

*directing council*

*regional committee*



**PAN AMERICAN  
HEALTH  
ORGANIZATION**

XXXIX Meeting



**WORLD  
HEALTH  
ORGANIZATION**

XLVIII Meeting

Washington, D.C.  
September 1996

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*Provisional Agenda Item 5.5*

CD39/15 (Eng.)  
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**CURRENT AND FUTURE STRATEGIC AND PROGRAMMATIC  
ORIENTATIONS FOR PAHO**

On page 2 of Document CD39/15, third paragraph, the second sentence should end with ". . . evaluation of the SPO." The remainder of the sentence, "and the representatives . . . participate actively," should be deleted.



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*Provisional Agenda Item 5.5*

CD39/15 (Eng.)  
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### **CURRENT AND FUTURE STRATEGIC AND PROGRAMMATIC ORIENTATIONS FOR PAHO**

When the XXIV Pan American Sanitary Conference adopted the strategic and programmatic orientations (SPO) for 1995-1998, it requested the governments and the Pan American Sanitary Bureau (PASB) to take the necessary steps to comply with and evaluate these policy orientations. The Conference recommended that the governments bear in mind the SPO as they formulate their national health plans and policies and requested PASB to use the SPO as a guide in programming its technical cooperation.

Monitoring and evaluation of the SPO will enable PASB and the governments to provide feedback for their planning processes, because the results of the evaluation represent one of the key inputs that will enable the governments to undertake the periodic definition of new national health plans and policies and the Organization to adopt new policy orientations, such as the SPO for the period 1999-2002.

In order to evaluate the SPO, it is necessary to be in a position to compare the baseline situation of 1994 with the situation observed progressively up to 1998. This means that it will be necessary to construct the baseline with the most adequate information possible and to have consecutive data available for comparison. This, in turn, implies an effort to improve information systems in the countries and the Secretariat alike.

The basic aspects to be considered in the evaluation are the degree to which the SPO have been incorporated into national health policies and plans and the degree to which they have been fulfilled, the way in which the programming of technical cooperation has contributed to the achievement of the goals and objectives set forth in

the SPO, and, finally, the degree to which the regional goals adopted in the SPO have been met.

The attached document (CE118/15) was presented to the 118th Meeting of the Executive Committee in June. It discusses the importance of monitoring and evaluating the SPO; describes the process developed by PASB for conducting the evaluation of the strategic and programmatic orientations, both in PASB and in the countries; and presents a series of conclusions for adapting the process at the national level, since the internal process of PASB is carried out through the American Region Planning, Programming, Monitoring, and Evaluation System (AMPES) for PAHO technical cooperation, about which the Directing Council was informed at its XXXVIII Meeting in 1995.

This document is now presented for the consideration of the Directing Council for its comments and suggestions, with a view to improving the process already under way. In addition, all the countries are urged to assume their national responsibility and contribute to the evaluation of the SPO, and the representatives, to comment on the process to be followed in the preparation of the SPO for the next quadrennium, in which the countries will assume their responsibility and participate actively.

It is also hoped that, when discussing the evaluation of the SPO for the present quadrennium, the representatives will analyze and propose modalities for the establishment of an organized process that will facilitate the preparation of the SPO for the next quadrennium, 1999-2002, in which the countries will play a more active role.

Annex

*executive committee of  
the directing council*



**PAN AMERICAN  
HEALTH  
ORGANIZATION**

*working party of  
the regional committee*



**WORLD  
HEALTH  
ORGANIZATION**

118th Meeting  
Washington, D.C.  
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CD39/15 (Eng.)  
Annex

*Provisional Agenda Item 4.7*

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### **EVALUATION OF THE STRATEGIC AND PROGRAMMATIC ORIENTATIONS, 1995-1998**

When the XXIV Pan American Sanitary Conference adopted the strategic and programmatic orientations (SPO) for 1995-1998, it requested the governments and the Pan American Sanitary Bureau (PASB) to take the necessary steps to implement these policy orientations. The Conference requested the governments to bear in mind the SPO as they formulate their national health plans and policies and requested PASB to apply the SPO in programming its technical cooperation.

