

It also appears that malaria, like other vector-borne diseases, could constitute a critical obstacle to attaining the goal of Health for All by the Year 2000. At present, many malaria control programs are neither technically nor administratively sound. This circumstance should lead to political and financial decisions based on in-depth knowledge of major factors affecting transmission and control of the disease. However, while health authorities generally express the best intentions about reorienting malaria control programs, in the absence of a political decision there is no expectation that the essential changes needed to effect long-term control over malaria through an integrated health system will occur in the near future.

In order to carry out the careful ongoing study of malaria's presence and spread that are pertinent to its effective control, it is indispensable to strengthen the malaria surveillance system, using all the resources available in the health sector and other development-related sectors. It is also necessary to think about the basic characteristics of the available health services, about the organization that supports them, and about the social effectiveness of their utilization.

## PAHO'S ORIENTATION AND PROGRAM PRIORITIES IN 1987-1990

*This report is based on a document dealing with general policies and priorities for PAHO technical cooperation in the quadrennium 1987-1990, which was presented by the Director of PAHO to the XXII Pan American Sanitary Conference in Washington, D.C., in September of this year. The Conference adopted Resolution XXI asking that these program priorities be applied in the formulation of PAHO's program budget proposals and in the development of proposals for technical cooperation by the Member Countries, and urging that special attention be given to improving national health systems in ways that would enhance efforts to attain the goal of health for all by the year 2000.*

### Introduction

Attaining the goal of "health for all by the year 2000" will require significant socioeconomic changes and a review of the orientation, organization, and administration of national health systems. National and international resources must be defined and oriented with greater precision; and each government, with PAHO's support, must study carefully the actions needed to bring about the desired changes.

Transformation of national health systems naturally depends on problems affecting those systems' development—the most important being the serious economic crisis, attendant sociopolitical repercussions, the growth and evolution of health sector problems, the need for stronger institutional responses to those problems, the accumulation of unsatisfied needs in unprotected population groups, and the need to take steps directed at attaining the goal of health for all.

PAHO's program priorities for 1987–1990 should be directed at basic focal points where work is needed in order to transform the health systems and make them more efficient and effective. By and large, these focal points relate to three general activities:

- development of health service infrastructures with emphasis on primary health care;
- response to priority health problems affecting vulnerable groups; and
- management of knowledge required to make headway in the first two areas.

**Infrastructure development.** To reduce morbidity and mortality using available knowledge, technology, and resources, greater priority must be given to developing the infrastructure for delivering health services. Efforts made in this direction must be aimed at specific medium-term goals, progress toward which will in turn indicate the further adjustments and corrections required.

These actions to improve health are viewed as an integral part of development designed to provide for the population's basic needs. Hence, a prime element of such health infrastructure development is that of *strengthening health-related elements in development policies and coordinating actions with other sectors*. Here health components should interact with other components serving the public good.

The existence of the current economic crisis demands consideration of the relationship between deteriorating health conditions, the limited resources available to the health sector, and actions needed to attain the goal of health for all. Specifically, attention must be directed to *reorientation and reorganization of national health systems so as to achieve equity, efficiency, and effectiveness in health actions*, ensure the availability of services for the entire population, and attain full development of the primary health care strategy. This will require introducing more effective methods for planning health services development and improving health services management in accord with local programming requirements.

Another area that requires attention is financial analysis. The organizational diversity of health sectors in different

Member Countries, as well as various sector institutions' differing resources, coverage, and accessibility, makes equity hard to achieve and points up the importance of appropriate sector financing—especially where financial resources are being reduced. Therefore, emphasis should be placed on *development of the health sector's financial analysis capabilities*, an action that should lead to formulation and implementation of truly strategic alternatives for structural reform of health expenditures.

Progress must also be made in applying epidemiology to the planning of health programs, particularly at the intermediate and local levels, so as to provide a more effective health service response. Also, the selection and utilization of health information should be reviewed operationally, an action that implies more detailed knowledge of the overall development situation, ongoing study of the population's health status, awareness of changes in public needs and demands, and assessment of the health services' performance. This, in turn, points to a fourth priority need—this one being *improvement of national health information systems and their articulation with information systems in other sectors*.

