed, one for the Central American countries and another for the Guaraní nation in the Chaco region of Argentina, Bolivia, and Paraguay.

In Argentina, PASB promoted a program of basic sanitation for the Guaraní people living in the border region of the Argentinean, Bolivian, and Paraguayan Chaco. Another project, entitled "Health of Indigenous Populations in Colombia," which was launched in the department of Guajira among the Wayuu indigenous communities in that country, has led to improvements in environmental health conditions in areas inhabited by vulnerable groups. In Peru, a project is currently under way to improve the quality of water and sanitation in indigenous communities. The project brings together the three main indigenous organizations in the country: the Inter-ethnic Association of the Peruvian Jungle Region, the National Union of Aymara Communities, and the National Council of the Peruvian Amazon, in addition to another 16 national and international groups.

### **Technical Cooperation Among Countries Benefits Three Communities in Morelos, Mexico**

In 1998, the PAHO/WHO Country Office in Mexico fostered and facilitated discussions between the Mexican Institute of Water Technology (IMTA) and Colombia's Institute for Research and Development in Water and Sanitation (CINARA), an agency that is affiliated with that country's Universidad del Valle and works in water, sanitation, and water resources. The two institutions signed an agreement, which also involved Mexico's National Water Commission, to improve water treatment in three communities in the state of Morelos: Miacatlán, Huautla, and Tres Mariás. Social science and engineering professionals from IMTA and CINARA worked in the state with institutions from the sector, local authorities, and grassroots organizations, providing training and preparing designs for water treatment plants for the three communities. The project for Miacatlán has been finalized with PASB's support, and the mayor of that community has committed resources for the construction of the water treatment system.

This is a notable example of what can be accomplished through cooperation between countries, catalyzed by PASB.

One of the most important features of PLAGSALUD has been its success in promoting environmental health in communities. In 2000, the Central American countries created more than 150 local intersectoral commissions on pesticides, which receive resources for their work and generate information on types and consequences of pesticide use, thus contributing toward protective legislation and training in the countries.

## Developing Personal Skills

PASB collaborated in training human resources, using both traditional means and innovative organizational approaches. The most important technical cooperation activities in this area are summarized below.

### The ECOAmbiental Project

This initiative, developed for the seven countries of Central America, is the result of an alliance between PAHO and the World Conservation Union, with additional support from the IDB and the Central American Bank for Economic Integration. The project—the Central American Program of Education and Communication for Health and Environmental Management—was tested at the subregional level. The ministers of health of the isthmus approved the project unanimously in September. Its central purpose is to promote efficient health and environmental management using information, communication, and education strategies tailored to the characteristics of different segments of the society.

*A battalion of ecoactivists from Atyrá, Paraguay, fan out on a mission. Young members of the city's ecoclub led an ecological movement that effectively controlled breeding sites for *Aedes aegypti*, the vector for dengue.*

### Ecoclubs

The ecoclubs movement, born in Argentina during the 1990s, flourished in 2000 with the collaboration of PASB. There is now a network of ecoclubs around Latin America involving more than 2,000 children, adolescents, and young adults. During 2000, two meetings of international ecoclub schools were held in Argentina, in which delegates from 10 countries learned more about environmental health, PEC, and techniques for working in the community. Another meeting was scheduled for February 2001 in Toledo, Brazil, to further strengthen the international ecoclub network.

The nature of each ecoclub's work is determined by the needs it identifies, which range from the proper management of solid waste to educational campaigns and efforts to combat dengue. In Paraguay, a participatory environmental assessment was



### **In Paraguay, a Community Protects its Environment and Fights Against Dengue**

In the city of Atyrá, Paraguay, between January and May 2000, a pioneering effort was undertaken to assess and cope with environmental problems in the area. An innovative approach—a participative environmental assessment—was used to fully understand the scope of environmental problems in the municipality and to bring together the work of the various actors in the municipality’s environmental affairs into a successful venture. This work, which came about at the request of municipal authorities and has PASB’s full support, has brought together members of the youth organization “Ecoclub Atyrá;” church representatives; technical personnel from the municipality; staff from the Sanitation Board and the Local Health Council; and participants from industry, the health center, and the schools. This participative environmental assessment was used to evaluate and classify the municipality’s environmental problems and its natural resource potential, the population’s vulnerability, and the responsiveness of government agencies.

Ecoclub Atyrá’s work in combating dengue at the community level deserves special mention. As a way to tackle one of the area’s pressing environmental problems, club members took on the eradication of *Aedes aegypti* mosquito breeding sites in the city of Atyrá. The leading working group was trained by entomologists and community education specialists to ready them for their “United against Dengue” campaign. Subsequently, this cadre of young people trained an additional 200 Atyrá students in how to transmit messages on dengue prevention and on how to identify mosquito larvae. In addition, an in-depth analysis of why the community had not effectively eradicated the mosquito’s breeding sites was conducted. Based on the results, a campaign to eliminate mosquito breeding sites was launched, a student was assigned to each city block to ensure that it was covered by the project, a house-to-house identification of breeding sites was conducted, and a calendar with the motto “let’s eliminate breeding sites every Saturday” was distributed throughout the community. Each week, houses were checked each week to ensure their “household free of *Aedes*” status; those that passed the inspection were given a decal confirming their status.

Together, all these activities have generated a broad-based social movement that will ensure the sustainability of environmental work in the municipality.

carried out in the community of Atyrá, thanks to the work of young environmentalists from the Atyrá ecoclub and numerous other organizations. In Chile, two national gatherings brought together the country’s 60 ecoclubs; in Guatemala, ecoclubs were established in 29 of the country’s communities, and in Panama, ecoclubs are now active in Chiriquí and Veraguas.



## Information and Training in Environmental Health

The Virtual Library on Health and the Environment is a joint initiative of PAHO and AIDIS. This Regional project, coordinated by CEPIS, is designed to expand access to information on health and the environment utilizing Internet resources. The foundation for the library is the Pan American Network of Information and Documentation in Sanitary Engineering and Environmental Sciences (REPIDISCA), which was created in 1981 and now includes 23 countries. The project's strategy is to gradually adapt REPIDISCA to the format of a virtual library. The first phase of this conversion, which CEPIS has already begun, will take place in 10 countries over three years. The objective of the virtual library is to facilitate the receipt and dissemination of specialized information on environmental health in order to stimulate technical cooperation in that field. Web pages have been created on water quality, water-treatment technologies, health of indigenous populations, toxicology, and also a project on environmental risks for child health in Latin America and the Caribbean.

CEPIS has already established a virtual library on air quality and has prepared a guide and a self-instruction manual. It also has translated and published the WHO guidelines on air quality. In addition, with AIDIS, CEPIS has begun formulating methodological guidelines for the Inter-American System for Information on Environmental Sanitation.

The distance learning course on integrated management of municipal solid waste and environmental impact continued to be offered. The course is sponsored by the Bureau together with ECLAC and five Latin American universities. The Spanish-language version was evaluated and the course was offered for the second time in 2000 in Argentina, Chile, Colombia, Costa Rica, and Mexico; the course materials in English and Portuguese are currently being adapted. In addition, an electronic network on workers' health is being developed and the creation of a virtual library on occupational health is being promoted as a means of providing information to support sound decision-making.

## Reorienting Health Services

A great many of PASB's technical cooperation activities relating to environmental protection are influencing the institutional transformation of health services in the countries of the Americas.

## Regional Plan on Workers' Health

One of the primary purposes of the Regional plan is to build institutional capacity to improve the environment and conditions in the workplace, an objective that can be achieved through prevention, promotion, care, and rehabilitation activities.

In Ecuador, the contents, methodology, and instruments for a project on primary care in occupational health were developed during 2000 with interinstitutional participation. The project received funding from another project, Strengthening and Expansion of Basic Health Services in Ecuador (FASBASE), which is being financed by the World Bank in the framework of health sector reform processes.

During 2000, Mexico aligned its occupational health promotion process with the Global Strategy for Occupational Health for All, and numerous professionals from multiple disciplines were mobilized to deal with workers' health through a preventive approach.

## Environmental Health Services in the Countries

In Central America, the second phase of the Project for Institutional Strengthening (PROFIN-II), which receives funds from the Norwegian Agency for Development Cooperation (NORAD), and the PLAGSALUD project, financed by DANIDA, are being carried out in the framework of the Program on Environment and Health in the Central American Isthmus (MASICA). During 2000, these projects have benefited operational and managerial aspects in the area of environmental health.

The activities carried out under PROFIN-II included strengthening of Belize's Department of the Environment's program for monitoring of liquid industrial effluents and support for the formulation of laws on management of hazardous waste in that country. In Costa Rica, assistance was provided for the evaluation, updating, and monitoring of the National Plan on Health and Environment in Sustainable Human Development, on which the Technical Group on Environment and Health will continue working, and the logical design of the Health and Environment Information System was completed. The final design meets the requirements of the 12 institutions participating in the system.

In El Salvador, the Environmental Health Unit of the Ministry of Public Health was restructured, and as a result an office for comprehensive attention to environmental health was created; the issue of air quality and health was incorporated as a thematic focus for the Ministry of Public Health and the Ministry of the Environment; and sup-

*Unchecked urbanization has taken a toll on the air quality of the Region's cities. Efforts to cope with air pollution include the establishment of a virtual library on air quality at CEPIS, the development of national air quality standards in El Salvador, and the use of a geographic information system to track pollution in Tegucigalpa, Honduras.*



port was provided for the development of national air quality standards and for the First National Forum on Air Quality, which also received support from CEPIS and the University of Nevada (United States). In Guatemala, an information system on water and sanitation and a national process for the establishment of environmental indicators were launched, and management of hospital waste was strengthened. In Honduras, surveillance of environmental health was enhanced through the use of a geographic information system that includes sources of water contamination, receiving bodies, and environmental pollution in Tegucigalpa and three other cities; in addition, the Interinstitutional Technical Committee on Environment and Health was strengthened at the central level, and 150 environmental units were created at the municipal level. In Nicaragua, support was provided for the formulation, refinement, and dissemination of legislation on environmental health. In Panama, the Department of Environmental Health was strengthened and 27 staff of that department received training in strategic management. Also in Panama, an assessment of sanitation services and a sectoral analysis of the problem of solid waste were conducted; UNICEF and UNDP participated together with PASB in those exercises.

## Strengthening the Services

Since 1998, PASB has been promoting the sharing of experiences and strengthening of the network of environmental health institutions in the countries of Latin America and the Caribbean. Experiences were exchanged and commitments were made at the Regional Meeting on Institutional Development of Environmental Health Units in Ministries of Health of the English-speaking Caribbean, which was held in Barbados in March 2000.

The Third Regional Meeting on Institutional Development of Environmental Health Units in Ministries of Health of Latin America was held in August in Santiago, Chile. National directors of environmental health from 21 countries participated, together with advisors on health and environment from PASB, high-level officials from the environmental sector, and representatives of other agencies. National, subregional, and regional agreements and commitments were established in the framework of the five thematic focuses of the meeting, namely: intersectoral coordination, decentralization, information, social participation, and monitoring of international commitments.

Brazil, El Salvador, and Paraguay, with support from PASB, identified and coordinated the thematic areas and responsibilities of the health and environment sectors at the national and local levels. In Barbados, workshops for environmental health officials from all levels were organized during the year 2000 to promote the adoption of an updated, integrated approach in the national dengue control program. In Chile, the Environmental Health Division created seven new regional offices of environmental health within the National Health Services System during the year. In Costa Rica, through a joint PAHO/World Bank/Costa Rican Water Supply and Sewerage In-

stitute project, progress was made in the implementation of operational control systems, training of human resources to strengthen the Costa Rican Water Supply and Sewerage Institute, and the concessions program for sanitary sewerage and wastewater treatment plants in the San José metropolitan area. In Honduras, the Bureau collaborated with the Ministry of Natural Resources and Environment in training personnel for more than 100 municipal environmental units, which are responsible for controlling environmental risk factors for health. Lastly, in Venezuela, PASB assisted in converting the Department of Malaria Control and Environmental Sanitation to the Sectoral Division of Environmental Health and Sanitary Control.

# Health Systems and Services Development

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In support of the countries' efforts to develop their health systems and services, PASB provided technical cooperation in health sector reform, institutional development, health investments, health care financing, and health service delivery.



DEPTO. ENFRIA.

Health promotion was an important component of essential public health functions, as well as in the development of human resources and in the reorientation of the health services, including support services.

## Building Healthy Public Policy

Healthy public policies are the cornerstone for developing health systems and services. During 2000, new approaches were developed and existing ones were expanded to improve the provision of essential public health services and extend social protection to excluded populations, for example through national insurance schemes.

### Public Health in the Americas Initiative

In September 2000, the 42nd Directing Council of PAHO passed Resolution CD42.R14, urging Member States to participate in a Regional exercise designed to measure essential public health functions. The resolution also requested that the Director, in close collaboration with national authorities, carry out such a performance measurement exercise, conduct a Regional analysis of the state of public health practice in the Americas, and incorporate the concept of essential public health functions into technical cooperation activities. PASB, in collaboration with the United States Centers for Disease Control and Prevention and the Center for Latin American Health Systems Research in Chile, developed a mechanism to measure the performance of essential public health functions; it was tested and fine-tuned in selected countries prior to its Regionwide dissemination in 2001.

PASB launched the “Public Health in the Americas” initiative, which defines and measures the performance of essential public health functions, thereby providing the basis for improving public health practice and strengthening the leadership of health authorities at all levels. The initiative identifies health promotion as an essential public health function, and will measure its implementation by national health authorities. The implementation of health promotion activities implies the development of new profiles for health providers, new health promotion skills, and a new definition of the care model.

### Social Protection in Health

Member States and the Bureau are deeply concerned over the number of persons—between 20% and 25% of the Region’s population—who are excluded from permanent access to health services or any sort of social protection in health. Before this

*A man waits his turn at a rural health post in Guatemala. PASB worked with Member States to improve the quality and efficiency of public health services in the Region and expand their coverage. For the Bureau, one of the most significant efforts launched to this end has been the Public Health Initiative in the Americas. The initiative establishes benchmarks for and measures the performance of essential public health functions. The information it gathers will be used to improve public health practice and strengthen the hand of health officials throughout the health system.*

problem can be dealt with, however, excluded groups must be identified and quantified, social programs to increase inclusion must be analyzed, and appropriate interventions for each country must be proposed. Moreover, extending social protection requires that the population's needs, wishes, and potential be considered, as well as the general public's responsibility for pursuing healthy lifestyles.

Some have questioned whether current public health care systems can increase the number of people they cover. These systems are usually designed from a central office, which may not give enough weight to such groups as geographically isolated populations, ethnic or cultural minorities, the poor, the elderly, or adolescents.

Through an initiative jointly sponsored with the International Labor Organization, PASB launched several studies and discussions to incorporate the concept of social protection in health into the health agenda. Progress in this regard has included the development of methodologies for measuring exclusion, policy assessments, the development of country specific data collection and analysis, and participation in debates on social issues. The Government of Sweden sponsored and WHO financed a study on the relation between poverty and access to health services in the Dominican Republic, Ecuador, Guatemala, and Paraguay. Bolivia and Ecuador have requested that analyses of prospective subnational insurance schemes to reduce exclusion be conducted and financed.

## National Insurance Schemes

Several countries have made impressive strides in promoting, developing, and setting up new ways to ensure that the population receives the care it needs.

Belize, for example, is working to establish a national health insurance plan as part of the country's health sector reforms. The Ministry of Health and Social Assistance's Health Reform Committee presented to the Prime Minister recommendations for including priority reproductive health services within the proposed national health insurance scheme, such as components on human sexuality; maternal and perinatal care; domestic violence; prevention and control of HIV/AIDS and sexually transmitted infections; adolescent reproductive health; family planning; prevention and control of cervical, breast, and prostate cancer; and men's participation in reproductive health.

Venezuela's organic law establishes a comprehensive health care model as the guiding strategy for health services and programs. PASB collaborated in the formulation of plans, programs, and guidelines for operationalizing this model, which is characterized by greater equity and the application of a comprehensive, participatory, and multidisciplinary approach that gives continuity to interventions and to individual, family, and community health care. The model also emphasizes health promotion and education interventions as a priority in the national public health care system.



In the normative framework of its strategic health plan, Bolivia has begun building its new health system, with PASB support mainly in the design and implementation. The system's principal features are universal access based on the primary health care strategy, family and community health, health promotion, and advocacy of social issues; effective functioning of the health rights advocacy offices; and strengthening of the municipal, district, and departmental health councils that enable community participation in the health sector.

