

# Health for All by the Year 2000

## PLAN OF ACTION FOR THE IMPLEMENTATION OF REGIONAL STRATEGIES



**PAN AMERICAN HEALTH ORGANIZATION  
PAN AMERICAN SANITARY BUREAU, REGIONAL OFFICE OF THE  
WORLD HEALTH ORGANIZATION**

1982

## HEALTH FOR ALL BY THE YEAR 2000

*In 1977, the World Health Assembly decided that the main social target of the governments and of WHO should be the attainment by all people of the world by the year 2000 of a level of health that would permit them to lead a socially and economically productive life, that is, the goal popularly known as "health for all by the year 2000."*

*In 1978 the International Conference on Primary Health Care (Alma-Ata, USSR) declared that, as a central function of the national health system and an integral part of economic and social development, primary health care was the key to achieving that goal. Subsequently, the governments committed themselves—at the global level at the World Health Assembly, and at the regional level at meetings of the PAHO Governing Bodies—to implement the resolutions adopted for attaining health for all. In the Americas the high point of these mandates was reached on 28 September 1981 when the Directing Council of PAHO approved the Plan of Action for implementing the regional strategies for health for all by the year 2000. These strategies had been approved by the Directing Council in 1980 (Resolution XX) and today constitute the basis of PAHO's policy and programming, and represent in addition the contribution of the Region of the Americas to the global strategies of WHO.*

*The Plan of Action approved by the Directing Council contains the minimum goals and regional objectives, as well as the actions governments of the Americas and the Organization must take in order to attain health for all. The Plan, continental in nature, is essentially dynamic and is addressed not only to current problems but also to those likely to arise from the application of the strategies and the fulfillment of regional goals and objectives. It also defines priority areas that will serve as a basis, in developing the program and the necessary infrastructure, for national and international action.*

*The exchange and dissemination of information constitutes one of the priority areas of the Plan of Action. PAHO's publication program—including periodicals, scientific publications, and official documents—is designed as a means of promoting the ideas contained in the Plan by disseminating data on policies, strategies, international cooperation programs, and progress achieved in collaboration with countries of the Americas in the process of attaining health for all by the year 2000.*

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FOR THE IMPLEMENTATION  
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## Preface

The Plan of Action to implement the Regional Strategies of Health for All by the Year 2000 constitutes a distinctive and historic landmark in the long journey toward social justice in the Americas. It is a detailed blueprint drawn from a regional consensus on the goals, objectives, and strategies to achieve Health for All by the Year 2000. The Directing Council of the Pan American Health Organization adopted a Plan of Action at its XXVIII Meeting in October 1981. More than any other single document, the Plan of Action constitutes a solemn and joint political commitment by the Member Governments and this Organization with the people of the Americas to pursue levels of health that will permit every individual in this Region to lead socially and economically productive lives.

For the countries of the Western Hemisphere, the Plan of Action is a frame of reference for the adjustment of national health plans and national development plans. For the Organization, it is the foundation for the design of new policies and the definition of a new program of technical cooperation. For the international community, the Plan constitutes this Region's contribution to the Seventh General Program of Work of the World Health Organization.

The Plan of Action marks a culmination of the process of development of regional health policy that began with the first inclusion of health in the Charter of Punta del Este in 1961. From that point, one can trace the evolution of concepts and methodology through the Ten-Year Health Plan of 1972, the joint declaration of the Ministers of Health in the Hemisphere in support of a primary care strategy in 1977, and the Declaration of Alma-Ata in 1978, ratified by the World Health Assembly in 1979, whereby primary health care was adopted as the global strategy to achieve Health for All by the Year 2000.

The Plan of Action is drawn from and rests upon the Regional Strategies for Health for All adopted by the Member Governments at the PAHO Directing Council Meeting of 1980. Within those strategies were the specific targets defined as essential to the overall goal of Health for All by the Year 2000. Neither pedestrian nor utopian, they constitute minimum standards for social equity:

- No country in the Region will have a life expectancy at birth of less than 70 years.
- No country in the Region will have an infant mortality rate of more than 30 deaths per 1,000 live births.
- No country in the Region will have a mortality rate higher than 2.4 deaths per 1,000 in children aged 1-4.
- Immunization services will be provided by 1990 to 100 per cent of children under one year of age against the major childhood diseases, and that coverage will be maintained during the final decade of the century.
- Access to safe-drinking water and sewage disposal will be extended to 100 per cent of the population.

- Finally, access to health services will be extended to 100 per cent of the population.

These essential targets can be achieved only by a series of changes in the health sector and a series of advances in other sectors as well. Coherent, comprehensive, and balanced development is required to assure both economic and social progress. The health sector cannot achieve those goals on its own.

The priority groups of the Plan of Action are those on the peripheries of national life, and, among those groups, particularly children, women of child-bearing age, the elderly, and the disabled. To reach them, the countries of the Americas must fulfill the objectives of the Plan of Action. These objectives seek to contribute to the reduction of social and economic inequality through a basic reordering of priorities. First, health service systems must be restructured and expanded to contribute to greater equity, more efficiency, and increased effectiveness. Second, the implications of economic policies and projects for the health of people must be understood and additional linkages forged between health and other sectors. Finally, regional and interregional cooperation must be promoted in harmony with the goals of Health for All.

These three objectives cannot be pursued separately. Instead, they can be seen as three powerful engines harnessed together as a single force propelling the Americas toward the goal of Health for All by the Year 2000.

The Plan of Action has a final and crucial component which is the establishment of an information system to permit national and regional monitoring of the action phase of the struggle for health for all. Implementing the Plan of Action must remain a dynamic process. It will require a readiness to respond to changes in each national environment, and openness to shifts in the direction of programs as new problems arise, and a determination to pursue the fundamental goals in spite of unforeseen obstacles.

Whether we complete the difficult journey before us will depend largely on the decisions made by the leadership of each nation. The Plan of Action constitutes a guideline for changes in priorities, sectoral reorganization, intersectoral development, and regional cooperation. If these commitments of the Plan of Action are fulfilled, then this Region will achieve the goals of Health for All by the Year 2000.

HÉCTOR R. ACUÑA  
Director

**Part I**

**SUMMARY**



## SUMMARY

### BACKGROUND

This Plan of Action stems from Resolution XX of the XXVII Meeting of the PAHO Directing Council, which, in approving the regional objectives, goals, and strategies for attaining the Goal of Health for All by the Year 2000, contained in Document CD27/34.A and its Complementary Document, instructed the Director "to prepare a plan of action for the development of all strategies agreed upon, including technical and administrative support measures..." and stipulated that this plan of action is "to be submitted to the XXVIII Meeting of the Directing Council, following its approval by the Executive Committee." That Resolution also requested the Governments "to adjust their health policies and plans and make them compatible with national development policies and strategies,

taking into consideration the implications of the national strategies adopted by them, and the regional strategies they have agreed upon to attain the goal of health for all by the year 2000."

In fulfillment of this mandate, based on the approved strategies and having considered the draft Five-Year Regional Plan of Action on Women in Health and Development and the Drinking Water Supply and Sanitation Decade, the Director prepared the draft Plan of Action. After review and modification by the Subcommittee on Long-Term Planning and Programming of the Executive Committee, it was examined and further modified by the 86th Executive Committee which submitted it for final approval by the XXVIII Directing Council of PAHO.

### SIGNIFICANCE AND STRUCTURE OF THE PLAN OF ACTION

The Plan of Action is the intermediate stage between the formulation of regional objectives, goals and strategies, and their translation into specific programs. For the Governments, it constitutes a guide and a frame of reference for adjusting their national health plans so that they may contribute to the regional effort, through the solution of the priority problems each country identifies in its own context. It also facilitates the definition of joint activities between the countries of the Region. For the Organization, it provides the fundamental guidelines for adjusting its policies, structure and procedures, as well as its technical cooperation program. At the world level, the Plan of Action represents the input of the

Region to the implementation of the global strategies of Health for All by the Year 2000, as well as the contribution of the Americas to the Seventh General Program of Work of WHO.

Because of the very nature of the effort necessary for attaining HFA/2000, the implementation of the Plan of Action must be considered a dynamic process that will be modified and adjusted to the new situations and experiences that emerge; therefore, a systematic effort to monitor and evaluate its execution is necessary.

On the basis of the regional objectives, goals, and strategies agreed upon, and within the conceptual framework of the strategy of

primary health care, the Plan of Action comprises three major groups of activities: those for the development of national and regional primary health care strategies; those for the development of the necessary intercountry

and regional mechanisms for supporting those strategies; and those for the organization of a system for evaluating and monitoring the regional objectives and goals and their strategies, as well as the Plan of Action itself.

## REGIONAL OBJECTIVES AND GOALS BY THE YEAR 2000

In agreeing upon regional strategies, the Governments of the Region of the Americas adopted regional objectives and minimum goals for the purpose of reducing the differences in the existing levels of health in the Region, and of establishing the minimum level that should be achieved by all the countries. On the basis of those minimum levels, each Member Country will define its own goals and objectives to reduce any disparities that may exist within the countries, in accordance with its special situations and possibilities.

The regional objectives include: restructuring and expansion of the health service systems in order to improve their equity, effectiveness and efficiency; promotion and improvement of intersectoral linkage and cooperation; and promotion and improvement of regional and interregional cooperation. These three objectives are aimed at ensuring the specific contribution of the health sector to the reduction of social and economic inequalities.

The minimum regional health goals include: no country in the Region will have a *life expectancy at birth* of less than 70 years; no country in the Region will have an infant mortality rate of more than 30 deaths per 1,000 live births; in no country in the Region will *mortality in children aged 1-4 years* be more than 2.4 deaths per 1,000 children in that age group; to have *immunization* services available to 100 per cent of the children under one year of age against diphtheria, whooping cough, tetanus, tuberculosis, measles, and poliomyelitis. In addition, to administer tetanus immunization to 100 per cent of pregnant women in areas in which tetanus neonatorum is endemic and in

accordance with pre-established norms. To include other vaccinations, in-service delivery programs whenever specific epidemiological situations make them necessary. To provide approximately 100 million inhabitants of the rural areas and about 155 million urban inhabitants with safe water services, and to provide 140 million inhabitants in rural areas and 250 million urban inhabitants with *sewerage* services or *excreta disposal* services by the year 1990; between 1991 and the year 2000, to sustain the overall coverage by providing 30 million rural inhabitants and 100 million urban inhabitants with similar services. In extending *health service coverage* to ensure 100 per cent of the population with access to health services.

Both the objectives, and the goals and strategies, are fundamentally based on the concept of primary health care strategy and, therefore, their achievement necessarily has implications for economic and social development. They must not be viewed as the objectives exclusively of the health sector, but rather as the expression of the broader purposes the Governments have accepted within the United Nations such as the New International Economic Order (NIEO), the New International Strategy for Development (NISD), and the Attack against Extreme Poverty. The recognition that the primary health care strategy is much more than the mere extension of basic health services and is an integral aspect of social development demands that additional strategies be formulated for strengthening social policies and harmonizing intersectoral plans and activities.

## PRIORITY HUMAN GROUPS AND THE HEALTH PROBLEMS

Activities under the Plan are aimed at satisfying the health needs of the entire population and, in particular, those of the groups bypassed by development. Accordingly, priority is assigned to the marginal rural and urban population and, within it, to high-risk families and workers. At the same time, activities under the Plan are aimed at reducing the exposure of the population to risks caused by environmental factors and developing positive attitudes and behavioral patterns in individuals and the community.

In this context, the Plan of Action emphasizes health promotion and disease prevention activities, duly *combined* with activities for the restoration of health and rehabilitation in *coordination*

with activities for the upgrading of the environment. The definition of these combinations must take into account the exposure of the priority human groups to the various risk factors, and must seek to make activities and resources as effective and efficient as possible. Each country must combine and integrate these activities into program packages geared to their particular health problems and national characteristics.

The Plan emphasizes certain groups of diseases and health problems, as well as environmental problems, that are assigned priority because of their social, cultural and economic consequences, and because of the present or future possibility of successfully solving them.

## INFRASTRUCTURE DEVELOPMENT

The central purpose of the Plan of Action is to provide access to effective services for satisfying the needs of the entire population. These services should be organized by *levels of complexity* so as to make health systems as equitable and efficient as possible.

The magnitude of the effort required for fulfilling that purpose demands the systematic development and application of new *technologies*, procedures, and approaches that will maximize the productivity of available resources. Improving the *planning and administration* processes will ensure control of the efficiency and effectiveness of the system. Also necessary for the fulfillment of the above-mentioned purpose is the *reorganization of the sector*, including its relations with the social security agencies; a new approach to its *financing systems* in order to improve the distributive role of health services; and the participation of the *community* in improving its well-being and in contributing to the provision of health services.

An adequate availability and use of *human resources* is a prerequisite, and its planning

should be closely geared to the needs of the services, based on the "health team" approach. The Plan of Action provides for activities that make better use of trained human resources, and for retaining them. Training new types of personnel, both professional, middle level and auxiliary personnel, including community agents, through research and development of new nonconventional methods of training are emphasized.

Another critical area covered by the Plan of Action is the realignment of *research* towards priority areas, in particular the epidemiological and social problems that affect the health of the population; the planning, organization, and administration of service systems; and the development and adaptation of methodologies.

The Plan also includes programming the *extension of installed capacity* for primary care networks; the necessary development of secondary and tertiary levels in support of the primary network; and the provision of *critical supplies and equipment* and upkeep and maintenance of physical facilities.

## PROGRAMMING OF INTERNATIONAL COOPERATION

The magnitude of the efforts each Government must undertake in order to achieve the Goal of Health for All by the Year 2000 demands the maximum mobilization of national resources, and underscores the need to use external cooperation for supplementing and supporting national efforts. The Plan stresses the urgent need to adjust the emphasis of external cooperation with respect to policies, conditions, and procedures, in order to assure its relationship to national priorities and characteristics.

International cooperation must be based on national programming resulting from an analysis of external cooperation requirements. This national programming constitutes the bases for realigning cooperation policies and practices and for the coordinated programming of the agencies of the United Nations family, of the Pan American System, of international financing and credit institutions, of

bilateral agencies, and of the nongovernmental agencies involved.

Experience shows that there are problems whose efficient solution can be reached through joint activities by the countries. This applies particularly to small countries and territories in which sharing of resources and experience is essential in dealing with certain problems. Accordingly, the Plan of Action identifies specific areas in which this approach may be used, such as certain health problems common to a number of countries, the development of human resources, the production and purchase of critical supplies and equipment, and the conduct of research and development of technology. The Plan identifies subregional and bilateral agreements and technical and economic cooperation among developing countries (TCDC and ECDC) as efficient mechanisms for the conduct of joint activities.

## EVALUATION AND MONITORING SYSTEM

The purpose of the system is to permit the evaluation and monitoring of the process for achieving HFA/2000; to provide the member countries and PAHO with useful information for estimating the progress achieved; and for taking decisions about new approaches to and adjustments of those processes at the national, regional and global levels. The findings of the successive monitorings and evaluations are also key elements in adjusting plans of the Governments, and those of extra-national, technical and financial cooperation agencies.

The evaluation and monitoring system operates at two levels. At the regional level, the organization and development of monitoring and evaluation will be the responsibility of PAHO. At the country level the process will follow the system each government adopts for the evaluation and monitoring of its own national efforts. The benefits of the system will

depend on the extent to which the Governments develop and strengthen their own national evaluation and monitoring processes.

The regional system includes the indicators deemed mandatory by the Governing Bodies at both the regional and the global level and also includes other indicators dealing with vital aspects of the regional strategies. Many of the areas that must be evaluated are expressed by variables that cannot be measured by numerical indicators and for which it will be necessary to define ad-hoc analytical criteria. A combination of epidemiological, economic and historical approaches, must be used which cannot always be reduced to a simple expression of numerical differences between objectives proposed and results obtained.

Since the Regional Plan of Action is to be in full operation by 1984, the Member Govern-



ments and PAHO must make a special effort in early 1983 to collect and analyze the necessary information for establishing the baseline situation in the Region. The timing of the

subsequent monitoring and evaluation exercises is determined by those agreed upon at the global level, so as to ensure a timely contribution to the global effort.

## INTERACTION BETWEEN THE REGIONAL PLAN AND THE NATIONAL AND GLOBAL PROCESSES FOR ACHIEVING HFA/2000

The Regional Plan of Action is a tool for linking the national processes to the global efforts to achieve the Goal, and to guide the policy and programming of PAHO cooperation in support of those processes. The national analysis and programming of international cooperation requirements, as well as the national participation in inter-country cooperation, is a crucial factor in orienting PAHO and WHO cooperation policies and programs. Consequently, the Regional Plan of Action is the contribution of the Region to the Global Plan of Action and in particular to the Seventh General Program of Work of WHO.

country of the short and medium term external cooperation requirements must form the basis for the realignment and adjustment of the PAHO and WHO programs of cooperation with the countries in the Region. If this linkage is to be effective, the periods and times for analyzing and programming that cooperation between the countries, PAHO and WHO must be synchronized. The evaluation and monitoring system is a key tool for analysis and decision-making at the country, regional and global level, and, therefore, for the linkage between those levels in their long and medium term programming.

The analysis and programming in each

## RELATION WITH FIVE-YEAR PLAN OF ACTION ON WOMEN IN HEALTH AND DEVELOPMENT

The Governments and the Organization must ensure that the implementation of the Regional Plan of Action and the national plans effectively integrate the objectives, goals

and activities designated in the Five-Year Plan of Action on Women in Health and Development.

## IMPLICATIONS FOR THE GOVERNMENTS

The implementation of the Plan of Action has substantive implications for the Governments. In the light of each national situation they must examine the consistency of their priorities and strategies with the goals and priorities agreed upon at the regional level, in order to adjust and reorient the implementation of their national health plans. They must develop suitable mechanisms for improving the programming and coordination of interna-

tional and intercountry cooperation. Finally, and as the process develops, they must periodically review and evaluate their national strategies and introduce the necessary adjustments into the national development context. It is urgently necessary to adapt the national information systems with a view to the initiation and development within a fixed time-frame, of the national, regional and global monitoring and evaluation process.

## IMPLICATIONS FOR PAHO

In the context of the established objectives, goals and strategies, the implementation of the Regional Plan of Action will require a revision of the policies, priorities, and functions of the Organization, as well as of the technical and administrative procedures.

Development of new mechanisms and modification of existing ones will be necessary, in order to make the PAHO's internal administrative processes more flexible to assure a more effective and efficient response to new demands for technical cooperation. The Organization should step up its capacity for systematic multidisciplinary analysis for long-term planning, in order to cooperate with the Governments in the early identification and evaluation of problems emerging during the development of the process to attain HFA/2000, and in the design of appropriate solutions.

Thus, new mechanisms will need to be developed for the identification and resolution of problems which require a multidisciplinary and multisectoral approach. These mechanisms will serve as an orientational, organizational, and catalyzing element of these distinct technical and administrative activities.

Evaluation of the technical and administrative capacity of the Organization will provide the Governing Bodies with the information necessary to assure more effective and efficient cooperation among the Member Governments, as well as to enhance the Region's participation in the global effort to attain the goal. Moreover, this should reinforce its liaison activities and catalytic role in the reorientation and strengthening of technical and economic cooperation among developing countries and other international cooperative efforts.

## **Part II**

### **INTRODUCTION**



## INTRODUCTION

This Plan comprises the principal actions for the attainment of the regional goals and objectives and for the implementation of the strategies contained in Document CD27/34.A, "Regional Strategies of Health for All by the Year 2000" and its Complementary Document, approved by the Directing Council of the Pan American Health Organization. The XXVII Meeting of the Directing Council, by means of Resolution XX,<sup>1</sup> requested the Director to prepare a Plan of Action and a corresponding monitoring and evaluation system.

With this in mind, the Director analyzed the strategies, objectives and goals contained in the above mentioned documents, identifying the pertinent actions and their interrelationship in each strategic area. This analysis considered the draft Five-Year Regional Plan of Action on Women in Health and Development, and the International Drinking-Water Supply and Sanitation Decade. It also took into account the purposes and key ideas of such international campaigns as the "Years" of the child, the elderly and the disabled.

The purpose of the Plan is to define the actions that Governments individually, and collectively as Members of the Organization, should carry out to implement the approved regional strategies to attain the Goal of Health for All by the Year 2000.

The Plan of Action is *essentially a dynamic process*. It is designed to overcome not only current problems, but also those that may arise in the development of the strategies, and in the fulfillment of the regional goals and objectives. Therefore, it needs to be systematically analyzed at both the country and re-

gional levels, to periodically introduce the adjustments required by the development of the process.

This Plan, continental in scope, constitutes the frame of reference for the formulation and adjustment of national plans, to contribute to the regional effort toward the solution of those priority problems that each country determines within its own context. As a result, actions of a regional nature that are included in this document should be analyzed, selected and adapted to each national reality.

The structure and contents of the Plan of Action are based on the regional objectives and goals and determined by the particular manner in which the principal strategy of primary care and its components were approved. At the same time, it attempts to facilitate the compatibility of the Region's Plan with the structure of the WHO Seventh General Program of Work, as decided by the 67th Executive Board of WHO.

Actions that are necessary to implement the primary health care strategies and the inter-country and regional mechanisms to support these strategies, are thus identified. For each group of actions, the approaches as well as the relevant intra and extrasectoral interrelationships have been identified. Furthermore, the actions that are considered basic from a regional perspective are described in accordance with the priorities derived from the objectives, goals and approved strategies. The indicators defined as obligatory by the Directing Council are included in order to monitor and evaluate those actions. Likewise, certain areas where additional indicators should be developed, are also suggested. The objective of these suggested areas is to facilitate the task of selecting a minimum number of indicators that can be developed and utilized by all the

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<sup>1</sup>See p. 85.

countries, taking into account the actual limitations of the national information processes, and which have the necessary validity for monitoring and evaluation of the Plan of Action, from a regional point of view. Thus, it will be necessary to define indicators related to policy formulation and decision-making processes; to action development and resources availability and utilization; and to the results obtained from these activities.

The Plan of Action is an intermediate stage between the regional strategies on the one hand, and their translation into specific programs on the other. Therefore, the actions which it encompasses must be reworked with the necessary specificity; their duration and timing must be defined; and the resources required for their implementation must be estimated and specified. This second stage will be developed within the national planning and programming processes by the Member Governments. As for the Organization, it will be developed within its medium and short-term programming processes for technical cooperation. The objectives, goals and activities designated in the Five-Year Regional Plan of Action on Women in Health and Development must be integrated into the development of the Regional Plan of Action and the national plans.

The development of the regional strategies and of the Plan of Action to implement them, bear important implications for the Member States and the Organization. At country level, the Governments should examine in the light

of each national situation, the consistency of their priorities and strategies with those adopted regionally. It will be necessary for them to revise their sectoral and institutional structures, functions, financial systems and production of services coverage to individuals and the environment, in order to adapt them to the requirements of the national strategies. They should also develop adequate mechanisms for the better identification and programming of the needs of external technical and financial cooperation, and establish favorable conditions to fully participate in the implementation of cooperation among countries.

The Governments will have to analyze their systems of administration and evaluation, in order to adapt them to the requirements imposed by the strategies and national plans and to facilitate the evaluation and monitoring agreed upon in the regional plan.

As for the Organization, the development of the Plan implies revision and adjustment of its policies, priorities and functions, as well as its technical and administrative procedures, in light of the agreed goals, objectives and strategies. Consequently, the Governing Bodies of the Organization should exercise extreme care in their analyses, so that their mandates will be consistent with the objectives and support the development of the strategies. In this sense, the system of regional evaluation and monitoring will constitute a tool of substantive value not only for the Member States but also for the Organization.