Monitoring and evaluation of implementation of the SPO is important not only to comply with the resolutions adopted by the Pan American Sanitary Conference, but also to generate feedback for the Organization's planning process. The results of the monitoring of implementation of the SPO will show the health policy and planning areas on which the countries should concentrate their efforts and the technical cooperation areas on which the Organization should focus its attention in the immediate future.

In addition, the results of the evaluation will be among the fundamental inputs for the periodic formulation of new health plans and policies in the countries and for the adoption of new policy orientations by the Organization (the SPO for the period 1999-2002).

The purpose of this document is to inform the Executive Committee about the status of the process of monitoring and evaluation of the current SPO. The members of the Committee are invited to make comments and suggestions regarding how this process might be improved. On the basis of these conclusions and with the contribution of the members of the Committee, PASB will continue to extend the monitoring and evaluation process into all the countries of the Region. The Committee is also invited to comment on the procedure to be followed in drawing up the SPO for the next quadrennium.

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## EXECUTIVE SUMMARY

When the XXIV Pan American Sanitary Conference adopted the strategic and programmatic orientations (SPO) for 1995-1998, it requested the governments and the Pan American Sanitary Bureau (PASB) to take the necessary steps to implement and evaluate these policy orientations. The Conference requested the governments to bear in mind the SPO as they formulate their plans and national health policies and requested PASB to apply the SPO in programming its technical cooperation.

Monitoring and evaluation of the SPO will provide feedback to PASB and the governments on their planning processes, because the results of the evaluation represent one of the key inputs for the periodic definition of new health plans and policies in the countries and for the adoption of new policy orientations by the Organization, such as the SPO for the period 1999-2002.

In order to evaluate the SPO, it is necessary to be in a position to compare the baseline situation, 1994 in the present case, with the progressive situation up to 1998. This means that it will be necessary to construct the baseline with the most adequate information possible and to have consecutive data available for comparison. This, in turn, implies an effort to improve information systems in the countries and the Secretariat alike.

The basic aspects to be considered in the evaluation are the degree to which the SPO have been incorporated into national health policies and plans and the degree to which they have been fulfilled, the way in which the programming of technical cooperation has contributed to the achievement of the goals and objectives set forth in the SPO, and, finally, the degree to which the regional goals adopted in the SPO have been met.

This document discusses the background of the Pan American Sanitary Conference that approved the SPO; the importance of monitoring and evaluating the SPO; the process developed by the PASB for conducting the evaluation of the strategic and programmatic orientations, both in the PASB and in the countries; and a series of conclusions for adapting the process at the national level, since the internal process of PASB is carried out through the American Region Planning, Programming, Monitoring, and Evaluation System (AMPES) for PAHO technical cooperation, about which the Executive Committee was informed at its 116th Meeting.

## **1. Background**

The XXIV Pan American Sanitary Conference, through Resolution CSP24.R4, adopted the strategic and programmatic orientations (SPO) for 1995-1998, requesting the governments to bear in mind the SPO in formulating their national health policies. At the same time, it requested the Pan American Sanitary Bureau (PASB) to apply the SPO in programming technical cooperation.

Through Resolution CSP24.R3, the Conference requested both the countries and PAHO to establish the necessary mechanisms to make it possible to monitor achievement of the quadrennial targets and encouraged the Member States and the Secretariat to draw upon the lessons learned from this exercise and apply them to the process of formulating strategic orientations and program priorities in the future.

The PASB thus has a mandate to utilize the SPO as the guide for programming technical cooperation. In addition, the governments are asked to incorporate the SPO into their health policies and plans. Both the governments and the PASB are to establish mechanisms that will make it possible to monitor and evaluate implementation of the SPO, which in turn will make it possible to prepare proposals for the Organization's policy orientations for the next quadrennium.