In Peru, PASB provided technical and financial support for the development of national health accounts for the years from 1997 through 1999. It also collaborated in institutionalizing that process in the Ministry of Health, with a view to having an instrument that will make it possible to determine and monitor the situation of the sector in this area. The process has become, in turn, a vehicle for communication and dialogue with the various public and private stakeholders in the health sector, as well as with other agencies of the central government. It has also served to advance the process of reorienting health services towards primary care.

In the Dominican Republic, a new model of care is being applied. Its main objective is to improve health conditions for the population by assuring health promotion, protection, prevention, care, and rehabilitation services that are timely, appropriate, and of adequate quality and quantity for the entire population. This is to be accomplished by creating networks of decentralized services and primary care units, with emphasis on the first level of care.

The Cazabajones Club (the Depression Hunters) is an initiative conceived and formulated to reduce the growing problem of depression and suicides in Uruguay. PAHO sponsorship helped achieve the collaboration of the mass media in disseminating the objectives of the initiative to the public.

The basic package of health services is the strategy adopted by the Ministry of Health of Mexico to reduce inequities in access to health services, particularly among rural, indigenous, and highly marginalized populations. The basic package was specially designed by a team of experts and is supported by solid scientific and humanitarian knowledge. It consists of 13 interventions and 67 health, clinical, public health, and health promotion actions that are easily applied, inexpensive to carry out, highly effective, and available to the population free of charge.

PASB's essential contributions have been the design of methodologies and instruments for evaluating progress in expanding coverage with this basic package, and conclusions and recommendations to help the states improve the delivery of health services included in the basic package and to address the health problems identified by the evaluations. The methodology for verifying universal coverage with the basic package of health services has been adopted by the state health departments for their supervision and monitoring activities. The extension of universal coverage with the

*Up to one-quarter of the population of the Americas has no permanent access to health services nor any recourse to social protection in health. Of particular concern is the fact that current public health care systems are designed from a central office that may overlook groups living in remote areas, ethnic or cultural minorities, adolescents, the poor, or the elderly. Joining hands with the International Labor Organization, PASB engaged in several studies and discussions that led to ways to measure exclusion and country-specific data collection and analysis. Other studies examined the relation between poverty and access to health care.*



### **Interventions included in Mexico's Basic Package of Health Services**

1. Basic sanitation at the household level
2. Family planning
3. Care prior to, during, and after childbirth
4. Child nutrition and development monitoring
5. Immunizations
6. Home management of diarrhea cases
7. Antiparasite treatment for families
8. Management of respiratory infections
9. Prevention and control of pulmonary tuberculosis
10. Prevention and control of hypertension and diabetes mellitus
11. Accident prevention and initial care for injuries
12. Community participation in caring for its health
13. Prevention and control of cervical cancer

basic package to the uninsured population of Mexico was documented in the course of the year 2000.

In Chile, PASB assisted the technical commission on reform in formulating a plan for guaranteeing and regulating universal health care. This plan—which establishes the set of interventions necessary to manage the principal health problems that affect the population—is intended to be a quality enhancement tool. In this context, one of the dimensions of the program reform process is the development of a new model of care that takes a holistic approach to health and illness, is oriented towards toward the family and the community, and emphasizes prevention. PASB has provided support for these efforts.

## **Health of Indigenous Peoples**

The Bureau has become increasingly concerned about the poor health and social conditions under which most indigenous peoples live. For example, poverty, morbidity and mortality rates continue to be much higher for indigenous peoples. In addition, their communities are frequently located in rural and remote areas with limited access to economic opportunities and much needed social and health programs. With more than 400 indigenous groups in the Americas (approximately 43 million persons), promoting health and well-being among indigenous peoples remains a challenge for the Bureau.

In 2000, PASB directed its technical cooperation activities to support the countries as they formulate public policies and strategies for developing health systems and attain-

ing equitable access for indigenous peoples; improve effectiveness and cultural sensitivity within health care systems and services; and enhance the collection, analysis, and dissemination of information on the health and social conditions of indigenous peoples. An important aspect of technical cooperation included the strengthening of collaboration and cooperation among countries, as well as with other stakeholders.

In April 2000, PASB, the World Bank, and the Inter-American Development Bank cohosted a technical workshop on indigenous peoples and social sector projects. The workshop facilitated the forging of intersectoral alliances to address common objectives related to health determinants. Working through a shared agenda for promoting the health and well-being of indigenous peoples is critical for implementing effective and sustainable programs and services.

In Argentina, the Bureau provided support for the execution of the health program for indigenous communities created by the Ministry of Health. Specifically, it has promoted the creation of a basic sanitation program for the indigenous community in the Chaco region along the borders of Argentina, Bolivia, and Paraguay. In December 2000, a training workshop was held for indigenous leaders from the three countries with a view to getting that program under way.

In Chile, PASB collaborated in and contracted with Universidad de la Frontera in Temuco to carry out studies on indigenous medicine among Mapuche populations. The first stage—compiling information and conducting interviews—has been concluded. The second stage will consist of developing a conceptual framework for the study of indigenous medicine. The Bureau and the Ministry of Health collaborated in organizing the international meeting “Health and Indigenous Peoples: Achievements and Challenges in the Region of the Americas,” which was held in Puerto Varas from 13 to 15 November 2000. The meeting was attended by 65 participants from 11 countries and several cooperation agencies. It yielded four major outcomes: (a) confirmation of the relevance of the Regional Initiative for the Health of Indigenous Peoples of the Americas and the corresponding plan of action; (b) identification of best practices in the development of intercultural health models in the countries; (c) formation of networks, exchanges in areas of mutual interest, and identification of opportunities for technical cooperation among countries and with development agencies; and (d) incorporation of the topic of indigenous health in the preparations for the Third Summit of the Americas.

With Honduras’s Secretariat of State for Health and with the participation of local and national indigenous organizations, PASB developed a modified health model that incorporates an intercultural approach. The model is currently being applied in Honduran communities with indigenous and black populations. The change consisted of introducing programs to train indigenous nursing auxiliaries, as a result of which more than 200 of these auxiliaries are now working in health services in their own communities.

*Most of the 43 million indigenous peoples in the Americas are poorer and become ill and die at much higher rates than the rest of the population of the Region. PASB has channeled its technical cooperation to support the formulation of policies and strategies designed to develop health systems for indigenous peoples and improve their access to health services, as well as enhance cultural sensitivity about native issues within the health system. The Bureau also worked to strengthen the collaboration among countries in favor of indigenous health.*



## Strengthening Community Action

National health authorities have developed indicators for measuring the effectiveness of community empowerment. Aspects being measured include people's ability to make public health decisions, the strength of social participation, and the degree of technical support received. By 2002, when the results of the first performance measuring exercises become available, there will be a good basis for developing strategies to improve efforts to strengthen community action.

In Jamaica, decentralization efforts within the country's health sector reforms have transferred responsibility for delivering health services and implementing programs to the health regions. Regional Health Authorities are empowered to carry out their activities under the guidance of the Head Office, but with total autonomy in decision-making. PASB is discussing with the Regional Health Authorities a new model for local health care delivery, which is based on health promotion and family medicine. In September 2001, the Department of Community Medicine and Psychiatry at the University of the West Indies will offer a distance-learning master's degree program in family medicine for professionals working at the local level. This new model will be implemented in concert with regional health information systems for decision-making. In this regard, PASB's technical cooperation aims to support the Ministry of Health's efforts to put in place a people-friendly health service that considers life skills training, social mobilization, and participation.

In Peru, with advisory support from PASB, multiple stakeholders from the health sector have been involved in enhancing the consideration of bioethics: universities, professional schools, religious and pastoral communities, and other civil society groups. Strategies for reorienting health services and empowering the community were developed through citizen participation in the analysis and discussion of the ethical implications of health activities and in the establishment of interdisciplinary teams that approach health and disease issues in the community from a bioethics perspective.

In Honduras, within the framework of the project to extend, consolidate, and intensify the national process to improve access to health services, a movement for intermunicipal solidarity and social equity has emerged. This movement has the support of a health sector reform project funded by the Swedish International Development Agency and PAHO. It seeks to incorporate the topic of health into the agendas of more than 50% of the country's municipal governments and introduce new forms of organization, such as community partnerships or intermunicipal consortia, that will link weak municipalities with stronger ones in the development of health services.

In El Salvador, the strategy of civil society involvement has been applied through the formation of 16 intersectoral health development associations (ACODIS), which are legally established entities that support social and institutional development. This

process has been spearheaded by the Ministry of Public Health and Social Assistance. PASB has collaborated mainly in individual and institutional capacity-building, which has helped ensure the sustainability of the process.

Bolivia's health sector reform has also incorporated a health promotion and protection component in the separation of roles and in the new institutional and service profiles. Activities to promote health and encourage better use of health services are carried out by neighborhood associations, rural communities, and indigenous communities, as well as organizations of women and young people and adolescents in cities and rural areas. The Ministry of Health and Social Assistance's basic health insurance and epidemiological protection programs, supported by PASB, also include activities for the prevention and treatment of prevalent diseases, all with an educational communication component designed to promote people's participation in the care of their health and preservation of a healthy and risk-free environment.

The National Health System of Cuba has established 14 priorities, 12 of which are linked to health promotion, both at the national and municipal levels. These priorities have to do with the competency and performance of health personnel, improvement of promotion and prevention components in programs and services, enhancement of the health care provided to priority groups, and support for the process of decentralization and local development, with emphasis on social participation, intersectoral action, and mobilization of resources. PASB cooperation in the area of technical-administrative decentralization—through projects that include the development of health promotion in programs and services and in comprehensive local development projects—has proved highly efficient and effective at the local level.

Haiti's Ministry of Health has relied on the use of community health units as a way to decentralize the health system and improve the population's access to health services. PASB is working closely with the Ministry to incorporate this approach into the health reform process.

With PASB's participation, a project was designed for the implementation of a new health care model in the Colombian municipality of Calarca. The initial stage of support has ended, and today the model is being operated with decentralized resources from the local health fund. The model, which was certified as decentralized, has built strategic alliances with the local government, various development actors, and civil society. Health personnel are being trained to apply the new model with the aim of achieving universal coverage.

In Brazil, PASB has provided support for the country's family health strategy, which is a key element in the reorganization of health services. The strategy constitutes the backbone for primary care and the reorientation of the health care model to achieve the principles of universality, equity, and integrity espoused by the Unified Health System. The number of family health teams increased almost tenfold between 1994 (328 teams) and the first half of 1999 (3,201). The goal for 2002 is to have 20,000 teams.

*In San Salvador, community members and leaders gather to discuss health issues. The Government of El Salvador has actively sought the participation of civil society by encouraging the formation of interinstitutional associations and granting them legal status. PASB and the country's Ministry of Public Health have worked together to strengthen individual and institutional capabilities that will ensure that these associations will continue to work effectively over time.*



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*At the Valley of Peace health center in Belize, a health worker cares for one of the thousands of refugees that settled here fleeing armed conflicts in neighboring Central American countries. PASB has worked to improve access to and quality of services for displaced populations, a group that easily drops out of coverage. For example, with the Ministry of Health of Colombia, the Bureau helped to establish health services for displaced groups in 15 departments. In Costa Rica, it supported a project to improve health services in areas that received massive migration after Hurricane Mitch.*



The instruments for strengthening the health sector at the municipal, state, and federal levels in Brazil are the Program of Basic Care, implemented in 1998, and the Manual of Basic Care. In 1997, a total of 144 municipalities received funding directly from the Ministry of Health, whereas in 2000, the number of municipalities receiving federal funding under the Program climbed to 5,388. One of the historic achievements of the health sector in Brazil was the National Congress's approval (in September 2000) of the Health Amendment to the Constitution, which links the amount of funding allocated to health to the growth of national wealth, assures the financial stability of the sector, and redefines the responsibilities of the three levels of government with respect to health. PASB has collaborated in these processes.

PASB has also been present in Colombia. In a project for displaced populations, 48 departmental and municipal agreements for health care were established, under which the Ministry of Health supplied a total of approximately US\$ 4 million in funding. This has facilitated access to health services for displaced persons in 15 departments. The health sector has been strengthened—notwithstanding the difficult conditions created by the armed conflict—through the training of some 1,650 public employees in issues relating to forced displacement and health in 40 critical municipalities in 10 departments. The Internet has also been used as a tool for disseminating knowledge and facilitating interaction between various agencies.

In Costa Rica, PASB is supporting the execution of a project launched in 2000 to improve health services in 21 areas that experienced high rates of immigration following Hurricane Mitch. The project is expected to benefit 300,000 people; its care component includes the promotion of healthy lifestyles, provision of basic sanitation, and timely detection of the most prevalent chronic and acute diseases in the target areas. The public health component provides for vector control activities in order to reduce the risk of malaria and dengue.

In the Department of Ucayali in the Amazon region of Peru, the Bureau continued to support a project aimed at providing comprehensive health care for the indigenous populations in the Tahuanía district. PASB is also working to empower the community through training for community health agents, midwives, traditional healers, and other health personnel in 16 Shipibo-Conibo and Asháninka communities, with emphasis on respect for their values and culture. The health services have been reoriented towards health promotion and improving access to services. PASB provided technical support for the design and initial application of the new health care model in EsSALUD (the former Peruvian Social Security Institute, which has close to 7 million beneficiaries—23% of the country's population). This new model incorporates the five health promotion strategies both conceptually and operationally. It also confers on beneficiaries, their families, and their communities—along with the Social Security Institute and the rest of society—the shared responsibility for promoting and maintaining own health.

### **El Salvador Promotes Comprehensive Basic Health Systems**

In the Department of Cabañas, in El Salvador, a project for the development of local health systems is being carried out with funding from the Government of the Netherlands, channeled through PASB. The objective is to create decentralized structures at the local level, applying an approach that stresses equity, efficiency, and quality. These structures, known as basic total health systems (SIBASI), have been implemented with the participation of civil society through the formation of intersectoral health development associations (ACODIS), which support institutional and social development. Participatory situation assessments have provided the basis for formulating and implementing projects in various areas. Local mayors have played a significant role by encouraging intersectoral action and strengthening the population's commitment to the development of healthy lifestyles and environmental protection. Initiatives have been carried out in four municipalities with a view to establishing healthy communities, where the population is involved in basic sanitation with support from health sector institutions for disease prevention and health promotion activities.

Production alternatives for neglected communities are sought with the participation of non-governmental organizations, mayors' offices, and health institutions in the area. In the first phase, 12 production projects were launched; in the second, which commenced in late 2000, 8 more projects got under way. Currently, there are 10 ACODIS in the 10 municipalities in the department, which work with other institutions, as is occurring in Tejutepeque, Ilobasco, Ciudad Dolores, and Victoria, where health units have been built or remodeled.

This project strengthens family integration, community participation, intersectoral coordination, and the commitment of mayors. It also promotes the creation of microenterprises and community social funds, which has enhanced community self-management. Moreover, quality of life has improved, and interaction and collaboration between different generational groups has increased.

## **Information Technology**

Health organizations and the health-care delivery model are evolving from an institution-centered construct to a people-centered one. The prime features of this new paradigm are an emphasis on continuity of services; health promotion and health maintenance; an informed citizenry that cares for its health; and the involvement of an assortment of stakeholders responsible for the planning, financing, and delivery of a continuum of health services within a geographic region. Information technology plays a critical support role in the efforts to improve access to cost-efficient, quality care and in the operation and management of the new health organization and service models that are being implemented in the Region. In this context, information technology applications include the automation of patient, clinical, and epidemiological records; support for diagnostic and therapeutic services; image-based systems; re-

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source management; integration of administrative and clinical data; remote access to medical information; access to knowledge databases; decision support; communication through interactive media; and physical and financial resource management.

Health promotion practitioners are taking advantage of the great potential of information technology and interactive communications to provide low-cost or more efficient ways of communicating, the opportunity to expand the range and volume of information exchanged, and the implementation of totally new types of individual and community services. An area that is developing particularly quickly is the dissemination of information about wellness and health; informed shopping for providers, services, over-the-counter and prescription drugs, and health products; risk assessment testing; and communication within special interest groups. Although information technology and telecommunications have developed at a fast pace in the Americas, structural barriers that limit access to education, income, and telecommunication-based resources have significantly hampered a broader diffusion of interactive information technology applications in support of health promotion.

## Reorienting Health Services

The development of equitable, cost-effective, and sustainable health systems and services continues to demand much attention in the Americas. In recent years, health sector reforms addressing this challenge have predominantly concentrated on financial, structural, and organizational changes in the health systems and on adjustments to the organization and management of health care delivery. Issues dealing with reducing inequities in health and health care, increasing effectiveness of health interventions, promoting quality care, and improving public health practice have received much less attention.

Innovative programs to extend social protection in health, however, are not enough. They must go hand in hand with a reorientation of the health systems and services based on criteria derived from health promotion. Not only do the poor tend to receive poorer quality services, they also are the group that actually most needs preventive and health promotion services. Without a transformation of the health care model, serious inequities will continue to exist in both the quality and quantity of services.