**Part III**

**REGIONAL GOALS AND  
OBJECTIVES**





## REGIONAL GOALS AND OBJECTIVES

In approving the regional strategies for attaining the Goal of Health for All by the Year 2000 at the XXVII Meeting of the Directing Council of the Pan American Health Organization in October 1980 (Resolution XX),<sup>1</sup> the Governments of the Americas adopted regional minimum goals and objectives for decreasing differences in terms of health conditions throughout the Region, and established a minimum level of health that should be attained by all of the countries. On the basis of this minimum level, each Government will define its goals and objectives according to its own situation and means. Likewise, each Government should define specific goals and objectives for geographic areas within the country and for special population groups. Thus, it will be able to orient and to evaluate its own efforts towards decreasing those internal gaps and disparities that may exist.

The minimum regional goals and objectives adopted by the Council for the year 2000 are the following:

### A. MINIMUM REGIONAL HEALTH GOALS

*Life expectancy at birth.* No country in the Region will have a life expectancy at birth of less than 70 years.

*Infant mortality.* No country in the Region will have an infant mortality rate of more than 30 deaths per 1,000 live births.

*Mortality in the age group 1-4 years.* In no country in the Region will the mortality rate in children aged 1-4 years be more than 2.4 deaths per 1,000 in this age group.

*Immunization.* Provide immunization services to 100 per cent of the children under one year of age against diphtheria, whooping cough, tetanus, tuberculosis, measles and poliomyelitis. In addition, to provide immunization services against tetanus to 100 per cent of pregnant women in areas endemic for tetanus neonatorum in accordance with established norms. Other vaccines should be included in the delivery system whenever warranted by the specific epidemiological situation.

*Safe water and excreta disposal.* Safe water should be provided to approximately 100 million inhabitants in the rural areas and 155 million in the urban areas, as well as sewerage or excreta disposal to 140 million in rural areas and 250 million in urban areas, by 1990. Between 1991 and the year 2000 safe water sewerage or excreta disposal should be provided to some 30 million rural dwellers and to 100 million urban inhabitants to maintain total coverage.

*Health service coverage.* To provide 100 per cent of the population with access to health services.

### B. REGIONAL OBJECTIVES

- Reorganization and expansion of health service systems so as to improve their equity, efficiency and effectiveness.
- Promotion and improvement of intersectoral linkages and cooperation.
- Promotion and improvement of regional and interregional cooperation.

The purpose of these three objectives is to ensure the specific contribution of the health sector to the reduction of social and economic inequalities.

<sup>1</sup>See p. 85.

The Regional objectives and goals should be attained through the application of *primary health care strategies* consistent with the different characteristics and possibilities of each country of the Region. Nevertheless, the establishment of a common conceptual denominator for the primary care strategy is feasible.

At the International Conference on Primary Health Care held in Alma-Ata, USSR, in 1978, the Governments of the world adopted the following definition of primary care: "Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is a central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system, brings health care as close as possible to where people live and work, and constitutes the first element of the continuing health care process."

The Governments of the Region have confirmed that primary care is the principal strategy for attaining the Goal of Health for All by the Year 2000 and agree in emphasizing the following characteristics of that strategy:

- Since the fundamental purpose of the goal is to reduce inequalities between countries and human groups, this strategy must be valid and applicable to the *entire population* and not be restricted to marginal groups or groups that have been bypassed by development, although the satisfaction of the basic needs of those groups is the principal objective. Consequently, primary care cannot be viewed as a program limited to satisfying, to some extent, the minimum needs of groups that live in extreme poverty.

- Primary care is regarded as the *point of contact with the community* for satisfying its basic needs, including health. The development, organization and participation of the community for improving its well-being, including the health component, is a necessary condition of the strategy; this implies a *multisectoral approach* in its conceptual and operational aspects, that goes beyond the traditional limits of the health sector.

- With respect to the health sector it is considered the *point of entry to the health system*. The primary health strategy requires that the health sector be organized in such a way as to ensure economic, cultural, geographical and functional *accessibility*, as well as *equity, opportunity and efficiency*, in order to achieve the desired *health impact* on the *entire* population. Accordingly, it is necessary to restructure health services by *levels of increasing complexity* and to establish *referral mechanisms* and *functional regionalization*.

- It is emphasized that the conceptual and operational core of primary care is the achievement of the desired impact on the health of the population, with maximum social effectiveness and productivity of the resources allocated to the sector. To that end, it is essential to develop and apply the most appropriate technologies and to maximize the operating capacity of the systems.

- It is recognized that a necessary condition for the success of the strategy is a well-defined national policy, its application through "learning by doing" and systematic evaluation. The development of the *strategic components*, both those agreed upon at the regional level and those which each individual country will develop in the light of its socioeconomic and health characteristics, are also required.

The regional purposes are expressed not only in health goals to be attained but also in such objectives as access to, use and organization of health services. These factors, together with the contribution of resources and activities by other economic and social sectors, will

satisfy the basic global needs of the population.

The strategies for the Goal of Health for All have to be viewed in the context of economic and social development strategies, and not in isolation as the exclusive objectives of the health sector. The expressions of the wider purposes which the Governments have accepted within the United Nations—such as the New International Economic Order (NIEO), the New International Development Strategy (NIDS), and the Attack on Extreme Poverty—have important implications for economic and social development, and health constitutes one of their components.

The recognition that primary care is more than a simple extension of basic health services and that it is also an integral part of social development, makes it necessary to design accompanying strategies for the strengthening of social policies and harmoni-

zation of intersectoral plans and activities. It is also important to define objectives and activities for the other components that contribute to the fulfillment of basic needs, and to identify levels of well-being acceptable and specific to each country and its principal regions. These levels are expressed in terms of health, food, housing, education, production, employment, family income and consumption, for society as a whole and for the deprived human groups in particular. There are implications for the study and planning of changes in the dynamics and styles of development. This is clearly an undertaking in which all the social forces of the country must be brought into play, even those that have so far been inactive or little used. Many technical factors and, more importantly, political and social factors, will determine the success of their endeavor, as well as the mobilization of social, political and technical resources.

## 1. PRIMARY HEALTH CARE STRATEGIES

On the basis of the definitions of their national strategies for achieving the Goal of Health for All by the Year 2000, the Governments identified priority health areas, as well as specific strategies for the development of the infrastructure. Many common elements are found among the different countries of the Region, in their definition of the strategies to achieve the regional objectives and goals agreed upon. These common elements constitute the basis of the Regional Plan of Action. It is recognized that their specific content as well as their specific modes of operation will vary from country to country according to national priorities and characteristics.

### 1.1 Program Development: Priority Areas\*

The evolution of the expected social and demographic profile will affect the structure and magnitude of the health problems to be addressed in the coming decades. Mortality and morbidity patterns will substantially change. In the last five years of this century, 20 per

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\*The organization of the Priority Areas presented on pp. 17-44 follows the structure of the Seventh General Program of Work of WHO. This ensures compatibility between these two documents, inasmuch as this Plan also constitutes the contribution of the Region of the Americas to this General Program of Work.

cent of all deaths will be due to tumors and 50 per cent to cardiovascular diseases. At the same time, morbidity and mortality caused by diarrheal diseases and acute respiratory infections, heightened by malnutrition and an adverse environment, will—even though their relative importance will decrease—continue to decimate the deprived strata of the population in urban and rural areas. It is possible to control these diseases, those preventable by vaccination, the most prevalent endemic diseases, and to also improve comprehensive family care. For these purposes, however, it will be necessary to allocate and deploy considerable efforts and resources, for it will also be urgently necessary to address new and growing needs caused by chronic, degenerative, mental, and occupational diseases and accidents whose importance will increase. Intense and accelerated urbanization, changes in life and production styles, as well as an increase in the number of large-scale economic projects, will tend to create new and worsen the present environmental problems, which will make it necessary to undertake vigorous action in this field.

Since the primary care strategy must be applied with a view to satisfying the needs of the *entire* population, and the Goal demands an increase in the level of well-being and a reduction in inequalities, activities under the Plan will be aimed at providing deprived human groups with access to health services. In that regard, priority will be given to the marginal rural and urban groups and, within them, to high risk families and workers. The goal adopted with respect to life expectancy at birth, as well as the anticipated age structure of the population, emphasizes the need to give high priority to problems of the elderly.

The regional analysis of prevalent health problems demonstrates that harmful attitudes and behavior increase the incidence of avoidable diseases in certain population groups, while in others hunger and health problems derived from poverty are a continuous problem. The degree to which a human group is exposed to a certain risk is determined by a

variety of factors over which the individual person may, or may not, have any control. Human behavior or “lifestyle,” as it is called in certain countries, is a direct consequence of demographic factors and of the cultural, social, economic and physical environment. The strategies, therefore, are aimed at decreasing the exposure of the population to risks resulting from environmental factors, and to developing in individuals and communities positive attitudes and behavior.

The activities of the Plan of Action are centered on promotional and preventive activities, emphasizing health education, combined with those for the recovery of health and rehabilitation and coordinated with activities for upgrading the environment. These combinations should take into account the exposure of the priority human groups to various risk factors and to seek the maximum effectiveness and efficiency in the use of resources. Consequently, the activities should be linked and integrated into program packages for each country, in accordance with its particular health problems and national characteristics.

The Plan emphasizes certain groups of diseases and health problems, which are assigned priority because of their sociocultural and economic consequences and because of present or future possibilities of successfully addressing them.

From a regional standpoint these program packages give special emphasis to comprehensive family and child care; the conduct of food, nutrition, and environmental improvement programs with a multisectoral approach; the prevention and control of communicable diseases; the prevention and rehabilitation of physical and mental disabilities; the prevention of accidents and the control of occupational diseases, and activities designed to meet the needs of the elderly.

#### **1.1.1. Health Protection and Promotion of Special Groups**

The Goal of Health for All and the regional strategies for achieving it cover the entire

population. Nevertheless, because of their greater vulnerability and exposure to health risks, priority is assigned to populations in extreme poverty in rural and urban areas, specifically including women and young children, workers and the elderly. Because of their special needs, the health of the disabled persons is also included in this group.

#### A. WOMEN AND CHILDREN

##### *Approaches*

Children, adolescents and women of child-bearing age represent approximately 70 per cent of the population in most countries of the Region.

The interdependence of the factors affecting the health of these population groups is becoming increasingly apparent. Therefore, one of the major thrusts of the Plan of Action is on promotion and development of intersectoral policies which would encourage and provide for comprehensive care of the family. Adequate health protection and promotion services will be included within the primary health care for women and young children, with emphasis on specific areas which require strengthening such as identifying risk groups and improving levels and quality of their care; development of more effective and simplified methods for monitoring and surveillance of immunization and nutrition status of young children; development of practical and integrated approaches to identify and deal with the health needs and problems of adolescents and youths. Community participation is essential in all activities related to maternal and child care. Within the sector active coordination with nutrition, epidemiological surveillance and disease prevention programs is necessary. Participation of other sectors especially education, justice, labor, and agriculture, is important to promote integral care of the family and its basic needs, in the context of overall socioeconomic development.

##### *Areas of Action*

1) Development of policies for comprehensive care of the family.

- Review of the current policies and legislation related to the health protection and social well-being of the family, women and young children, youth and school children.
- Formulation of guidelines and recommendations for modifications of policies which would encourage and provide for comprehensive care of the family, including child development.
- Promotion of the development of appropriate policies, including modification of legislation as required.

2) Assessment and monitoring of health status of mothers and children.

- Development of simplified methodologies for systematic monitoring of health status of mothers and children.
- Design and implementation of specific studies to identify health problems of vulnerable groups, such as studies of perinatal mortality and maternal health; fertility patterns and health problems of women, and special problems of youth.
- Collection, analysis and dissemination of information about studies and experiences.

3) Strengthening and development of maternal and child care component within the primary health care.

- Development of appropriate technologies for perinatal care by levels of care and services for newborn, as well as for the continuous and comprehensive care of the child within primary care.
- Development and implementation of activities aimed at improving social and physical well-being of the adolescent and teenagers including family life education.
- Integration of the family planning component in the primary care services.
- Promotion and strengthening of the nutrition component, including breast feeding as well as infant, and young child feeding.

- Development and implementation of appropriate approaches for the detection and care of the high risk mother and child at all levels of care.
  - Design of specific projects aimed at providing integral attention to the family and working women.
- 4) Stimulate preventive actions and active participation of the community, and develop health education guidelines and materials to support these activities.

#### *Suggestions for Indicators*

- Number of countries with specific policies aimed at health of women, children, and families.
- Number of countries with new legislation supporting care of the family.
- Maternal and child morbidity and mortality trends, rates and structures.
- Percentage of pregnant women receiving prenatal services in accordance with established national norms.
- Percentage of deliveries attended in accordance with established national norms.
- Percentage of children with low birth weight.
- Number of countries with family planning services in primary care and percentage of women using family planning services.
- Number of countries with population policies.

## B. WORKERS' HEALTH

### *Approaches*

The objective of this area of the Plan is to expand occupational health services particularly in the light of expected characteristics of agricultural mechanization and industrial technology. The basic principles underlying this area are to foster the interest and active participation of the workers and management in reducing disabilities from work-related

accidents and diseases, including exposure to toxic substances; improve the knowledge of the cause of occupational disease; increase the monitoring of environmental factors at the work place and corrective measures to eliminate risks.

It is estimated that the coverage of risk prevention activities and medical surveillance reaches 30 per cent of the population through the social security systems in Latin America. Extension of services for workers in small industries and rural workers may best be achieved by incorporating occupational health in the regular community services. In addition, introduction of new products and technologies in the countries will require the health sector to participate actively in the strengthening of institutions, laboratories, and training facilities. Of major importance is the promotion of legislation to permit effective action for the prevention and control of occupational risks and intersectoral coordination to optimize scattered resources in various government agencies. An effective information system for evaluation of coverage and progress at country and regional level is necessary.

### *Areas of Action*

- 1) Development of policies promoting occupational health and safety.
  - Development of programs within industry, agriculture and public sectors, including participation of the workers.
  - Establishment of a policy of cooperation at national level among agencies responsible for occupational health.
  - Promote the development of pertinent legislation.
- 2) Improve the implementation of prevention, treatment, and rehabilitation programs.
  - Development of guidelines to permit evaluation and control of risks at work sites, including the protection of families of workers to these hazards.

- Incorporation of occupational health and safety in the training of health personnel.
- Design and establishment of an information system.
- Strengthen laboratory services, field survey capability including toxicological services.

3) Strengthen the capability of national institutions.

- Promote programs of prevention and control of risks in industries and in agriculture, including small-scale enterprises.
- Establish norms for institutional management of programs.
- Development of training facilities and educational material.
- Encourage the development of occupational health institutions.

4) Integration of occupational health in industrial and agricultural development projects.

- Inclusion of occupational health in impact assessment of development projects.
  - Participation of occupational health personnel in the planning and preparation of projects.
- 5) Promotion of community participation.
- Development of information materials on health and safety measures for workers and communities.
  - Development of guidelines for promoting active and positive participation of the workers and communities in their health protection.
  - Development of comprehensive care of working women and their families.

*Suggestions for Indicators*

- Number of countries with programs to protect the health of the workers.
- Trends of morbidity and mortality in occupational-related diseases and accidents.
- Man/hours lost due to occupational health-related problems.

- Percentage of workers protected against occupational risks.

C. HEALTH OF THE ELDERLY

*Approaches*

Demographic projections in some countries of the Region forecast a considerable increase of the older population. The processes of urbanization, industrialization, increasing participation of women in the working force and the consequent changes in traditional socio-cultural values may have a significant influence on family cohesion and composition, including attitudes towards the care of the elderly.

The rising cost of health care for the aged has placed an increasing burden on the family as well as society in general, since some chronic diseases which are prevalent in this age group have risen dramatically.

Multiple factors affect the health of the aged. The programs aimed at the protection and promotion of health of the aged must be intersectoral and multifaceted and should meet their health and social needs in an integral fashion.

The Plan of Action emphasizes the study and analysis of the magnitude of the problems affecting the health of the elderly; development of comprehensive care approaches within the health and social services aimed at providing continuity and quality of care to the elderly; promotion of the concept of self and family care. Emphasis will also be given to community participation through its pertinent organizations.

*Areas of Action*

- 1) Assessment of the situation and adoption of policies for health care delivery to elderly population groups.
  - Development of national demographic and epidemiological studies to define the extent of current problems and their projections.

- Analysis of the characteristics of the elderly population.

- Adoption of national policies which address the social and health needs of elderly groups.

2) Development of comprehensive care of the elderly within general health services.

- Development of programming approaches and techniques in order to include the needs of the elderly population in rural and urban development programs.

- Definition of activities for the elderly by levels of care.

- Development of studies to improve knowledge regarding the availability of services for the care of the elderly, and to reorient current institutional care in this area.

- Inclusion of epidemiologists and social scientists in studies of problems related to care of the elderly.

3) Promotion and development of community action programs.

- Development of educational programs and information materials to encourage and to orient self-care and non-institutional health care approaches for the elderly.

- Promotion of the development and coordination of community services addressing the social needs of the elderly, such as social centers and home care.

- Promotion of participation of community groups in the development of social and vocational reorientation programs for the aged.

4) Development of human resources.

- Training the health services' regular personnel, by health care levels, on the problems of the elderly.

- Inclusion of primary health care approaches in the training of gerontology and geriatric specialists.

#### *Suggestions for Indicators*

- Countries having recognized the significance of the problem and having specific poli-

cies, legislation and programs for the health care and social needs of the aged.

- Legislation and programs of urban and rural development that recognize the needs of the elderly.

- Proportion of health services for the aged.

- Decreasing proportion of institutionalized elderly.

- Increasing proportion of elderly maintaining normal functioning within the familial and social environment.

#### D. HEALTH OF DISABLED PERSONS

##### *Approaches*

This area must aim at the prevention of the causes of disability, and at providing comprehensive care to disabled persons to enable them to live a comfortable and productive life, while preventing the deterioration of disabling conditions. The Plan of Action takes into account the distribution of disability causes among the different population groups; the variations in the restrictions that affected individuals experience in their functional capacities; and the requirements of care needed by different types of disability. Therefore, the Plan stresses the following: establishment of a system of records and classification of disabilities according to causes and epidemiological characteristics; promotion of national health protection and promotion policies for disabled persons; prevention of disability-causing factors, and application of simple, appropriate rehabilitation technologies. The Plan also contemplates the need for continuous training and education of auxiliary, technical and professional personnel; the promotion of self care, and active participation of individuals, families and the community.

It is essential that the activities under this area be coordinated with other priority components of the Plan, especially if one takes into account that many activities are intimately related to areas of action for women and children, workers and elderly persons.



Likewise, it is essential to achieve proper coordination with other sectors, especially labor, social services, education, and to obtain the collaboration of the private sector, the community and nongovernmental organizations. This will help the promotion of job opportunities, care and recreation in the context of a comprehensive approach to the problem of the disabled.

#### *Areas of Action*

1) Development of policies and programs for protection and comprehensive care of disabled persons, and prevention of conditions causing disabilities.

- Development of record and classification systems of disabling conditions.
- Promotion and strengthening of disability prevention programs.
- Strengthening of institutional services to prevent development and deterioration of disability conditions associated with acute injuries and other conditions.
- Strengthening research programs of visual and auditory disorders aimed at school-age children.

2) Development of technologies for the care of the disabled.

- Development of simplified rehabilitation technologies especially applicable at the family, community and primary care levels.
- Strengthening of restorative services for the rehabilitation of the disabled, especially through the use of local materials and appropriate technologies.

3) Promotion of the participation of communities in disability care and prevention.

- Development of educational and information materials for individuals and communities to promote healthy behavior and positive action towards disability prevention.
- Preparation of education and information materials to promote self-care and care of the disabled by families.
- Promotion of joint institutional and com-

munity action programs for the care of the disabled; use of voluntary workers for social and mental needs of the disabled; use of disabled workers to enable the disabled to lead a satisfying and productive life.

- Promotion of exchange of information about successful programs among communities and in the countries of the Region.

4) Development of human resources and research.

- Support and strengthening of training programs for the preparation of specialists and technical personnel in rehabilitation therapy.
- Development of manuals, teaching aids and handbooks for the training of technical and auxiliary workers in simple rehabilitation techniques, particularly applicable at the community level.
- Support and development of training programs for health workers and auxiliary level workers in comprehensive care of the disabled in home and community settings.
- Epidemiological research on blindness and its causes.

#### *Suggestions for Indicators*

- Number of countries with national policies.
- Percentage of newborn with genetically inherited conditions.
- Number of institutions with adequate trauma and rehabilitation services.
- Number and characteristics of community action programs in the countries.
- Number of countries with blindness prevention and rehabilitation programs integrated into the health services.
- Morbidity rates, by cause.

#### **1.1.2 General Health Protection and Promotion**

Health protection and promotion activities are aimed at reducing the exposure of the population to risks caused by environmental and socioeconomic factors. This will be attained by means of specific health activities

and by developing in individuals, as well as in communities, a better knowledge of problems, possible solutions, and positive attitudes and behavior. This is the context that guides activities in the fields of food and nutrition, dental and mental health and accident prevention.

#### A. FOOD AND NUTRITION

##### *Approaches*

Regional strategies call for actions aimed at increasing the availability and improving the consumption of basic foods combined with specific activities for preventing and correcting malnutrition with special emphasis on the most vulnerable population groups.

The Plan of Action is aimed at reducing malnutrition and promoting optimum nutrition status of the population through intersectoral, integrated approaches. Specific emphasis is given to: improving the surveillance and monitoring of nutritional status of vulnerable population groups as an integral activity of primary health care; institution of early preventive and control measures for those at high risk; prevention and control of specific nutritional deficiency diseases; development of intersectoral policies and approaches for improvement of overall food and nutrition status, specifically food production, availability, distribution and safety. The Plan of Action also includes development of operational research; appropriate technologies for the monitoring of food and nutrition trends; education for nutrition improvement; establishment of effective information exchange mechanisms, and training in nutrition of allied health personnel at all levels.

Coordination with other sectors, especially agriculture, education, industry and national development planning units is essential for the implementation of this Plan, as is the active involvement of individuals, families and communities. Therefore, effective intersectoral programs with community participation will

be developed to achieve the maximum impact of these activities.

##### *Areas of Action*

1) Diagnosis and assessment of food and nutrition situation.

- Application of simple indicators and techniques for nutrition assessment.

- Development of simplified methods for design and implementation of food and nutrition surveys for selected socioeconomic population groups.

- Monitoring and evaluation of effectiveness of nutrition related interventions.

- Surveillance and forecasting of food availability and nutrition conditions in the countries of the Region.

2) Development of intersectoral food and nutrition policies and planning.

- Design of methods and development of guidelines for intersectoral policy formulation and planning of food and nutrition programs, including the identification of selected socioeconomic groups.

- Development of institutional mechanisms for planning and updating food and nutrition components in national development policies and plans.

3) Promotion and development of nutrition components in primary health care.

- Strengthening and development of the nutrition component of health services with special emphasis on nutrition surveillance of mothers and children.

- Strengthening community health education activities to promote optimum food and nutrition practices.

- Development and testing of simplified methods and guidelines for assessing child growth, infant and maternal nutrition, treatment of malnutrition, improvement of feeding practices and nutrition education.

- Promotion and development of operational research projects in food and nutrition

in primary care and dissemination of information of useful and relevant experiences.

- Development of food and nutrition activities with intersectoral integration at community level.

4) Promotion and support of activities related to the prevention and control of specific nutritional deficiency diseases and health problems.

- Design and conduct operational research studies to test the effectiveness of nutrition activities in combating deficiency diseases.

- Development and evaluation of specific programs aimed at prevention of nutritional deficiency problems, such as supplementary feeding; breastfeeding and infant feeding; iron and vitamin supplementation during pregnancy; nutrition education and dietary guidance to persons with obesity related health problems.

- Strengthening of the food and dietary activities in institutional and community health care programs.

5) Development of human resources.

- Development of guidelines for training in nutrition of health personnel, including community health workers.