Such progress will permit improvement of the decision-making process—something that will lead, among other things, to better and more appropriate use of available technology, especially new technology in each country and at each level of care. In this vein, another priority need is to *promote policies for development, production, incorporation, and utilization of technology and other critical inputs for providing health services*. Such action will permit more rational and efficient use of the sector's installed capacity, will reduce duplication in physical installations and irregularities in incorporating technology, and will thereby make it possible to free resources for extending health care coverage.

It should also be noted that the work of addressing all these priority needs is hindered by the inadequate development of human resources for managing and operating health services. Therefore, studies should be promoted and procedures developed to improve the rational recruitment, composition, and utilization of manpower—and in the process to reduce geographical and functional disparities as well as to improve employment conditions by offering continuing education opportunities to the health sector's present work force. There is thus another priority need related to infrastructure development—one that entails a *search for better means of manpower education and training and greater efficiency in manpower recruitment, continuing education, and use*—especially with regard to the manpower required for managing services at the intermediate and upper levels.

**Care for vulnerable groups.** At the same time, the delivery of health services must be modified so that the most vulnerable groups will be covered in a manner appropriate for the risks that they experience. In particular, health services should be extended to children, mothers, and the poor—who together constitute a major portion of those with limited access to adequate health care.

PAHO should thus continue to stress the importance of reaching high-risk groups; at the same time it should continue to support efforts aimed at persistent health problems, especially communicable diseases—efforts seeking to eliminate circulation of the wild poliomyelitis virus; combat malaria, Chagas' disease, dengue, and other specific ailments; increase general vaccination coverage of infants; and prevent or control malnutrition, diarrheal diseases, and acute respiratory infections through an integrated approach that will help to reduce mortality and lengthen life.

In addition, emerging health problems—including ones posed by chronic degenerative diseases, accidents, violence, mental disorders, and drug abuse—are costly to treat and are demanding increased attention.

The environment must also be considered. In this vein, PAHO's Member Governments have approved the goals of the International Drinking Water Supply and Sanitation Decade, recognizing that getting adequate drinking water and sanitary services to the greatest possible number of people during the quadrennium is fundamental to controlling diseases associated with underdevelopment. Another important task is to reduce the health risks posed by environmental pollution and misuse—a task that will require intersectoral cooperation.

Within this context, the primary health care strategy should be the guiding force in controlling priority health problems at every level of care, and in avoiding costly, inefficient, and inappropriate diagnosis or therapeutic technologies or systems. In particular, more effective and efficient methods should be used to set standards for both outpatient and hospital care, because these standards are of fundamental importance in redirecting resources to more effective alternate activities.

## Management of Knowledge

In all this, the supporting role of research should be stressed—both in bringing about changes in health systems and in dealing with priority health problems of vulnerable groups. Such research should help to identify and fill gaps in technical and administrative knowledge so as to improve the efficiency and effectiveness of health sector actions and assist with solution of the most pressing health problems affecting the Member Countries.

In this regard, providing appropriate health care coverage for vulnerable groups, developing the health services infrastructure, and transforming the health system all require stimulation of the cycle of knowledge production, collection, analysis, and application. Hence, it is appropriate that the *management of knowledge* should and does play an essential role in PAHO's programming activities.

## Technical Cooperation

The principal aims of PAHO/WHO's technical cooperation are to promote, coordinate, and support individual and collective efforts by Member Countries to apply the health for all strategy. So as to respond most effectively to the priority problems defined by each country and the Governing Bodies, that technical cooperation should be conducted according to the principles contained in the document "Managerial Strategy for the Optimum Use of PAHO/WHO Resources in Direct Support of Member Countries."<sup>1</sup> In addition, the health for all strategy requires that the definition of needs, allocation of resources, and implementation of actions be directed toward the country involved. Special initiatives (such as those described in the Quadrennial Report of the Director<sup>2</sup>) and other innovative forms of cooperation among countries have revealed a strong potential for implementing these management principles. (Such subregional cooperation should be promoted as a way of increasing technical cooperation among the participating countries.)