In this context, reorienting health systems and services becomes a primary objective for the health sector. The reorientation of health systems and services must guide health sector reforms, including institutional reforms and human resources development strategies. The present historical junction in health sector reform provides an important window of opportunity for health promotion initiatives. The challenge that

*Haitian women queue up to receive health care. To date, the effort to reorient the Region's health services has mainly dealt with financial, structural, and organizational changes in the health systems and health care delivery; attempts to reduce inequities in health care have sadly lagged behind. If health care for the poor—who receive the worst health care and are most in need of preventive services—is to truly improve in terms of quality and coverage, the reorientation of health services must rely on health promotion criteria.*





## Technical Cooperation in Information Technology

### *Priorities:*

- Disseminating information about opportunities for the implementation of health services, information systems, and technology that contribute to social and economic progress and the promotion of healthy behaviors; developing and promoting norms, policies, and guidelines; and advising on feasible expectations, benefits, and constraints associated with the introduction of information systems and technologies.
- Promoting the selection, acquisition, deployment, and operation of appropriate service information systems, including applications that support health promotion interventions or activities.
- Supporting the development, implementation, and operation of information technology applications that foster the sharing of national experiences; developing local solutions; and investigating and disseminating methods for evaluating health services information technology.
- Developing leadership capabilities and skills in health informatics among national health professionals, such as in systems, technology, and information management in health organizations.
- Developing external partnerships with multilateral, governmental, nongovernmental, research, and academic organizations, as well as with centers of excellence and representatives of the information technology industry.

### *Major results for 2000:*

- Consultation workshops were held with national experts, covering topics ranging from specifications for health service information systems, procurement, and service contracting; vocabularies, classifications, and data standards were developed for nurses; and ethics in Internet health practice, health education, and information dissemination were explored.
- Publications were issued on analyzing requirements, specifying applications, and procuring health care services information systems; cyberspace law and ethics; telemedicine; and the role of information technology in evidence-based practice.
- Research was conducted on the use of evaluation methodologies for health telecommunication projects; indicators for the measurement of information technology development; trends in e-health; use of hand-held computers in community health; communication of clinical and administrative data between primary and referral levels; education and training in health informatics; and legal aspects of personal clinical and administrative databases.
- Major national and regional initiatives that include a health promotion component were supported in Argentina, Bahamas, Barbados, Canada, Colombia, Cuba, Mexico, and the United States in the following areas: automated drug registration and surveillance of pharmaceuticals; national health card and care management system; telehealth projects; development of human resources in health information technology applications; implementation of the recommendations of the Second Presidential Summit of the Americas; the UN Health Internetworks initiative; and the development of national health information and technology plans.

- Joint activities were carried out with WHO, PAHO/WHO Collaborating Centers (Danish Institute for Health and Nursing Research in Copenhagen and the Information Department at the University of Maryland, Baltimore County), academic institutions, professional and scientific societies, multilateral agencies, industry, and national and international governmental and nongovernmental organizations. A partnership agreement was prepared with IBM's health industry unit to address issues related to interactive communications in health and the establishment of a new Collaborating Center for Research and Education in Clinical Nursing Informatics with the Johns Hopkins University School of Nursing.

lies ahead is both to put in practice reorientation strategies and to build consensus on their importance for the next generation of health sector reforms. Health services are but one of the determinants of health status, and indeed not even the most important. Yet, health services are a critical area of social policy. Considerable gains could be achieved through appropriate resource allocation. The reorientation of health services will improve the quality of care and the impact of health services on health and well-being of the populations in the Region.

During 2000, PASB led efforts to prepare one of the six technical reports discussed during the Fifth Global Conference on Health Promotion, held in June 2000 in Mexico City. This report dealt with the reorientation of the health systems and services based on health promotion criteria. It stated that in order to achieve the reorientation of the health services, several objectives and strategies reflecting complementary but specific areas of action needed to be defined along the following two tracks (Table 1):

1. **Health systems development** concerns the institutional set-up of the health sector and the way in which the health system's functions (steering role of the health authority, financing, insurance and the provision of services) are organized and performed.
2. **Provision of health services** involves the design and implementation of health care delivery models, as well as specific ways in which services should be organized and managed to deliver community and clinical interventions.

Central to the reorientation of health services is assigning responsibility for the care of individuals to the primary health care level. Implementing health promotion programs throughout the health care system involves allocating sufficient administrative, technical, and financial resources to primary care levels to ensure direction, coordination, and orientation of the whole system.

A crucial factor in the continuous improvement of quality of care is the existence and application of guidelines—i.e., standards, recommendations, algorithms, proto-

TABLE 1. Objectives and strategies for reorienting health systems and services.

Objectives	Strategies
<i>Health Systems Development</i>	
<ul style="list-style-type: none"> <li>• Define, implement, and evaluate essential public health functions under the health authorities' responsibility.</li> <li>• Implement financial and resource allocation procedures that prioritize the development of public health infrastructure and the reorientation of health care delivery based on health promotion criteria.</li> <li>• Incorporate models to reorient health care delivery into the basic portfolio of entitlements of social and private insurance schemes.</li> </ul>	<ul style="list-style-type: none"> <li>• Advocate and facilitate dialogue among stakeholders to expand consensus on the need to reorient and maximize resources for health promotion.</li> <li>• Incorporate objectives of health systems and services reorientation into resource allocation and payment mechanisms, linking payment to health outcomes whenever possible.</li> <li>• Develop public health infrastructure and evaluate the performance of essential public health functions.</li> <li>• Include health promotion criteria in regulatory mechanisms, such as certification, licensing, and accreditation of facilities, provider networks, health professionals, and insurance plans.</li> </ul>
<i>Provision of Health Services</i>	
<ul style="list-style-type: none"> <li>• Change the composition and balance of the type of health care, and incorporate promotion and prevention as an integral part of the health care delivery model</li> <li>• Incorporate advocacy of health promotion principles in health service management models.</li> <li>• Ensure sensitivity to needs and expectations of specific subgroups in the community, including gender and age differences, as well as religious, ethnic, and other cultural determinants.</li> <li>• Engage individuals in the process of informed decision-making about their own health and that of family members.</li> </ul>	<ul style="list-style-type: none"> <li>• Improve responsiveness and technological capacity of health care as a necessary prerequisite for establishing social legitimacy of services from the viewpoint of the population.</li> <li>• Increase the relative importance of points of entry to the health care system, and establish programs with primary health care providers that assume responsibilities for patients, families, and communities and help users navigate the system.</li> <li>• Strengthen the health promotion component of human resources development programs, both in academic institutions and continuous education of health professionals.</li> <li>• Promote consensus among experts on clinical prevention guidelines, eliminating ineffective practices, and train, supervise, and evaluate implementation of guidelines.</li> <li>• Ensure that organizational conditions facilitate implementation of guidelines, including strategies for modifying provider practices.</li> <li>• Improve communication between providers and patients, as well as with health services and the communities, in order to increase effectiveness and utility of actions.</li> <li>• Create mechanisms that establish formal commitment and co-responsibility between services and individuals and communities, including community feedback mechanisms.</li> </ul>

cols, and other similar instruments to guide and monitor patient care. An initiative on standards of care, which has been tested in Bolivia, Colombia, Costa Rica, and Mexico, is intended to reduce mortality from avoidable causes and prolong the life of patients living with manageable conditions. It also seeks to promote equity by assuring every patient a minimum set of benefits for a given illness, without regard to his/her personal or social status or ability or means of payment.

From the outset, one of the most important components of this initiative has been health promotion and protection, which is applied through: (a) identification of persons and populations at risk; (b) inclusion and application of preventive guidelines; (c) detection and early treatment; (d) management of the risks associated with interventions; (e) surveillance and control of adverse events; and (f) community participation as a strategy for supporting the preceding actions.

In Costa Rica, the reorientation of health services is the least developed health promotion component. PASB has therefore encouraged greater receptiveness to promotion and prevention activities in health services, especially in relation to risk factors. For example, efforts have been directed towards establishing smoking cessation clinics.

## Human Resources: A Strategy for Reorienting Health Services

In the area of health promotion, PASB works in the framework of an expanded concept of human resources that goes beyond the personnel employed by health services to incorporate other workers—including educators, journalists, health communicators, and those responsible for continuing education processes and for organization and promotion of community participation in health activities. Active participation and leadership by the community are also considered vital.

Professional, technical, and in-service training received by health personnel have been found to be deficient in objectives and content relating to health promotion. To address this deficiency, PASB has encouraged the incorporation of health promotion content in the curricula of schools and faculties of medicine, nursing, and public health throughout the Region. It has also increased the amount of materials on health promotion available through the Expanded Textbook and Instructional Materials Program (PALTEX), and it collaborated with the Latin American Public Health Education Association to produce a textbook on health promotion, which emphasizes the importance of social and institutional health promotion interventions.

Distance education utilizing new information and communication technologies is a powerful strategy for health promotion, since it affords health personnel access to quality education, helps make learning processes more efficient, and facilitates communication and sharing of experiences, practices, and knowledge among the countries of the Region. In collaboration with the Inter-American Distance Education Consortium, the National Autonomous University of Mexico, and the Latin American Institute for Educational Communication, PASB co-hosted the First Inter-American Conference on Distance Education for Health Personnel, via satellite from Mexico. Some 1,000 people participated from 18 downlink sites in 11 countries of the Region. The Conference served as a platform for launching the Virtual Public Health Campus, a joint initiative of PAHO, Oberta University in Cataluña (Spain), the Andalusian

*A group of health promoters in Mexico City's College of Science and Humanities receive training before launching a campaign to combat AIDS. In analyzing how to optimize human resources for health in the Region, the Bureau considers the full complement of persons working in health—from those employed in the health services themselves to educators, reporters, and health promotion communicators.*



School of Public Health, and the Latin American and Caribbean Association of Public Health Education. This initiative seeks to improve the accessibility and quality of training for human resources by linking health service institutions, training institutions, and public health research institutions in order to respond to sectoral changes and assure the performance of essential public health functions.

The Observatory of Human Resources in Health Sector Reform, created in 1999, is another strategy whereby the Bureau is contributing to the development of national capacity for health promotion by helping to strengthen policies for human resources development in the Region. The Observatory originated as a vehicle for developing intersectoral and interinstitutional mechanisms to promote human resources policies and ensure the production and exchange of timely and reliable information and knowledge on the situation and trends with regard to health personnel. Fourteen countries currently participate in the Observatory, some of which have gone beyond the database implementation and information collection phase and are analyzing findings and formulating proposals for developing new skills among health personnel and changes in personnel policies. In addition to the Observatory, other PASB activities contributed to health promotion by fostering improvement in the quality of education and strengthening the development of health personnel. These included the development of accreditation procedures for medical and nursing training programs,

### **Institutional Development: Costa Rica's Example**

The support provided to the Ministry of Health of Costa Rica to strengthen its capacity for institutional and managerial accountability is a noteworthy example of PASB's work in the area of human resources for health. The Bureau developed and implemented the System for Institutional Evaluation and Development (SEDI), which allows Costa Rican health authorities to assess the achievement of goals by the various divisions and regions and by their managers. Also in this area, nationally and regionally important studies have been conducted to identify the labor effects of new forms of administration, as part of the process of analyzing and establishing regulatory procedures. In connection with the issue of regulation of human resources, PASB provided support to various professional schools and associations for the analysis and institution of professional recertification procedures. In addition, several projects have been developed in the area of human resources and information, which have had great importance and potential as catalysts for national processes. Examples include:

- a project for the development of nursing,
- a subregional project for the training of health technicians,
- a project for the dissemination of information at the national level (TUSALUD), and
- the formulation of a plan for ensuring performance of essential public health functions.

### **Promoting Health in Natural and Manmade Disasters**

The devastation left by natural or manmade disasters is well documented. But these events also offer a window of opportunity—a rallying cry around which countries can elicit the multisectoral support needed to promote risk reduction for the population and the health infrastructure.

Health promotion in the context of disaster mitigation involves various strategies, many of which have been integrated into a multi-year project to reduce the human and institutional vulnerability in the Central American countries hardest hit by Hurricane Mitch. Empowering communities to take an active part in decision-making regarding disasters figures prominently in this effort. Municipal and community leaders have been given materials and other tools to prepare for and deal with disasters. PAHO disaster professionals in participating countries support local departments of the ministries of health to carry out activities in selected communities. In Nicaragua, for example, assistant directors of 17 local health systems, known as SILAIS, and other employees of the Ministry of Health received intensive training for establishing comprehensive disaster preparedness measures. Epidemiologists from the SILAIS took a postgraduate course on disasters offered by the Center for Health Investigation and Education. Communication and educational systems were evaluated in Honduras and Nicaragua to understand the needs and resources available for training and information dissemination. The Guatemalan municipalities of Gualán and Zacapa are actively involved in identifying local hazards, developing response plans, identifying the responsibilities of various groups within the community, and coordinating with other health projects in the area.

Creating and living in a healthy environment is an elusive goal for many Colombians, where violence has displaced countless rural inhabitants. Equity is a major issue in the debate over access to health services for this population. Various sources estimate that between 500,000 and 2 million persons have been deprived of these services. PAHO is working in several departments in Colombia to improve access to health care for this at-risk population. This project monitors this population's health conditions and serves as a bridge among the many partners working on these issues. The problem of population displacement is now spilling across the borders into neighboring countries, and PAHO is providing training and advisory services to countries accepting refugees.

Healthy public policies in PAHO Member States have increasingly addressed issues of disaster reduction. Disaster prevention and mitigation priorities have been systematically incorporated into the programs of national institutions, including national emergency commissions and defense or civil defense agencies. As a result, a new culture of risk management (represented by the institutionalization of disaster prevention and mitigation) will replace outmoded, mainly social-welfare-oriented response programs that kick in only after a disaster has occurred. This represents a drastic change that has taken years to bring about, and PAHO has been instrumental in working with governments to facilitate the discussion, review, and reform of national legislation on disaster management. Work continues with international financing institutions, such as the World Bank, the Inter-American Development Bank, the Caribbean Development Bank, the Andean Development Corporation, and the

Central American Bank for Economic Integration to incorporate the principles of disaster prevention and mitigation as prerequisites for the approval of development loans for projects in the countries of the Region.

Particularly in the rapidly changing disaster management field, the reorientation of health services includes developing critical skills in the health sector so it can maintain the highest level of service during and in the aftermath of a disaster. The ministries of health in PAHO Member States have been quite successful at raising the level of awareness about disasters in recent years, and the health sector now expects its disaster coordinators to manage all aspects of a disaster, not merely technical ones. Clearly, disaster coordinators who have solid management experience and who maintain a leadership position within their institutions can make the greatest contribution to the health sector's disaster response; they also are the most successful at ensuring that mitigation measures are included in rehabilitation, reconstruction, and development efforts.

To bolster the development of these core skills, PAHO helped to develop and teach an annual two-week training course. The first one was conducted this year, and it brought together 30 high-level participants with wide-ranging experience in disaster situations from many different organizations and sectors (health ministries, national disaster offices, the Red Cross, financing institutions, UN, and other cooperation agencies). Topics focused on the managerial aspects of disasters and risk reduction and issues such as geographic information systems, resource mobilization, project formulation, use of the Internet and other technologies in disasters, mental health, transparency in emergency supply management, and complex emergencies.

Two disasters in 2000 underscore how such training and preparedness can make a difference in the response to a catastrophe. For example, during the earthquakes in El Salvador early in the year, critical personnel training both inside and outside the country, enabled the PAHO-developed supply management system (SUMA) to be set up in record time. More than 40 national experts sorted donated items by priority and recorded in-kind donations, resulting in greater transparency and efficiency in resource handling. The fact that prior to the disaster El Salvador had established clear guidelines regarding donations for its diplomatic and consular corps abroad also stemmed the onslaught of unwanted donations. In a second example, as Hurricane Keith battered Belize with winds topping 100 mph, the country's Ministry of Health and Social Assistance had already activated its Hurricane Plan. Within days, the Ministry deployed a joint Ministry-PAHO health assessment and surveillance team that conducted a rapid assessment of the population's health conditions after the disaster and also provided limited public health and clinical services to the affected communities.

identification of skills in the training of technical personnel and health communicators and journalists, and the ongoing development of the Training Program in International Health to promote Pan American leadership, in keeping with the new global trends in health development.