- Promotion and support of the development of nutrition content in the educational programs for health personnel, including primary health workers at the community level.

#### *Suggestions for Indicators*

- Number of countries with updated information on food and nutrition status of selected socioeconomic population groups.

- Number of countries with institutionalized mechanisms for food and nutrition planning and monitoring.

- Percentage of decrease of energy and protein malnutrition in children under 5 years of age by selected socioeconomic groups.

- Percentage of decrease in iron-deficiency anemias in children and pregnant women.

- Percentage of decrease of Vitamin A de-

ficiency and goiter in populations in endemic areas.

- Reduction in the prevalence of obesity.

- Availability of protein and calories per capita.

## B. DENTAL HEALTH

### *Approaches*

The oral health component of the Plan of Action focuses on prevention of dental diseases with emphasis on the population under 15 years of age. All available means of effective use of fluoride and other known agents and mechanisms to prevent dental caries will be introduced. Similarly, individual and community efforts will be promoted to prevent periodontal disease.

Emphasis is placed on new approaches that make possible the extension of delivery of preventive and curative dental services, as an integral part of primary health care development. New and appropriate technologies will be studied to test their effectiveness in contributing to preventive and care programs at the community level.

Community participation will be encouraged and education programs developed at the community level in order to utilize local resources and techniques in the most efficient manner. Manpower development activities will concentrate on the training of auxiliaries in oral health.

Attention will be directed to assure effective linkage with secondary and tertiary levels of care within the health system.

### *Areas of Action*

1) Development of preventive oral health activities.

- Establishment of policies and norms.

- Introduction of fluorides and other preventive techniques.

- Introduction of programs to adjust the

level of fluoride in water supplies to the optimum for caries reduction.

- Encouragement of community and individual participation in preventive practices and oral hygiene education.

2) Integration of dental services with primary health care.

- Development of methods for the evaluation of program delivery, population coverage and oral health status.

- Development and application of appropriate technology in dental care delivery.

- Encourage the establishment of programs for the population under 15 years of age with emphasis directed towards education in oral health, and the prevention and treatment of disease.

- Conduct applied research on causative factors related to dental disease and research to develop new approaches for the improvement of oral health.

- Orientation and training of professional and auxiliary personnel towards the use of appropriate technology essential for the extension of coverage.

#### *Suggestions for Indicators*

- Number of countries with legislation and/or national plans for use of fluorides in the prevention of dental disease.

- Number of countries with identified national programs which include provision for preventive and curative services.

- Percentage of population under 15 years of age covered by dental services.

- Percentage of population covered by preventive programs using fluorides.

- Percentage of population covered by dental health services.

- Index of caries and periodontal diseases by population group.

- Ratio of professional and auxiliary personnel per capita, and demographic distribution of such personnel.

## C. ACCIDENT PREVENTION

### *Approaches*

The Plan of Action for accident prevention takes a multisectoral approach and will require the coordination of health sector activities with those of justice, transportation, education, housing, labor, and social security. Specific strategies for high-risk groups, particularly the drinking driver, workers and children are essential elements of the plan. The development of improved reporting systems and epidemiological surveillance techniques is seen as an important priority in providing an accurate base-line and assessment of relative risks and the identification of key areas for intervention. Since alcohol and drug abuse may play a role in up to 60 per cent of traffic fatalities and 30 per cent of industrial accidents, substantial reductions in mortality and morbidity can be achieved by focussing prevention efforts on those problems. Improved data on accidents in the home will give direction to the adoption of effective interventions, particularly those aimed at accidental poisonings, burns and falls. While primary prevention is the key focus, attention will also be given to the development of cost-effective emergency services, particularly those emphasizing the use of the police and lay persons as providers of first-aid.

### *Areas of Action*

1) Improved reporting and epidemiological surveillance systems.

- Development of records linkage among police, transport, health services and national statistics.

- Promotion of a uniform injury classification system.

- Identification of additional data sources and development of improved analytical techniques.

- Assessment of emergency and rehabilitation services.

2) Development of policies and guidelines for implementation related to improved safety standards in vehicle design, industry worker protection, consumer protection, and prevention of drunk driving.

3) Health education and training.

- Promotion of community participation including the involvement of consumer groups, industry, unions, and other organizations in developing awareness and launching prevention efforts.

- Development of training modules for specialized personnel, primary health care workers, police and lay public.

#### *Suggestions for Indicators*

- Number of countries adopting legislation for:

- Consumer and worker protection.
- Safety standards for building and housing construction, industrial design, environmental hazards, vehicle design.
- Driving under the influence of alcohol.
- Control of the sale of alcoholic beverages and psychoactive substances.

- Number of countries adopting uniform reporting classification for injuries.

- Changes in rates of morbidity, mortality, and disability due to accidents, by demographic factors and risk factors.

## D. MENTAL HEALTH

### *Approaches*

The Plan of Action aims at extending mental health services and alcohol and drug abuse control efforts to the underserved segments of the population. In the development of the Plan, emphasis will be placed on the adoption of policies facilitating the integration of mental health and drug and alcohol abuse control efforts within the general health services sys-

tem, giving priority to prevention. Special attention will be placed on the following activities: promotion of the adoption of appropriate policies and legislation; development of community participation in the establishment and application of these policies; promotion of modernization of services and community-based care; improved methods of research and appropriate training to reach the above-mentioned goals.

The integration of mental health, alcohol and drug abuse activities in Primary Health Care services is considered a key activity for the development of the Plan of Action. Primary health care workers can be trained in simple techniques of crisis intervention, management of emergencies, detection and follow-up of cases and the formation of self-help groups, which will prepare them to handle a high proportion of affected persons and diminish the number of institutionalized cases.

Given the high proportion of elderly persons suffering psychological problems, it is necessary to design health care programs for these groups, considering the mental health component. Also, close cooperation will be developed with programs for treatment of the disabled, since in more than 50 per cent of those cases, psychological aspects constitute the principal cause for the disability, or are an important associated factor.

Special emphasis should be given to the study and management of psychosocial factors influencing not only mental disorders but also other pathologies. In this regard, mental health programs should act as support services to other health programs and as a link with other sectors dealing with social welfare.

### *Areas of Action*

- 1) Promotion of mental health and alcohol and drug abuse control policies, including appropriate legislation.

- 2) Incorporation of mental health activities in general health services.

- Introduction of mental health in primary health care.
- Incorporation of mental health and psychiatric care in general hospitals, dispensaries and other community health services.
- Modernization of psychiatric institutions and services.

3) Prevention activities and mental health promotion.

- Development of psychological support programs for families.
- Adoption of legislative measures to control the negative impact of mass communication and advertising.
- Establishment of preventive measures for special groups of maladjusted individuals.

4) Development of human resources.

- Review of the curricula of study in schools of medicine, nursing and social work on the subject of mental health and alcohol and drug abuse.
- Development of mental health training programs for general practitioners, nurses and primary health care workers.

5) Research.

- Studies of incidence and prevalence.
- Evaluation of mental health, drug and alcohol abuse services.

#### *Suggestions for Indicators*

- Percentage of countries with policies of extension of mental health services through the general health services system.
- Percentage of the population covered by mental health and psychiatric care programs.
- Percentage of programs of Primary Health Care which include mental health service.
- Percentage of community health programs including mental health, as well as alcoholism and drug abuse prevention activities.
- Percentage of general hospitals providing psychiatric outpatient care.

- Trend in prevalence rates of mental disorders, alcohol and drug abuse.

- Percentage of ex-mental, alcoholic and drug dependent patients who productively participate in the community.

- Number of countries implementing the international drug control treaties.

#### **1.1.3 Protection and Promotion of Environmental Health**

The Plan of Action that follows is directed to the improvement of environmental health as part of a total social and economic development effort and integrated with other health activities—disease control, promotion of health and well-being of the family, establishment of an infrastructure for the delivery of health services, and the development of human resources. Among the areas of activity that characterize these intersectoral relationships are the provision of drinking water and excreta disposal services, prevention and control of many bacterial, viral and parasitic diseases; improvement and expansion of food safety services; prevention and control of chemical and physical pollution and other health hazards, and the efforts to reduce the incidence of non-communicable diseases; prevention of adverse impacts of river-basins and industrial development on human health and the ecology; and interaction of rural development with programs concerned with the health of agricultural workers and their families, vector control and the safe application of pesticides and fertilizers.

In implementing the Plan of Action it is essential that some coordination and cooperative mechanism be established at the national level since environmental health responsibilities are divided among many agencies and the situation varies from country to country. However, the Ministry of Health in each country should assume the prime responsibility and leadership in stressing the public health justification for actions to be taken, stimulating national commitments and identifying

the benefits to be derived from intersectoral cooperation. This leadership is particularly critical in those areas concerned with the development of appropriate technology; the establishment of national focal points for the exchange of information; training of personnel; and the interaction with lending agencies and donor countries on project identification and preparation.

The highest priority in the Plan of Action will be given to the provision of drinking water and basic sanitation services to as many people as possible.

#### A. DRINKING WATER AND EXCRETA DISPOSAL

##### *Approaches*

The Plan of Action is directed to improving and expanding the drinking water supply and excreta disposal services. Emphasis should be placed on activities to provide safe drinking water and adequate sanitation services to the greatest possible number of inhabitants by 1990, in accordance with the International Drinking Water Supply and Sanitation Decade, and to extend this coverage to all by the year 2000. Providing these services will be an important complement to those activities concerned with the control of diarrheal and preventable diseases and improving nutrition.

The strategy for implementing the action proposed, includes the integration of water supply and sanitation development projects as primary health care components; and mobilization of local and national support for implementing national plans and obtaining external financial support. High priority will be given to operation and maintenance, which will include carrying out studies of unaccounted-for-losses in distribution systems; identifying critical parameters to monitor water quality; establishing water conservation practices; developing and improving national agencies; developing human resources; and extending and upgrading laboratory facilities.

##### *Areas of Action*

- 1) Strengthening policies and planning.
  - Integration of drinking water and excreta disposal projects as fundamental elements of national development plans.
  - Establishment of intersectoral coordination mechanisms.
- 2) Promotion and strengthening of countries' institutional capacity to manage and operate water and wastewater disposal systems.
  - Formulation of guidelines for establishing and strengthening institutions.
  - Development of organizational and management information systems to improve institutional efficiency in using operational resources and expanding installed capacities.
  - Development of technical, managerial, and operational capabilities of the required human resources.
- 3) Improving quantity and quality of water as well as water systems management.
  - Reduction of unaccounted-for-losses in water systems.
  - Development of minimal standards of quality, quantity, and continuity of service.
  - Improvement in national capability to monitor water quality.
- 4) Promotion of the participation of the health sector in the development and implementation of programs and projects.
  - Program and project identification and preparation.
  - Obtaining financial support for project preparation and implementation.
  - Formulation of financial policies reflecting goals and user's ability to pay.
  - Increase non-governmental financing of sector activities.
- 5) Promotion of technology development and utilization.
  - Development of new technologies and adaptation of known technologies at national

institutions, and intercountry exchange of information.

- Development of local capabilities for the manufacture of materials and equipment.

6) Participation of the community.

- Formulation of guides for community participation and education.

- Assessment and formulation of guides for establishing operational links with primary health care so that sector work and primary health care activities are mutually supportive.

7) Development of human resources.

- Strengthening training for managers, designers and operators of water systems, including community agents.

*Suggestions for Indicators*

- Number of projects identified and implemented which include the infrastructure for proper operation and maintenance and to provide water of acceptance quality.

- Population served by different levels of service.

- Number of samples collected and analyzed which indicate water to be of acceptable quality.

B. SOLID WASTES MANAGEMENT

*Approaches*

The Plan of Action is directed to improve and expand solid wastes disposal services giving special attention to the marginal population in larger cities and metropolitan areas. Emphasis will be in developing national policies, plans, programs and projects; the strengthening of solid wastes management in the urban areas; the improvement of the sanitary disposal of wastes in the rural communities, and disposing of toxic, mining, industrial and special solid wastes such as sewage sludge and radioactive wastes.

*Areas of Action*

1) Formulation of policy and guidelines for solid wastes management including recycling and reduction of refuse generated.

2) Promotion of project identification in metropolitan areas and cities and preparation of proposals for their financing and implementation.

3) Participation of the community in solid waste management programs.

- Promotion of intersectoral coordination and inclusion of urban solid waste disposal and cleanliness of the home in elementary education.

- Development of mechanisms and instruments for community participation.

4) Development of human resources.

- Encouragement of the training of personnel at all levels for the management and operation of solid waste disposal systems.

*Suggestions for Indicators*

- Proportion of the population served by different types of service.

C. FOOD PROTECTION

*Approaches*

The Plan of Action is oriented toward the improvement and expansion of the food protection program into effective food control systems which would cover the needs of the urban centers, and the less privileged marginal population groups which are particularly exposed to contaminated food and experience a greater prevalence of food-borne diseases.

In implementing the Plan, food control programs should be integrated with overall health programs and the development of food control services. High priority should be given to the training for food administrators, food inspectors and laboratory workers at different levels



not only in government, but also in the food industry. A special effort should also be made to provide public education about various aspects of food safety, particularly on simple hygienic procedures for preparing, storing and cooking food at home.

*Areas of Action*

1) Formulation of national policies for the protection and control of food quality in production and distribution.

- Development of criteria for the formulation of policy.
- Inclusion of management principles and practices in food supply systems.

2) Expansion of the participation of the health sector in food safety.

- Promotion and participation in the identification and application of policies and quality control procedures to assure a wholesome food supply with special emphasis to less privileged marginal population.
- Optimization of the cooperation and linkages with all agencies involved in food protection and food trade.

3) Strengthening of food protection programs.

- Assessment of the institutions' administrative, technical, and operational needs, and development of organizational and management information systems.
- Improvement of food analysis services.
- Development, upgrading, utilization, and application of acceptable standards and requirements.
- Formulation of effective food inspection services with improved operational practices.
- Cooperation in the strengthening and development of laboratory support capabilities for food protection programs including food microbiology.
- Stimulate the interest of the general consumers in the application of the principles and practices of sanitary handling of their food.

- Assessment of existing infrastructure and identification of priorities related to the microbiology of food of animal origin.

- Cooperation in the development of appropriate technology for hygienic processing of food of animal origin to meet the needs in rural and urban areas.

- Cooperation in the development of a comprehensive, umbrella-type food protection strategy and plan of action.

- Participation in the development of cooperative projects for production and hygienic processing of milk and small livestock.

- Design and development of epidemiological surveillance programs.

- Cooperation in the development of uniform codes and guidelines for meat inspection.

*Suggestions for Indicators*

- Number of countries which have a national policy on food protection, with programs in operation.

- Reduction in morbidity and mortality of food-borne diseases.

- Diminution of food losses due to wastage and contamination.

- Volume of meat and milk processed under sanitary control.

- Percentage and causes of confiscations at slaughterhouses.

D. SANITARY CONTROL OF HOUSING

*Approaches*

The objective of this part of the Plan of Action is to develop and improve the sanitary control of housing in less privileged urban and rural areas.

Community involvement will be an important component of the Plan. This will include health education and active participation in habitat improvement through self-help programs and the utilization of local materials as

well as the application of technologies compatible with the social and economic conditions in the particular area.

#### *Areas of Action*

1) Adoption of policies for the promotion and improvement of the sanitary conditions of housing in the less privileged urban and rural areas.

- Identification of health problems which are subject to amelioration through housing improvement.

- Promotion of health sector participation in the formulation of policies and coordination of the various agencies involved.

2) Promotion of improved sanitary control of housing.

- Formulation of guides and procedures for sanitary improvement, control and maintenance of housing.

- Development of appropriate technologies maximizing the use of local materials for the construction and improvement of housing.

- Promotion of intersectoral coordination to insure provision of basic sanitation services.

- Formulation of guides for the education and participation of the community, including self-help.

- Development and establishment of mechanisms for the exchange of information and experiences.

#### *Suggestions for Indicators*

- Number of national programs for sanitary improvement of housing in rural and marginal urban areas.

- Proportion of population in rural and marginal urban areas living under acceptable standards.

## E. CONTROL OF PHYSICAL AND CHEMICAL POLLUTION

### *Approaches*

The objective of this section of the Plan of Action is to prevent and control physical and chemical pollution. High priority will be placed on activities directed to the establishment of policies and legislation for such purposes; the dissemination of information on the assessment, detection, treatment and prevention of deleterious effects resulting from exposure to chemical and physical agents, and the strengthening of national institutions to undertake control programs including the development of legislation and enforcement mechanisms. Emphasis is also placed on the formation of intersectoral relations with the national development planning units and the industrial and agricultural sectors.

#### *Areas of Action*

1) Development of policy and legislation for prevention and control.

- Analysis and dissemination of information on physical and chemical pollutants including data on morbidity and mortality.

- Designation of national focal points to participate in the International Program for Chemical Safety.

2) Detection, treatment and prevention of hazards from intoxicants.

- Establishment of coordination mechanisms with users of physical and chemical agents for prevention, treatment and control.

- Incorporation of environmental, ecological and biological monitoring in prevention and control programs.

- Education of health service workers and the population regarding newly introduced toxic chemicals.

3) Implementation of policies and plans for prevention and control.

- Establishment of information systems for management and decision making.

- Preparation of guidelines for the establishment of environmental and biological monitoring in prevention and control programs.

- Promotion of support from manufacturers and users of physical and chemical substances.

- Development of guidelines and implementation of emergency response mechanisms.

- Promotion of education and training programs for professionals and technical staff as well as education of the public.

*Suggestions for Indicators*

- Number of countries with updated policy and legislation for the control of physical and chemical pollution.

- Identification of morbidity and mortality related to contaminants.

- Number of countries with information systems in this area.

F. PREVENTION OF ADVERSE EFFECTS OF HYDROELECTRIC, AGRICULTURAL AND INDUSTRIAL DEVELOPMENT PROJECTS ON HUMAN HEALTH AND ECOLOGY

*Approaches*

This Plan of Action is directed at identifying, assessing, preventing and controlling the possible adverse effects of river basin, agricultural and industrial development projects. Priority will be given to the development of policies and legislation that include consideration of health and human ecology in the planning, implementation, monitoring and control of related hazards. The health sector should encourage the preparation of guidelines so that impact assessments can be conducted and prevention and control measures can be incorporated in the various phases of development project.

*Areas of Action*

- 1) Establishment of policies and legislation for incorporation of health aspects in development projects.

- Promotion of policies and legislation to ensure participation of the health sector in the prevention and control of the negative effects on human ecology and health of development projects.

- Adoption of policies and legislation for its protection of water catchments to enhance the quantity and quality of water.

- 2) Participation of the health sector in planning and implementation of projects.

- Formulation of methodologies for assessing the impact on health and human ecology of development projects and for incorporating prevention and control measures into these projects.

- Development of guidelines for action on the direct and indirect effects of various types of development projects on human ecology and on water quality where appropriate.

- 3) Development of support mechanisms.

- Promotion of mechanisms for education, training, transfer of experiences and knowledge, and dissemination of technical information.

*Suggestions for Indicators*

- Proportion of development projects in which health and human ecology impact assessments have been made.

G. VETERINARY PUBLIC HEALTH

*Approaches*

The actions proposed are aimed towards the development and strengthening of veterinary public health and animal health programs. The priorities in this area are to decrease

human morbidity and mortality from zoonoses, to promote improved human nutrition by ensuring the availability of animal protein, and by reducing socioeconomic losses due to the main zoonoses and to foot-and-mouth disease. Special attention will be given to the particular needs of vulnerable groups of marginal rural and urban communities.

The specific actions will include the planning, development, and execution of zoonoses and foot-and-mouth disease control programs, and the expansion of areas now free of these diseases, and the application of veterinary public health methods for the improvement of human health.

The strategies to be used in implementing the specific actions will include the strengthening of intersectoral collaboration, especially between agriculture and health, in zoonoses control; the development of more effective mechanisms for intercountry cooperation; the use of community participation in the greatest possible degree towards the solution of veterinary public health-related problems, and the application of appropriate technology for the solution of relevant veterinary public health problems.

In order to meet the needs of the underserved population, activities will be based upon the improvement of existing systems rather than development of entirely new infrastructure and facilities; more effective utilization of human, technical and material resources available in the country and the community, and research efforts directed towards development and application of technology appropriate for each situation based on already existing methodology.

#### *Areas of Action*

##### 1) Zoonoses control and eradication.

- Evaluation of the zoonoses problem and determination of priorities using socioeconomic methods of analysis.
- Control and eradication of major zoono-

ses including rabies, brucellosis, tuberculosis, hydatidosis, leptospirosis, food-borne zoonoses, and equine encephalitides.

- Control of stray dogs, rodents and other synantropic animals.

2) Promotion and cooperation in the control, eradication and prevention of foot-and-mouth disease (FMD) and other animal diseases of economic importance.

- Expansion of control programs and massive field application of oil-adjuvanted FMD vaccine.

- Transfer of technology for production and control of oil-adjuvanted FMD vaccine.

- Development of sanitary regulations for international trade of animals, products, and by-products.

- Strengthening of measures to prevent introduction of exotic animal diseases.

- Development of national and intercountry emergency preparedness plan for containment and eradication of exotic animal diseases.

3) Institutional strengthening of veterinary public health programs.

- Cooperation in the evaluation of the existing national infrastructure in veterinary public health (VPH) and animal health, and determination of priority institutional needs.

- Strengthening of VPH units in ministries of health.

4) Strengthening of laboratory diagnostic and support capabilities.

- Cooperation in the assessment of existing laboratories in support of VPH and animal health programs and identification of their priority needs.

- Integration of animal health laboratories in support of primary health care in rural areas, especially in areas where there are no laboratories for the diagnosis of human diseases.

- Strengthening and development of laboratory capabilities for diagnosis of rabies, tuberculosis, brucellosis, hydatidosis, leptospi-

rosis and other viral, bacterial and parasitic zoonoses.

- Development and expansion of laboratory capabilities for production and evaluation of vaccines and other biological products related to zoonoses and foot-and-mouth disease.

- Production and effective distribution of non-human primates and other laboratory animals for medical research.

- Promulgation of guidelines for responsible use of laboratory animals.

#### 5) Development of human resources.

- Strengthening of teaching of VPH and zoonoses in veterinary, medical and public health schools.

- Training of veterinarians in administration of control programs, quarantine procedures, and public information on zoonoses and FMD.

- Training of auxiliaries in animal health.

#### *Suggestions for Indicators*

- Number of laboratories with capabilities for diagnosis of rabies, tuberculosis, brucellosis, hydatidosis, leptospirosis and other viral, bacterial and parasitic zoonoses.

- Availability of vaccines and biologics of standard potency and quality.

- Prevalence of zoonoses and expansion of free areas.

- Economic losses from animal diseases.

- Human morbidity and mortality from zoonoses.

- Incidence of animal bites and animal related injuries.

- Number of countries free of FMD.

- Proportion of animals vaccinated against zoonoses and foot-and-mouth disease.

#### 1.1.4 Disease Prevention and Control

The prevention and control of disease is one of the principal actions required to attain the established regional goals. The primary

Health Care strategy is the context in which orientation and determination of this action is achieved. Therefore, these activities should appropriately be combined with other pertinent areas of the Plan of Action, in order to achieve the most efficient and efficacious combination, which will assure the maximum utilization of resources and participation of the community.

#### A. COMMUNICABLE DISEASES

##### *Approaches*

Within the basic primary health care strategies, priority areas for infectious disease prevention and control are immunization programs and control of diarrheal diseases, acute respiratory diseases, tuberculosis and sexually transmitted diseases, malaria and other vector-borne diseases such as Chagas' disease. Other infectious diseases of local importance, such as hemorrhagic fevers, dengue, yellow fever, leprosy, plague and hepatitis, schistosomiasis, leishmaniasis and filariasis also represent significant public health problems.

