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**PREPARATIONS FOR THE THIRD MONITORING OF THE IMPLEMENTATION
OF THE REGIONAL STRATEGIES OF HEALTH FOR ALL BY THE YEAR 2000**

1. Introduction

In Resolution WHA45.4 of the 1992 World Health Assembly, the Member States agreed to carry out the third monitoring whose results will be presented to the respective Regional Committees in September/October 1994, and subsequently to the World Health Assembly in 1995.

2. Background

In 1978 in Alma Ata, the goal was established that all citizens in every country would attain an acceptable level of health by the year 2000 (Basic Goals of HFA-2000). This meant that:

- a) All members of the population would have a level of health that would enable them to work and participate actively in the social life of their community.
- b) Acceptable and timely basic health care, sufficient to satisfy basic human needs, would be accessible to all.

The Member States of WHO adopted this proposal as their own. To achieve the above goals, their health systems would need to be based on primary health care, defined as essential health care that is technically sound, economically feasible, and socially acceptable. Beginning in 1982, as agreed at the World Health Assembly, a common framework was established for collecting and analyzing information related to monitoring progress in the implementation of national strategies.

There have been four evaluation and monitoring exercises carried out worldwide: two evaluations in 1985 and 1991, and two monitoring activities in 1983 and 1988.

3. The Third Monitoring

This monitoring will be carried out at the end of 1993 and the beginning of 1994. Because of the amount of time that had elapsed since the evaluation and monitoring instrument was formulated, it was revised and adjusted early this year at a meeting convened by WHO and attended by representatives from all of the Regions around the world. This new instrument, *Third Monitoring of Progress: Common Framework*, is based on the experience gained in the earlier evaluation and monitoring exercises. It covers trends in health status, implementation of primary health care, development of health systems based on primary health care, resources for health, and trends in healthy lifestyles and environment, as well as population and socioeconomic trends. Some areas have been simplified and others expanded. Those that have been expanded include disabilities, quality of care, healthy lifestyles, healthy environment, and emergency preparedness and relief. Special emphasis has been placed on equity in health, with a specific focus on the gaps existing between different population groups in terms of access to basic services, as well as the measures taken to narrow them.

This monitoring exercise should be looked upon as an opportunity for the countries to strengthen their capacity to evaluate the health status of different population groups, as an important element of decision-making about health and welfare policies and plans in health system reorganization.

The preparation of a report for the Governing Bodies of PAHO/WHO will provide an opportunity to identify problems and solutions that can help each country improve the health of its peoples. Despite the progress achieved, it will be necessary to redouble efforts to improve health and well-being so that all the countries and all their population groups can attain the goals and targets of HFA-2000.

The national health authorities are responsible for conducting the monitoring and preparing the related report. The various levels of the PAHO Secretariat (Headquarters, Representative Offices, and Centers) will cooperate with the authorities in this effort.

During the month of October, the Director will transmit to the Ministers of Health of the Member States the document *Third Monitoring of Progress: Common Framework*. This framework should be used for the collection and analysis of information on the progress of the implementation of the strategies of HFA-2000 by the countries.

The country reports, prepared as indicated in the above document, should be received at PAHO Headquarters no later than 28 February 1994.