PASB supported the University of Belize in conducting a review of the nursing school curriculum. The new curriculum integrates health promotion and gender ap-

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*In a refugee camp set up in one of the disaster's hardest hit areas, a Ministry of Health emergency health post cares for victims from the earthquakes that devastated El Salvador early in 2001. Immediately after the disaster, PASB, deployed national and foreign engineers and architects to rapidly assess the condition of hospitals and health posts throughout the country. First, hospital beds located in safe areas were brought back into service; then, major repairs were done in facilities that could continue operating. The Bureau also helped plan emergency care, assisting in contingency plans for health services, supporting local emergency personnel, and facilitating coordination with other sectors. Long before the disaster hit, PASB and the country's Ministry of Public Health had worked closely to evaluate the structural soundness of facilities, develop engineering standards to reduce vulnerability, and conduct simulation exercises.*



proaches and incorporates specific programmatic areas such as reproductive health, domestic violence, mental health, and pesticide poisoning.

During the period 1998–2000, with the cooperation of PASB, training models were designed in Chile for managerial and operational health personnel, intersectoral teams at the municipal level, and community leaders. Curricula for the health professions were modified to incorporate health promotion criteria and methodologies.

In Peru, PASB continued to support training activities that foster the consideration of gender issues in health planning. In particular, it has worked with the police health services, the Ministry of Women's Advancement and Human Development (PROMUDEH), and various cooperation agencies to reorient health services. The Bureau also collaborated in restructuring the curriculum of the School of Nursing at the National University of Tumbes, which now incorporates the five health promotion strategies as conceptual and programmatic components. The restructuring process was carried out with broad participation by stakeholders, including the Ministry of Health and the community, which provided more accurate knowledge of the region's reality and needs.

## Reorienting Support Services

Technical cooperation in regards to essential drugs and technology emphasized the reorientation of support services, pharmacy, laboratory, and radiology, using health promotion criteria. These criteria have taken into account the allocation of resources, the development of quality management and assurance programs, regulatory actions, training activities, and the development of guidelines emphasizing the incorporation of appropriate technologies, early detection procedures, maintenance support, and information technology standards.

Access to drugs continues to be the central concern in the Region's drug policy. Drug prices, patent implementation, and drug quality are considered to be the most influential factors in drug access. The countries are trying to respond to these issues by designing comprehensive, unified drug policies through groups such as Mercosur, and by implementing generic drug policies with a special emphasis on interchangeability based on drug therapeutic equivalence. To improve drug access, PASB has promoted such strategies as the establishment of a drug price information system by Mercosur, more open pharmaceutical markets in some Central American countries, and the approval of a common system for drug registration in the Andean Community. The Pan American Network on Drug Regulatory Harmonization was recognized by the 43rd Directing Council as a way to support and advance drug regulatory harmonization in the Americas. The network's mission is to promote harmonization of regulatory requirements pertaining to the quality, safety, and efficacy of pharmaceutical products as a means of improving the quality of life and health care of the peoples of the Americas. The network promotes and maintains constructive dialogue among reg-



ulatory agencies in the Americas, the pharmaceutical industry, and consumer associations; encourages harmonization of drug regulatory systems within the Region; adopts recommendations for the implementation of relevant policies at national and regional levels; and encourages and facilitates technical cooperation among countries. PASB, as the Secretariat of the Network, supports technical work in such key areas as good manufacturing practices, bioequivalence, and good clinical practices, and looks for common strategies to combat counterfeits.

The Bureau, along with the World Bank, IDB, and other institutions from Latin America, the United States, and Spain, is involved in the design of a pharmaceutical clearinghouse that will provide indicators and systematically collected data to facilitate the analysis of trends in pharmaceuticals and support rational drug policy decision-making.

The improper use of drugs has been responsible for increasing patient hospital admissions and lengthening hospital stays, lowering work productivity, and, as a result, increasing health costs. It is not enough to have access to drugs and to assure their quality, the rational use of drugs also must be guaranteed. PASB has worked with several medical schools in the implementation of a pharmacology teaching methodology based on problem solving; the Bureau also has promoted the pharmacy care concept and practice through the Pharmaceutical Forum of the Americas, as well as the implementation of a common basic curriculum for pharmaceutical schools.

PROMESS, Haiti's central agency for the procurement and distribution of essential drugs and materials, continues to promote the decentralization of drug supply in the country through 12 provincial essential drugs depots. The percentage of distributions (in US\$ value) to peripheral depots and local health authorities outside the greater metropolitan area increased from 58% of total PROMESS distributions during the first semester of 2000 to 68% in the second. The flow of essential drugs and materials through PROMESS continues to increase on an annual basis, with the total value of supplies distributed approaching US\$ 7 million for 2000. Direct technical cooperation between PASB and the Ministry of Health has led to the development of management performance indicators for PROMESS, which are produced every three months

### **Colombia Launches Local Outpatient Pharmacy Service**

With support from PASB, the project for the Cocorná-Antioquia Local Ambulatory Pharmacy Service created a drug dispensary service in a health post of the hospital in Cocorná, Colombia. Based on a new conception of public health, with the participation of the hospital management, strategies for health promotion and rational use of drugs were designed, as were administrative processes to optimize the supply of essential drugs. The project has helped to reduce inequities in access to health services.

to report on stock management and distributions, finance and administration, and quality management.

In Honduras, PASB collaborated in the formulation of the National Drug Policy, which was developed by a multisectoral committee chaired by the Secretariat of State for Health and composed of the Honduran Social Security Institute, the Secretariat of Industry and Trade, the Association of Pharmacy Owners, and other professional associations, as well as representatives of the pharmaceutical industry, distributors, wholesalers, and universities.

In Peru, through the promotion of rational use of drugs and other supplies, application of the National Essential Drugs Formulary, and training activities for professional and technical health personnel, PASB has supported the reorientation of health services, both at the first level of care and in hospitals.

In Venezuela, the newly approved drug law, which took effect in early 2001, was the result of cooperation between PASB and the Health Commission of the now defunct Congress of the Republic. Among the more noteworthy features of the law are its consideration of the concept of essential drugs, in keeping with the indications and recommendations of WHO, and its emphasis on use of the National Therapeutic Formulary, which is mandatory in public health institutions. It also provides guidelines for rational use of drugs and drug surveillance.

## Radiological Health

Radiation plays an important role in the diagnosis and treatment of certain illnesses, especially cardiovascular diseases and cancer. In terms of health promotion, early detection is key, since it leads to simpler treatment modalities with better outcomes in terms of survival and quality of life. Quality assurance programs are essential to ensure these results. As a way to determine the most significant parameters in these programs, PASB supported a research project on quality assessment of radiology services, which was carried out in Argentina, Bolivia, Colombia, Cuba, and Mexico. The study is designed to correlate quality indicators of radiology services for selected pathologies, including breast tumors, with the accuracy of the radiological interpretation, as determined by a panel of experts.

In addition, several surveys of radiology services were conducted in 2000, mainly to provide a basis for governments to establish standards for radiology services, a starting point for strengthening health promotion. In Trinidad and Tobago, imaging and processing equipment performance as well as personnel training were assessed. A survey of the radiology services in Haiti equipped with World Health Imaging System for Radiography units was updated, and a complete evaluation of radiotherapy services was initiated in Colombia.

Other activities in this area included a workshop on quality assurance in diagnostic radiology held in Trinidad for radiographers and managers in charge of quality im-

provement, as well as PASB's continued participation in the International Atomic Energy Agency (IAEA)/WHO postal thermoluminescent dosimetry audits. In 2000, the latter allowed the verification of the calibration of 107 high-energy radiotherapy machines used in cancer treatment in 16 countries. This was the largest participation in all of WHO's regions—almost 40% of the total IAEA/WHO program.

The Radiological Emergencies Program, developed by PASB, was presented at the eighth meeting of the Radiation Emergency Medical Preparedness and Assistance Network in the United Kingdom, and will be published in the Meeting Proceedings. PASB also was invited to participate in the International Conference on the Safety of Radioactive Waste Management sponsored by IAEA, the European Union, and WHO, in Cordoba, Spain. PASB will continue to call attention to the issues of radiological accidents and radioactive waste disposal so that they appear in the policy agenda of Latin American and Caribbean countries by 2001.

## Laboratory Services and Blood Banks

As a basic part of the public health delivery system, public health laboratories are linked to every sector of the public health infrastructure. As new public health challenges arise, the effectiveness of the public health system's response will depend, at least in part, on the efficacy and quality of the public health laboratory network.

PASB continued to support the countries, especially those participating in USAID's programs for post-hurricane reconstruction of public health care systems. The Bureau's cooperation emphasized the implementation of a quality assurance system; it is designed to strengthen the institutional capabilities of the public health laboratories as a way to support the surveillance system for decision-making in public health and to help disseminate accurate and timely information.

According to PASB's new thinking for its technical cooperation, quality assurance, human resources development, regulation, and inter-institutional coordination are the axes of the strategy to reduce the gaps between the laboratories and the interventions in public health.

The Bureau collaborated to strengthen Argentina's and Chile's regional network for the surveillance of antibiotic resistance by implementing an external mechanism to evaluate the performance of antibiotic resistance testing. In addition, workshops on quality systems, general quality concepts, and development of biosafety standards, including handling/transportation of infectious samples, were held in Ecuador, El Salvador, Nicaragua, and Peru. In collaboration with the National Committee for Clinical Laboratory Standards and the Canadian Society for Medical Laboratory Science new partners and strategies were identified for developing new standards. Regional workshops to strengthen leadership and management capabilities were held for all the Central American countries, the Dominican Republic, and Haiti.

Blood transfusions are used daily to treat various medical conditions that will not respond to any other therapy; blood transfusions also are needed to treat many victims of accidents, violence, and natural disasters, as well as in dealing with major surgery, chronic diseases, clotting disorders, and complications of pregnancy and childbirth. Consequently, because the permanent availability of safe blood and blood products in health facilities is essential, the technical and operative capability of transfusion services must be strengthened.

PASB, working with the American Association of Blood Banks (AABB), published guidelines to implement working standards for blood banks, which were distributed to all countries. Education activities related to their implementation were carried out in Colombia, El Salvador, Nicaragua, and Uruguay. In addition, programs dealing with infectious disease markers and the external evaluation of immunohematology performance were established among the countries' blood banks.

On April 7, every country in the Region celebrated World Health Day 2000, whose theme was "Safe Blood Starts With Me, Safe Blood Saves Lives." To support national blood programs in promoting the different activities and to highlight the importance of voluntary, nonremunerated blood donations, posters, stickers, and brochures in English, French, Spanish, and Portuguese were produced and distributed. A ceremony held at PAHO's Washington, D.C., Headquarters was attended by consultants from Latin America and the Caribbean and representatives from Collaborating Centers, the World Federation of Hemophilia, the American Red Cross, and AABB.

Chile's observance of World Health Day 2000 highlighted the country's experience with the promotion of unpaid blood donation. Under the Valparaíso Agreement, signed as part of the safe blood initiative, several public and private institutions pledged their support for unpaid donation and assurance of the quality of blood used for transfusions. PASB is providing technical support to the Ministry of Health for the preparation of studies of knowledge, attitudes, and practices relative to perceptions of blood donation among the population and health personnel.

Considerable progress has been made in conducting research on sociocultural issues related to blood donation, and data are now available on voluntary nonremunerated blood donation attitudes and perceptions from Chile, Colombia, the Dominican Republic, Ecuador, El Salvador, and Nicaragua. The International Federation of Red Cross and Red Crescent Societies working group for setting up guidelines to recruit and retain voluntary nonremunerated blood donation received support.

## Health Services Engineering and Maintenance

PASB works with the countries of the Region to strengthen and develop regulation and technological management of equipment and operation and maintenance of health facilities. These functions are essential to ensure the effectiveness, quality, and safety of services.

Notable achievements in this area were:

- Strengthening of technical cooperation for the organization of programs for the regulation of medical equipment and devices.
- Organization of a group of regulatory authorities from Latin America and the Caribbean.
- Participation in the conference of the Global Harmonization Task Force and its study groups.
- Implementation of the MED-DEVICES network for communication and information exchange for regulatory authorities.
- Support for the countries through the supply of information and advisory services from experts from the Collaborating Centers: the United States Food and Drug Administration, the Medical Devices Bureau of Canada, and the Emergency Care Research Institute (ECRI).
- Training of professionals in technology management and organization of clinical engineering programs through advanced workshops in the Dominican Republic, Panama, and the United States (Chicago); the workshops were coordinated by the American College of Clinical Engineering, with the participation of WHO, Health Canada, and ECRI.
- Preparation of the Regional Plan for Planning, Regulation, and Management of Physical and Technological Infrastructure of Health Services.
- Organization and implementation of the Global Network for Communication and Exchange of Information in Physical and Technology Infrastructure in Health Services.
- Translation and monthly publication of the *ECRI Health Technology Monitor* on the PAHO website.

*An employee checks inventory at a pharmaceutical stockroom in Cobán, Guatemala. The equitable access to medicinal drugs in the Americas has long been a concern for the Pan American Sanitary Bureau, and its technical cooperation in this regard has dealt with pricing, patent acquisition, and quality control. For example, PASB has promoted the use of the information system on drug prices established by MERCOSUR countries, fostered the expansion of open markets for pharmaceuticals in some Central American countries, and encouraged the approval of a common system for drug registration in the Andean Community countries.*



# Disease Prevention and Control

5

The Pan American Sanitary Bureau has promoted a strategy of intersectoral coordination and interaction between various sectors, countries, specialists, populations, and other groups in subregional forums for health promotion and disease prevention.



The Bureau has also cooperated technically with the countries to strengthen their systems for surveillance of AIDS and emerging, vaccine-preventable, foodborne, and noncommunicable diseases.

## Building Healthy Public Policy

***Prevention of Cervical Cancer.*** As part of its effort to build healthy public policy, in 2000 PASB launched a project to prevent cervical cancer, which seeks to provide the countries with simple, cost-effective screening and treatment tools in order to reduce mortality and morbidity from this cause. The project is aimed at increasing screening coverage among women between 35 and 60 years of age, the population group at highest risk; strengthening outpatient treatment and the use of conservative organ-sparing methods; and improving quality of life and access to treatment for women with invasive cervical cancer. Together with several other international organizations, PAHO participates in the Alliance for Cervical Cancer Prevention.

Cervical cancer, which is a highly-preventable condition, affects significant numbers of women in the Region, particularly women in the lowest-income segments of the population—it is estimated that a woman dies from cervical cancer every 15 minutes in Latin America and the Caribbean. Preventing this type of cancer entails disseminating information on the importance of early detection and helping health personnel understand the barriers that women may face in accessing health services, in addition to improving the quality of those services.

***Food Safety.*** Because food safety is so important for public health and economic development, the Bureau provided technical cooperation for the formulation of national policies and programs on food protection in Argentina, Bolivia, and Colombia, with the participation of both the agriculture and health sectors. It also assisted Argentina and Brazil in strengthening their epidemiological surveillance systems. In addition, regional forums were organized to sensitize public authorities to the importance of this issue.

Support was provided for the management of information on food safety regulations and national and regional databases in Cuba, Mexico, Paraguay, Peru, and Venezuela. The European Union was also involved in this effort, which became a global food legislation system.

***Foot-and-Mouth Disease.*** Working within the framework of the Hemispheric Plan for the Control of Foot-and-Mouth Disease, Argentina and Guyana

*Deaths from malaria have dropped dramatically in the Region as a whole—a 78% drop in the crude mortality rate from Plasmodium falciparum between 1994 and 1999. And yet, malaria continues to pose public health threats in several countries. In Nicaragua, one of the countries experiencing active malaria transmission, a rural community health worker tests a young man for the disease.*

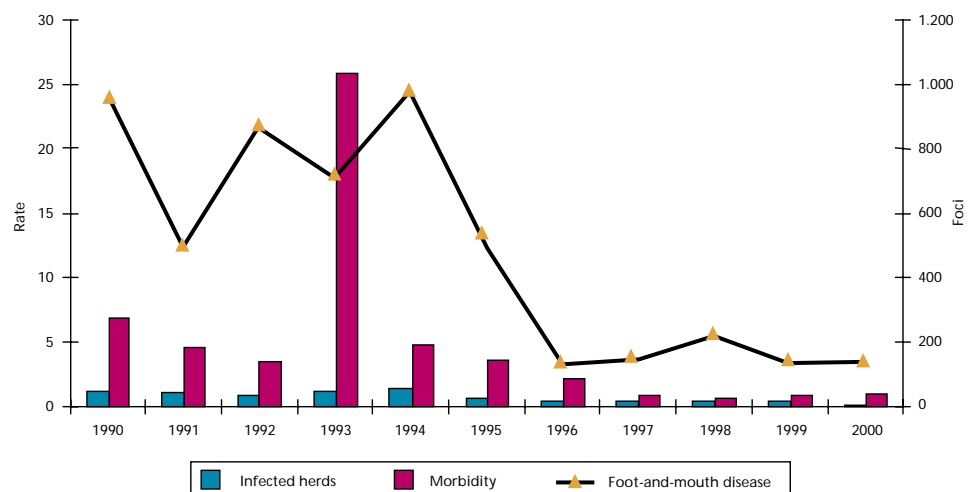


earned recognition as countries free of the disease without vaccination. In addition, an extensive area of central-western Brazil was declared free of the disease with vaccination, and the livestock sector of the east of the country joined the area free of the disease with vaccination, which brought to 120 million the number of heads of cattle in this category. Colombia's Atlantic coast, which has about nine million heads of cattle, was recognized as an area free of the disease with vaccination.