The Expanded Program on Immunization (EPI) is an ongoing program of immunization of children less than one year old against tuberculosis, whooping cough, diphtheria, tetanus, measles and polio. The program emphasizes improved management of immunization services. Improved maternal and child nutrition, environmental sanitation and food handling practices will help prevent diarrheal diseases while early, rapid oral rehydration of diarrheal episodes will reduce case fatality rates. Proper recognition and prompt treatment of acute lower respiratory tract infections will also decrease mortality. The control of sexually transmitted diseases will prevent serious complications while preserving the fertility of young women. Using the primary health care approach, the integration of leprosy and tuberculosis control measures into the health services will increase the efficiency and

efficacy of these activities. Epidemiological and operational research should be developed as needed for each of these areas.

The Plan of Action for the control of communicable diseases should be linked with activities in maternal and child health, health education and nutrition, within the framework of primary health care. Support will be needed from the health infrastructure, particularly in laboratory services and cold chain development centers. Improved management practices related to logistics, supply and supervision will be needed. Training of personnel, especially epidemiologists, will also be required. The linking of these activities with the health programs of social security systems and other sectors such as education and agriculture is essential. Drug and vaccine production, as well as supplies and equipment will require a close relationship with the industrial sector.

#### A.1 DISEASES PREVENTABLE BY VACCINATION

##### *Areas of Action*

1) Development of programming methods that assure the integration of vaccination objectives and activities in the delivery of the health services in the context of primary health care.

2) Development of plans of operation at national and local levels with objectives and targets, oriented to high risk groups.

3) Development of training materials and educational technology for training of personnel at all levels in planning, management, and evaluation of immunization.

4) Vaccine production, control and procurement.

- Establishment of proper techniques for local vaccine production in bacteriological and virological laboratories; adapt new tissue culture and immunological techniques to meet local needs.

- Strengthening of the mechanisms to assure adequate, timely, continuous supply of vaccine.

- Maintaining of timely external procurement of high quality vaccines.

##### 5) Vaccine cold chain.

- Continuous evaluation and monitoring of cold chain system to ensure maintenance of vaccine quality at all levels of health care systems.

- Equipment maintenance and repair.

- Establishment of facilities for ice making or other sources of refrigeration.

##### 6) Evaluation and surveillance.

- Epidemiological studies of morbidity and mortality to measure program impact in all target groups.

- Development and implementation of simplified methods of surveillance.

- Development of methods for comprehensive program evaluation and its implementation throughout the health care systems.

##### *Suggestions for Indicators*

- Number of countries with immunization programs integrated into primary health care systems.

- Number of countries with plans of action for EPI stating quantitative targets and objectives.

- Number of countries with vaccine quality control laboratories.

- Number of countries utilizing vaccines which meet WHO vaccine quality requirements.

- Number of countries with adequate supply of vaccines.

- Number of countries with adequate cold chain equipment with routine monitoring of vaccine storage temperature.

- Percent of target population being immunized every year, by age group and geographic area.

- Reduction of morbidity and mortality of target diseases.

## A.2 DIARRHEAL DISEASE CONTROL

*Areas of Action*

1) Development of integrated programming approaches.

- Development of programming approaches that assure the integration of all the strategies of the diarrheal disease control (DDC) program, i.e. oral rehydration, nutrition, health education, food hygiene, water and environmental sanitation, within national programs in the context of primary health care.

- Establishment of norms and guidelines for all diarrheal disease control activities within primary health care.

- Where appropriate, promote the use of oral rehydration to replace costly approaches to reducing mortality due to diarrheal disease.

- Establishment of norms and implementation of training methodology for all categories of health workers.

- Development of approaches for effective community participation in the activities of the program.

2) Development of oral rehydration salts production facilities and strengthen laboratory capabilities.

- Establishment or improve local or regional production capabilities of oral rehydration salts where appropriate.

- Designing and implementation of clinical trials and special surveys towards program improvement.

3) Development of effective monitoring and evaluation systems.

- Implementation of operational trials and monitor activities to improve program.

- Definition of rapid laboratory procedures to better define etiology and describe mechanisms of transmission.

*Suggestions for Indicators*

- Number of countries with DDC activities integrated into the health services.

- Number of countries with established norms and guidelines for DDC program activities.

- Proportion of the population with access to and using oral rehydration services.

- Number of mid-level and lower level health care personnel trained in DDC activities.

- Number of training institutions with DDC strategies included in their curricula.

- Reduction in morbidity and mortality due to diarrheal disease, especially in children.

- Number of treated and recuperated cases.

## A.3 ACUTE RESPIRATORY INFECTIONS

*Areas of Action*

1) Strengthening primary health services for more effective etiological diagnosis and treatment of acute respiratory infections (ARI).

- Development of standard diagnostic criteria for acute respiratory infections for primary health care personnel.

- Development of simplified standard treatments and referral criteria for ARI.

- Establishment of ARI control activities integrated into the primary health care services with priority given to children and old age groups.

- Improvement of laboratory capability for identification of etiological agents through personnel training, provision of reagents, upgrading physical facilities and equipment.

- Conduct field trials of new vaccines as they are developed.

2) Development of surveillance and monitoring systems.

- Implementation of new methods for surveillance of incidence, treatment and outcome of ARI in children.

- Training of health personnel and community health workers using materials and methods adapted to meet local health system needs.

*Suggestions for Indicators*

- Number of countries with diagnostic and treatment standards and guidelines for the control of ARI.
- Measurement of extent of implementation of standards for diagnosis and treatment.
- Number of laboratories capable of identification of etiological agents.
- Number of hospital discharges for ARI.
- Mortality trends in children under 5 years of age.

## A.4 TUBERCULOSIS

*Areas of Action*

1) Strengthening primary health services for more effective control of tuberculosis.

- Promotion of active community participation in case finding, treatment and follow-up.

- Active case finding in persons with symptoms attending health services, utilizing appropriate technology, standard criteria for diagnosis of cases and family contacts.

2) Improved treatment programs for diagnosed cases.

- Implementation of more efficient regimens for treatment and improved systems for case follow-up; evaluate short course therapy in a variety of clinical and sociocultural settings.

- Establishment of simplified procedures which interrupt disease transmission in primary health care settings.

3) Vaccination of newborns within the integrated EPI program.

- Evaluation of the effect of BCG vaccination on children's primary disease and meningitis through well planned field trials.

- Development of standard procedures for supervision of cases, follow-up of contacts and general program operations.

4) Information and surveillance.

- Implementation of standardized reporting of cases and extension of mortality registers for purpose of program evaluation.

- Evaluation of risk of infection, incidence and mortality trends.

*Suggestions for Indicators*

- Extent of integration of tuberculosis activities in primary health care services.

- Percent coverage of infants with BCG vaccination where appropriate.

- Proportion of health services with bacteriological diagnosis and outpatient treatment capability for tuberculosis.

- Incidence trends by age.

- Incidence of tuberculosis meningitis in children 0-4.

- Trends in mortality by age group.

- Risk of infection.

## A.5 LEPROSY

*Areas of Action*

1) Integration of the activities within the general health services.

- Development of community-based services for treatment and rehabilitation.

- Implementation procedures for combined TB/Leprosy control activities in primary health care.

- Development of norms for active case finding, treatment and rehabilitation, including control of contacts.

2) Develop improved appropriate technology for leprosy control.

- Conduct operational field trials of new drugs and vaccines as they become available, using standard protocols.

- Conduct drug resistance studies in a variety of program and sociocultural settings.

- Study of cost-effective combination of drugs and evaluation of results.

3) Promote appropriate development of human resources.



- Training of personnel using manuals and methods adapted to meet local primary health care needs.
  - Establishment of training sites utilizing appropriate methods and technologies.
- 4) Information system and surveillance.
- Implementation of reporting systems and periodic surveys.
  - Evaluation of case finding and control and analyze incidence and prevalence trends.

*Suggestions for Indicators*

- Number of countries with leprosy control activities integrated into the primary health care services.
- Number of countries with integrated leprosy/tuberculosis programs.
- Prevalence of cases under control and regular treatment.
- Proportion of cases undergoing rehabilitation.
- Incidence trends, by age.

A.6 SEXUALLY TRANSMITTED DISEASES

*Areas of Action*

- 1) Development of community programs for case finding, diagnosis treatment, follow-up and contact identification.
- Assure effective linkage with laboratory services and primary health care levels.
  - Development of community and multi-sectoral education programs focused on high-risk population groups.
  - Establishment of standard diagnostic and therapy guidelines for patients with sexually transmitted diseases (STD) and make these standards available to all primary health care providers.
  - Identification of high risk groups for screening through epidemiological studies using appropriate laboratory screening tests.
  - Development of effective contact-tracing

techniques which can be implemented in local sociocultural settings.

- 2) Development of appropriate technology and special training.
- Improvement of diagnostic tests and their availability by upgrading laboratory support where feasible.
  - Evaluation of new therapies through clinical research.
  - Development of curricula guides and manuals for training in all areas of STD health care.

3) Epidemiological surveillance and monitoring.

- Development of new approaches to disease surveillance through field and operational studies of reporting patterns.
- Development of new approaches to disease which measures disease transmission and identifies priority groups.

*Suggestions for Indicators*

- Number of countries with STD control activities integrated into primary health care services.
- Number of clinical facilities using diagnostic and therapeutic standards.
- Number of patients with laboratory-confirmed diagnoses.
- Measurement of extent of implementation of other control strategies such as contact tracing, case finding through screening and health education.
- Trends in incidence of cases of STD and selected complications by demographic and socio-economic groupings.
- Trends in incidence of complications of STD.

A.7 OTHER COMMUNICABLE DISEASES

Communicable diseases such as hemorrhagic fevers, dengue, plague, typhoid fever, yellow fever, hepatitis, among others, are

public health problems in certain geographic areas. The approaches for their control depend on the epidemiology of each disease and the available technology. However, fundamental principles of communicable disease control, within the context of the primary health care strategy are applicable for all.

#### B. ERADICATION OF MALARIA, CONTROL OF OTHER PARASITIC DISEASES AND ERADICATION OF THE VECTOR OF URBAN YELLOW FEVER

##### *Approaches*

The Member Governments of the Pan American Health Organization have reaffirmed that malaria eradication is the ultimate goal of the malaria program in the Americas and that any control activities represent an intermediate stage toward that goal. The Plan of Action for malaria eradication, as well as for control of other parasitic diseases and eradication of the vector of urban yellow fever, must be based on the extent and magnitude of the problems imposed upon the health of the people and the economy of the country, and on the political decisions and priorities established by each Government. The Plan includes careful field studies to acquire a complete epidemiological knowledge on the disease and its vector; search for available methods which can be adapted to local situations, including, if necessary, operational field research; estimates of requirements and prospects of obtaining the necessary human and financial resources; development of technology and training programs; organization of an effective structure for nationwide application of the measures selected; establishment of an efficient system of administrative support; and design of methods for evaluation of the efficacy of the measures. In addition, the Plan establishes mechanisms for intra and intersectoral coordination and the development of methods to obtain the maximum cooperation

of the community. Frequently, an eradication program requires a close coordination of efforts with the neighboring countries in order to obtain a maximum impact of the attack measures on the target disease or vector.

Within the framework of primary health care, these activities of the Plan will be linked with environmental health activities, community development and participation, veterinary public health and the research and training centers of the Region. These activities will need laboratory and logistical support, as well as the availability of critical equipment and supplies. Intersectoral linkages will be established with agencies responsible for agricultural development, environmental protection, housing, labor, and public works. Effective coordination during the design and implementation of economic development projects is also important in order to prevent potential negative impact to human ecology.

#### B.1 MALARIA

##### *Areas of Action*

- 1) Conduct reviews of country malaria programs.
  - Analysis of problems and factors affecting the progress of malaria eradication, including financing, technical and management problems.
- 2) Reformulation and implementation of malaria action programs.
  - Execution of antimalaria activities in close coordination with primary health care and environmental health actions.
  - Promotion of community participation in the malaria action programs.
  - Development of training for community health workers and other health workers at all levels.
  - Promotion and support of basic, applied and operational research in coordination with the WHO/TDR program, in priority areas

such as malaria immunology, chemotherapy and new antimalarial measures.

- Development of information systems for control and evaluation of programs and strategies.
- Promotion of subregional surveillance networks to enhance intercountry cooperation.
- Evaluation of efficacy and efficiency of antimalarial measures.

*Suggestions for Indicators*

- Number of countries with eradication programs, vs total number of countries in the malarious area.
- Percentage of coverage (area and population).
- Percentage of area and population in different phases of the program.
- Specific morbidity and mortality.

**B.2 OTHER PARASITIC DISEASES IDENTIFIED AS PRIORITIES (CHAGAS' DISEASE, SCHISTOSOMIASIS, FILARIASIS AND LEISHMANIASIS)**

*Areas of Action*

- 1) Establishment of goal-oriented research to improve existing technology or to develop new diagnostic and treatment methodology.
  - Transfer of technology from basic science and from other disease fields.
  - Applied research targeted on priority needs, e.g. improved chemotherapy, diagnostic tools, integrated control.
  - Conduct of systematic longitudinal studies.
- 2) Determination of priorities based on health risk and establishment of policies.
  - Studies on distribution and prevalence through national, local or spot surveys.
  - Studies on factors influencing transmission.

- Assessment of socioeconomic impact.
- Feasibility studies to select targets and control methods.

3) Establishment of prevention and control programs.

- Design of means to integrate diagnostic, treatment and follow-up of cases in primary health services, and coordination with environmental health for prevention measures.
- Adaptation of technology to local needs.
- Development of effective evaluation and control methods.

*Suggestions for Indicators*

- Specific mortality and morbidity rates (general and selected age groups).
- Incidence and prevalence rates in high-risk groups.
- Incidence of sequelae.
- Availability of improved diagnostic, treatment and integrated control methods.

**B.3 ERADICATION OF THE VECTOR OF URBAN YELLOW FEVER**

*Areas of Action*

- 1) Conduct review of country, subregional and regional policies.
  - Analysis of problems and factors affecting program activities.
- 2) Reformulation and implementation of technological approaches.
  - Development of operational research and insecticide resistance studies.
  - Development and encouragement of research into new approaches to eradication such as the use of biological agents.
  - Analysis of technical and administrative problems.
  - Development of guides and manuals on insecticides, equipment, entomology and control.

- Development of operational control activities, such as chemical and alternative controls, biological and genetic measures, improved piped water, solid waste disposal and environmental improvement.

- Development of activities in yellow fever immunization.

### 3) Surveillance and evaluation.

- Selection of appropriate technology for control, surveillance and service delivery systems.

- Improvement of border, port, airports, and other critical surveillance areas.

- Intercountry information exchange and coordination of prevention of reinfestation of free areas.

### *Suggestions for Indicators*

- *Aedes aegypti* infestation indices.
- Eradication or reduction of *Aedes aegypti* populations.
- Yellow fever and dengue morbidity and mortality.
- Number of countries with programs.
- Coverage of immunization programs.

## C. NON-COMMUNICABLE DISEASES

### *Approaches*

The progress achieved in controlling infectious and parasitic diseases, the change in the population structure, and the heavy migration to large urban centers are transforming environmental characteristics and life styles and therefore the nature and intensity of the risk factors to which these growing population groups are exposed. Diseases which were only a problem of the industrialized countries until recently, are already found among the most important causes of morbidity, disability and death in many countries in the Region. Among these diseases, coronary heart disease, hypertension, rheumatic disease, diabetes,

and cervical, stomach, and lung cancer should be mentioned, because of their widespread distribution or the availability of control measures. The prevention and control of these diseases require interventions aimed at changing patterns of behavior, habits and customs of the exposed population, particularly those related to the use of tobacco and alcoholic beverages, dietary habits and stress. The recommended changes in behavior are very difficult to achieve in the adult population, which points to the priority of developing educational actions directed toward young people. The organization of specific control strategies should be integrated in health services delivery systems at all levels, emphasizing the importance of utilizing the primary health care level. It is necessary to promote research to arrive at technical and administrative solutions that maximize the efficiency of those activities and guarantee their effectiveness. Actions in this area should be linked with health programs of the social security system and the education and labor sectors.

## C.1 CARDIOVASCULAR DISEASES

### *Areas of Action*

1) Study of cardiovascular diseases (CVD) as a cause of mortality, morbidity and disability.

- Analysis of incidence and prevalence.
- Identification of etiopathogenic factors that may be used as a basis for applying control measures.

2) Development of activities for the control of CVD integrated into the general health services.

- Organization of educational programs for controlling harmful habits.
- Pilot studies for investigating the feasibility of integrating control programs into the general health services.
- Operational research on control pro-

grams for the purpose of devising more efficient approaches and technologies.

- Preparation of standards appropriate to each care level, including the primary care level.

- Support to specialized services or centers to enable them to act as reference and consultation centers and to participate in personnel training. Coordination of services at different levels.

#### *Suggestions for Indicators*

- CVD mortality and morbidity rates.
- Number of countries that have information available on the magnitude and distribution of the problem of CVD, for control programs.
- Number of countries in which there are CVD control programs.

### C.2 CANCER

#### *Areas of Action*

1) Promotion of legislation for the control of tobacco smoking advertising and the use of carcinogenic agents in drugs, foods and beverages.

2) Incidence and prevalence studies.

- Promotion of the maintenance of hospital registers of cancer and, where feasible, population registers.

- Epidemiological research on risk factors and geographic pathology.

3) Incorporation of cancer control programs into the regional health services with special emphasis on early diagnosis and treatment of cancer of the cervix, breast, stomach, skin and prostate.

- Organization of educational programs in which the community actively participates for controlling harmful habits.

- Preparation of technical manuals for the conduct of programs at the different care levels.

- Surveillance of exposure to known environmental carcinogens in specific cases.

- Strengthening of oncological centers in order to ensure the quality of detection, diagnosis, treatment and rehabilitation activities and mechanisms for coordination with less specialized levels.

4) Promotion and coordination of inter-country activities.

- Intercountry collection and dissemination of information.

- Standardized use of the Ninth Revision of the International Classification of Diseases, oncology adaptation (ICD-O).

- Selection of regional and subregional centers for training personnel in the necessary fields in each country.

- Research on the feasibility and effectiveness of preventive and curative measures in general health services.

#### *Suggestions for Indicators*

- Legislation governing promotion of tobacco and use of carcinogenic substances.

- Morbidity and mortality rates.

- Number of countries in which information on the magnitude and distribution of cancer problems is available for control programs.

- Number of countries whose general health services include cancer control activities.

### C.3 CHRONIC RESPIRATORY DISEASES

#### *Areas of Action*

1) Evaluation of risk factors producing chronic bronchitis, emphysema, and asthma and improvement of surveillance activities.

2) Development of community-based preventive and treatment programs.

- Development of simplified methodologies, diagnosis and treatment.

- Development of materials for training of primary health care personnel.

- Promotion of community participation in programs to prevent chronic respiratory diseases.

#### *Suggestions for Indicators*

- Morbidity and mortality rates.

#### C.4 OTHER NON-COMMUNICABLE DISEASES

There is another group of non-communicable diseases, among which diabetes, arthritis and rheumatism, and certain neurological disorders are included, which because of their frequency, constitute a public health problem in some areas of the Region. The programs established in each country will vary with the epidemiological profile and the effectiveness of the available control methods.

The general principles of early detection and community-based treatment and rehabilitation, with community participation, prescribed for the control of non-communicable diseases, are equally valid in this group of diseases. Equally important also are the methods employed to modify behavior and habits through educational programs.

The use of the primary health care worker in the control of certain diseases such as diabetes, should be an essential element in those programs.

### 1.2 Health Infrastructure Development

The countries of the Region have confirmed that primary care is the basic strategy for attaining the Goal of Health for All by the Year 2000. The principal objective of the Plan of Action in this area is to develop and strengthen health systems and thus to maximize their efficiency and equity, and to provide the entire population with access to effective services, organized according to levels of complexity.

The Plan provides for activities designed to increase the operating capacity of the systems, including strengthening of the planning, pro-

gramming and evaluation processes; restructuring of the health sector; administrative development and decentralization; organization of the community in order to enlist its participation in improving its well-being; programming, development, and better utilization of human resources, including a redefinition of their functions and responsibilities; effective incorporation of the health sector into the national development processes; strengthening of intersectoral linkage; and development of research and appropriate technologies. The Plan also covers the programming of the expansion of installed capacity, especially in primary care networks, and the necessary development of secondary and tertiary networks in support of the primary network; the provision of critical supplies and equipment; and the upkeep and maintenance of physical resources.

The Plan of Action considers the review, design, and programming of financing systems of the health services and the national planning and coordination of international cooperation.

#### 1.2.1 Extension of Health Services Coverage\*

##### *Approaches*

The Regional Strategies call for availability of health services to the entire population with equal access and in accordance with the level of needs. The primary health level of care will be the principal thrust of the health services expansion. The other levels of care will be developed to support it, and to ensure the fulfillment of all the health needs of the population, through appropriate referral systems.

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\*Suggestions for the preparation of indicators related to the extension of health services coverage are included in the "Regional Monitoring and Evaluation System," Part 3. These indicators are grouped into two major categories: demand and supply of services. Indicators on real and monetary resources, financing, unitary costs and expenditures are also included.

In order to implement these aims, the present part of the Plan of Action proposes the restructuring of the health sector and the development of its services systems, first through the increase of its operating capacity, followed by extending the installed capacity. The importance of redefining the type of services according to levels of complexity is thus emphasized as well as the establishment of mechanisms which link these levels of care. Planning, designing, construction, equipment of appropriate health facilities and adequate maintenance of critical resources are necessary requisites for the extension of the installed capacity of the health services.

#### A. INCREASE OF OPERATING CAPACITY

##### *Approaches*

The existing health systems are inadequate to implement the primary health care strategy. The need for wider coverage of services, more inter and intrasectoral coordination, improved functional regionalization and administrative decentralization, expanded involvement of communities in decision-making and implementation, have important implications for the organization of these systems and their management. Analysis of these implications, and appropriate actions to reorient and revise the health systems, including their administration to effectively carry out the increasing responsibilities, are objectives of this Plan.

The increase in the operational capacity of the sector may require the structural readjustment of the health systems and establishing effective planning, management and intra and extra sectoral coordination.

The increase in the operating capacity of the health sector requires readjustment of the structure of the health care delivery systems and establishment and development of effective planning, administrative and intra and intersectoral coordination processes. The improvement of these processes will necessitate

the development and application of appropriate technologies that ensure the maximum efficacy and efficiency of the services as well as of the information systems which allow for the enhancement of decision-making and control.

#### A.1 SECTORAL RESTRUCTURING

##### *Areas of Action*

1) Analysis and redefinition of the legal and functional structure of the sector, including social security systems, for providing health services, with particular reference to adjustments that may be required in the following areas:

- Structure, organization, and functions of the sector and its institutions including the private sector.

- Definition and organization of the community or "informal" system and its interrelation with the institutional or "formal" system. Establishment of logistical and technical support mechanisms for the "informal" system.

- Establishment of control and coordination mechanisms among the institutions and definition of the institutional target population groups (amount and structure of the services to be delivered).

- Sectoral analysis and planning of the functional regionalization (levels of care, referral, population coverage and production of services) on the basis of an analysis by institution of accessibility of the services (geographical, functional, cultural, and economic) to the total population and to priority target groups.

- Adjustment of the sectoral funding mechanisms and services production, in accordance with adopted goals of accessibility and equity. Adjustment and definition of technical and administrative norms and production standards, and of the productivity for each institution.

- Legal, financial and functional studies to

evaluate the feasibility and viability of the changes which are considered necessary for the sectoral adjustment. Formulation of options and selection of alternatives.

- Formulation of required agreements between sectoral institutions, and formulation of sectoral institutional plans, in coordination with the corresponding national economic and social planning agencies.