**Formulation.** Giving priority to the transformation of national health systems has immediate implications for the technical cooperation process. Specifically, emphasis is being placed on programming technical cooperation to systematically strengthen the capacity of the health services infrastructure to conduct integrated, feasible, and sustainable health programs.<sup>3</sup> Doing this requires continuing assessment of both the health situation and the political decision-making process that determines national health sector priorities, so as to identify the objectives of national programs and the resources allocated to them.

Within this framework, certain criteria for national projects or programs should be met in order to ensure more effective use of both national and PAHO resources.

The Pan American Health Organization, as a specialized Inter-American organization, receives its mandate from the collective decisions of its Member Countries. Consequently, neither its Secretariat, the Pan American Sanitary Bureau, nor national health authorities can reasonably expect the Organization to carry out activities of limited national interest or to partially assume a national responsibility. Nevertheless, these elements are still commonly found in requests presented by the countries, and they divert both resources and the attention of the Organization away from activities agreed upon by the countries themselves at the level of the Governing Bodies. It is therefore important that activities supported by the Organization *be directed toward the objective needs of each country and be part of global and regional policies and strategies.*

<sup>1</sup> Pan American Health Organization, *Managerial Strategy for the Optimum Use of PAHO/WHO Resources in Direct Support of Member Countries*, Washington, D.C., 1983.

<sup>2</sup> Pan American Health Organization, *Report of the Director—Quadrennial, 1982–1985, Annual 1985*, PAHO Official Document 207, Washington, D.C., 1986.

<sup>3</sup> World Health Organization, *Seventh General Programme of Work Covering the Period 1984–1989*, Geneva, 1982 ("Health for All" Series, No. 8).

Because some countries face difficulties in implementing the Regional Strategies and Plan of Action, priority should be assigned to programs that resolve specific problems blocking fulfillment of the agreed-upon goals. Priority should also be given to programs where the country has assumed or intends to assume commitments involving the use of external resources or application of significant counterpart funds. In this regard, the Organization must devote special attention to programs linked to *defined national commitments that have received sufficient allocation of resources and are directed toward areas where they will have maximum impact.*

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

*For this reason, special emphasis should be placed on interdisciplinary activities and those with a potential for promoting integration.* Programs should be designed to include strategies for cooperation and solidarity among countries, mobilization of national and international resources, and community participation. Such strategies, despite their acceptance by the countries acting at the collective level through the Governing Bodies, are still not applied satisfactorily at the operating level of national programs. The inclusion of these features in country programs is an essential part of bringing those programs into conformity with the Managerial Strategies.

Fundamental importance is also assigned to developing an ability to formulate projects that embody sound planning criteria and cost-effectiveness measures to enhance their impact. The opportunity for reproducing such projects elsewhere, thereby multiplying their impact, makes it important that priority be given to those projects whose formulations envisage their own principal development requirements and whose results can be evaluated according to measureable rather than merely descriptive standards. Such reproducible projects will tend to promote freedom from traditional patterns of dependence as well as a sharing of benefits with other developing countries.

**Management.** In general, PAHO's technical cooperation should be guided and programmed in accordance with the mandates of the Governing Bodies and the aforementioned Managerial Strategy for the Optimum Use of PAHO/WHO Resources in Direct Support of Member Countries. The focus of attention should be the country; programming should be carried out through the health ministry, and the programs themselves should be executed in arenas both within and outside the health sector.

Within this framework, PAHO should take the lead in identifying actions by other sectors that can affect or support health activities. The Organization should also work with national authorities to promote other sectors' understanding of their actions' health implications. And in this same vein, PAHO's technical cooperation should do more than support greater cohesion and coherence within the health sector; it should also promote inclusion of the health field in the process of national development.