In the Region's endemic areas, both the number of affected herds and the morbidity rate from foot-and-mouth disease had sustained their downward trends (see Figure 1). By the end of 2000 and beginning of 2001, this situation had begun to slip, however, after the resurgence of foot-and-mouth disease in vast areas of the River Plate Basin. The resurgence has affected Argentina, Uruguay (twice), and the state of Rio Grande do Sul in Brazil, as well as an area near Colombia's disease-free zone. The Pan American Foot-and-Mouth Disease Center (PANAFTOSA) collaborated with the affected countries in emergency operations and continues to collaborate in controlling the disease.

In response to these emergencies, the Hemispheric Plan for the Eradication of Foot-and-Mouth Disease was revised, and its approach will be reoriented toward prevention. Regional links, as well as international coordination and cooperation activities will be strengthened. To this end, the Third Extraordinary Meeting of the South American Commission for the Control of Foot-and-Mouth Disease (COSALFA), held in Rio de Janeiro, Brazil, assigned new duties to PANAFTOSA, including serving as an external auditor for national program activities, especially during health emergency conditions.

FIGURE 1. Rate of infected herds (per 100), morbidity from vesicular disease (per 1,000), and number of foci of foot-and-mouth disease, South America, 1990–2000.



***Integrated Management of Childhood Illness (IMCI).*** This strategy aims to reduce mortality in children under 5 years old by targeting the group of diseases or conditions responsible for most of the deaths in this group—diarrheal diseases; acute respiratory infections; measles; malaria, where applicable; and malnutrition. IMCI stresses the importance of pursuing an integrated approach to control these diseases, not only in terms of diagnosis and treatment, but also regarding disease prevention and health promotion. The strategy has been adopted by programs geared to family and community care, such as Brazil's Family Health Program and Program of Community Health Workers, and has mobilized an impressive amount of human and economic resources to support its application at the local and community levels.

The Pan American Sanitary Bureau, in collaboration with national and international partners such as USAID, UNICEF, the World Bank, the Inter-American Development Bank, the American Red Cross, and the Spanish Cooperation Agency, as well as with ministries of health and NGOs, has launched a new initiative—"Healthy Children: Goal 2002." The initiative aims to prevent 100,000 deaths in children under 5 years of age in the Americas by 2002, using the IMCI strategy. As of December 2000, Bolivia, Brazil, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, and Paraguay had endorsed this initiative and held national presentations. Peru, Colombia and Venezuela plan to start this initiative in 2001. Several presidents, first ladies, ministers of health, and senior USAID, PAHO and UNICEF officials, as well as representatives from NGOs, have participated and signed national declarations supporting "Healthy Children: Goal 2002." During 2000, mortality data began to be collected in each country, and epidemiological maps began to be prepared to identify areas at high risk.

***Prevention of Violence.*** The Pan American Health Organization participates in the Inter-American Coalition for the Prevention of Violence, together with the Inter-American Development Bank; the World Bank; United Nations Educational, Scientific, and Cultural Organization (UNESCO); the United States Centers for Disease Prevention and Control; and the Organization of American States (OAS). The coalition's objective is to collaborate with the countries to promote the adoption of policies and programs that take a preventive approach to violence, as an alternative to the legal and law enforcement approaches usually relied on to deal with this issue.

***Filariaasis.*** PASB, working with WHO's Collaborating Center for the Elimination of Filariasis, the United States Centers for Disease Control and Prevention (CDC), and other key partners, cosponsored and hosted the First Regional Program Managers Meeting on the Elimination of Lymphatic Filariasis, held in the Dominican Republic in

*Through its initiative, "Healthy Children: Goal 2002," the Pan American Sanitary Bureau is trying to prevent the deaths of 100,000 children under 5 years old by 2002. The initiative dovetails with the IMCI strategy and relies on an equal mix of adequate prevention, early diagnosis, and treatment of communicable diseases to achieve its goal.*



August 2000. Among key issues discussed was an analysis of the prospects for certifying the elimination of lymphatic filariasis in Costa Rica, Suriname, and Trinidad and Tobago, three endemic countries. In addition, resources have been mobilized to support lymphatic filariasis elimination programs in Brazil, Costa Rica, the Dominican Republic, Guyana, Haiti, Suriname, and Trinidad and Tobago; each of these countries now has a regional plan of action in place.

**Malaria.** Argentina, Belize, Bolivia, Brazil, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, French Guiana, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, and Venezuela report areas with active malaria transmission. All of them have reoriented their malaria eradication policies in keeping with the Global Malaria Control Strategy (GMCS) adopted in Amsterdam in 1992.

Thanks to the strategy, malaria deaths have drastically declined in the last six years. In 1994, the first year for which there are comparable records, the crude mortality rate for *Plasmodium falciparum* malaria was 8.3 per 100,000 exposed population. By 1999, the rate had dropped to 1.7 per 100,000 exposed population, a decrease of 78%. The major operational improvement associated with this reduction in the *P. falciparum* malaria death rate is the constant increase in the coverage with second and/or third line treatments.

In 1998, WHO launched the “Roll Back Malaria” initiative as a way to overcome obstacles in the implementation of GMCS. The initiative encouraged the use of evidence-based strategies, community-level action, and joint efforts action between governments and national and international development agencies. Roll Back Malaria targets the areas around the globe where malaria is prevalent by promoting the mobilization of resources and intensifying the application of existing tools for malaria transmission control.

During 2000, “Roll Back Malaria” was introduced beyond the Amazonian Region to Belize, Costa Rica, the Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, and Panama, where malaria is a public health problem. Several country plans have been established, and a joint project to eliminate malaria in Haiti and the Dominican Republic has been developed.

**Tuberculosis.** This disease, which is closely linked to poverty, continues to seriously threaten both children and adults in the Region of the Americas. In 1999, 7% of the world’s cases were reported in the Region, and approximately 50% of these occurred in Brazil (33%) and Peru (17%). These two countries are among the 22 with the greatest tuberculosis burden in the world. In 1999, the rate in the Region was 29 per

100,000 population (238,082 cases) for all forms of tuberculosis and 17 per 100,000 population (137,675 cases) for new positive pulmonary cases. The distribution of new cases diagnosed by sputum smear microscopy shows that the impact is greater on younger age groups of both sexes (15–55 years).

Increased technical and financial resources for the implementation of the Directly Observed Treatment Short-course (DOTS) strategy and for anti-tuberculosis activities in the Region's countries were obtained during the past year. The cure rate in eight countries implementing DOTS is demonstrably better (85%) than that in countries that are not completing DOTS coverage (46%).

**Dengue.** With a view to reorienting the strategy of national dengue programs, PASB developed the Blueprint for the Next Generation of Dengue Prevention and Control. This plan seeks to shift dengue control strategies away from chemical use and towards an emphasis on community participation, social communication, and education as the basis for prevention and control. During 2000, the blueprint was presented and disseminated to Member States at three subregional meetings held in the Andean Area, the Southern Cone, and Central America. The results of a survey of perceptions conducted in all countries of the region (except Venezuela) were also presented at these meetings. The purpose of the survey was to determine the views of authorities in the countries with respect to dengue.

**Prevention of HIV/AIDS/STIs.** Based on the guidelines of the Joint United Nations Program on HIV/AIDS (UNAIDS), during 2000 the Bureau collaborated closely in the development and execution of intersectoral plans for the prevention of HIV/AIDS and other sexually transmitted infections (STIs) in 16 countries. PASB also participated in formulating a subregional plan, the Pan-Caribbean Regional Strategic Plan Against HIV/AIDS Infection and STIs, which will serve as a frame of reference for the 25 Caribbean countries.

The Bureau produced a technical document ("Comprehensive Care: Building Blocks") on the formulation of guidelines and activities for comprehensive prevention and care. This document proposes a sequence of actions designed to lead to greater equity in access to comprehensive prevention and care services and the gradual introduction of interventions, with concrete recommendations for their monitoring and evaluation.

**Rabies.** The Seventh Meeting of Directors of National Rabies Programs in the Americas took place in October 2000. The purpose was to analyze progress under the Re-

PROMOTING HEALTH IN THE AMERICAS  
Pan American Health Organization

gional Strategic Plan for the Elimination of Human Rabies Transmitted by Dogs and to identify strategies for technical cooperation and activities for the 2002–2003 biennium.

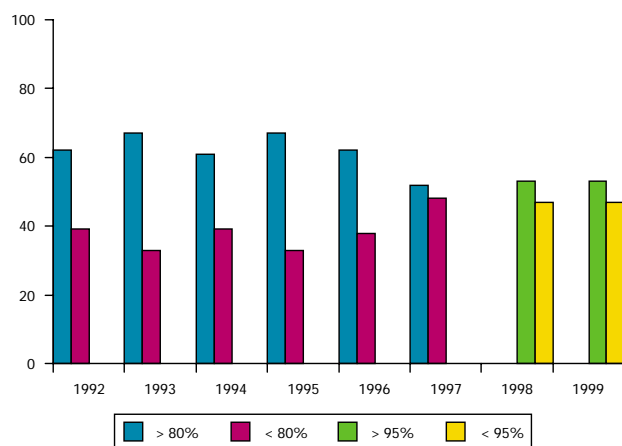
**Vaccines and Immunization.** A policy environment conducive to immunization programs lies at the heart of the successful implementation of such programs in the countries. To that end, PASB has directed its advocacy efforts to highlighting the benefits of immunization with the ministries of health, as well as at the highest levels of government in each country.

Immunization has long been recognized as one of the most cost-effective prevention programs, and its predictably excellent health outcome record has encouraged governments to incorporate immunization programs into their policies. Relying on immunization's demonstrated track record, the Bureau has used various venues—such as international meetings attended by ministry of health representatives from Member States or regular evaluations of national immunization programs—to seek a greater allocation of resources for immunization programs. Simultaneously, the Bureau has pursued legislative-level efforts designed to establish a specific budget line for securing resources for vaccines and basic supplies needed for program implementation.

Despite the fact that figures show that most children are being covered through routine vaccination services, there are population groups within countries who still do not benefit from basic immunization programs. These groups for the most part live in remote areas, or reside in urban areas but do not adequately use routine vaccination services. As seen in Figure 2, fully half of the districts in the Region fall short of the goal of immunizing at least 95% of children with diphtheria, pertussis, and tetanus vaccines. Initiatives tailored to each country's circumstances must be put in place to effectively reach these groups. But, if national strategies designed to reach unvaccinated children are to be formulated and put in place, vaccination coverage must be monitored on an ongoing basis, municipality by municipality.

The Bureau has begun to gear its efforts towards putting in place national immunization policies and strategies that facilitate reaching the most vulnerable population groups. As part of this initiative, PASB will foster greater collaboration with government sectors other than health.

FIGURE 2. Distribution of districts by rank of coverage for DPT-3 in children under 1 years old, Region of the Americas, 1992–1999.<sup>a</sup>



<sup>a</sup> Criteria for 1998 and 1999 was changed for "at least 95% coverage."  
Countries that did not submit reports:

1995–1997: Dominican Republic, Haiti, Chile

1995–1996: Ecuador

1997: Uruguay

1998: Haiti, Chile

Source: Country reports.

## Creating Supportive Environments

In addition to its support of epidemiological surveillance systems, PASB developed prevention strategies that target improvements of sociocultural and physical environments; the strategies involve diverse stakeholders.

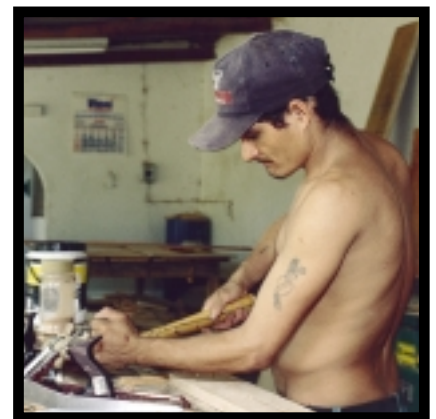
***CARMEN Network.*** The CARMEN initiative (CARMEN is the Spanish acronym for “Actions for the Multifactorial Reduction of Noncommunicable Diseases”) identifies and promotes interventions that foster and maintain healthy lifestyles through the prevention of risk factors in the general population. To assess the effectiveness of the interventions, a working group on physical activity developed protocols for measuring the level of this type of activity. Utilizing a model developed in São Paulo, Brazil, to promote physical exercise, an instrument was designed to facilitate the establishment of coalitions with community associations. The CARMEN demonstration area in the city of Bucaramanga, Colombia, has sought to modify risk behaviors associated with noncommunicable diseases, in particular through the encouragement of physical activity. At the same time, it has promoted social participation and the development of cost-effective intersectoral interventions in the area of healthy public policies.

To promote smoking cessation, the contest “Quit and Win” was publicized through Spanish-language radio stations in Latin America and the Caribbean. Five radio announcements were developed by PASB, with special assistance from the PAHO/WHO Country Offices in Colombia and Peru, as well as experts in those countries. To support the organization of the contest at the national level, PASB, in collaboration with the National Public Health Institute of Finland, distributed a support manual.

***Prevention of Violence.*** The Second Regional Plan of Action for the Prevention of Violence was formulated, and Honduras was selected to develop a model for work in this area. The Bureau provided support for the establishment of national intersectoral coordination, as well as municipal initiatives, particularly in Tegucigalpa and San Pedro Sula. Both the public and private sectors have participated. The importance of creating healthy environments that will serve as violence prevention factors has been emphasized.

***Integrated Management of Childhood Illness.*** In terms of creating healthy environments, the IMCI strategy is working to improve the care of chil-

*In El Salvador, a young man learns a trade in a vocational school for ex-gang members. PASB participates with other international and national organizations and United Nations agencies in the Inter-American Coalition to Prevent Violence. The Coalition works with the countries to foster violence prevention programs that seek alternative solutions to the usual law-enforcement approach.*



dren under 5 years old at the family and community levels. To this end, it promotes healthy habits at the community level, using WHO/UNICEF's 16 key family practices.

IMCI's community component is being put in practice in several ways—in the home, changes in behavior and practice are intended to improve children's growth and development, and each time a child is brought in contact with the health services, he or she is checked for any danger signs; in the community at large, efforts involve better access to and use of disease prevention and health promotion measures, including vaccination, breastfeeding, and better diet.

IMCI interventions are being applied in the health services networks, and they also are being utilized to improve the health conditions of children under 5 in day-care centers, community dining rooms, and municipalities. During 2000, contact was strengthened with different educational and training institutions to incorporate the IMCI strategy into the training of medical and nursing students and in procedures related to rural-based, resident and internship practices. PASB also initiated contacts with the Pan American Federation of Associations of Medical Schools to facilitate similar activities.

***Food Protection and Security.*** The development of productive municipalities in Cuba has proven to be an important mechanism for achieving food security and sustainable community development at the local level. In Peru and Suriname interventions have been carried out for the creation of healthy markets.

Through PASB's cooperation activities in the wake of the emergency created by floods and avalanches in Venezuela, programs were put in place to ensure the safety of foods distributed to disaster victims. The Bureau also assisted in selecting, classifying, and monitoring the safety of foods received through humanitarian aid.

***Onchocerciasis.*** The regional initiative to combat this disease has increased people's awareness of the environmental risks for contracting onchocerciasis, as well as occupational hazards, such as coffee growing, related to the disease in Mexico's and Guatemala's endemic areas. This added awareness is responsible for high treatment compliance.

***Dengue.*** Ecoclubs are nongovernmental organizations that promote healthy environmental practices. In Paraguay, these clubs have carried out social mobilization activities, participated in the elimination of vector breeding sites, and mounted community projects that have benefited some 500,000 people in five of the country's municipalities.

In the Dominican Republic, an intersectoral and multidisciplinary initiative related to water storage in tanks or containers benefited more than 100,000 inhabitants. The strategy consisted of treating water tanks with chlorine to prevent mosquito breeding. Industry supplied the chlorine.

***Tuberculosis.*** During recent years, PASB supported the strengthening of national, state, and local-level laboratory networks for the diagnosis of tuberculosis. In addition, as a result of an increased use of the Directly Observed Treatment Short-course (DOTS), tuberculosis patients are becoming noninfectious more quickly, ensuring that family members, health workers, and others in the community are safer.