#### A.2 STRENGTHENING OF THE HEALTH PLANNING, PROGRAMMING AND EVALUATION PROCESSES

##### *Areas of Action*

1) Analysis and evaluation of the national health planning processes and of the extension of coverage of health services with particular reference to:

- Sectoral organization, administration and functions.
- Needs, demands, financial resources, production, productivity and utilization of services by priority target groups.
- Structure of programs and of technical and administrative norms, including production functions, costs and technology in use.
- Organization and administration of the intra and extrasectoral coordination mechanisms.
- Community organization and participation in program formulation, execution, and evaluation.

- Process of formulation, execution, control and evaluation of plans, programs and projects.

2) Development and strengthening of health systems planning and evaluation processes.

- Promotion of the active participation of all institutional and community agents in the planning process.
- Participation in adapting the national information systems for the control and evaluation of adopted strategies, objectives and national plans.

- Coordination and support in the formulation of sectoral and institutional health plans, in collaboration with development planning agencies.

- Participation in the formulation of regional development projects, large economic projects with social impact and other intersectoral activities.

- Cooperation and participation in the integration of intersectoral activities at the community level, and in particular, in integrated rural development projects.

3) Improvement of methodologies for programming extension of coverage in accordance with primary health care strategy.

- Simplification of methodologies to facilitate participation of institutional and community agents in all stages of the process.

- Development and adoption of methodologies for the special characteristics associated with small states.

- Formulation of alternative combinations of activities and production functions by levels of care, to maximize the efficiency of resources, in accordance with each country's characteristics.

- Development of simplified methods for analyzing the use, impact and efficiency of services, and of production functions and costs.

- Establishment of methods for intersectoral analysis and programming, and the determination of profiles of well-being.

#### A.3 DEVELOPMENT AND STRENGTHENING OF ADMINISTRATIVE PROCESSES

##### *Areas of Action*

1) Strengthening of the institutional capacity, organization and coordination for the overall administration of health systems with special reference to primary care.

- Strengthening of roles in management of health services of different health agencies and institutions.

- Improvement of managerial analysis for



the support of overall management, operation and supervision of health systems.

- Development of general policies, guidelines and directives for efficient management.

2) Strengthening and development of the financial resources management subsystem.

- Improvement of the processes for the efficient programming, budgeting, management and control of financial resources for the health sector.

- Promotion of the utilization of cost accounting techniques for management decision-making, including analysis and comparisons of production functions and costs of services, budget management and control.

- Development of simplified methodologies for financial analysis of programs and unit cost of services.

- Promotion of appropriate technology and cost consciousness among health workers and in the community.

3) Improvement of personnel management subsystems.

- Coordination with the planning units in the assessment of availability, production and demand for human resources in health services, and establishment of permanent mechanisms for this purpose.

- Analysis of the implications of the primary health care strategies and the sectoral organization on the personnel management subsystems and development of corresponding guidelines.

- Promotion of the appropriate policies and administrative criteria for the development, assignment, utilization and evaluation of health personnel in accordance with health policies.

- Participation in development of simple methodologies for personnel utilization, cost-effectiveness of alternative proposals of health team compositions by levels of care, and supervision of personnel of the community.

4) Strengthening of the management of communication subsystems and physical resources, including their conservation and maintenance.

- Adjustment and development where re-

quired of policies, norms and guidelines for the management and maintenance of physical resources.

- Systematization of the management of supplies and critical equipment, including norms, specifications, purchasing procedures, distribution and quality control.

- Coordination of maintenance services for health facilities and equipment among sector agencies, and development of mechanisms for ensuring community participation in this area.

- Development of human resources especially at technical, auxiliary and the community level in preventive maintenance and restoration techniques, including development of guidelines, simple workbooks and manuals.

- Strengthening of mechanisms of the means of communication among different levels of the health care system, including communication between the community levels and higher referral levels.

#### A.4 PROMOTION AND DEVELOPMENT OF HEALTH CARE DELIVERY UNITS

##### *Areas of Action*

1) Reorganization of health care delivery services in the light of national policies for extension of the primary health care level of services, and for utilization of the informal system, based on community participation, effectively articulated with secondary and tertiary levels of care.

- Promotion of the development and reorganization of the health care delivery network on the basis of studies on supply and demand, utilization, geographic distribution of population, communication network, and other factors affecting the use of services.

- Strengthening of the administrative support functions of each level of health care, including guidelines for their functioning, staffing, equipping and quality control.

- Promotion and development of effective

mechanisms for the involvement of communities in the management of the health care services.

2) Development of innovative and appropriate technologies and promotion of their utilization for administrative improvement of health services, including:

- Simple techniques for the analysis of operational efficiency of health services.
- Techniques of programming, resource allocation, and budgeting.
- Guidelines for management control and evaluation of the health services delivery units.

#### A.5 HEALTH INFORMATION SYSTEM DEVELOPMENT

##### *Areas of Action*

1) Analysis, development and improvement of the health information systems.

- Analysis of the existing health information systems including their operational and technical capacity and their utilization by the different levels of the health system.
- Identification of information requirements arising from regional and national objectives and strategies, from the programs and the forms of organization and administration adopted by health systems.
- Redesign or adjustment of health information systems, including establishment of priorities, procedures, feasibility analyses and programming for its expansion in accordance with the administrative development of the extension of services coverage programs.

2) Strengthening of production and utilization of the information needed for decision-making, planning, control and evaluation processes.

- Establishment of effective mechanisms of intra and extrasectoral coordination for the collection, analysis and use of information.
- Promotion of the utilization of health information in assessing health services utiliza-

tion, programming, evaluation and in the decision-making process and at sectoral, institutional and community levels.

- Development of simplified appropriate technologies for data collection, and for the processing and analysis of production functions and cost analysis; managerial and technical control and evaluation.

- Development of training programs for "producers" and "users" of health information systems.

3) Development of epidemiological surveillance.

- Promotion and organization of epidemiological data collection, analysis and dissemination at all levels.

- Epidemiological evaluation of health conditions, including identification of risk factors and groups at risk.

- Development of methodology for collection and assessment of representativeness of routine collected data. Use of non-conventional techniques for morbidity and mortality analysis.

- Improvement of local capabilities to respond on a timely basis as a result of the epidemiological analysis performed.

- Promoting and carrying out epidemiological studies as support to health services evaluation and programming activities.

#### B. STRENGTHENING OF INSTALLED CAPACITY

##### *Approaches*

The additional investment necessary for attaining the national goals must be estimated once the maximum increase in productivity of the installed capacity of the services has been achieved. Furthermore, it must be focused on the levels of least complexity and on the expansion and reorientation of the secondary and tertiary networks as support to them. Investment programs should take into account the construction of new facilities as well as the remodeling and maintenance of existing capa-

city. They should be based on the revision and creation of technical, architectural and equipment solutions whose aim is to reduce investment and operating costs; and the cultural and occupational patterns of the population, and the functional regionalization adopted in order to provide the population with access to the various levels of the service system, with the maximum efficiency.

The programming of the additional investment calls for effective linkage with services planning and programming, including analyses of the volume and structure of production and of the expected productivity, and the characteristics and needs of the human groups that will use them. These plans must be integrated into the planning of the public sector and in particular into the national investment plan. Likewise, they must take into account the priorities of regional development planning, including large-scale economic projects and the dynamics of the population, as well as national import policies, in particular those for critical supplies and equipment. Synchronization of investment projects with the processes for the management of public works, with procurement systems and the programming and recruitment of human resources is also necessary.

*Areas of Action*

1) Evaluation of sectoral installed capacity (buildings and equipment) in the light of national strategies and plans for extension of coverage.

- Development of evaluation guidelines.
- Analysis and selection of alternatives for the recovery and adaptation of installations and equipment.

2) Review and adjustment of the sectoral investment plan.

- Inventory and analysis of existing investment projects.
- Analysis of the production and productivity (coverage by target human groups) of

the existing system. Analysis of the spatial distribution and dynamics of the population.

- Studies of the location, functions and types of installations and equipment, according to the functional regionalization system adopted.

- Studies on architectural solutions. Functional and equipment alternatives based on technologies that will maximize the social efficiency and productivity of the investments and their acceptance by the target human groups.

- Programming of the restoration of installed capacity.

- Preparation of additional projects.

- Analysis of investment, operating and maintenance costs.

- Analysis of financing alternatives and impact on operating costs.

- Preparation of the sectoral investment plan and its linkage with the national development plan.

3) Training of personnel and preparation of methods and guidelines for:

- Architectural and equipment designs using technology appropriate to the national primary care strategies.

- Programming and administration of investment projects and programs.

4) Promotion and training of the community for participation in investment projects.

*Suggestions for Indicators*

1) Variation in a given period in:

- Physical resources by type of productive unit according to target populations.

- Structure of geographical and functional accessibility.

- Share of inputs (imported) in the investment cost.

- Proportion of investment expenditure of the sector and, by sectoral institutions, in national investment expenditure and impact on current expenditure by unit of investment.

C. AVAILABILITY OF CRITICAL SUPPLIES AND EQUIPMENT

*Approaches*

The development of this area calls for the preparation of basic lists and the standardization of specifications for essential supplies and equipment and their adaptation to the requirements of the national primary care strategies. These specifications must be complemented by the establishment of quality, price and cost control mechanisms and the development of production, procurement and marketing schedules. It also calls for the organization and programming of intercountry cooperation and the analysis of international markets.

*Areas of Action*

1) Define national priorities on critical supplies and equipment.

2) Develop programs for the preparation of basic lists, specifications and standardization of supplies and equipment.

3) Develop quality, price and cost control mechanisms.

- Assign public and private sector responsibilities.

- Develop the corresponding laws and regulations.

- Establish mechanisms for strengthening control, supervision of quality and fulfillment of specifications.

- Strengthen production records mechanisms.

- Develop the capacity of laboratories for quality and specifications control, and support to research and technological development centers.

4) Strengthen the national and regional capacity for achieving self-sufficiency in the production of critical supplies and equipment.

- Develop appropriate technology for the production and control of supplies and equipment for satisfying national needs.

- Develop programs for the maintenance and repair of equipment and facilities.

5) Strengthening the purchasing processes and the negotiation capacity of the institutions of the sector.

6) Optimize of inventories and perfection of processes of storage, conservation and distribution.

7) Cooperation among countries to develop agreements on exchange of information, technologies and joint purchasing, and identification of priority cooperation areas.

8) Develop intercountry programs to establish patterns of production and control, as well as the design and implementation of cooperation studies on specific problems.

1.2.2 Community Organization and Participation

*Approaches*

Consistent with the concept that the community is not only a potential resource, but also the dynamic factor in producing changes essential for the attainment of the goal of HFA/2000, the main objective of this area is centered in the development of its active participation in the process and in the promotion of positive health attitudes. Specific community educational approaches and activities will be developed for improving its participation and for meeting the needs of special groups such as women, children, youth and workers, with emphasis on integrated intersectoral programs. Simplified educational technology and materials as well as appropriate approaches will be developed aimed at promoting self-care, preventive measures and healthy practices in the population. Actions aimed at facilitating communication and coordination between the communities and health workers, as well as between "informal" community systems and the "formal" health systems will be intensified.

Linkages with and active involvement of other areas, especially education, public infor-

mation, rural and urban community development, youth services, agricultural and industrial development projects are essential.

*Areas of Action*

1) Promote and develop national policies for community participation in health and development activities.

- Analysis of national health policies to define ways in which the community can participate in the identification of its needs and in the distribution of resources and services.
- Develop guidelines to promote community participation in health and development planning, implementation, and evaluation.
- Design specific strategies which would improve community participation in intersectoral planning efforts at the local level.
- Design and implement specific operational studies which would provide guidelines for policy development.

2) Development of effective community participation.

- Development and testing of projects and new coordinating mechanisms to integrate the planning and implementation of activities between the community and the health sector.
- Review and redefinition of roles of health system personnel and community leaders in health care in the light of defined community needs, priorities and resources.
- Design, stimulate and conduct operational research to define effective community patterns and procedures.
- Develop and disseminate information pertaining to effective community participation mechanisms and efforts.
- Study of traditional and "informal" community health systems and identification of effective and positive ways for linkages and interaction with "formal" health systems.
- Develop models for community involvement in conducting epidemiological surveillance and in the identification of health problems.

- Identification and development of effective mechanisms for securing financial and material support from the communities for meeting their health needs.

3) Comprehensive community development programs.

- Design of integrated developmental projects oriented towards meeting the health needs and active involvement of specific and vulnerable population groups.
- Develop technical expertise in the implementation and evaluation of these projects.

4) Community health education.

- Design and implement approaches to community health education plans with active participation of community leaders, based on the continuous comprehensive health education approach beginning in childhood.
- Promote and develop community health education activities in specific program areas.
- Develop guidelines to include health education into formal and informal education systems.
- Develop specific and innovative health educational techniques and approaches to reach population groups at risk.
- Establish an information and communication network through which innovative educational approaches, materials and experience can be shared.

5) Development of human resources.

- Integration of adequate contents related to analysis of community needs, development of community health and well-being profiles; techniques to promote community participation and health education into the training programs of all health personnel.
- Design educational modules and production of learning materials to train health and community personnel in educational techniques; interpersonal communications; leadership skills and group dynamics; mass media techniques, and operational research.
- Identification and support of educational institutions which can develop and implement

appropriate training programs in these areas; and development of a network of resource institutions.

- Development of training programs for education personnel to integrate teaching of health and family well-being practices in the school systems.
- Preparation of community leaders in health needs problem identification and simple managerial skills.
- Development of training models for auxiliary and intermediate level health personnel in techniques which would enable them to interact with the community more effectively and to promote community participation.

### 1.2.3 Development of Intersectoral Linkages

#### *Approaches*

The Plan of Action will promote the strengthening of intersectoral linkages between health and national socioeconomic policies and planning, with emphasis in health sector participation in developmental programs, and the establishment of national and regional mechanisms for such coordination and linkage. Specific emphasis will also be placed on the development and implementation of mechanisms for the involvement of communities and their resources in health and developmental programs. The Plan calls for the development of methodologies and guidelines, training of social planners and community development personnel, and the establishment of an information system for the exchange and evaluation of experiences.

Linkages between the health sector and the national planning and development agencies, public sector, education, housing, urban planning, sanitation, agriculture and industry are essential. Coordination at national and regional levels with bilateral and multilateral agencies involved in these programs is also of great importance.

#### *Areas of Action*

1) Promotion of and participation of the health sector in analysis of basic human needs, and socioeconomic profiles in development projects.

- Develop and update information on health needs.

- Establish regular mechanisms for participation of the health sector in the formulation of national policies and development planning.

2) Development of methodologies and programming guidelines for multisectoral projects, especially for analysis and programming of intersectoral requirements.

- Participation in the formulation of integrated rural development projects.

- Formulation of guidelines for the study of urban health problems and the development of approaches and guidelines for intersectoral programs to meet the health and basic needs in the urban slums and marginal areas.

- Participation in the design of simple methodologies for intersectoral analyses of ecological effects and of impact on the well-being of the community by development projects.

3) Promotion of intersectoral participation and development of mechanisms for linkages.

- Promotion of the organization and coordination of community groups involved in developmental activities in identifying their basic needs and effective ways of organizing activities and resources.

- Development of national and regional capacities in intersectoral planning, including development of methodologies and training of personnel.

- Stimulate and develop mechanisms interchange of experiences.

4) Participation in formulation, implementation and evaluation of developmental projects with implications for health.

5) Collaboration with other sectors in disaster preparedness and in multisectoral re-

habilitation programs in the case of natural or ecological disasters.

#### *Suggestions for Indicators*

- Trends of health sector participation in integrated development projects.
- Indicators for the definition of well-being profiles.\*

#### **1.2.4 Development of Research and Technology**

The Plan of Action provides for the formulation, adoption, and execution of health research and technology policies in the priority areas consistent with the primary health care strategies and the national science and technology policy. It emphasizes the conduct of biomedical and socioepidemiological research; the review, selection, and adaptation by the health sector of the technical approaches of operational research; the promotion and development of technological innovations, and the adaptation of technology appropriate to the situation in each country.

The fact that research has been developed primarily outside the health services, makes it imperative to have a better coordination between the health services and other entities (universities, institutes, science academies, etc.) in order to use all the existing potential. At the same time, it is necessary to strengthen health institutions that have or could reach a good level of research. The possibility of integrating them into national, subregional and regional networks through the utilization of mechanisms of exchange of information and

participation in common programs is also contemplated. In this respect, TCDC will be used to the greatest extent possible.

#### **A. NATIONAL HEALTH RESEARCH AND TECHNOLOGY POLICIES**

##### *Approaches*

The formulation and adoption of health research and technology policies is essential to the achievement of the Goal. The policies defined must be executed by orienting research towards the solution of priority problems and endeavoring to narrow the gap between the acquisition of knowledge and its application.

It is important to take into consideration that this programmatic area is oriented primarily to the coordination of research in the entire health sector. It should, therefore, take into consideration all proposed research in the other relevant areas of this Plan of Action.

##### *Areas of Action*

1) Integration of research and appropriate technology policies into the national health plans and into the national development plan.

- Coordination of the health sector with the national planning agencies.
- Analysis of present policies in relation to primary care.
- Establishment of priorities and development of new approaches and methods for health services research.

2) Coordination of the development of health research and technology.

- Development of methodologies for determining the impact of health research and technology.
- Training of managers and administrators of health research.

3) Promotion of the TCDC mechanism

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\*Among the different variables that must be taken into account—besides those corresponding to the health sector—consideration should be given to the indicators adopted by the XXVII Directing Council when it approved the Regional Strategies for HFA/2000: literacy rates; population by age, sex, geographical distribution and socio-economic groups; population in extreme poverty; percentage of population living under marginal conditions; unemployment; gross national product (GNP) per capita, and its structure.

and its incorporation into national health research and technology policies.

- Development of an inventory and comparative analysis of institutions and their research and technology projects.

- Definition of policies and criteria for exchange of experts.

- Analysis of national needs for international cooperation and evaluation of the national capacity for satisfying those needs.

- Identification of critical areas that can be covered by TCDC and of possible sources of international cooperation.

4) Promotion of ethical standards in national and international research policies that will protect the rights of human beings in research projects.

#### *Suggestions for Indicators*

- Adoption and implementation of health research and technology policies.

### B. EXCHANGE OF SCIENTIFIC AND TECHNOLOGICAL INFORMATION

#### *Approaches*

The purpose of this area is to promote and support the development of sources of production and coordination of scientific and technological knowledge as a support to research, education, and services; and to develop national information and documentation centers and integrate them into a regional network. It includes the development of regional mechanisms for the distribution of health information and the training of personnel in this area.

#### *Areas of Action*

1) Promotion of and support to sources of production, collection and dissemination of scientific and technological knowledge relating to health.

- Identification and study of the national institutions dedicated to the subject.

- Training of information specialists.

2) Development of national information and documentation centers and networks in health science and technology.

- Development of libraries, strengthening of their holdings, and compilation of publications.

- Training of personnel in library sciences and administration of information centers.

- Identification of national institutions to become subcenters of the network arrangement.

- Development of methodology and mechanisms for enhancing communications and exchange between the centers of the network.

3) Strengthening of the Latin American Health Information Center to support the information networks.

- Analysis and indexing of Latin American medical literature.

- Selected dissemination of information in priority areas.

- Expanding collections of national centers.

- Programs of training in health information and management of information centers.

#### *Suggestions for Indicators*

- Development of the subject areas, coverage and use of the information network.

### C. STRENGTHENING OF RESEARCH IN PRIORITY AREAS

#### *Approaches*

Research should be oriented toward solving priority problems. To achieve this goal it is essential to undertake biomedical, socioepidemiological and operational research on the priorities established by each country. It should promote and support inter and multi-disciplinary research as well as the training of



professional and technical personnel. Special emphasis should be placed on health services research, communicable diseases, nutrition, and maternal and child health. It would also be necessary to strengthen national institutions in order to increase its capacity for conducting research in priority areas.

*Areas of Action*

1) Development of biomedical research.

- Promotion and development of biomedical research for solving priority health problems in the context of primary care.
- Analysis of biomedical research activities in relation to national health development.
- Establishment of mechanisms for developing joint multidisciplinary projects in priority areas by the health sector and various research institutions and programs.
- Training of professional and support personnel for the priorities established in each one of the areas of the Plan of Action.
- Establishment of a research worker career service.

2) Promotion of socioepidemiological research.

- Promotion in the socioepidemiological field of scientific and methodological aspects that are related to the national and regional objectives, goals and strategies.
- Conduct of socioepidemiological research in priority areas.
- Identification, collection, systematization and diffusion of information on social variables involved in the extension of health service coverage.

3) Development of operational research.

- Promotion of the operational research component in health research related to primary care.
- Conduct of research on technologies in use including analysis of production functions and costs for the purpose of improving the efficiency and effectiveness of health services.

- Conduct of research on sectoral and institutional financing and its role in meeting the needs of target populations.

- Promotion and execution of research programs for solving priority problems in administration with innovative approaches, models and methods.

- Training of personnel for operational research in health and training of health sector personnel to use the results of these investigations.

- Organization of formal and non-formal training processes.

4) Development of institutions including collaborating centers.

- Identification of institutions and centers, and analysis of their research capability in relation to the present and future needs of primary health care.

- Design programs for strengthening such institutions in relation to their resources and technical and managerial capability.

- Development of methodological capability, with emphasis in the fields of statistical and epidemiological analysis.

- Organization of national, subregional and regional networks of institutions with common programs in priority areas.

*Suggestions for Indicators*

- Relation between the subject field of research and existing priorities.

- Transfer of results to solve health problems.

D. DEVELOPMENT OF APPROPRIATE TECHNOLOGY

*Approaches*

The purpose of this component is to promote and implement the systematic search for more efficient technological alternatives for developing primary care. It assigns priority to

health services research, development of mechanisms for the coordination of national and international cooperation programs, and exchange of information between national institutions and between countries.

#### *Areas of Action*

1) Promote the concept and understanding of the processes involved in the management and control of the selection, use and development of appropriate technologies.

- Collection, development and dissemination of information on appropriate technologies and their importance to the attainment of health services coverage as well as the development goals.

2) Development of processes, mechanisms and policies required for the selection, adaptation and use of technology, and for the development of new technologies.

- Diagnosis of current situation in relation to intra and intersectoral policies, mechanisms, structures, and functions that affect choice, use and development of technology.

- Definition and development of mechanisms, structures, functions and policies to manage and control the selection of technology including consideration of a regional clearing house.

- Monitoring of technology in use to identify and analyze problems and innovations.

- Design and conduct research to develop and adapt technologies, and conduct studies to measure productivity of technology alternatives.

- Development of intersectoral programs for systematic assessment of both process and object technologies giving priority to those technologies supporting primary health care.

3) Promotion among major technical and financial institutions of assistance to countries in the development of their capacity to manage and control technology.

#### *Suggestions for Indicators*

- Characteristics of the mechanisms to select, adapt, develop, manage and evaluate technology.

#### **1.2.5 Development of Human Resources**

This area includes the definition of national policies in the health sector and their coordination with the general policies established by the Governments for the development of human resources.

The planning, programming and use of human resources must be closely connected with the needs of the services and their financial capacity, based on the "health team" approach. For this reason it is necessary to establish greater coordination among the educational institutions and those institutions employing health personnel.

This area covers the training of new types of professional, middle-level technical, and auxiliary personnel. This includes community agents and their continuing updating in the light of the extension of coverage and primary care. The use, development, and investigation of new and non-conventional methods of training and retraining will be necessary, as well as the better use of the resources trained and their retention by the sector. Support will continue to be given to pre and post graduate programs in the health sciences and in international public health. Likewise, it is essential to establish a career service as one of the mechanisms for maintaining the staff.

The Plan also contemplates the development of innovative approaches for dealing with the special problems of manpower development and utilization in small countries and territories.