The evaluation should therefore seek to determine, through the use of appropriate mechanisms, the degree to which the regional goals have been achieved, looking at all the strategic orientations, with their respective areas of work and lines of action. This should be done at two levels. At the *national level*, the evaluation will look at achievements in the areas of work and under the lines of action (following the logic that the objectives set forth in the areas of work will be accomplished through the execution of national plans and with the contribution of technical cooperation). At the *regional level*, the evaluation is an overall assessment of the degree to which the regional goals have been achieved (following the logic that overall fulfillment of the lines of action and the areas of work will lead to attainment of the regional goals).

This means that the evaluation of the SPO is comprised of two complementary elements: the countries' own evaluation and that of the PASB, neither of which can by itself show the results of adopting and executing the SPO or illustrate the modifications in the proposed SPO that will have to be made for the quadrennium 1999-2002.

## **2. Importance of Evaluating the Strategic and Programmatic Orientations**

As has been noted on a number of occasions by the ministers of health of the Region and by the Governing Bodies of the Organization, monitoring and evaluation of the implementation of the SPO is important not only to comply with the resolutions

adopted by the Pan American Sanitary Conference, but also to generate feedback for the Organization's planning process.

The Organization has adopted the long-range goal of achieving health for all (HFA) and is currently in the process of renewing its commitment to this goal. In order to achieve it, both the governments and the PASB must adopt plans and programs designed specifically with this objective in mind. It is essential to monitor and evaluate the implementation and impact of these operational programs in order to determine if the Region is heading in the right direction and, if not, to make the necessary adjustments or modifications in the plans and programs.

The strategic and programmatic orientations and their practical expression in national health policies and plans and in the biennial and annual programming of PASB technical cooperation constitute the operational manifestations, in the countries and the PASB, of the intermediate results that it is hoped will be obtained in order to eventually achieve HFA.

Monitoring of the application of the SPO in the countries will show the health policy and planning areas in which the countries should concentrate their efforts and the technical cooperation areas on which the PASB should focus its attention in the immediate future.

At the same time, the results of the evaluation will be among the fundamental inputs for the periodic formulation of new health plans and policies by the governments and for the adoption of new policy orientations by the Organization for the period 1999-2002, so that the Region can continue to work toward the goal of health for all.

In order to evaluate the SPO, it is necessary to be in a position to compare the baseline situation, 1994 in the case of the present quadrennium, with the progressive situation up to 1998. This means that it will be necessary to construct the base line with the most adequate information possible and to have available consecutive data for comparison. This, in turn, implies an effort to improve the information systems in the countries and the Secretariat.

This document is intended to inform the Executive Committee about the status of the process of monitoring and evaluation of the current SPO. The members of the Committee are invited to make comments and suggestions regarding how this process might be improved. The Committee is also invited to comment on the way in which the input derived from this exercise might be utilized in the process of formulating the strategic and programmatic orientations for the period 1999-2002, bearing in mind the experience gained in this and prior quadrenniums.



### **3. Process of Evaluating the Strategic and Programmatic Orientations**

The basic issues to be considered in the evaluation are: (1) the degree to which the SPO have been incorporated into the national health policies and plans and their fulfillment, and (2) the way in which the programming of technical cooperation has contributed to the achievement of the goals and objectives set forth in the SPO. Two types of action are required in order to determine these things. First, the countries will need to undertake an analysis of their national health policies and plans in order to assess how consonant they are with the goals and areas of work established under the SPO. They will also need to define indicators that will make it possible to verify their fulfillment. Second, the PASB will monitor the execution of technical cooperation programming through the American Region Planning, Programming, Monitoring, and Evaluation System (AMPES) at the PASB.

These two components, although they will be carried out independently of one another, will converge in the analysis of the achievement of the goals of the SPO, since these goals are met through the synergistic conjunction of the actions carried out in the countries (national plans and programs) and national and regional technical cooperation actions (projects).

#### **3.1 *Evaluation Process in the Pan American Sanitary Bureau***

Progressive adjustments have been made to AMPES to facilitate the uniform preparation of work plans and achieve specific objectives through the definition of technical cooperation projects. The System adapts to the various time frames and sets of health objectives established at the global and regional levels. The general goal of health for all and the diverse strategies and plans of action for achieving it serve as the basic framework for planning, as well as the General Programs of Work (GPW) of WHO and the strategic and programmatic orientations of PAHO.