Coping with resistance to anti-tuberculosis drugs has become a priority in the Region, and Chile, Cuba, the United States of America, and Uruguay have been systematically monitoring drug resistance. With the combined support of WHO and the International Union Against Tuberculosis and Lung Diseases' Global Project on Anti-Tuberculosis Drug Resistance Surveillance, national surveys have been carried out in several countries.

***Prevention of HIV/AIDS/STIs.*** One of the most important activities that occurred in 2000 was the Expert Consultation on Promotion of Sexual Health, which was cosponsored by PAHO and the World Association for Sexology. During the consultation, specific recommendations were formulated with a view to encouraging low-risk sexual practices and preventing problems associated with high-risk behaviors.

The role that the mass media play in alerting the community to the existence of potential risks is particularly noteworthy. As a result, in addition to its ongoing collaboration with media representatives by providing data and references, the Bureau's technical staff granted interviews and distributed audiovisual materials (for example, announcements related to World AIDS Day, pamphlets, and posters), which have served to support the efforts undertaken at the regional level.

***Vaccines and Immunization.*** In response to the decentralization of health services, PASB has been seeking the collaboration of mayors, who now play a central role in decision-making about immunization. Nowadays, an effective immunization program requires a partnership among ministries of health, who ensure the availability of vaccines and other preventive health services for the population, municipal governments, who guarantee the timely implementation of immunization programs among other preventive initiatives, and parents, who take their children to be vaccinated and



for regular check-ups. This municipal-level partnership also facilitates the design and putting into practice of equitable and effective approaches to reach municipalities at risk. These approaches will require innovative strategies, such as the formation of informal networks to reach these population groups at risk within municipalities.

PASB has initiated a closer collaboration with the education sector, as a way to support the establishment of preschool and school immunization requirements. This initiative is expected to increase the demand for vaccination services by the population.

## Strengthening Community Action

Assuring social participation and concerted community action is crucial to disease prevention and control. PASB has developed models for working with the community, particularly with high-risk groups, and it has sought to pool the efforts of various actors.

***Prevention of Cervical Cancer.*** In the course of 2000, PASB collaborated with other institutions in conducting several studies in Ecuador, El Salvador, Mexico, Venezuela, and Peru aimed at identifying the perceptions of women and health personnel concerning cervical cancer in order to increase the application of prevention strategies at the community level. These studies revealed that the main barriers are socioeconomic difficulties, lack of access, and embarrassment on the part of the women. Another important finding was that women are very fearful of this type of cancer and that it conjures up mental images of death and deterioration, which negatively affects their decision to undergo screening. Strategies to promote screening may, therefore, be counterproductive if they include a strong component of fear. The studies also showed that women who do undergo screening receive significant benefits, such as peace of mind and the feeling that they are able to take care of themselves and their families. This positive perception might be used successfully to promote preventive behaviors.

Based on these studies, a model for improving quality of care and mass communication was developed and is being tested in cervical cancer prevention programs of primary health care services. The model is directed at health service users and the community, as well as health personnel. It is complemented by counseling modules designed to improve the doctor-patient relationship.

***Integrated Management of Childhood Illnesses.*** In December 2000, an interagency agreement signed between the American Red Cross and the

PAHO established a regional partnership to support PAHO's "Healthy Children: Goal 2002" initiative through the implementation of IMCI household and community activities. This innovative five-year partnership in ten countries will complement the American Red Cross's International Health Program that works through Red Cross and Red Crescent national societies worldwide to help improve their capacities to deliver low-cost, high-impact services.

Through IMCI's community component, health workers, teachers, journalists, religious and political leaders, and other representatives of institutions working in the community have been enlisted to disseminate information on the protection and better care of children to parents and other family members. For example, in Nicaragua several national and international organizations formed an Interagency Coordinating Committee on IMCI. Led by the Ministry of Health, the committee promotes IMCI in the country and shares technical and financial resources. In 2000, the country launched the "Healthy Children: Goal 2002" initiative in 18 local health systems (SILAIS) with other agencies and local NGOs.

A project between the Government of Spain, through the Carlos III Institute, and the Government of the Dominican Republic will initiate IMCI activities in two of the country's eastern provinces. This effort involves training health center and health post personnel in IMCI methods. In addition, a baseline survey, clinical training courses, follow-up visits after training, and community activities have been carried out.

***Malaria.*** In some areas, such as in Central America, malaria is tied to agroindustrial operations; in some, it disproportionately affects ethnic minorities; in yet others, it predominates in urban localities with low levels of social development, affecting marginalized groups. In Central America, *Plasmodium vivax* and *P. falciparum* malaria is increasing, spreading to regions where it was not present or had already been eradicated.

***Schistosomiasis and Intestinal Helminth Infections.*** Empowering communities to engage in healthy practices and avoid risky behaviors, coupled with support for massive chemotherapy of the at-risk population is the only sustainable approach to date for reducing the worm burden to levels where schistosomiasis will cease to represent a public health threat. The healthy school initiative promoted by PASB is another viable, sustainable approach that deserves further attention in the struggle against this disease.

***Prevention of HIV/AIDS/STIs.*** The Regional Program on HIV/AIDS/STIs promoted activities with the most affected groups, including discussion and reflection

sessions, as well as the development of individual and joint plans of action. Examples of such activities include the workshops “Let’s Talk About Sexual Health” (Ciudad Juárez and Tijuana, Mexico), “Face to Face” (workshops aimed at Hispanic communities in El Paso, Albuquerque, and Los Angeles in the United States of America), and “Professionalization of Community Educators” (San Salvador, El Salvador; San Pedro Sula, Honduras; and Washington, D.C., United States). In addition, PASB has continued validating indicators of the effectiveness of prevention activities in Chile, Costa Rica, Cuba, and Mexico.

***Vaccines and Immunization.*** A key aspect of the health promotion strategy that has been much used on immunization programs involves the active participation of communities in making health decisions. Because community health services are near the population they serve, they can better read this population’s health situation and vaccination needs. Within the current goal to eradicate measles, communities remain an important ally in the timely detection of measles transmission and the ensuing implementation of control measures. In Brazil, for example, community health workers are assisting in identifying unvaccinated children in the community.

By promoting the community’s greater involvement in improving immunization services, the Bureau seeks to reduce drop-out rates. Some of the measures taken to reduce these rates have included working with women to better explain why they should bring their children for successive immunizations, making flexible schedules for immunization available at health centers, and reducing the waiting time for immunization. Likewise, a closer partnership with the community also is helping to reduce missed opportunities for vaccination. For example, the community has been educated about vaccination schedules and vaccination cards, and health workers have received training to ensure that all children and women of childbearing age are screened every time they come to a health center and immunized whenever appropriate.

PASB also has developed a simple tool to help monitor vaccination coverage locally. A rapid monitoring at the local level allows for the implementation of immediate measures after a vaccination campaign, thereby ensuring a high level of protection of the target population.

## Developing Personal Skills

PASB has moved from a mass communications approach to an approach that focuses more on the development of skills and abilities, both among health personnel and in the community. These skill-building activities have been carried out in the countries, in subregional forums, and in communities themselves.

***Integrated Management of Childhood Illness.*** PASB developed three community-level training courses—“Community Health Worker,” “Talking with Mothers,” and “Planning IMCI at the District Level”—and community IMCI activities are under way in Bolivia, Brazil, Ecuador, El Salvador, Honduras, Peru, and Nicaragua. More than 250 national and operational IMCI clinical training courses have been held, and a critical mass of IMCI training facilitators who can provide clinical training courses at the district and local level has been produced.

Health professionals face many challenges in applying IMCI in first-level facilities, and support and follow-up are required to enable health professionals to apply their new skills in practice. Argentina, Bolivia, Brazil, Colombia, Ecuador, El Salvador, and Peru have established follow-up visits after training and provided feedback to course participants. The countries also have begun to institutionalize monitoring indicators at health facilities as part of routine supervisory visits.

***Brucellosis.*** PASB, through PANAFTOSA, coordinated an international seminar on mass communication as a tool for enhancing the sensitivity of epidemiological information and surveillance systems, held in Buenos Aires, Argentina, and an expert consultation on brucellosis and Malta fever in Lima, Peru. In coordination with other international cooperation institutions, PANAFTOSA developed a series of videos on foot-and-mouth disease control, tailored specifically to the social and productive environment in the Andean Area.

The Center also published a guide with recommendations and suggestions on care for people suffering from brucellosis and a strategy for achieving border areas free of caprine brucellosis and Malta fever through involvement of the community in protecting its own health.

***Food Protection.*** Assessments of food inspection systems conducted during the year by countries that import foods from Latin America and Caribbean yielded satisfactory results for almost all the producer countries. The assessments were primarily designed to verify the efficacy of the hazard analysis and critical control point (HACCP) evaluations applied in the production of such foods, especially meats and fish. PASB contributed to the success of these efforts by providing educational materials and organizing training workshops and seminars.

Training in modern approaches to inspection and epidemiological surveillance of foodborne diseases was carried out under agreements with educational institutions in Argentina, Brazil, Guatemala, Mexico, Peru, United States, Uruguay, and Venezuela. In addition, the CFNI and INCAP offered training programs on food safety for nutritionists in English-speaking countries of the Caribbean and Central America, respectively.

*The availability and consumption of safe food is critical for the health and well-being of the Region's population, as well as for the countries' economies. The Bureau has catalyzed the enactment of food protection legislation in several countries and has organized discussion groups to raise consciousness among decision-makers regarding the importance of food safety. A special effort also has been made to ensure the efficacy of systems that monitor and certify the safety of meat and fish products.*



***Malaria.*** The decentralization of the health services has affected malaria programs. For example, as responsibilities have been decentralized to the local level, technical abilities have not necessarily followed suit. Consequently, trained personnel has been drained from traditional specialized control programs, and there is a great need to build technical capabilities at the local level. Local health services, which include community health agents, showed a high diagnostic efficiency, confirming 10.6% of suspected cases in 1999, whereas active surveillance continues to show a low diagnostic efficiency and high operational cost, confirming only 2.2% of “recent fever” cases. As a way to improve microscopic diagnosis at the referral level of the general health services, efforts continue to be made to train laboratory technicians in malaria diagnosis and to redeploy trained microscopists.

***Filariasis.*** One of the recommended treatments for filariasis relies on the use of Diethylcarbamazine mixed with salt (DEC-salt). Those countries who wish to use this treatment will need to launch carefully structured, well organized social communication and health education campaigns. The Region has been a pioneer in the development of a cost effective, low-tech approach in the clinical management of morbidity from lymphatic filariasis, and PASB continues to actively advocate the training aspects of the morbidity component of the program. The “Hope Clubs” developed in Brazil are an example of effective community mobilization to address the psychological and physical complications of the infection. The Bureau participated in several workshops on morbidity management in Brazil and Haiti and supported the Dominican Republic’s efforts to develop this component.

***Dengue.*** PASB developed an educational tool to teach elementary-school students about the status and characteristics of dengue and encourage them to change their behavior and work to change their community’s behavior for controlling the disease. Evaluation of this instrument was the subject of a graduate thesis at the University of Carabobo in Venezuela, which showed that, for both students and teachers, the tool was useful for promoting behavioral changes and acquiring skills related to public health and preventive medicine.

***Prevention of HIV/AIDS/STIs.*** PASB has strongly encouraged the use of mass communication and social marketing techniques by providing training activities on their use at regional and subregional levels.

Counseling also is a critical intervention for helping individuals develop the ability to make informed decisions and adopt healthy practices and behaviors. To strengthen

countries' capabilities in this area, the Bureau provided technical and financial support for training activities in Aruba and Grenada.

During 2000, PASB's collaboration with the countries targeted the strengthening of the regional network and the subregional networks for second-generation surveillance of HIV; the provision of technical and scientific guidance regarding antiretroviral drugs for the development of the Regional Fund for Strategic Public Health Supplies; training of health professionals in syndromic management of sexually transmitted infections; promotion of research activities in 13 countries of Central and South America; and the execution of a project for collaboration between the Bahamas and Belize for the prevention of perinatal transmission of HIV.

***Vaccines and Immunization.*** Immunization programs have paid a great deal of attention to the strong correlation between maternal and child health and the education of mothers. As mothers become more knowledgeable about health, they also become better guardians of the health of their children and their surrounding community. PASB has encouraged using a mother's every visit to a health center or hospital as an opportunity to provide messages about the importance of completing the vaccination schedule of all her children. In addition, discussions are held with the mothers on ways to treat possible reactions to immunizations, return dates to the health center for further vaccinations, and how to recognize the presence of a vaccine-preventable diseases in their communities.

## Reorienting the Health Services

PASB supported the reorientation of health services mainly in the area of facilitating access to services and increasing user satisfaction. This was accomplished through the improvement of epidemiological surveillance systems, training of health personnel, enhancement of the health services' capacity to work with the community, and improvement of the quality of services.

***CARMEN Network.*** The CARMEN network, formed by Canada, Chile, Costa Rica, Cuba, and Puerto Rico, has expanded, and national protocols are currently being prepared in Argentina, Brazil, Colombia, and the United States (El Paso, Texas). These countries have adapted the protocol to their particular national and subregional circumstances. CARMEN has led to a better understanding of the distribution of risk fac-

tors and the development of joint interventions by health services and coalitions of community organizations.

During their last meeting, CARMEN project directors agreed to create a working group on noncommunicable diseases, which is seeking to involve women as agents of change in the prevention and control of cardiovascular disease. Another agreement provided for the creation of an Internet site for exchanging experiences among network members.

PAHO and the National Heart, Lung, and Blood Institute (one of the National Institutes of Health of the United States), through the Pan American Hypertension Initiative, developed a standard methodology for measuring blood pressure which produces valid and reliable readings and is suitable for use in hypertension surveillance studies. The methodology includes a certification program prototype, a detailed procedure, guidelines and other tools, and a quality assurance program. To achieve adequate control of hypertension, both pharmacological measures and changes in individual and collective behavior are necessary.

***Prevention of Cervical Cancer.*** The project for screening and immediate treatment of cervical cancer that is being conducted in the Department of San Martín, Peru, is an example of reorientation of health services. The effectiveness, cost, and acceptability of the strategy of early detection of cervical cancer was evaluated during 2000. This strategy consists of visual inspection of the cervix following an acetic acid wash. Positive cases are referred to a physician, who treats the woman immediately, utilizing cryotherapy where indicated. Obstetricians and general practitioners have been trained in this technique.

***Diabetes mellitus.*** During 2000 PASB continued implementing the Diabetes Initiative for the Americas, the aim of which is to improve local capabilities for organizing diabetes surveillance and control. Diabetes mellitus is becoming one of the foremost health problems throughout the world, and some countries of the Region are already seeing a rise in the prevalence of the disease. In Bolivia, for example, the prevalence of diabetes in 1998 averaged 7.2%, with higher rates among the population with the lowest educational level.

***Integrated Management of Childhood Illness.*** In April 2000, PASB and Ecuador's Ministry of Public Health coordinated efforts to evaluate 195 children in 41 health facilities as part of an IMCI health facility evaluation conducted in four of the country's provinces (Chimborazo, Guyas, Imbabura, and Pichincha). The evaluation

*Breast cancer poses an increasing health problem for women in the Americas, and promotion campaigns that encourage breast self-examination and mammography screening hold the best promise for early detection and treatment. In the Bahamas, where breast cancer is the leading killer of women, PASB has joined forces with the Ministry of Health, the Cancer Society of the Bahamas, and corporate sponsors in the "National Breast Cancer Initiative." The initiative promotes awareness of screening techniques, which will improve the survivability of breast cancer victims in the country.*



was mainly designed to gather case management information at the health facility level and learn about case management skills, caretaker knowledge and satisfaction, availability of essential drugs and supplies, health services organization and supervision, and referral problems. Once the final results were obtained, district level workshops were held in each province to review data, make recommendations, and prepare revised plans of action.

The evaluation showed the following accomplishments: 85% of children had been correctly evaluated for cough, diarrhea and fever; the child's vaccination status had been correctly checked by the health personnel 74% of the time; and 81% of the children had been properly weighed. Problems identified are: only 34% of children had been correctly evaluated for danger signs; 20% of children had received an antibiotic when it was not necessary; only 20% of mothers knew when to return to the health facility for a follow-up visit; and only 39% of health facilities visited had the necessary supplies and equipment for vaccines.

***Rabies.*** Cases of human rabies declined 73% over the last decade (from 269 cases in 1989 to 73 in 1999), a trend that continued in 2000. Canine rabies has followed a similar trend. The 2,620 cases reported in 1999 represented a reduction of 83% compared to the 15,610 cases reported in 1989.

The relative importance of rabies transmitted by wild animals, especially bats, is increasing. In 1999, 26.4% of the human rabies cases in which the transmitting species was known occurred as a result of exposure to rabid bats. That figure is 48% higher than the percentage registered in 1989, which points up the need for health services to adapt to contend with the increase.