Special emphasis should be given to the development of networks of collaborative programs in health science education, including health administration. Bilateral, subregional and global cooperation will be utilized, but it will in all cases be directed towards the de-

velopment of national capabilities with a multiplier effect. These networks of projects will constitute a mechanism for interrelation at the national and intercountry level for the exchange of human resources and experiences, oriented to the solution of common problems. The selective collection and dissemination of the technical and scientific information available in this area is also essential.

This area should also support the development of actions related to human resources indicated in all other areas of the Plan of Action.

#### A. PLANNING AND PROGRAMMING OF HUMAN RESOURCES

##### *Approaches*

This area covers activities for the definition and implementation of health manpower policies in coordination with national health plans and on the basis of the needs of the services. It includes the formulation of occupational and educational profiles for the new personnel required for the extension of service coverage based on the strategy of primary care. It also includes institutional strengthening for the training of personnel.

There must be linkages between this area and the national planning units, the education sector, and the social security system.

##### *Areas of Action*

1) Promotion of policies for the development of health manpower.

- Coordination with the national manpower policy for the analysis of present policies and their impact on the development of health manpower.

- Integration of manpower planning with service planning and formulation of occupational and educational profiles for the new personnel for primary care and extension of coverage.

2) Analysis of the present situation in the

area of human resources and identification of future changes and problems.

- Development of methodologies for determining the supply of and demand for personnel in accordance with the primary care strategies.

- Preparation of manpower training and utilization programs integrated into national health plans.

- Training of personnel in manpower planning and administration.

- Intercountry comparative studies.

3) Development and coordination of information systems.

- Development of appropriate methodologies and strengthening of installed capacity.

- Support to health/education coordination groups.

##### *Suggestions for Indicators*

- Adoption and implementation of health manpower policies and their intra and intersectoral linkages.

- Development of observed occupational and educational profiles in relation to those programmed.

#### B. TRAINING IN PRIORITY AREAS

##### *Approaches*

This area centers on the development of programs for training and retraining of the health team in the priority areas determined by service institutions in the context of primary care strategies as well as the strengthening of training and research institutions. Consequently, priority will be assigned to the training of middle-level technical personnel and auxiliary and community workers, supplemented by pre and postgraduate programs in the health sciences and the training in public health.

Administrative development is an essential factor in ensuring the operating capacity of

the systems and achieving efficiency in executing health plans and programs. It will be necessary to train and upgrade the personnel in this area and to develop a collaborative network of education programs in health administration and research on priority problems with innovative approaches, models and methods.

#### *Areas of Action*

1) Promotion of national policies for the development of human resources in the light of primary care strategies.

- Development of teaching/service integration policies.

- Training and retraining of the "health team" including environmental sanitation personnel and those in "informal" systems.

- Development of social, biological and psychological aspects in programs of training.

- Emphasis on continuing education.

2) Planning and development of programs with the participation of service institutions for the training and retraining in priority areas.

- Establishment of local, regional and central evaluation and control mechanisms, for educational process at the service level.

- Preparation of personnel and materials for the development of in-service training programs.

3) Review and strengthening of training and research institutions with emphasis on the areas of public health, preventive, community and social medicine.

- Analysis of institutions and their programs as well as of experiences of local and regional courses.

- Strengthening of regional training networks.

- Preparation of personnel of these institutions.

- Exchange and dissemination of experience and teaching materials.

4) Coordination of service and teaching institutions at various levels.

- Review of the teaching/service care integration models and of the teaching/service care regionalization programs.

5) Review and strengthening of programs for the training of middle level technical personnel and auxiliary and community workers.

- Identification of models and development of alternative nonconventional methods.

- Development of materials and personnel for training and supervision of auxiliary and community workers.

6) Review and strengthening of programs of training in health service systems administration (organization, planning, administrative management and information).

- Development of a collaborative network of educational programs in health administration.

- Promotion and strengthening of administrative training programs in schools of health sciences and other institutions.

- Support to pre and postgraduate programs in the health sciences and in public health, in coordination with governmental and nongovernmental agencies.

#### *Suggestions for Indicators*

- Number of persons trained and retrained in priority areas (by occupation, geographical distribution and level of care).

### C. UTILIZATION OF HUMAN RESOURCES

#### *Approaches*

To ensure the best use of the available manpower, its geographical distribution by service and by level of care must be analyzed. Also needed are analyses of occupational and educational profiles, adjustment of teaching programs to service needs, and conduct of supervision and continuing education pro-

grams. In addition, instructional materials must be prepared for self-instruction and independent study programs.

*Areas of Action*

1) Promotion of the best use of human resources within national policies and plans.

- Analysis of the regional distribution of personnel by service and by level.
- Analysis of distribution of functions and of occupational and educational profiles.
- Promotion of career service and development of incentives.

2) Support to supervision/education processes with emphasis on local action levels.

- Development of models of supervision/education processes at the national level and incorporation of these models into the different levels of service.
- Use of the results of supervision in identifying manpower training problems.

3) Development of continuing education for upgrading and readjustment of personnel.

- Development and strengthening of reference centers for intercountry cooperation.
- Training of personnel to manage continuing education programs.
- Development of materials for continuing education, especially for self-instruction and independent study programs.
- Development and application of continuing education models based on supervision and levels of service.

*Suggestions for Indicators*

- Degree of utilization and retention of available personnel by category and service level.

D. EDUCATIONAL TECHNOLOGY

*Approaches*

This area emphasizes the development of the processes of planning and implementation

of educational systems for the training of personnel according to the requirements of the primary care strategies, and incorporation of new and more effective forms of conventional and non-conventional training. The area includes promotion of the capacity for research and education of health personnel for the development of new approaches and models applicable to the training of technical personnel and auxiliary and community workers.

*Areas of Action*

1) Review of existing educational technology and development of new approaches and procedures for adjusting it to the primary care strategies.

- Analysis of present educational systems.
- Research and development of non-conventional training methods, especially for the training of personnel for primary care, including community workers.
- Training of teachers with a multidisciplinary approach aimed at the needs of the services.
- Strengthening of educational technology activities in health, including support to the exchange among institutions at the national and inter-country level.
- Strengthening of the capacity for research on educational technology, including training of personnel in this area.

2) Development of new types of educational materials applicable mainly to the training of technical, auxiliary and community workers.

3) Educational and technological support to programs for the training of personnel in specific areas.

*Suggestions for Indicators*

- Relation between educational technologies and the priority areas.

### 1.2.6 Financing of the Health Sector

#### *Approaches*

The strategy of primary care calls for the analysis, reorientation and control of sectoral and institutional financing. The purpose is to ensure that the sector will attain the adopted regional objectives and that the financial allocations be consistent with national sectoral priorities. This includes identification and analysis of critical areas of the present systems, and the search for new sources and implementation of new strategies of financing; technical and administrative innovations for reducing costs; development of information systems on the origin, purpose, use, structure and volume of financing and expenditure; expenditure control, costs, production, productivity, use and distribution of services, by priority population groups.

The conduct of these activities calls for the participation of the national economic statistical services and the national development planning units.

#### *Areas of Action*

1) Strengthening of information systems on sectoral financing and expenditure.

- Evaluation of the information available for analyzing the volume, origin, structure and purpose of sectoral expenditure (public and private) and of the role financing and service production plays in income distribution.

- Analysis of possible systems for ensuring a flow of sufficient information for decision-making and control of expenditure and financing strategies.

- Conduct with the national economic statistical services of a joint program for the reformulation and administration of information systems on expenditure and financing.

- Organization of intercountry programs for the technical and administrative improvement of information systems on financing, ex-

penditures and costs that will permit comparative analyses at the regional level.

2) Development of technologies for the analysis, programming and control of financing and expenditure.

- Evaluation of the methodologies at present available and their adaptation and simplification for facilitating their use by the various levels of operation of the service systems, applicable to different national circumstances.

- Development of guidelines for the evaluation of the distributive effect of expenditure and production of services.

- Adaptation and development of methodologies for analyzing the production functions in use and preparing alternatives for the development of more efficient technologies, in accordance with the primary care strategies.

3) Development of programs of training for the different levels of service systems, in analyzing financing, expenditure, and production functions and costs.

4) Definition and readjustment of the sectoral financing systems.

- Identification of options.

- Feasibility and viability analysis.

- Selection of alternatives and programming of their implementation.

#### *Suggestions for Indicators*

- Total per capita health expenditure.\*

- Total health expenditure (public and private) as percentage of gross domestic product (GDP)\*

- Volume, structure, and source of financing by institution.\*

- Pattern of expenditure by institution and purpose (type of service and population groups).\*

- Public financing of the health sector as percentage of total public financing.

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\*Indicators mandated by the XXVII Meeting of the PAHO Directing Council.

### 1.2.7 National Programming of International Cooperation

#### *Approaches*

The magnitude of effort which each Government must put forth in order to reach the Goal of HFA/2000 emphasizes the necessity of calling upon external cooperation in order to complement and support national efforts. This underlines the importance of reorienting cooperation activities, in terms of policy and of conditions and procedures, in order to adapt them to national priorities and needs, and to assure maximum acceptance and impact in the development of national capabilities, thereby avoiding distortions, duplication or gaps in programming. This reorientation of international cooperation must be based on the national analysis and programming of external cooperation requirements within the framework of national primary care strategies. It calls for the development of coordination and cooperation mechanisms between the various institutions of the sector, the national economic and social planning units, and other national agencies responsible for the programming and coordination of external cooperation. These national analyses, evaluations and programming activities will facilitate the reorientation of policies, cooper-

ation and coordination activities of the United Nations family, the Pan American system, and bilateral agencies and non-governmental organizations.

#### *Areas of Action*

1) Review and analysis of external cooperation for health development.

- Develop and maintain information systems and guidelines for analysis of external cooperation in coordination with other pertinent agencies.

- Analysis of external technical and financial cooperation being utilized at national level by source, conditions, quantity and content.

2) Development and strengthening of mechanisms for analysis and programming of international cooperation.

- Develop the technical capacity of the sectoral planning units in analysis and programming, and in project formulation for external cooperation.

- Maintain updated inventories of external agencies, their funding policies and procedures.

- Develop mechanisms for evaluation of external cooperation programs.

## 2. INTERCOUNTRY AND REGIONAL SUPPORT MECHANISMS FOR THE STRATEGIES

In adopting the strategies of Health for All by the Year 2000, the Governments recognized the critical importance of developing adequate support mechanisms for those strategies. The need for reorienting existing policies and health systems to primary health care, as well as the development of synergistic actions of intercountry cooperation, is made explicit in the objectives, goals, and strategies agreed upon. Each Government should create

the necessary conditions that will make the required changes possible. The same need for change applies to the Organization.

Experience in this Hemisphere shows that there are health problems that can best be solved by the combined actions of several countries. This is particularly pertinent for small countries and territories where the use of shared resources is essential to address certain problems. Thus, intercountry mechanisms to

solve substantive problems related to the implementation of the strategies are identified. These mechanisms demand the collective efforts within the framework of Technical Cooperation among Developing Countries (TCDC) and the bilateral agreements and sub-regional pacts.

PAHO should be prepared to provide the necessary support mechanisms required for the implementation of the approved strategies. Therefore, its policies must be revised, its mechanisms adjusted and its technical processes strengthened. The technical and administrative capacity of the Organization will be systematically analyzed so that the Governments may be provided with timely cooperation in formulating, executing and evaluating their national health plans. These analyses will also enable the Organization to improve its methods and processes for strengthening its support to intercountry cooperation strategies. In addition, the capacity of the Organization to identify and analyze problems that may emerge in the process and to propose pertinent solutions must be strengthened.

At the international level, it will be necessary to reorient technical and financial cooperation, both binational and multinational, and to adopt innovative approaches so as to take advantage of new developments in health technology and administration.

The achievement of the national and regional purposes will be facilitated if the Governments systematically share the experience they have gained in their national efforts to attain the Goal.

To systematize this exchange, the Member Governments of the Organization agreed to conduct a regional evaluation and monitoring process. This need was recognized by the XXVII Directing Council when it approved the establishment of a system for measuring progress towards the achievement of national and regional strategies, and for ensuring that the necessary adjustments are introduced in the course of the process itself.

## 2.1 Priority Areas for Intercountry Cooperation

### *Approaches*

The countries of the Region have identified their national health problems and defined their national strategies to address them. However, similarity of needs in several areas suggest that collective action might represent an effective and efficient approach towards their solution. Several countries noted specific areas which may be addressed through this particular approach, such as problems common to several countries (communicable and non-communicable diseases, and environmental problems), development of human resources, production and purchasing of critical supplies and equipment, and development of research and technology. The most effective mechanisms to develop and implement these joint activities will be through the bilateral and sub-regional pacts and agreements, and through Technical and Economic Cooperation among Developing Countries (TCDC and ECDC).

### *Areas of Action*

#### 2.1.1 Health Care Problems Common to Several Countries

- Development and strengthening of epidemiological research.
  - Promote the networking and sharing of research facilities.
  - Development of collaborative epidemiological research programs in areas of common interest.
- Promote and strengthen epidemiological surveillance.
  - Develop subregional and regional surveillance networks.
  - Systematically disseminate epidemiological information.
- Promotion of the exchange of knowledge



and experiences on programs of control of communicable diseases, and physical and chemical hazards.

- Development of cooperative programs for the design and implementation of standards and control of pharmaceuticals, toxic products and narcotics.
- Continuous identification of problems whose solutions can be enhanced through intercountry cooperation.

**2.1.2 Human Resources Development**

- Promote and strengthen networking between teaching and research institutions and programs, for the training of health personnel.
- Development of intercountry programs based on the characteristics and needs of the participating countries, to contribute to the development of their national and collective self reliance.
- Development of intercountry evaluative research programs on priority problems and on innovative solutions for training of conventional and non-conventional personnel.
- Development of common approaches for new training techniques and teaching materials.

**2.1.3 Availability of Critical Supplies and Equipment**

- Assessment of the needs for critical supplies and equipment in each country.
- Development of basic lists of drugs, supplies and equipment common to several countries, including norms and standards for specifications and quality.
- Assessment of the national capacities for the production of those basic drugs, supplies, and equipment so identified.
- Analysis of the feasibility, advantages and disadvantages—including cost and price—of the development of these programs.
- Development and modification of production technologies compatible with the

primary health care strategies of participating countries.

- Organization of production and purchasing mechanisms for critical supplies and equipment.
- Promotion of the inclusion of critical supplies and equipment for health into the production and trade agreements of subregional economic groups.

**2.1.4 Research and Technology Development**

- Stimulation and organization of intercountry analyses for the identification of priority areas in research and technology.
- Identification and strengthening of national centers to participate in intercountry networks for research and exchange of appropriate technology.
- Establishment of intercountry mechanisms for the appraisal of joint research programs.
- Promotion and establishment of criteria and mechanisms for considering ethical aspects of research.

**2.2 Technical and Economic Cooperation among Developing Countries (TCDC-ECDC)**

*Approaches*

It is essential to bear in mind that the main objective of TCDC is the development of national and collective self reliance in all areas, including health. It requires maximum mobilization and sharing of national capacity among countries. TCDC is also closely allied to Economic Cooperation among Developing Countries (ECDC) and both play an important role in the implementation of the strategies to achieve Health for All by the Year 2000.

TCDC, as well as the technical and financial cooperation provided by multilateral

and bilateral organizations, must complement each other. They also require careful national programming based on the analysis of high priority areas. This fundamental component of the Plan of Action calls for the linking at national level of the health sector with the national socioeconomic planning entity.

#### *Areas of Action*

1) Identification of priority areas where needs can be met through TCDC-ECDC.

2) Establishment of national and regional information systems for identification and analysis of sources of exchange of information of TCDC and ECDC, and for the interchange of national experiences on the development of the process to attain HFA/2000.

3) Strengthening of national capacity for absorbing and providing TCDC and ECDC.

- Establish national policies and regulations for providing and accepting cooperation from other developing countries.

- Analysis of political, technical, administrative and operational problems related to TCDC and ECDC.

- Develop programming, administration and evaluation procedures for TCDC and ECDC, as well as pertinent intersectoral, coordinating mechanisms, with development planning units.

- Review of existing machinery, and development of required mechanisms at national, sub-regional and regional levels, for supporting and enhancing TCDC-ECDC operations.

4) Development of international support for TCDC-ECDC mechanisms.

- Collaboration with intergovernmental groups and subregional and regional economic commissions for ECDC.

- Participate with multilateral, bilateral, non-governmental organizations and development banks for intercountry activities.

## **2.3 Orientation and Coordination of International Cooperation**

### *Approaches*

The strategies of Health for All by the Year 2000 will require a substantial increase in external resources. The flow of additional resources should be channeled towards the needs identified by each government, so that international cooperation complements national efforts and does not replace them. International cooperation must, therefore, be carefully programmed and coordinated if a maximum impact is to be obtained, costly duplication avoided, and coordinated action towards the Goal ensured. In that context, the Governments have called upon PAHO/WHO to play its role as a catalyst and coordinator of international cooperation and to cooperate with them in mobilizing technical and financial resources.

### *Areas of Action*

#### **2.3.1 Coordination of International Cooperation for the Implementation of Approved Strategies**

- Exchange and dissemination of information on policies, strategies and programs of international cooperation.

- Collection of information on policies, strategies and action plans of other organizations and agencies in order to assess their relevance to the Goal, on the basis of a joint analysis.

- Strengthening of relations with other multilateral, bilateral and non-governmental organizations in order to encourage their participation in activities for attaining the Goal.

- Collection of information on the functions, objectives and policies of each organization and the continued updating of that

knowledge through systematic exchange of information.

- Cooperation with other organizations in their regional and country planning activities by participation in orientation, programming and evaluation missions.

### 2.3.2 Regional Support for External Resource Mobilization to Attain the Goal

1) Cooperation with the Member Countries in strengthening their national capacity to absorb external cooperation.

- Strengthening of their capacity to analyze and program needs and to develop methods for programming and evaluating international technical and financial cooperation.

- Improvement of information on sources of international technical cooperation and their policies and procedures.

- Strengthening of the national capacity to formulate projects suitable for international cooperation.

- Establishment of national mechanisms for ensuring the participation of the health sector in the decision-making for international cooperation.

- Improvement of the use and effective management of external resources.

- Establishment of a system for the collection and dissemination of information on national, subregional and regional requirements for attaining the Goal.

2) Establishment of a system of information on global external financing funds that will be linked to that of WHO headquarters.

- Analysis of regional needs and requirements for attaining the Goal in terms of potential external resources and promotion of the effective coordination and mobilization of those resources.

- Training of national personnel in external resource mobilization.

## 2.4 Increase in the Operating Capacity of PASB to Support National and Regional Processes

### *Approaches*

To help ensure successful implementation of the national, intercountry and regional strategies, PASB should increase its ability to provide these processes with the support they need.

In view of the new definition of regional and national goals, priorities and strategies, and of the emphasis these give to the development of the health infrastructure, present policies and procedures must be revised. This will call for new mechanisms and the adjustment of existing mechanisms if PASB's internal management is to be made more flexible and is to be able to meet the new demands of technical cooperation in the most effective and efficient way possible. These changes may possibly require the Governing Bodies to amend existing rules and regulations.

National priorities should be reconciled with regional objectives. Their consistency with regional goals, objectives and strategies should be systematically evaluated, jointly by each Government and the Organization in the context of each national reality. In order to cooperate with the Governments in identifying and evaluating problems that may emerge in the process as well as in designing appropriate solutions, the Organization should increase its capacity for systematic, multidisciplinary analysis and for long-term planning.

For this purpose, new mechanisms will be developed for identifying and studying problems and finding pertinent solutions, whose treatment calls for the pooling of knowledge and experience existing in the countries, in PASB, and/or in other international agencies. These mechanisms will act as the agents that will orient, organize and catalyze these various technical and administrative capacities.

The systematic evaluation of the technical

and administrative capacity of the Organization will facilitate to its Directing Bodies not only the orientation its policies and decisions to ensure a most efficacious and efficient cooperation to Member Governments, but also the improvement of the Region's participation in the global effort to reach the Goal of Health for All by the Year 2000.

#### *Areas of Action*

- Improvement and integration of PAHO processes of policy formulation, programming, budgeting, administration of operations and evaluation.

- Adjustment of the technical cooperation programming, budgeting and execution cycle to enable it to meet the demands of the new regional strategies and the requirements for its coordination with the corresponding WHO cycle.

- Development and improvement, jointly with the Governments, of the system for the evaluation and monitoring of regional strategies so as to link technical cooperation programming and control, with the processes of administrative and financial support.

- Strengthen the system of programming and the technical and administrative control of PAHO cooperation.

- Redesign of the PAHO program-budget structure on the basis of the structure and content of the regional strategies and of the corresponding Plan of Action approved by the Governing Bodies. Compatibility with the structures of the WHO General Programs of Work and its budget will be taken into account.

- Improvement of the financial adminis-

tration system to enable it to give timely support to the different levels of PAHO decision-making and operation.

- Review and appropriately revise the functions and responsibilities of PAHO/WHO personnel in Headquarters and at each level in the field, for the purpose of maximizing their effectiveness and efficiency in the implementation of the Plan of Action.

- Analysis of the present personnel administration system in the light of the new demands of the strategies adopted, and introduction of the necessary adjustments for increasing its ability to respond to the requirements of the cooperation program with Governments.

- Development of personnel and of new approaches for recruitment, in the light of the foreseeable needs arising from the strategies.

- Implementation of a systematic program for analyzing problems and exploring feasible solutions and the consequent in-service training, will constitute the basis for improving administrative support to field offices and programs.

- Increase the organization's capacity to cooperate with subregional organizations and thus to support the efforts of the Governments to implement the strategies of the subregional groups.

- Development and strengthening of mechanisms for coordinating activities for channeling financing resources from other agencies for executing priority programs.

- Ad hoc PAHO advisory groups will be organized to analyze problems identified in attaining the Goal and to propose solutions that will effectively support the implementation of the strategy.

### 3. SYSTEM OF EVALUATION AND MONITORING

#### 3.1 Background

The Directing Council of the Pan American Health Organization in its XXVII Meeting

held in Washington in September-October of 1980 approved document CD27/34.A and its Complementary Document, which specify the regional strategies for attaining the Goal of

Health for All by the Year 2000 in the countries of the Americas. These documents point out the need to systematically carry out the evaluation and monitoring of the process to reach this goal, with the purpose of enhancing it through feedback from the experiences obtained, making it possible for the Organization and the Governments to reorient and adjust their strategies, priorities, policies and programs.

In document CD27/34.A, it is established that: "based on the strategies adopted, an evaluation and monitoring system must be designed for which decisions must be made on the subjects for evaluation and the methods and procedures to be used, including relevant indicators and categories, and the time and frequency of the evaluation."

"The design of the system and scheduling of its activities must include the objectives, scope and methods of use of the system, a definition of the responsibilities of the Member Governments, of PAHO and its Secretariat, and the acceptance, commitment and support by the Member Governments of the system's administration and proper use." Furthermore it will include "the periodic review and systematic monitoring of PAHO priorities and policies to ensure the channeling of hemispheric efforts toward the implementation of regional priorities and strategies for attaining the goal of Health for All by the Year 2000 and to contribute to national self-sufficiency and intercountry exchange."

"Moreover, the PAHO programming and evaluation process must be subject to constant improvement within the context of the priority areas and policies defined by the countries and the Governing Bodies of PAHO/WHO."

In relation to the global Goal of Health for All by the Year 2000, the Executive Board of WHO in its meeting in January 1981 recommended that the countries institute their national processes of evaluation and monitoring, introducing them into the first stages of the implementation of their national strategies in the form that is most appropriate to their

needs and as part of their managerial processes of national health development. Monitoring of the implementation of the strategies and the evaluation of their impact would have to be carried out, as much at the decision level of the health policies, as at the technical-administrative level, with the purpose of introducing the changes that are considered appropriate both in the policies and strategies, and in the specific programs.

Furthermore, the Executive Board of WHO recommends that the countries select indicators adequate to their health, economic and social situation, and suggests that the monitoring and evaluation of the strategies may be carried out at the global level through the use of 12 selected indicators.