At all levels—international, national, and regional—PAHO's main purpose in managing its technical cooperation should be to mobilize resources. This requires active coordination, not only with the health sector's institutions and centers of excellence, but also with other sectors and with agencies and countries possessing resources useful for health development.

The strategy of searching out and introducing mechanisms to strengthen technical cooperation among the countries—a strategy that has proved effective in both health and other sectors—should be incorporated into PAHO's cooperation programs. The Organization should also keep developing special initiatives that draw together groups of countries in activities of common interest—ones which may have joint solutions. In addition, PAHO should work with national authorities to effectively coordinate the external resources provided to each country—so as to produce a more significant and structured impact on each country's health programs and conditions.

**Evaluation.** To ensure that efforts directed at transforming national health systems and developing the health services infrastructure strongly promote the goal of health for all, ongoing monitoring, control, and evaluation of the impact PAHO's technical cooperation has upon national programs is required. For this reason, joint evaluation by the country and PAHO's Secretariat will be used as a tool for adapting the Organization's technical cooperation to the countries' priority programs. Such evaluation should provide a way to systematically and objectively determine the efficiency, effectiveness, and impact of cooperation activities in light of the objectives jointly defined by PAHO and its Member Countries.

During the period 1987–1990, evaluation of PAHO's activities should include three complementary components: evaluation of the PAHO Secretariat, evaluation of the technical cooperation provided by PAHO at the national level, and promotion of evaluation of country health programs.

*Evaluation of the Secretariat* should include evaluation of regional programs, administrative units, and individual personnel. Evaluation of the regional programs should be carried out annually, under the auspices of the responsible technical authorities, with emphasis on the technical cooperation process. Gradually, attention should

be focused on the impact of technical cooperation on national programs. With respect to individual evaluation, a new system should be introduced to articulate the development of individual staffing requirements with PAHO's needs.

*Evaluation of technical cooperation at the country level* should consist of joint analysis (by the authorities of the country involved and the Secretariat) of the technical cooperation contributed by PAHO to national programs. The results of this evaluation will provide a basis for defining the overall cooperation program. At the same time, the groundwork will be laid for conducting a more thorough and detailed evaluation of technical cooperation at the country level, this latter evaluation to be carried out at longer intervals as national conditions permit, for the purpose of assessing the efficiency, effectiveness, and impact of the PAHO/WHO cooperation resources employed.

Finally, during 1987–1990 PAHO should increasingly encourage the use of evaluation as an essential tool for health sector development and administration. This will entail strengthening national capabilities for collecting and analyzing the information required to manage national health development.

In pursuing the priority actions needed to transform national health systems and develop health services, intermediate goals must be established that permit adjustments at different stages. PAHO should collaborate in this task, using the "Common Framework and Format for Evaluation of Strategies for Health for All by the Year 2000"<sup>4</sup> in evaluating the countries' progress toward this goal. All this will require that the Organization improve its technical cooperation programming and evaluation system, so that the results of evaluation can be used to improve the cooperation provided to the countries.

## Implications of Programming Priorities

Directing technical cooperation toward specific program priorities has major implications for PAHO's Governing Bodies, for the Secretariat, and for the countries of the Americas. In all three cases new attitudes and efforts are needed to reorient technical cooperation programs and activities and to bring about more efficient management of the resources required.

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

The Secretariat should continue applying the Managerial Strategy designed to foster more rational use of its regular budget resources. Administrative procedures and the programming

<sup>4</sup> World Health Organization, Evaluation of Strategies for Health for All by the Year 2000—Common Framework and Format, WHO document DGO/84.1, Geneva, 1984.



and budget system should be adjusted continually so as to increase the flexibility of managerial responses to the changes generated by the economic, social, and political situations in each country and the Region as a whole. In this regard, the principles of the Regional budget policy, which is a corollary to the Managerial Strategies, should be observed.