***Brucellosis.*** The brucellosis infection rate is extremely high along the border area between Argentina, Bolivia, and Paraguay, especially among the women and children of the 20,000 family groups who depend on goat-herding for their livelihood. Goat brucellosis was responsible for 90% of cases in humans. As a result, the ministries of health of these countries have worked together to characterize the productive profiles in this endemic area and determine their relationship with the epidemiological profile of the disease. The findings of this exercise will be applied in developing selective and viable strategies for the control of the agent in the animal reservoir.

***Food Safety.*** The countries of the Region have made notable advances in the epidemiological surveillance of foodborne diseases. Detection capacity has improved (which has resulted in increased reporting of outbreaks by the countries), as has speci-



ficity (thanks to the availability of more accurate information on the etiology and factors that contributed to outbreaks).

The Inter-American Network of Food Analysis Laboratories (RILAA), coordinated by PAHO and the Food and Agriculture Organization of the United Nations (FAO), provided advisory services for the formation of national and local networks of laboratories, which will serve as pilot experiences in the Region. In Uruguay, for example, networks integrated with RILAA are currently operating at the national and municipal levels. To date, 55 laboratories in 24 countries have joined the network. A survey was conducted to assess these laboratories, with the participation of Brazil, Mexico, the United States Food and Drug Administration (FDA), FAO, PASB, and the Pan American Institute for Food Protection and Zoonoses (INPPAZ). A recently developed Web site for RILAA includes a “virtual office” with a “chat room” that enables online dialogue between users. In the area of reference services, 60 persons were trained in risk analysis methodology.

***Tuberculosis.*** Diagnostic and treatment services have been decentralized from specialized hospitals to local health centers that provide primary care, including family and community services. The implementation of the DOTS strategy, the “Stop TB” initiative, and the DOTS Plus approach in countries with a high tuberculosis burden have fostered alliances with new partners—institutions, research centers, universities, schools of nursing, and NGOs—both inside and outside the Region.

By 1996, ten countries were already implementing the DOTS strategy, and three more countries were added during that year. In 1997, three more were incorporated, an additional three in 1998, and another four in 1999. During 2000, Paraguay was added to a total of 24 countries that are using the DOTS strategy in the Region.

***Malaria.*** PASB has strongly promoted the participation of community health workers in the Region, which involves deploying volunteers and/or paid workers to different sites to help combat malaria. Where used, this approach has proven to be extremely beneficial in expanding coverage of general health services.

Partnerships between malaria control programs and community-based programs, such as those fostering healthy communities and the Integrated Management of Childhood Illness (IMCI), will also improve the community's access to malaria control efforts. In keeping with the tenets and efforts of the Global Malaria Control Strategy, health education and promotion at the household level stressed the importance of seeking early treatment for fevers; this will create a demand for accessible diagnosis and treatment of malaria.

The difficulties of early diagnosis and treatment; accessibility; disproportionately high incidence among ethnic minorities and in areas of gold mining or agroindustrial

activity; and the impact of population movements on the disease are all crucial problems that should be tackled to fight malaria in the Americas. Innovative ways to stop transmission should be incorporated, as well as a rational policy for the use and monitoring of antimalarial drugs.

Since 1999, PASB has been supporting the establishment of joint action plans in geographical areas of common epidemiological interest among countries as a way to implement the “Roll Back Malaria” initiative in the Region. The central objective of these joint projects is to improve the health services’ technical capability to facilitate access to basic care, especially along border areas.

***Schistosomiasis and intestinal helminth infections.*** It is estimated that 20% to 30% of the population in the Americas could be infected with *Ascaris lumbricoides*, *Trichuris trichiura*, and/or hookworms. Control activities have reduced morbidity rates in some of the countries.

PASB continues to provide technical support for implementing school-based intestinal helminth control programs throughout the Region. In at least three of the countries where lymphatic filariasis is endemic, the Bureau has promoted a multi-disease approach that incorporates intestinal helminth control activities. This approach has been able to be implemented thanks to the donation of Albendazole by a major pharmaceutical company to support the two-drug regimen (DEC-Albendazole) that WHO recommends, but it has required that traditional deworming practices be reoriented. PASB also collaborated with WHO in producing several guides for helminth control programs. These guides have helped ministry of health authorities to develop and implement programs throughout the Region’s countries. Efforts are under way to promote intersectoral alliances to reduce the burden of these infections on school-aged children, the population group at highest risk. The Bureau has approached other organizations, such as UNICEF and the World Food Program, to stimulate the formation of these alliances. Effective control of schistosomiasis will continue to rely on health education and social communication strategies.

***Emerging Infectious Diseases.*** The magnitude of the problem of emerging and reemerging infectious diseases is being felt in various public health spheres—for example, in the capacity of national systems for epidemiological surveillance of communicable diseases to detect and investigate the appearance of new pathogens; the capacity of laboratories to determine the etiology of the diseases investigated; the capacity for reporting information on disease events; and the capacity of Member States to respond quickly and effectively to outbreak threats.

Recent outbreaks of serious illness caused by hantavirus, *E. coli* O157, and West Nile virus exemplify the risk posed by these diseases. Microorganism mutation has led to

strains of *Mycobacterium tuberculosis*, *Streptococcus pneumoniae*, and *Plasmodium falciparum* that are antibiotic resistant (and often they are multiple-drug resistant), which hinders the control of infections they cause.

PASB is approaching the problem of emerging and reemerging infectious diseases from a regional and multisectoral perspective, since these illnesses no longer affect countries in an isolated manner. Some infections are confined to circumscribed geographic areas, while others are found throughout the Region. As a result of the increased frequency and speed of international travel, infected people who travel abroad can, in a matter of hours, introduce a disease into a previously unaffected area. A subregional approach is required to address this problem, with cooperation among countries and the participation of the tourism, agriculture, and food and animal trade sectors.

The Region regularly participates in specialized global networks to address the risk of worldwide spread of diseases through international travel and the food trade. Such networks exist to investigate rumors of outbreaks, provide surveillance of influenza and antimicrobial resistance, and other purposes—all on the Internet. The Region is also involved in the process of revising the International Health Regulations, which are considered a useful tool for global surveillance and response. As part of this process, the criteria for reporting of health events are being redefined and recommendations for dealing with urgent health problems of international importance are being developed.

Among the activities carried out in the Region, one of the most noteworthy is the creation of networks for the surveillance of emerging diseases in the Southern Cone and the Amazon region. These two networks facilitate the timely exchange of information, link epidemiological studies with reliable laboratory results, and enable a rapid transfer of technology and application of common protocols for syndromic surveillance and surveillance of specific diseases, using identical or comparable laboratory procedures, with quality control.

In Bolivia and Chile protocols were developed and workshops were offered to train personnel in surveillance and laboratory diagnosis of influenza, hemolytic-uremic syndrome (caused by *E. coli* O157), and hantavirus pulmonary syndrome. PASB cooperation includes the supply of standardized reagents for these pathogens. During 2000 the Bureau began to launch a similar effort in Central America. This process also includes strengthening of personnel skills for the investigation of outbreaks, review and adjustment of surveillance systems, improvement of laboratory infrastructure, and community participation in disease control. In the case of hantavirus, the guidelines formulated highlight the need for measures to reduce occupational risk of virus transmission and promote community participation in control of the rodent reservoir. For example, based on a technical recommendation, in February 2000 the population of

Panama agreed to cancel the country's most popular festival in order to prevent an outbreak of hantavirus pulmonary syndrome from spreading.

***Vaccines and Immunization.*** Immunization's success in reducing the morbidity and mortality from diseases preventable by immunization in the Americas has clearly shown the benefits of preventive health interventions. Given this record, immunization remains as the most cost-effective means of preventing diseases and avoiding expensive treatment costs during the 21st century. Breakthroughs in immunization have stimulated countries to allocate more resources for preventive health services that benefit the majority, particularly the poor.

The fruitful alliance between health promotion and preventive immunization services has been and will continue to be a powerful tool to benefit the health and well being of infants, children, and families. This alliance can serve to guide decision-makers about which services can most effectively respond to the health needs of the population, particularly disadvantaged groups. By promoting the public's active participation, strengthened community health services, healthy environments, intersectoral action, and healthy public policy, health promotion strategies have greatly complemented the work of preventive immunization initiatives in the Americas.

*Immunization programs continue to rank as the most economic way to prevent disease and avoid costly treatment. Of late, a large measure of their success has come from health promotion efforts that have actively engaged the public at large in immunization campaigns.*



# Supporting the Delivery of Technical Cooperation: The Secretariat

In its work with its Member States, as well as within the Bureau itself, PASB engaged in external and internal efforts to support health promotion.



The Bureau continued to collaborate with other multilateral organizations to promote strategic partnerships for health and to ensure that health promotion is a principal consideration in important Regional forums. In addition, PASB took steps internally to improve staff well-being, build new staff capabilities, and enhance administrative capacity to support technical cooperation. This chapter highlights accomplishments in both external and internal efforts.

## External Strategic Approaches

In June 2000, PAHO, the World Bank, and the Inter-American Development Bank agreed to work toward a shared agenda for health in the Americas. The interagency coordination group that oversees the implementation of this shared agenda identified four leadership areas: national health accounts, pharmaceuticals, disease surveillance, and the environment.

This new collaboration in the area of national health accounts will track spending on health services by individuals, governments, and other groups. The organizations also agreed to work to enhance the regulatory framework for pharmaceuticals, increase consumer and retailer knowledge of the use of pharmaceuticals, and improve access by the poor to good quality essential drugs. The three institutions also developed an action plan to strengthen Regional surveillance of communicable diseases, assist in developing capacity to monitor chronic diseases, and help to set goals for improved health outcomes.

Over the past year, PASB continued to report on progress made toward the commitments undertaken at the 1994 Summit of the Americas (Miami, USA) and 1998 Summit (Santiago, Chile). This report, entitled "Health and the Summit Process," can be accessed through [www.paho.org](http://www.paho.org). In addition to participating in the Summit Implementation Review Group meetings, PASB also participated in the Special Committee on Inter-American Summit Management Meetings, which are designed to bring civil society into the summit process.

PASB played a leading role in coordinating and drafting the health component of the Action Plan for the Third Summit of the Americas, in April 2001 (Quebec, Canada). With this, the most extensive action plan to date, the countries will not only re-commit themselves to previous summit goals, but to new action in health sector reform, communicable and noncommunicable disease control, and to use all available technologies and means to communicate and share information. Other key areas for action include health issues relating to women, the environment, and indigenous peoples.

PASB also supported the Preparatory Meeting held in Lima, Peru, in June 2000, for the Tenth Conference of Spouses of Heads of State and Government of the Americas.

*At the headquarters of the Pan American Health Organization, representatives from Member States come together to work toward attaining equity in health through Pan Americanism.*

The Bureau gave presentations on adolescence and health, as well as a presentation on follow-up work from previous conferences in the areas of measles eradication, maternal mortality reduction, reduction of violence against women, and the Integrated Management of Childhood Illnesses (IMCI).

## Promoting Health through Public Information

PASB also promoted health by disseminating information on health and health promotion throughout the Region. The Bureau produced a series of public information campaigns that included graphic materials, news releases, photos, and videos targeting various audiences for distribution throughout the Americas. Multimedia packages were used to promote such annual events as World Health Day, World AIDS Day, World No-Tobacco Day, and Governing Body meetings.

Materials for World Health Day 2001, which focused on the critical issue of mental health, were prepared and sent to Member States before the end of 2000. Dengue outbreaks in Central America, earthquakes in El Salvador, and an outbreak of vaccine-related polio in the Dominican Republic and Haiti prompted exceptional efforts to inform the public about prevention measures, using television and print public service announcements and media outreach. The Bureau prepared numerous press releases, media advisories, and background materials in English and Spanish, and distributed them to thousands of journalists throughout the Hemisphere. Interviews with key PASB experts were set up with television networks (CNN and Univisión), wire services (Associated Press and Agence France-Presse), and individual newspapers and television stations throughout the Region.

The Bureau's public service announcements on important health topics were seen not only throughout the Region, but worldwide. PASB increased its efforts to reach the general public, the public health community, partners, financial collaborators, and policy-makers using a variety of means, such as the Speakers Bureau, journalists' forums, and public service announcements on television and in newspapers and magazines throughout the Americas.

Posters, videos, radio spots, and news releases with messages aimed at the media, communities, and health experts were prepared for the World Health Day campaign for safe blood. A similar campaign was undertaken to promote the Integrated Management of Childhood Illnesses strategy. PASB's health promotion posters have been spotted in ministries, community centers, and NGO offices throughout the Region.



Materials produced for the Bureau's specialized campaigns can be shared, copied, and made available throughout the Region. The dengue outbreak in Central America in 2000 provides a notable example of how the materials are diffused. The Bureau worked intensely to produce media messages, public service announcements, and posters suggesting ways to avoid dengue and recognize its signs. Although the campaign was carried out in Honduras, the posters, messages, and radio spots were used throughout Central America and much of South America.

After three years on the air, the one-minute Spanish language radio series "Salud Siempre" is now distributed to some 100 radio networks and stations, including Voice of America, and can be heard on more than 2,000 stations in Latin America and the United States. The *PAHO Today* newsletter and *Perspectives in Health* magazine were widely distributed to the Region's decision-makers, as well as to journalists and the general public. The magazine depicted public health's "human face" in numerous articles, contributing to a better understanding of key public health issues and inspiring people throughout the Americas to improve their health.

In preparation for the upcoming PAHO Centennial in 2002, PASB undertook numerous activities, such as planning a television special and searching for health heroes and champions of health to highlight during the year-long celebration of PAHO's work. It also named a Centennial Board charged with finding support in the community for Centennial festivities and commemorations and selecting a group of up to 30 distinguished citizens from throughout the Americas to carry selected health messages.

## Disseminating Information for Health Promotion

Access to information is one of the most important factors in promoting health in the countries of the Region. To stay abreast of trends in support of health promotion, PASB's information and documentation services underwent a vast transformation. The changes effected aimed to bring the most relevant information, opportunely and in the most appropriate formats, to PASB's various clientele.

Highlights of the past year's achievements include the issuance of a new publications policy; creation of an editorial board for *the Pan American Journal of Public Health*; alliances with other institutions (the American Public Health Association, the International Life Sciences Institute, the World Bank, the Inter-American Development Bank, Harvard University, and the Rockefeller Foundation, among others); the production of a special issue of the *Journal* on health sector reform; electronic publica-

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Pan American Health Organization

tion of the *Journal* and books in several aggregators' sites; development of a new PASB intranet; and launching of PAHO's new database-driven website. The PAHO website received accolades from numerous quarters and hyperlinks from over 200 other Internet sites.

Books published during the year support work in all of PASB's strategic and programmatic orientations (Figure 1 and Table 1). For the 14th time since 1929, PAHO published a Spanish translation of the American Public Health Association's *Control of Communicable Diseases Manual* (17th edition). In conjunction with Harvard University's Center for Population and Development Studies, PAHO issued a five-title series on gender, health, and equity. Equity was also the central topic of two other publications

TABLE 1. Titles issued by PAHO's Editorial Service, 2000–2001.

Series No.	Series and Title
<b>Scientific and Technical Publications</b>	
579	Por una juventud sin tabaco: adquisición de habilidades para una vida saludable
580	Zoonosis y enfermedades transmisibles comunes al hombre y a los animales, 3 <sup>a</sup> ed. (Vols. I and II)
580	Zoonoses and Communicable Diseases Common to Man and Animals, 3rd. ed. (Vol. I)
581	El control de las enfermedades transmisibles, 17 <sup>a</sup> ed.
582	Health Economics and Equity
582	Economía de la salud y equidad
<b>Official Documents</b>	
298	El progreso en la salud de la población. Informe Anual del Director, 2000
298	Advancing the People's Health. Annual Report of the Director, 2000
<b>Occasional Publications</b>	
7	Enfermedades transmisibles, género y equidad en la salud
8	Equity and Health: Views from the Pan American Health Organization
<b>Other Publications</b>	
	Alimentos, nutrición y la prevención del cáncer: una perspectiva mundial. Resumen
<b>Electronic Publications</b>	
	Resoluciones de los Cuerpos Directivos/Governing Body Resolutions
	Alimentos, nutrición y la prevención del cáncer: una perspectiva mundial
<b>Periodical Publications</b>	
	Revista Panamericana de Salud Pública/Pan American Journal of Public Health (monthly)

produced during the year. In collaboration with the World Cancer Research Fund and the American Institute for Cancer Research, PAHO published the Spanish version of the summary of *Food, Nutrition, and the Prevention of Cancer: A Global Perspective* and arranged for electronic publication of the Spanish translation of the complete work.