Bearing in mind the orientations of the Governing Bodies of PAHO/WHO, the present proposal has been prepared for the organization of the system of evaluation and monitoring at the regional level. This system has implications for the fulfillment of the recommendations concerning the national systems of evaluation and monitoring and will make it possible to integrate the Region within the evaluation and monitoring of the process of Health for All by the Year 2000 at the global level.

### **3.2 Some Considerations of Concept and Method**

The act of evaluating consists of the issuance of a value judgment that results from the comparison of the characteristics observed in a subject with a reference model and of the explanatory analysis of the similarities and differences detected in this comparison.

Evaluation requires a clear definition of both the subject and the reference model. Usually, due to practical reasons, such definition can not be exhaustive as to describe the totality of the subject's attributes, thus certain operational definitions of the subject, called indicators must be used to express the most salient characteristics of the subject with a cer-

tain degree of validity. In the process of HFA/2000 there are a number of areas that will be the subject to evaluation, and for which the indicators have already been selected; but certain other areas require better operational definition. Therefore it will be necessary to design the indicators that may be used for this purpose. For instance, a numbers of matters related to the demand, utilization, accessibility, and impact of the services, would require special consideration. Likewise, ad hoc indicators will have to be developed in order to determine the characteristics and the degree of implementation of the strategies.

The next stage of the evaluation process requires the specification of criteria, procedures and techniques to be used in the analysis and explanation of the similarities and discrepancies observed. It must be borne in mind that the evaluation will be based not only on the analysis of numerical indicators and their incremental values, but also on non-numerical indicators which describe, in accordance with criteria already established, non-quantifiable facts such as the definition or lack of definition of the main favorable and unfavorable factors that affect the progress of such strategies and plans.

Essentially, this analysis must be conceptual and logical, through the use of approaches such as the epidemiological, the economic and the historic approach, and must try to achieve a better understanding of the real meaning and validity of the numerical as well as the descriptive indicators, and of their interrelation.

For this purpose, the numeric and descriptive indicators will be studied both as a group and in isolation, using multiple entry tables similar to those used for factor analyses and multiple regression and correlation analysis. These, or any other analytical techniques, may be used, but the logical and conceptual criteria must always take precedence over mathematical or statistical considerations for the interpretation of the data.

The last step of the process consists in the presentation of the results of the evaluation at the decision-making levels. The use of this information truly constitutes the reason for being of a system of evaluation conceived as part of the managerial system. In the process of attaining HFA/2000, the system of evaluation and monitoring should provide the necessary information to Government decision-makers and to the Organization for feedback, development and improvement of the national and regional processes.

According to the above-mentioned concepts, it is evident that monitoring and evaluation do not differ in their procedures. The act of evaluation is present in both. The distinction can be found in the depth of the analysis, in the subjects and in the intended use that is proposed for the information provided by the system. Monitoring is basically oriented to periodically observe the progress of actions and to detect, in certain cases, critical situations that may require analysis and correction. Evaluation, on the other hand, deals principally with the impact of such actions and with the effectiveness of the procedures used.

### **3.3 Design of the Regional System of Evaluation and Monitoring**

The regional system of evaluation and monitoring will be designed to operate through the regular mechanisms which the countries have for this purpose. In some cases, those mechanisms should be adjusted to better respond to information needs, especially to include information that the health sector does not routinely gather. It will be especially important to avoid creating parallel systems, and more important yet to avoid duplication of effort, making optimum use of existing sources and mechanisms of information available in the different sectors of each country.

### 3.3.1 Purposes

The purpose of the system is to carry out the monitoring and evaluation of the process of Health for All in the Region, and to provide to the Organization and to its Member Governments information that will make it possible to adopt appropriate measures for the reorientation and improvement of this process, through continuous feedback.

Specifically, the system proposes:

- To monitor and evaluate the evolution of the state of health of the population of the Region and, in particular, the changes that are taking place in the groups defined as priority within the process of Health for All by the Year 2000.
- To monitor and evaluate the development and expansion of the health service systems, especially with reference to the availability and equitable access to its services, and to the effectiveness and efficiency of its performance.
- To evaluate the improvement in the levels of well-being in the Region and their relationship to health.
- To monitor and evaluate the degree of application of the regional strategies, their operational expression in the various countries of the Region, the favorable factors and the constraints to their application, and the results that are being obtained from their use.
- To monitor and evaluate the progress of the Plan of Action for the implementation of the regional strategies, and to facilitate to Member Governments the necessary adjustments of their national strategies and plans.
- To detect new problems that may arise and that may require action by the Organization and Member Governments for their identification, definition and attack.
- To adjust the Organization's cooperation program and its support mechanisms, based on the analysis of identified national needs.
- To submit the pertinent reports on monitoring and evaluation to the Governing Bodies.

### 3.3.2 Components of the System

The regional system of evaluation and monitoring will operate at two levels: a regional level that will be organized by the Secretariat of PAHO/WHO, and at a country level, constituted by the systems that the Governments may adopt for the evaluation and monitoring of their own national processes.

#### A. THE REGIONAL LEVEL

The Secretariat of PAHO will be responsible for the organization and conduct of the evaluation and monitoring of the regional processes. To this end it should fulfill the following functions:

- To prepare and execute a detailed program of work for the evaluation and monitoring of the regional processes of HFA/2000.
- To study and define, with the contribution of technical personnel of the countries, the indicators and procedures of analysis for the evaluation and monitoring of all the areas of the Plan of Action.
- To study and adopt criteria, with the cooperation from country specialists, for the analysis of the implementation of national and regional strategies.
- To prepare, distribute and provide instruction in the use of techniques, procedures, and instruments to be used in the collection of the data required for evaluation and monitoring at the regional level.
- To process and analyze information and to prepare the reports on regional evaluation and monitoring.
- To cooperate with the countries in the organization, development, and improvement of their own national processes of monitoring and evaluation.
- To provide the information required by WHO to carry out monitoring and evaluation at the global level.

## B. THE COUNTRY LEVEL

In order for this system to become operational, it is absolutely necessary that Member Governments carry out the following actions:

- To organize and to implement the process of evaluation and monitoring of their national strategies, plans, and programs.
- To prepare and implement a program of work for these national processes.
- To study, investigate, generate, and adopt the use of indicators for the evaluation, monitoring, and control of the national strategies, plans, and programs, ensuring the inclusion of those indicators and criteria that, the Member Governments, within the Organization, have considered obligatory for purposes of regional evaluation and monitoring.
- To adjust their national information systems to fulfill the needs of the evaluation and monitoring of the strategies, at both the national and regional levels.
- To prepare the reports of evaluation of the national strategies, plans, and programs, as well as those that provide the information required by the Organization for the evaluation of the process of HFA/2000 at the regional and global levels.
- To cooperate with PAHO/WHO in the development and improvement of the system of evaluation and monitoring at the regional level.

### 3.4 The Subjects of the Evaluation and Monitoring

Diagram No. 1 shows the location of the system of evaluation and monitoring system within the Plan of Action for the implementation of the regional strategies, as well as its relationships with other components of this process. Diagram No. 2 shows the areas that will be subject to evaluation and monitoring. In this last diagram, boxes 1, 2, and 3 represent areas in which Member Governments have set specific *objectives* that will be subject to

evaluation and monitoring. Boxes 4 and 5 on the other hand, represent the *processes* implied in the Strategies and in their Plans of Action. These areas will also be subject to evaluation and monitoring applying different procedures from those used for the objectives.

#### 3.4.1 Health Status

Area (1) of Diagram No. 2, *Health Status*, contains the minimum goals that the Organization has set for all the countries in order to achieve HFA/2000. Such goals are expressed in terms of life expectancy at birth, infant mortality, and mortality of children of 1-4 years of age. The Regional evaluation and monitoring process will utilize these indicators, as well as other objectives that have been set for the control and reduction of specific morbidity and mortality with higher priority in the strategies. The evaluation at the regional level will be based on the degree of achievement by the countries of their own national goals, and not only on the comparison of regional averages. The evaluation will not only assess the degree of achievement of the Goal but will also attempt to explain the role played by the strategies in modifying their conditioning factors.

The evaluation and monitoring of the goals and objectives in health at the regional level have to consider:

- Whether the countries have established their own goals in health, which are they, and how do they compare with the established regional goals.
- How the countries are progressing toward their national goals over time and consequently what should be expected as far as the attainment of the regional goals.
- The explanation of the achievements through an epidemiological analysis made at national level, including the impact of the strategies and the programs, and the consideration of the influence of conditioning factors.



DIAGRAM 1. REGIONAL PLAN OF ACTION FOR THE IMPLEMENTATION OF THE STRATEGIES OF HFA-2000.

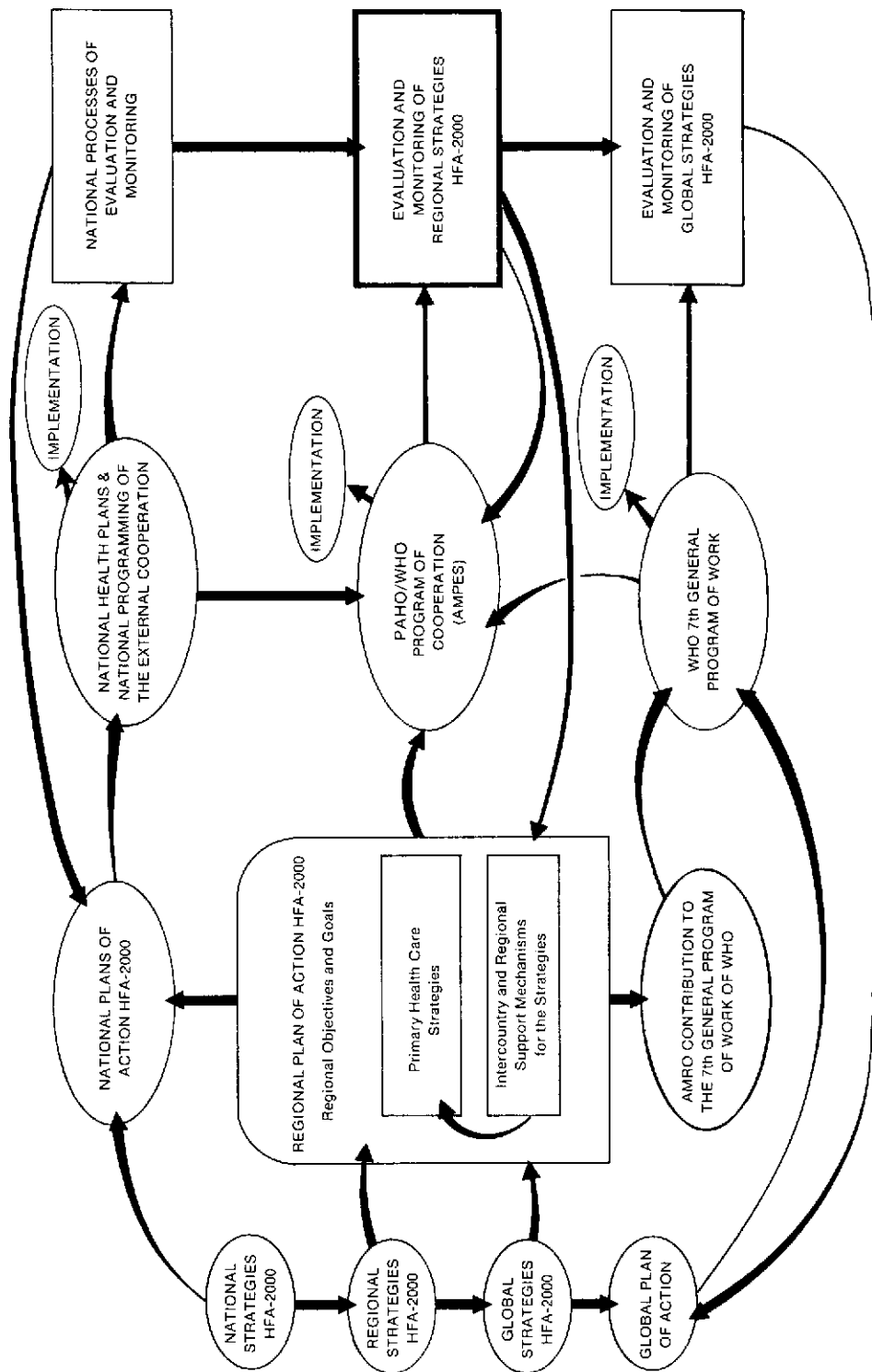
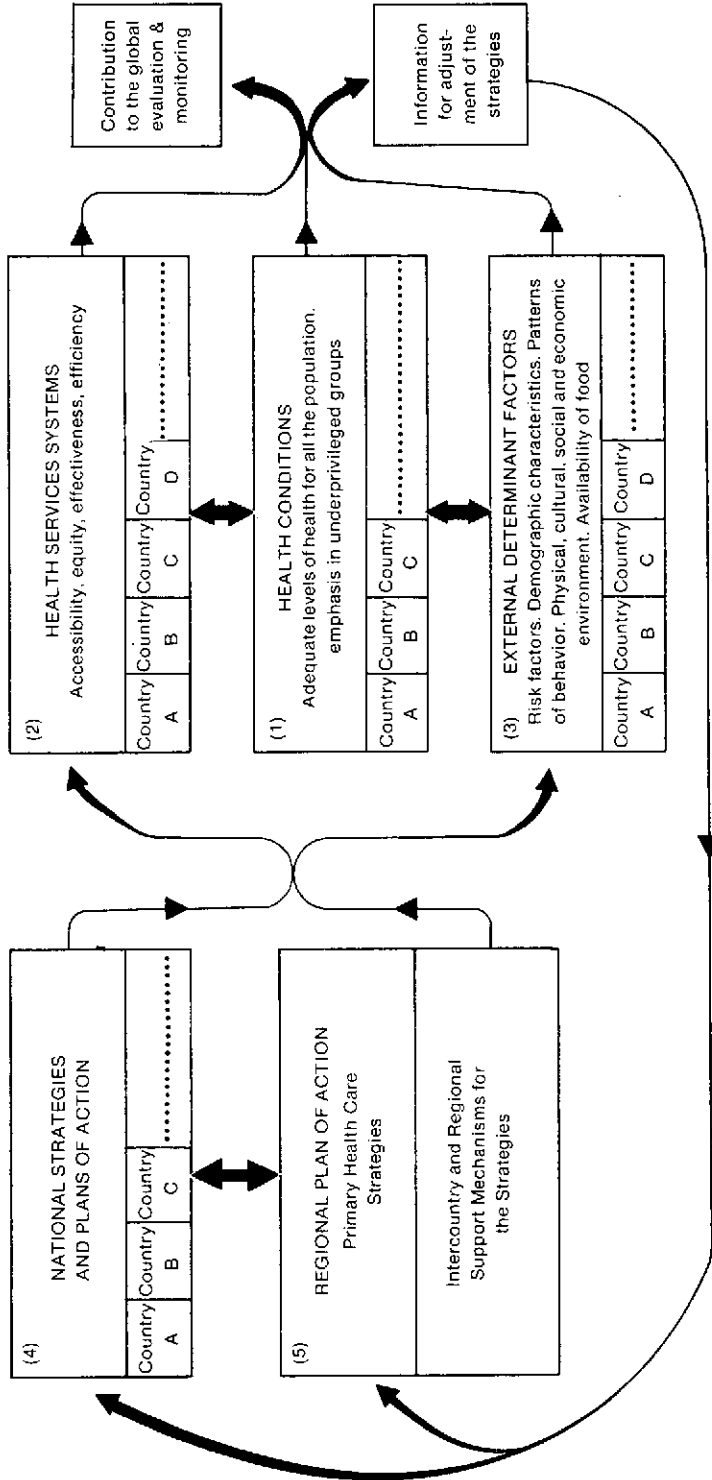


DIAGRAM 2. AREAS SUBJECT TO REGIONAL EVALUATION AND MONITORING.



- The explanation of the achievements at the regional level based on the national analyses that make possible the identification of critical factors and the reorientation of the strategies.

For the regional evaluation of the attainment of HFA/2000, there is an important condition imposed by the agreed regional objectives. Not only is it required that the levels of health be raised, but it is also necessary to reduce the inequalities that may exist between the population in general and certain groups in which the most unsatisfactory living conditions prevail. Therefore, the evaluation of the regional goals should be done not only considering the achievements in the national averages of the level of health, but also the degree of reduction of the differences between the levels of health of these marginal groups and the rest of the population.

For this reason, it is indispensable for the countries to clearly define these groups and introduce into their information systems mechanisms that make it possible to determine their size, the estimate of their health indicators and their dynamics of change.

There may be problems in the determination of these priority groups; surely the definitions will be different from country to country, thus complicating their compatibility at the regional level. This difficulty could be overcome to a certain degree through the use of ad-hoc procedures of analysis. However it would be desirable the direct comparability, at least of some traits of these priority groups. Urban marginality has common characteristics in the majority of the countries of the Region. This fact, allows the preparation of operational definitions to ensure the necessary comparability, as in the case of the geographic limits of the periurban belts where human marginal groups live. Consequently, the Organization should study, with the assistance of experts from the countries and from other international agencies, the possibility of selecting and recommending the use of attributes common to the national definitions.

In addition, the evaluation and monitoring of the level of health in each country may include the observation and analysis of other differentials as dictated by the epidemiological criteria and the national health policy. In any case, it is desirable to bear in mind that the process should improve the national capacity for defining its priority human groups, and for increasing the validity of the indicators.

### 3.4.2 The Health Services System

Area (2) of Diagram No. 2, *health services system*, contains the minimum regional goals adopted by the Organization for the provision of health services oriented to the priority health conditions (immunization, drinking water, sanitation and services coverage). The evaluation and monitoring in this area should include the analysis and follow-up of the indicators of accessibility to the services, their equitable distribution, their effectiveness and efficiency, that is to say, the four basic criteria that the services provided by the national health systems should meet as a condition for the attainment of HFA/2000. Indicators of availability of resources, of accessibility, of demand and utilization of the services, of apportionment of these to the different population groups, of production, productivity, efficiency, and effectiveness of the health services systems will be used.

In the evaluation of the health services systems, the regional averages, by themselves, are not an effective point of reference due to the same reasons already considered in the previous section. The analysis of this area includes:

- Distribution of the countries according to whether or not they have established objectives and goals for the structure, operation, production, utilization, and in general, for the performance of their systems of services.

- Comparison of these national goals with the existing regional goals.

- Comparison of the achievements of each country with its own national goals.

- Analysis and explanation, at the national level, of achievements and shortcomings.
- Consolidation of national evaluations, and analysis of the situation in the Region as a whole.

It is important to note that in the evaluation of the regional objectives in the area of health services systems, it will not be sufficient to look at the achievements obtained at the national aggregate in terms of volume, effectiveness, and efficiency of the services, since there is also the condition imposed by the process of HFA/2000 of reduction of differentials in accessibility and utilization of the services by the priority groups defined by each country.

An analysis will be made of the supply of services, its characteristics and its evolution over time, since a series of strategies exist that affect various aspects of coverage, availability of resources, organization of the services, production, productivity, cost, and financing. The true expression of the achievement of the objectives in terms of equity, is the *use* of the supply of services. The most important changes are those related to the patterns of utilization of the services, that make them more accessible to the priority groups. However, the information that makes possible the evaluation of these changes is not available in the regular records of the health systems. The Governments will have to make efforts to carry out, within their information systems, systematic surveys on the demand and use of health services by priority human groups.

In synthesis, the evaluation of the objectives established for the health services systems should not be done only through the analysis of national averages, but also taking into account the differentials among population groups as defined by each country.

#### 3.4.3 Conditioning Factors

Box (3) of Diagram No. 2 contains some of the conditioning factors that will be incorpo-

rated in the analysis as explanatory elements for the evaluation of the health status and of the health services system. Due to the strong interaction between these factors, the analysis should eminently follow operational criteria, in the sense that, upon analyzing the health status, the system of services joins the conditioning factors as an explanatory element; and when analyzing the system of services, the health status is considered as another conditioning factor.

Certain factors that condition the health status and the services, can be modified by the health sector, while others respond to the action of other sectors. Among the latter ones, there are some which could be influenced by the health sector through the intersectoral coordination. Some of these factors are difficult to modify; and others, although modifiable, can require a long time before showing substantive changes and an even greater time in order to show an appreciable impact on health.

#### 3.4.4 Regional Strategies

The countries are in different stages in the implementation of their national strategies and probably some of them will review and adjust them in the light of the regional strategies. Therefore, it is foreseeable that during a certain period of time the regional panorama of the strategies will not be available.

Due to the nature of the regional strategies and the manner in which they were formulated, their evaluation and monitoring will have to be based on the information provided by the Governments regarding their implementation of the national and regional strategies. This evaluation and monitoring of the strategies should be completed by the evaluation and monitoring of the Plan of Action.

The evaluation of the regional strategies will be done in such a way as to make possible:

- To determine if national strategies have a concrete expression in the national policy and in plans and programs.

- To describe the characteristics of the national strategies and their coherence with the regional strategies.

- To analyze and to explain at the regional level, on the basis of the information from national evaluations, the degree of implementation of national strategies, and the incidence of the favorable and unfavorable factors that might affect them.

- To analyze the development of the regional Plan of Action and the outcome of its implementation.

- To analyze the regional mechanisms of support and to formulate recommendations for their improvement.

### **3.5 Plan of Action for the Regional System of Evaluation and Monitoring**

As proposed by WHO, there will be four regional evaluations at the end of each six-year period, beginning in 1983, in order to obtain baseline information, and continuing in 1989, 1995 and 2001. These periods coincide with the evaluations of the 7th, 8th, and 9th General Programs of Work of the World Health Organization. In addition, monitoring will be carried out every two years in the intermediate odd years (1985 and 1987, 1991 and 1993, and 1997 and 1999).

According to this WHO-proposed calendar, it will be necessary to prepare a detailed regional program of work during the course of 1981. This program of work will contain, with all the necessary specificity, the operational plan in order to carry out the first evaluation during 1982, whose results will be submitted to PAHO Governing Bodies in 1983.

The importance of the initial evaluation should be emphasized. It will provide a baseline for the follow-up, the analysis and assessment of progress achieved in the process of Health for All; at the same time, it will serve to ascertain the performance of the process itself. It should also provide information concerning new elements that may be incorporated in the future, and about other elements

that may be discarded for the purpose of adding explanatory power to the analyses and consequently to reorient the strategies. Finally, within all this heuristic process, the first evaluation will serve to define more clearly the needs for adjustments in the information systems, and for development in the techniques of processing and analysis.

For these reasons, the present Plan of Action addresses with more specificity the preparation and implementation of the first evaluation, bearing in mind that the subsequent monitoring and evaluations are to be conditioned by the results that are obtained in the first.

#### **3.5.1 Contents of the Evaluation and Monitoring**

The areas that will be subject to the evaluation, as defined by the Directing Council of the Organization, are the following:

- The minimum goals of the process of HFA/2000.
- The coverage and objectives set for the systems of health services.
- The conditioning factors and the levels of well-being.
- The strategies.
- The Plan of Action for the implementation of the strategies.

##### **A. THE MINIMUM GOALS**

The Organization has adopted goals that should be achieved by all the countries if HFA/2000 is to be attained. These goals, expressed in terms of health indicators and of coverage with services are the following:

- Life expectancy at birth (70 years).
- Infant mortality (30 per thousand live births).
- Mortality of children of 1-4 years of age (2.4 per thousand children of that age).
- Immunization (provide immunization services to 100% of the children under one year of age and 100% of the pregnant women

against tetanus in endemic areas in accordance with norms).

- Drinking water and basic sanitation (the greater part of the population with services in 1990 and 100% by the year 2000).

- Coverage (to ensure the access of all inhabitants of each country to the appropriate levels of the health services).