The reorientation of PAHO's activities during 1987-1990 will focus on transforming national health systems through development of the health services infrastructure. This task, constituting the essence of the work performed by the Headquarters, Country Representations, Centers, and Units, will require dynamism and flexibility if it is to succeed in effectively mobilizing resources and managing knowledge in this new context.

A substantial portion of the technical cooperation provided by PAHO is derived from the mandates of policies established by the Governing Bodies. However, another portion is generated in accordance with specific country needs for cooperation that replaces national resources. On occasion throughout its existence, PAHO has become involved in cooperation of the latter type; and, as a consequence, activities have been carried out that are inconsistent with the mandates, policies, and strategies established at the Regional level. Within this context, it is felt that PAHO's Member Governments must assume a stronger commitment, in a spirit of genuine cooperation and mutual trust, to the decisions collectively adopted by the Organization.

Also, at the national level, despite the existing heterogeneity of health development and political and administrative organization, certain common policy elements will be required. These include the following:

- Application of sectoral policies that permit sector resource rationalization in accord with the need to transform systems, extend health service coverage, and improve health service quality.
- Arrival at a decision to promote health sector leadership for the integration of intersectoral plans of action that deal with priority groups and problems.
- Increasingly more active and structured Government participation in the decisions of the Governing Bodies and in the programming and evaluation of the cooperation provided by the organization.
- Arrival at decisions to coordinate the external health cooperation received by the country and to achieve national self-sufficiency.
- Adoption of measures to improve administrative efficiency and financing of the health sector.

Adoption of these policy elements can be expected to generate a large number of activities, some of which will require external technical support. These latter activities should be described in national operating programs and in PAHO's annual operating program in or-

der that the resources required for their implementation can be allocated. Joint reviews of PAHO's technical cooperation should include these elements in order to permit evaluation of the progress achieved by the countries in developing their health systems as part of the health for all effort.

Both PAHO's organizational structure and its programming activities should reflect priority support for these policies during the quadrennium. This will permit scarce financial resources to be concentrated on mobilizing national resources and activating the management of knowledge in priority areas, thereby maximizing the impact of PAHO's technical cooperation.

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*Source:* Pan American Health Organization, Orientation and Program Priorities for PAHO during the Quadrennium, PAHO document CE97/26, Washington, D.C., 1986.

## **WHO Technical Discussions to Focus on Financing Health for All**

At a time when more resources are needed to bolster national health systems and extend primary health care coverage to all, the world economic picture has deteriorated and health budgets have been reduced. How, therefore, can the desired services be financed? If this question remains unanswered, the goal of extending primary health care to all is likely to remain a dream. But the situation is far from hopeless, and it is also true that the search for means of providing primary health care can give countries fresh opportunities to consider how their resources are being used.

Within this context, the World Health Organization's Executive Board decided in May 1985 to devote the 1987 WHO Technical Discussions to the subject of "Economic Support for National Health for All Strategies." The discussions, to

be held in Geneva during the week of 4 May 1987, will seek to identify and clarify desirable ways of mobilizing and using resources when developing or reshaping health systems. More specifically, they will (1) consider how countries can examine the long-term economic implications of various options for shaping and adjusting national health policies and strategies; (2) explore ways of mobilizing the required resources at the community, national, and international levels; (3) examine the use of existing resources and the planning, costing, and budgeting of realistic health strategies; and (4) consider ways of improving health resource management in ways that will make it more equitable, efficient, effective, and socially relevant.

These 1987 technical discussions will be part of a long-term process designed to improve expertise in health costing and financing that has been under way at the national, regional, and global levels for several years. These discussions, logical sequels to the 1986 WHO technical discussions on "The Role of Intersectoral Cooperation in National Strategies for Health for All," are expected to provide guidance on what can be done by Member States to address the economic implications of Health for All and what support is required from WHO and other external partners.

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*Source:* World Health Organization; Technical Discussions, May 1987; Economic Support for National Health for All Strategies (Announcement); Geneva, 1986.