PASB sought to serve as the broker for health information produced throughout the Bureau as well as by other publishers; initiated a bulk sales strategy with PAHO/ WHO Country Offices; doubled online orders and income; extended the network of national PAHO Publication Centers to Jamaica, Panama, and Chile; established relationships with new sales agents in Venezuela, Peru, Cuba, and Mexico; held book launchings in Cuba, Jamaica, Venezuela, Argentina, and Costa Rica; and dramatically enhanced its customer service.

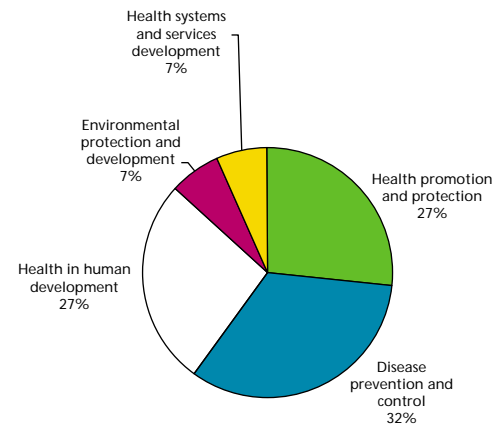
Consistent with the overarching goal of promoting health through access to information, the Headquarters Library developed PAHO's institutional memory and created an electronic bibliographic system. The Library made available electronically the Governing Bodies' resolutions and technical documents—over 10,600 full-text records—and initiated the production of PAHO's historical collection on CD-ROM (the first disk provides the full coverage of the *Bulletin of the Pan American Health Organization*).

## Internal Strategic Approaches

New strategic approaches also were pursued for the Bureau's inner workings. Using focus groups, interviews, questionnaires, and staff-wide discussions, PASB worked to identify the optimal managerial staff profile so that the Bureau's work would be as effective as possible. From this effort, a core group of values was defined for PASB and an appropriate set of skills was established for technical and administrative personnel. Results will be used to develop post descriptions, to inform the recruitment and selection of staff members, and to design personnel development and training plans.

The Pan American Sanitary Bureau must be ready to adapt to changes in the Americas and to respond to them within the framework of its Constitution and the mandates of PAHO's Governing Bodies. To this end, the Bureau began to review and streamline its planning, programming, and evaluation system for technical cooperation. Improvements include the incorporation of appropriate methodologies and the selection of strategic issues that permit PASB to evaluate its technical cooperation objectives. This effort also considers the implementation of an organizational develop-

FIGURE 1. Books issued by the PAHO Publications Program's Editorial Service, by strategic and programmatic orientation, 2000–2001.



ment process that facilitates the adaptation of the Secretariat's structure to technical cooperation needs.

As a means of developing its strategic plan for 2003–2007, PASB also began to discuss and analyze the Secretariat's values, vision, and mission, so that every staff member could share them and keep them in mind in the course of planning technical cooperation activities.

## Legal Support for Technical Cooperation

PASB has an effective legal support mechanism that ensures that the negotiation, revision, approval, and extension of contractual agreements with donors, States, and private firms are crafted on sound legal principles and are compatible with PASB's rules and regulations. The nature and scope of the legal support needed to execute technical cooperation activities are changing, mainly due to the variety of donors and to the differing requirements of international financial institutions. PASB also is involved in the review, amendment, or renegotiation of basic accords between the Organization and its Member Governments.

The Administration receives legal advice regarding such issues as contracts, administrative rules and proceedings; personnel matters; financial issues; procurement of goods and services; special privileges and immunity, construction and rental contracts, and the application of national laws. In the administrative arena, the legal assistance to establish a regional revolving fund for the procurement of essential public health products deserves to be highlighted.

PASB represents the Organization at the Administrative Tribunal of the International Labor Organization (ILO) whenever a Bureau staff member files a suit, as well as at national tribunals when Country Office staff members—whose contracts fall under national laws—file suits.

The Bureau also explored new work avenues that require legal assistance, such as matters of intellectual property, technology, and procurement of goods and services that emerge from such factors as technological development, changes within the community and in international law, and the true role of private technical cooperation entities working in public health. In this regard, draft guidelines for establishing relationships with private firms are being reviewed.

As part of the initiative to restructure psychiatric care in the Americas that the Organization launched in 1990, PASB developed a project to promote and disseminate international standards and norms from conventions that deal with human rights to protect mentally ill persons. These norms are promoted at PAHO/WHO Country Offices, international organizations, United Nations agencies, human rights organizations, non-

governmental organizations, and human rights offices, as well as among mental health professionals, lawyers, patients and their families, and other persons who work to promote mental health policies. In general, international standards that protect persons who suffer from mental conditions are little known, and in most of the countries they have not been incorporated into their laws. In February 2001, the Organization of American States' Inter-American Commission of Human Rights invited the Bureau to discuss the status of mentally ill persons in the Hemisphere during its 110th ordinary period of sessions. At the time, PASB recommended that the Commission undertake specific measures to protect persons with mental illness and suggested that OAS collaborate more closely with the Bureau to promote those rights. Subsequently, during the Commission's 111th Extraordinary Period of Sessions, held in Santiago, Chile, in April 2001, a recommendation directed to OAS Member States regarding the promotion and protection of rights of persons suffering from mental disabilities was approved.

## Improving the Workplace and Training Staff

In 2000, the Bureau dedicated considerable resources and effort to strengthening and protecting its most valuable resource—its staff. PASB strove to improve the work environment, enhance the staff's skills, and adopt a more equitable approach toward evaluating work performance.

The critical importance of healthy environments that protect personnel from work-related health hazards has been recognized in recent years, increasing the staff's sense of respect and belonging and increase its work satisfaction. Providing a healthy environment can yield improved performance and other benefits to the organizational culture. As do other international organizations, PASB has a multicultural staff that travels frequently and works in a quickly changing environment.

Reflecting its commitment to help create supportive environments for health, PASB took steps to improve its own work environment. In 2000, the Administration and the Staff Association launched a joint initiative to promote a healthy work environment within the Organization. This initiative—"Working Together Towards a Healthy Workplace at PAHO"—will add to such preexisting services as staff assistance, the ombudsman, and the health unit, and address staff concerns regarding the quality and safety of the work environment, particularly regarding ergonomic issues, workplace-related health problems, traveler's health, and mental health. The initiative has resulted in an information and education campaign, the adoption of a health and safety policy, and the creation of a health and safety committee.

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The joint initiative also took advantage of the US\$ 13 million PASB Headquarters renovation project, which aims to repair and modernize mechanical systems, design more efficient workspaces to alleviate office space shortage, and achieve compliance with safety and access regulations for the disabled. When the project is completed at the end of 2001, the Organization will have a safer and healthier facility in which to carry out its second century of service.

In addition to the joint initiative, several other measures were taken to improve working conditions in the Secretariat. An enhanced awards and recognition program was implemented to provide incentives for improved service delivery and resource utilization. The performance planning and evaluation system, initiated in 1999, was consolidated in all country offices, and for the first time, all employees working with the Pan American Sanitary Bureau for six months or longer participated in the system. In a cooperative agreement with Georgetown University, PASB initiated an induction program for new staff aimed at increasing management skills. To improve operating efficiency, courses and workshops were conducted in such areas as project evaluation, team building, and communication. During 2000, 3,026 staff members received training, which represents a 14.2% increase over 1999 (Table 2).

As part of a global effort within WHO, several human resource management practices and policies were revised in order to simplify and integrate them. The computerized personnel administration system was improved and now most personnel-

TABLE 2. Training, professional development, and other assistance provided to PASB staff, 2000.

Type of training or assistance	Number of staff trained	
	Headquarters	Country Offices
Briefing for new staff	21	20
Negotiation skills	0	28
University assistance	20	10
Technical updating	69	141
Language training	225	77
Computer training	550	177
Administrative topics	12	67
Management development/interpersonal skills	120	413
Project evaluation	37	46
Training for new administrators at HQ	9	0
American Regional Planning, Programming, Monitoring, and Evaluation System (AMPES)	155	114
Organizational development workshops	175	392
Performance Planning and Evaluation System (PPES)	0	148
Total	1,393	1,633

related information-processing is done electronically. Savings in this area will free resources in Personnel for strategic management as well as funds for programmatic rather than administrative purposes.

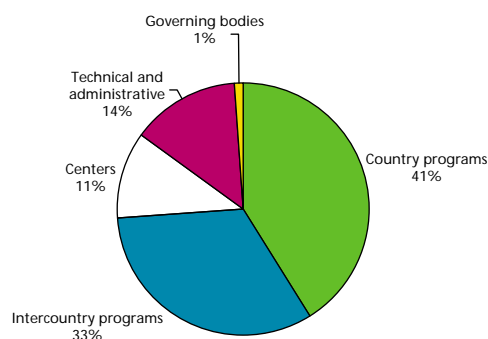
## Resources for Technical Cooperation

In 2000, the Bureau received US\$ 85.3 million in contributions from Member States and earnings from the Bureau's investments. In addition, the Bureau received US\$ 38.5 million from the World Health Organization for regular budget activities. Eighty-five percent of these funds were budgeted for cooperation with the countries—41% for country programs, 33% for inter-country activities, and 11% for the centers (Figure 2). In addition, the Bureau received US\$ 49.8 million for PASB extrabudgetary projects, US\$ 10 million for WHO extrabudgetary projects, US\$ 9.3 million in advances from Governments and institutions for reimbursable procurement, and US\$ 56.7 million for the Expanded Program on Immunization Revolving Fund.

PASB also set up electronic international transfer of payments to staff members and vendors, and electronic transmission of tax payments to the U.S. government. In addition, the Bureau assumed responsibility for processing tax payments for WHO staff members and consultants subject to U.S. taxes, resulting in savings for both WHO and the Bureau. Hospital contracts for reduced rates for treatment of staff members and retirees residing in Jamaica and Colombia were signed, reducing the health care charges to the individuals and the Bureau. Rising interest rates in the U.S. yielded higher returns on the Bureau's investments and provided additional funds for its programs. The Bureau continued its efforts to update its software applications and optimize their use; in 2000, data warehousing, leave tracking, and report preparation systems were implemented.

PASB mobilized nearly US\$ 50 million from external partners in 2000 to support health priorities in the Americas. Contributions came from a wide variety of public and private sources (Table 3), with the nonprofit private sector making its largest contribution yet—US\$ 13.1 million. Two new private-sector partners, the Bill and Melinda Gates Foundation and the American Red Cross, funded major grants to fight cervical cancer, ensure the safety of the blood supply, and combat childhood illness in our Hemisphere. Several international organizations and national foundations, particularly from the U.S. and Spain, supported women's health, communicable disease control, cancer, oral health, appropriate health technologies, and other health-related programs.

FIGURE 2. Regular funds by type of activity, 2000.



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TABLE 3. Major resource mobilization, 2000.

Donor	Amount (US\$)
Private Sector	13,161,501
United Kingdom	11,237,900
United States of America	7,561,587
Sweden	4,081,000
Finland	3,600,000
Spain	3,142,972
Canada	3,076,980
International organizations	
UN Agencies	1,573,146
International Banks	910,899
European Union	445,243
Germany	296,000
Switzerland	240,000
France	53,958
The Netherlands	27,000
Norway	6,000
Total	49,414,186

In June 2000, PASB's Standing Committee on NGOs revised and updated the *Principles Guiding Relations Between the Pan American Health Organization and Non-governmental Organizations*. In December 2000, PASB signed a partnership agreement with the American Red Cross, which committed US\$ 6 million to implementing IMCI programs in 10 countries in the Americas over a three-year period. The important financial support provided through this partnership will expand community-level IMCI activities and bring the Bureau much closer to its goal of preventing the deaths of 100,000 children by 2002.

PASB also received important contributions from the official development agencies (ODA) of its traditional North American, Nordic, and other European partners. This support targets AIDS, communicable and noncommunicable diseases, childhood illness, vaccines, maternal health, youth and male violence, vulnerability against natural disasters, water supplies for indigenous populations, health services delivery, and the health sector.

Several landmarks stand out among ODA support. For the first time, the United Kingdom gave support to PASB for a major disease control program in Central America, and Finland gave an important grant to strengthen health care services at the secondary level as part of the health reform process in Guatemala. The Dutch government approved and will support an Associate Professional Officers program, through which young health professionals, including candidates from developing countries,



come to the Region and work in a PAHO/WHO Country Office for three years. Canada established a “trust fund” which will increase flexibility in the delivery of PASB’s cooperation to Member States.

Several UN agencies (UNAIDS, UNICEF, UNDP, UNEP, and UNISDR) also contributed significantly to joint programs with PASB in their particular areas of work. Multilateral lending institutions, particularly the World Bank and the Inter-American Development Bank, provided additional funding.

After a successful trial period of operation in Brazil, the Director decided to open the Revolving Fund for Strategic Public Health Supplies to all PAHO Member Governments. Invitations to participate were issued at the end of the year and the Countries responded enthusiastically.

# Acronyms

AIDIS	Inter-American Association of Sanitary Engineering
ALAESP	Latin American and Caribbean Association of Public Health Education
AMPES	American Region Planning, Programming, Monitoring, and Evaluation System (PAHO)
BIREME	Latin American and Caribbean Center on Health Sciences Information
CAREC	Caribbean Epidemiology Center (PAHO)
CARICOM	Caribbean Community
CARMEN	Actions for the Multifactorial Reduction of Noncommunicable Diseases
CDB	Caribbean Development Bank
CDC	Centers for Disease Control and Prevention (USA)
CEPIS	Pan American Center for Sanitary Engineering and Environmental Sciences (PAHO)
CFNI	Caribbean Food and Nutrition Institute (PAHO)
CIDA	Canadian International Development Agency
CIOMS	Council for International Organizations of Medical Sciences
COSALFA	South American Commission for the Control of Foot-and-Mouth Disease
CPC	Caribbean Program Coordination
CSIH	Canadian Society for International Health
CWWA	Caribbean Water and Wastewater Association
DANIDA	Danish International Development Agency
DECIDES	Democratizing Knowledge and Information for the Right to Health
ECLAC	Economic Commission for Latin America and the Caribbean
ECRI	Emergency Care Research Institute
EPA	Environmental Protection Agency (USA)
EPI	Expanded Program on Immunization
FAO	Food and Agriculture Organization of the United Nations
FDA	Food and Drug Administration (USA)
GEF	Global Environment Facility

GTZ	German Technical Cooperation Agency
HPCFMD	Hemispheric Plan for the Control of Foot-and-Mouth Disease
IACHR	Inter-American Commission on Human Rights
IAEA	International Atomic Energy Agency
IBRD	International Bank for Reconstruction and Development (World Bank)
IDB	Inter-American Development Bank
ILCE	Latin American Institute for Educational Communication
ILO	International Labor Organization
IMCI	Integrated Management of Childhood Illnesses
INCAP	Institute of Nutrition of Central America and Panama (PAHO)
INPPAZ	Pan American Institute for Food Protection and Zoonoses (PAHO)
ISCA	Central American Health Initiative
LILACS	Latin American Health Sciences Literature Database
MASICA	Environment and Health in the Central American Isthmus Program (PAHO)
MERCOSUR	Southern Common Market
NAFTA	North American Free Trade Agreement
NORAD	Norwegian Agency for Development Cooperation
OAS	Organization of American States
OECD	Organization for Economic Cooperation and Development
PAHEF	Pan American Health and Education Foundation
PAHO	Pan American Health Organization
PALTEX	PAHO Expanded Textbook and Instructional Materials Program
PANAFTOSA	Pan American Foot-and-Mouth Disease Center (PAHO)
PASB	Pan American Sanitary Bureau
PLAGSALUD	Occupational and Environmental Aspects of Exposure to Pesticides in the Central American Isthmus
PROFIN	Project for Institutional Strengthening
RELAB	Latin American Biology Network
REPAMAR	Pan American Environmental Waste Management Network
REPIDISCA	Pan American Network of Information and Documentation in Sanitary Engineering and Environmental Sciences

RESSCA	Meeting of the Health Sector of Central America
RESSCAD	Meeting of the Health Sector of Central America and the Dominican Republic
RILAA	Inter-American Network of Food Analysis Laboratories
SciELO	Scientific Electronic Library Online
SICA	Central American Integration System
SIDA	Swedish International Development Cooperation Agency
SUMA	Humanitarian Supply Management System (PAHO)
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNEP	United Nations Environment Program
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNISDR	United Nations International Strategy for Disaster Reduction
USAID	United States Agency for International Development
USDA	United States Department of Agriculture
VHL	Virtual Health Library
WFP	World Food Program
WIZARD	Workplace Health Information System for Surveillance and Detection of Occupational Risks
WHO	World Health Organization
WTO	World Trade Organization