All these goals refer to the total population of each country, but the condition imposed by the regional objectives of reducing the inequalities between the population in general, and certain marginalized or underprivileged socioeconomic groups, makes it necessary to define the specific indicators for these priority groups. Therefore, the evolution of these minimum goals will be evaluated in terms of the total population, of the total urban population, of the marginal urban population, of the total rural population and of the dispersed rural population.

It should be noted that the goal of coverage is not a singular concept since the factors that condition and determine it are varied and complex. For this reason there is justification to evaluate coverage by separating it from the other minimum goals and integrating it with the evaluation of the regional objectives established for the infrastructure and operation of the health services system.

## B. COVERAGE AND THE HEALTH SERVICES SYSTEM

The achievement of the final goal of coverage is determined by the supply of services available in each country, for which accessibility, equity, effectiveness and efficiency have been selected as regional objectives; and by the demand, whose characteristics are little known in most countries of the Region.

### B.1 SUPPLY

The national health services systems, responsible for supplying services to the popu-

lation, have very different characteristics which explain in each case the achieved levels of coverage in the countries of the Region. In accordance with the regional objectives, the regional strategies aim to modify the factors that affect the accessibility, equity, effectiveness, and efficiency of the systems of services.

The system of monitoring and evaluation, therefore, should establish the situation in which these factors are found at the beginning of the regional process and track them over time in order to indicate lines of action to be followed by the Organization and Member Governments for the achievement of their national and regional objectives.

The evaluation will be conducted through the analysis of a group of indicators and criteria concerning the following subjects:

- *Services delivery units.* Characterization of the types of services delivery units, in accordance with the types of services that they provide, their functions, their manpower patterns and ownership. It should also include the units of the informal system (community health workers, lay midwives, etc.) if they exist.

As regards environmental health, indicators will be included on availability of water supply, excreta and solid wastes disposal systems in urban and rural areas.

- *Diagram of accessibility and referral system.* Definition in terms of time and distance, of the accessibility of different population groups to the service delivery units of the various levels of care of the system. Specification of the standards of referral system.

- *Resources.* Number of service delivery units according to type, staff hours, number of beds in units with inpatient service, total annual expenditure of the units according to type. Distribution of these resources for the care of each population group.

- *Production.* Total number of patients per year, discharges, and days of hospitalization of the units of services according to type and population group.

- *Productivity.* Number of patients per man-

hour. Number of discharges per bed-year; percentage of bed use.

- *Costs.* Average annual cost of care, of hospitalizations and of the patient-day, according to type of unit.

- *Indicators of coverage.* Population by groups, and by service delivery unit.

Beds per thousand inhabitants, in accordance with population groups.

Number of attendances per year, and per inhabitant, in each population group.

Discharges per 100 inhabitants in each population group.

Population with drinking water, by type of service and population group.

Population with excreta disposal services, by type of service and population group.

- *Institutional structure of the sector.* Institutions (agencies) that constitute the health sector, functions, type of production, and legal coverage.

- *Expenditure on health and financing.* Amount, origin, and destination of the sectoral and agencies' expenditure according to type of production of the agencies. Expenditure of the public sector and of the private sector and its relationship to the total public expenditure and the gross domestic product. Sources of sectoral financing.

## B.2 DEMAND

The measurement of the supply of services is insufficient to determine the extension of coverage. The records of the health services include only the fulfilled demand; they do not include information concerning the demand that is turned away or not served. There is no reliable information about the demand for private medical care or for care of agents in the informal system. In addition, there is no dependable information concerning family health expenditure. In summary, the actual coverage of the health system is not known. On the other hand, the utilization of the supply is also conditioned by a series of behavioral and attitudinal patterns of the population

toward it. The determination of the current state and the evolution over time of this coverage will require that the countries obtain better information concerning the type of demand; who demands; to whom this demand is made; how it is fulfilled, and what its costs.

In the great majority of countries, there are no information systems of the health sector that provide data concerning these aspects. It is probable that specially oriented surveys must be designed in order to obtain it. For this purpose, the health sector of each country could carry out an inventory of the surveys that are conducted in other sectors, with which the collection of information could be coordinated periodically. In addition, existing sample frames could be used to design special surveys that can be carried out at very low cost. Nevertheless, care should be taken not to unnecessarily overload the surveys under the deceptive idea of making them more efficacious.

## C. ANALYSIS OF THE STRATEGIES

The initial evaluation will inquire about the nature of the strategies adopted by the countries, both those that fall within the framework of the regional strategies, as well as those which the countries have formulated outside it. The characteristics of these strategies will be coded, as will be the explanation and classification of the favorable factors and of the existing constraints for their application.

The successive evaluations will deal with the results that are being obtained with the implementation of the strategies, providing through their analysis, the elements for deciding upon their modification, reformulation, or strengthening.

## D. CONDITIONING FACTORS AND LEVELS OF WELL-BEING

The Goal of Health for All is included within the general framework of well-being. Thus it will be necessary to incorporate in the

evaluation and monitoring the follow up of a group of indicators concerning the evolution of the most important components of the levels of well-being. Such components, on the other hand, are factors that in greater or lesser degree condition the health status and, consequently, its indicators should be used for the analysis and explanation of the levels of health that are being obtained.

The Organization, upon adopting the regional strategies of Health for All by the Year 2000, established the use of certain socioeconomic indicators considered mandatory for the evaluation of the progress toward the goal. These indicators are the following:

- Population by age, sex, geographic distribution and socioeconomic groups;
- General fertility rate;
- Availability of proteins and calories per capita;
- Literacy rates;
- Proportion of population in extreme poverty;
- Unemployment rates;
- Gross domestic product per capita and structure of the GNP;
- Proportion of population that lives in marginal conditions.

All these indicators and others will be necessary to follow up on the status of the levels of well-being. It is necessary to emphasize that the first indicator, population, is an indispensable ingredient for the generation of many health indicators and that a special effort should be made to determine the population by socioeconomic groups, identifying those considered as priority groups. For purely operational purposes, and given certain features common to many of the countries of the Region, it would be possible to conceive the use of categories defined in terms of the geographic distribution of the population, such as the concentrated and scattered rural population, and the marginal and non marginal urban populations.

### 3.5.2 Selection of Indicators and Taxonomy Criteria

Upon adopting the regional strategies, goals, objectives, the Directing Council also recommended the use of a certain number of mandatory indicators for the evaluation.

Many of these indicators are commonly used, especially those numerical indicators that come from existing records of population, mortality, morbidity, and activities of the sector or of the other sectors. But there are a certain number of critical areas for which indicators must be developed, perfected, or better determined with regard to their validity, precision, discriminative power, etc. Although this is a task that will have to be carried out throughout the development of the evaluation and monitoring process, efforts will have to be made in order to decide without ambiguity which indicators can be used in the initial evaluation.

Emphasis should be placed on the fact that there are a number of variables for which numerical indicators cannot be used, and for which criteria should be developed to ensure the comparability of their interpretation. For instance, there are some qualitative aspects that need to be categorized in terms of the presence or absence of a given attribute, and for which there is a need to establish previous and precise definitions.

The study and selection of indicators for the initial evaluation, is an activity that should be carried out during the third quarter of 1981 at the latest, since a feasibility study should be done to determine whether the national information systems can produce them, and the necessary adjustments be introduced in order to make possible their collection. This activity should continue on a permanent basis, for the purpose of refining the next monitorings and evaluations.

The Organization will consult the opinion of national technical personnel concerning the indicators that are being proposed. When appropriate, it will also consult with other spe-



cialized international agencies regarding indicators that are necessary in order to carry out the evaluation and monitoring of the strategies, and which are not generated by the health sector.

### **3.5.3 Data Collection**

The preliminary design of the forms for the initial evaluation and field testing, will be carried out from July to October 1981. The final forms will be adopted in November 1981 following their review by an ad hoc group of experts. The information from the countries will be collected from March to August 1982.

### **3.5.4 Processing, Analysis and Presentation**

The information collected from the countries will be examined in order to amend errors and inconsistencies through consultation with the countries and a program of tabulation of the data will be carried out.

Since the tabulations should be designed to serve the needs of the analyses, a preliminary testing analysis will be carried out during the third quarter of 1982 for determining these needs, as well as for evaluating the advisability of developing specific techniques, and establishing the final plan of analysis.

The analysis will be carried out from December 1982 to February 1983 and the report of the evaluation will be completed in April 1983 in order to be presented for consideration by the Governments and the Executive Committee of PAHO in June-July 1984.

### **3.5.5 Complementary Activities**

The evaluation and monitoring of the process of HFA/2000 should cover certain subjects that traditionally have not been fully addressed by the health sector. The nature of these subjects is essentially conceptual, but their handling poses methodological approaches that require greater development and improvement. These activities should be

urgently undertaken by the Organization and by the Governments in order to proceed with the first evaluation in accordance with the agreed upon schedule, and to establish the baseline for the successive monitoring and evaluations.

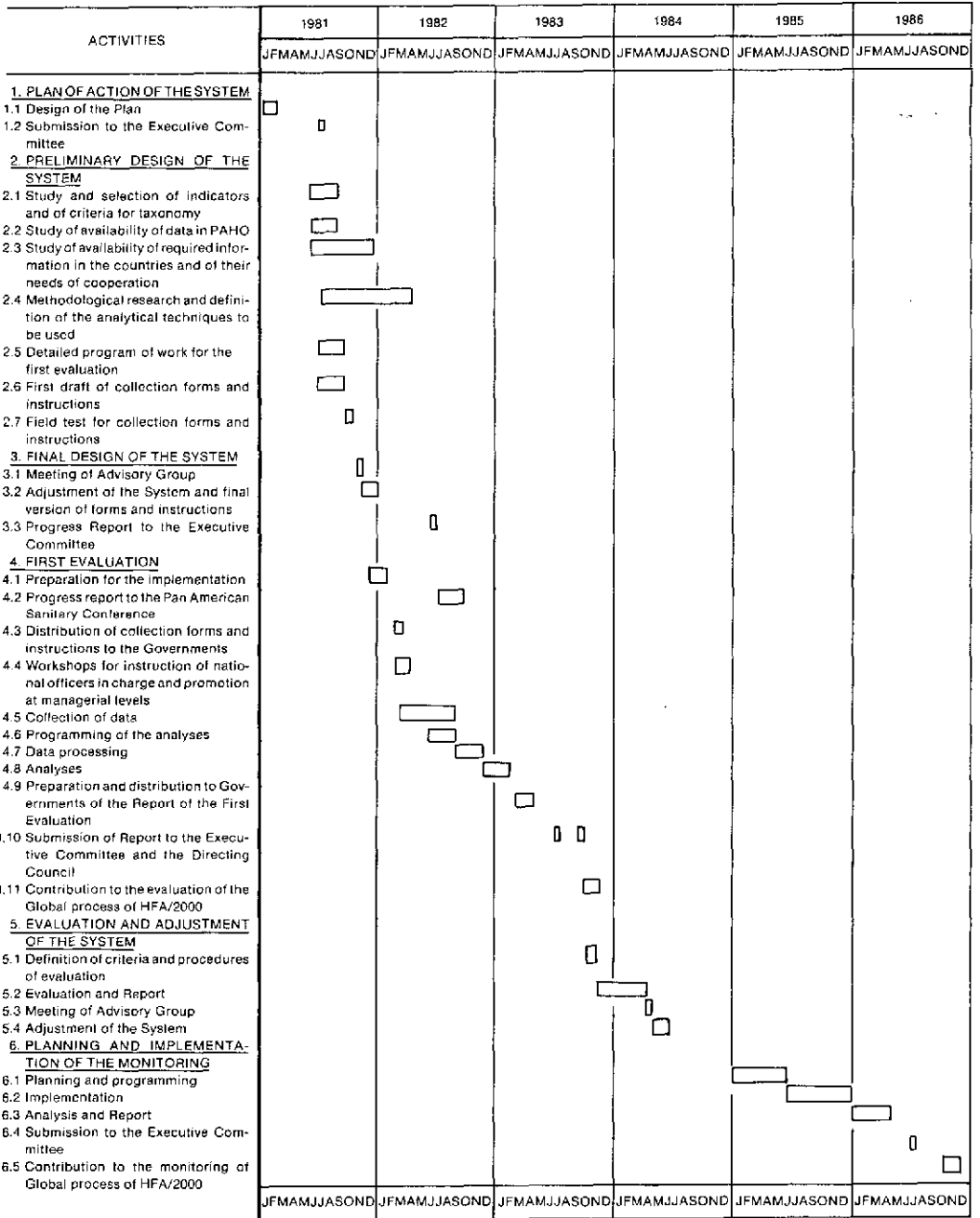
Consequently, the following complementary activities should be carried out within the process of regional evaluation and monitoring, with the participation, whenever pertinent, of national specialists in the field.

#### **A. NATIONAL INFORMATION SYSTEMS**

Most of the data required for the regional evaluation and monitoring will have to be provided by the national health information systems. These systems are in very different levels of development and almost all of them will require some adjustments so that they are capable of providing the necessary information for the national and regional evaluation and monitoring. It cannot be expected, in the short term, that these systems will be in a position to provide all the information required. Information systems do not develop independently; they depend mainly on the progress and development of the managerial systems. Consequently, the national and regional evaluation and monitoring systems should be developed by successive approximations. Nevertheless, it is possible to expect that the development of information systems may also be accelerated, since one of the regional objectives is to maximize and accelerate administrative development of the national health systems.

The Special Working Group of the Directing Council of PAHO, in the Complementary Document to the "Regional Strategies of Health for All by the Year 2000" (CD27/34.A) explicitly recommends that the countries "assign priority to the development of their information systems so as to provide them with the tools needed to evaluate and control progress towards the Goal of Health

DIAGRAM 3. CALENDAR OF ACTIVITIES OF THE REGIONAL SYSTEM OF EVALUATION AND MONITORING, 1981-1986.



for All by the Year 2000" and it assigns the Organization the responsibility of "providing, or arranging for the provision of, the necessary technical assistance, where needed, and ensuring comparability among countries."

In accordance with this recommendation, PASB will assess, during 1981, the feasibility for the national information systems to fulfill the data needs of the regional evaluation and monitoring; it will also program with the countries the cooperation that they may require for development of their information systems and the organization of their national systems of evaluation, monitoring, and control.

#### B. METHODOLOGICAL RESEARCH

The evaluation will require, for certain types of analysis, the use of techniques and methods that are not commonly used in the health sector. As was previously mentioned, the analysis will use the epidemiological, economic, and historical approaches separately or simultaneously, depending on the nature of the variables under study. This means that appropriate techniques will have to be utilized for such approaches, either adapting those which may already exist or developing new ones. Methodological re-

search, therefore, is an activity that should be carried-out throughout the process.

#### C. PREPARATIONS FOR THE FIRST EVALUATION

Once the forms and the procedures for data collection are approved, a series of workshops will be held, during the first quarter of 1982, with the national personnel responsible for obtaining and submitting the information for the evaluation, so as to discuss the characteristics of the information that is requested, its purpose, alternative sources of information, their limitations and advantages and, finally, the organization of the national activities related to the process of evaluation and monitoring.

#### D. EVALUATION OF THE SYSTEM

The regional system of evaluation and monitoring, as one of the mechanisms of support to the strategies, will also be evaluated in the same manner as all the above-mentioned mechanisms.

#### 3.5.6 Calendar of Activities

Diagram No. 3 shows the activities to be carried out from 1981 to 1986 for the organization and operation of the regional evaluation and monitoring system.



**Part IV**

**ANNEX**



## ANNEX

### XXVII MEETING OF THE DIRECTING COUNCIL OF THE PAN AMERICAN HEALTH ORGANIZATION

*Washington, D.C., 22 September-3 October 1980*

#### Resolution XX

##### Regional Strategies of Health for All by the Year 2000

*The Directing Council,*

Bearing in mind that the Ministers of Health of the Region of the Americas at their III Special Meeting in 1972 established as the main objective the extension of health services, coverage to all underserved populations and to those completely lacking such services and that at their IV Special Meeting in 1977 they ratified and recognized "primary health care" as the main strategy to achieve total coverage in the sectoral context of national socioeconomic development;

Having reviewed Resolution WHA30.43 in which the World Health Assembly resolved that the main social goal of the Governments and WHO should be "the attainment by all the people of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life;"

Considering that the World Health Assembly in Resolution WHA32.30 endorsed the Declaration of Alma-Ata, which recognizes that primary health care is the key to the attainment of health for all by the year 2000 as part of general development, in the spirit of social justice, and urged Member States to define and to put into practice national, regional, and global strategies to attain that goal;

Recognizing that, according to Resolution XXVIII of the XXIV Meeting of the Directing Council of PAHO, the final evaluation of the Ten-Year Health Plan for the Americas should take place in 1980, and that given the commitment of the Governments of the Region to comply with Resolution WHA32.30 of the World Health Assembly on the formulation of regional strategies, the Executive Committee of PAHO at its 82nd Meeting approved a plan of work, contained in Resolution XIX, which joined in a single process the evaluation of the Ten-Year Health Plan and the formulation of national and regional strategies;

Taking into consideration that attaining the goal for the year 2000 constitutes a dynamic process which creates new situations, and that therefore it is necessary to establish its evaluation and systematic monitoring in order to identify new problems and courses of action, and to adjust the strategies as part of this ongoing process;

Recognizing that there are problems which demand joint and synergic action among several countries to ensure an efficient solution in the most effective manner, and that the key to ensure the success of these initiatives lies in the evaluation by each country of its capacity to provide and utilize assistance, and in the national analysis and programming of external cooperation;

Considering that, in agreement with Resolution VII of the 84th Meeting of the Executive Committee, the Subcommittee on Long-Term Planning and Programming revised the reference document prepared by the Secretariat: "Developments in the Health Sector in the 1971-1980 Decade, and the Strategies for Attaining the Goal of Health for All by the Year 2000," incorporating modifications, elaborations, and constructive criticisms made of its content in order to give the document greater consistency and coherence; and

In view of the fact that during XXVII Meeting of the Directing Council several countries have made additional contributions for inclusion in the regional strategies, which must be taken into account,

*Resolves:*

1. To approve Document CD27/34.A: "Developments in the Health Sector in the 1971-1980 Decade, and Strategies for Attaining the Goal of Health for All by the year 2000," for transmittal to WHO with a preface announcing that a complementary document prepared by the Ad Hoc Working Group on the basis of the additional contributions and criticisms made in the discussions will be sent by 15 November 1980.

2. To stress that primary health care and its components constitute the basic strategies for attaining the goal of health for all by the year 2000 in the Region of the Americas, which include: the extension of health services coverage and environmental improvement; community organization and participation; improvement of mechanisms for intersectoral linkages; the development of research and appropriate technologies, and of human resources; the availability and production of critical inputs; the establishment of national systems for financing the health sector; and the reorientation of international cooperation.

3. To consider the regional strategies contained in Document CD27/34.A and the additional contributions and criticisms brought out in the XXVII Meeting of the Directing Council, as noted in the preface, as constituting the basis for the Pan American Health Organization's policy and programming, and as representing the contribution of the Region of the Americas to the global strategies of the World Health Organization.

4. To recommend to the Governments that they:

a) Adjust their health policies and plans and make them compatible with national development policies and strategies, taking into consideration the implica-



tions of the national strategies adopted by them, and the regional strategies which they have agreed upon to attain the goal of health for all by the year 2000;

b) Reorganize the health sector to include community participation and to improve the links between the different components of the sector, relating them to other development sectors;

c) Develop the operative capacity of each of the levels of care of the health sector so as to maximize its efficiency and the effectiveness of its activities, and revise and redcfine its financing systems;

d) Analyze and program the human, physical, and financial resources needed to comply with national programs, thus ensuring the maximum efficiency and social relevance in their utilization;

e) Orient the development of research and appropriate technologies in accordance with the needs of the national development process;

f) Improve the programming and coordination of international cooperation in the intersectoral context of each country;

g) Define within their external cooperation plans the areas in which technical cooperation among developing countries (TCDC) may be applied, and analyze and develop national capacity in order to utilize and to provide cooperation, and identify those problems whose solution might be facilitated by the joint action of the countries, avoiding duplication;

h) Develop their national planning, programming, information, control, and evaluation systems;

i) Review and evaluate their strategies periodically and introduce the necessary adjustments within the context of national development;

j) Assure the continuity of all activities which acquire special significance during the celebrations promoted in the United Nations System in connection with health, such as the activities generated by the International Year of the Child.

5. To request the Director:

a) To prepare a plan of action for the development of all strategies agreed upon, including technical and administrative support measure, promotion of the identification and mobilization of resources, research promotion, development of appropriate technologies and information exchange, and promotion of intrasectoral and intersectoral coordination within a monitoring and evaluation system for the above strategies; this plan of action to be submitted to the XXVIII Meeting of the Directing Council, following its approval by the Executive Committee;

b) To promote the use of TCDC, including its information systems;

c) To develop the necessary instruments and take the appropriate initiatives to strengthen the technical cooperation and international coordination functions of the Organization;

d) To adopt the necessary measures for improving the programming, information, control, and evaluation system in relation to the Organization's short-term and medium-term program of technical cooperation.

*(Approved at the fourteenth plenary session,  
1 October 1980)*

XXVIII MEETING OF THE DIRECTING COUNCIL OF THE  
PAN AMERICAN HEALTH ORGANIZATION

*Washington, D.C., 21 September-1 October 1981*

**Resolution XI**

**Plan of Action for the Implementation of Regional Strategies  
of Health for All by the Year 2000**

*The Directing Council,*

Having examined the Plan of Action for the Implementation of Regional Strategies (Document CD28/14) prepared by the Director and reviewed and approved by the 86th Meeting of the Executive Committee, in compliance with Resolution XX of the XXVII Meeting of the Directing Council;

Considering that Resolution XX makes specific recommendations to Governments, the Organization, and the Director; and

Taking into account the Global Strategy of Health for All by the year 2000 (Document A34.5 of the World Health Assembly), approved by Resolution WHA34.36,

*Resolves:*

1. To approve the Plan of Action to implement the regional strategies (Document CD28/14).
2. To recognize the urgency of pursuing the regional process of health for all by the year 2000, linked with the PAHO programming and budgeting cycles and with PAHO and WHO monitoring and evaluation periods, in such a way that it is in full development by the beginning of 1984.
3. To emphasize that the Organization concentrate its efforts and resources on the objectives and priorities contained in the Plan of Action.
4. To urge the Governments to:
  - a) Evaluate and adjust on a timely basis their national health plans in keeping with their own national strategies, as well as with the regional strategies and Plan of Action, so as to contribute to the attainment of the regional objectives and goals;
  - b) Formulate, during the process of evaluation and modification of the national plans, the programming of external cooperation and of the country's participation in Technical Cooperation in Developing Countries;
  - c) Introduce the necessary modifications both in the development of the national information systems and in the periods of evaluation of the national health plans, so as to permit national evaluation, and contribute to the regional process of monitoring and evaluation;
  - d) Give priority to comprehensive health education beginning in childhood;

- e) Instruct their respective Ministers of Health to formally reaffirm at the XXI Pan American Sanitary Conference the commitments of the Governments to develop the necessary activities which will ensure the implementation of the regional Plan of Action, and to report on the decisions and progress accomplished in carrying out this Plan of Action in their respective countries.
5. To request the Director to:
- a) Review and orient, with the participation of the Member Governments, the PAHO program of technical cooperation with the aim of ensuring maximum and appropriate support of the preparation and development of the national and regional processes of health for all by the year 2000;
  - b) Promote and support the development of the national and regional monitoring and evaluation systems, in accordance with the global process of health for all by the year 2000;
  - c) Inform the XXI Pan American Sanitary Conference on the state of the process of health for all by the year 2000, including measures adopted to strengthen the catalytic role of the Organization in the exchange of experience and cooperation among the Member Countries.

*(Approved at the ninth plenary session,  
28 September 1981)*



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