Under the current structure of the AMPES, in which technical cooperation projects are structured according to the principles of the Logical Framework, every technical cooperation project developed by units within the PASB is linked to the SPO.

The biennial program budget (BPB) is a mechanism for translating the SPO for 1995-1998, the Ninth General Program of Work of WHO, and other policy statements into the technical cooperation program that allocates the resources over a two-year period. It consists of technical cooperation projects formulated on the basis of the national priorities for technical cooperation and the SPO. Its structure includes the "Goal" of health for all, as an objective that all the technical cooperation projects contribute to fulfilling; the "Purpose" of the projects, which describes the expected impact of the technical cooperation and derives from the *Areas of Work* of the SPO; and

the "Expected Results," which describe what the Secretariat is committed to accomplishing during the biennium and derive from the *Lines of Action* of the SPO.

The purpose and the expected results of the projects include indicators of quantity, quality, and time that serve as the basis for monitoring and evaluating technical cooperation.

The annual program budget (APB), which derives from the biennial program, expresses the commitment of the PASB to providing technical cooperation in the areas identified and responds to the national health priorities and the SPO.

In the past, one of the weak aspects of AMPES was the difficulty of evaluating the success of the PASB in terms of the goals set forth in the General Programs of Work of WHO, the SPO, and other plans of action approved by the Governing Bodies. This problem arose because more attention was paid to the activities and resources executed than to the results of the technical cooperation.

The emphasis in AMPES is currently on monitoring and evaluation through the definition of indicators for each level in the hierarchy of objectives (project goals, purposes and objectives, expected results). The annual evaluation of the projects in the APB examines the degree to which the expected results of the technical cooperation have been achieved. Monitoring and evaluation in AMPES are documented in four-month progress reports (IPC) and the annual evaluation of the technical cooperation program (EAP).

The monitoring process focuses on determining the degree to which the expected results have been achieved through the established indicators, based on the current situation of the country or the Region as a whole; that is, evaluation of technical cooperation through AMPES refers to the evaluation of the regional and country programs alike.

In addition, joint evaluations conducted periodically by the governments and the Pan American Sanitary Bureau show not only the degree to which the purposes, objects, and expected results of the technical cooperation programmed by the governments have been met but what factors make it successful and what factors represent a stumbling block to success.

Thus, the programming of technical cooperation is linked from the outset to the SPO, as called for by the XXIV Pan American Sanitary Conference in Resolution CSP24.4, and the programming system makes it possible to ensure the necessary monitoring and evaluation.

The Secretariat is therefore in a position to inform the Governing Bodies about the situation regarding the achievement of the objectives that they have established in the policy and strategic planning instruments.

### **3.2 *Evaluation Process in the Countries***

Because evaluation of the SPO in the countries implies analysis of the fulfillment of national health plans and policies and achievement of the goals defined by the government, this process must be a genuinely national one.

In accordance with the document containing the SPO adopted by the Conference, specific targets will be developed by country or subregion within the framework of detailed planning that must include indicators that are specific in terms of quantity, quality, and time. It is essential, therefore, to have indicators that will make it possible to monitor and evaluate action taken in each country in the areas of work established under the SPO.

In order to assess the conditions that might favor or hinder this exercise in the countries, evaluation activities were initiated in a select group of countries. The insights gained in these initial experiences will then be shared with the rest of the Region.

With a view to encompassing the broadest possible range of countries, Brazil, Cuba, Dominican Republic, Haiti, Mexico, Peru, and Trinidad and Tobago were selected. A group was also formed at Headquarters to provide support for the respective PAHO/WHO Representative Offices in their efforts to collaborate with national authorities in the evaluations.

In each of the countries, the government authorities were asked to formalize the exercise by designating those who would be responsible for the evaluation itself, those with whom the Organization should interact, and those to whom direct support should be provided.

A procedure was sought for the definition of indicators—where they had not been adopted in national health plans—that would make it possible to carry out the monitoring and evaluation of the implementation of the SPO through the areas of work. The indicators had to encompass all the strategic orientations.

In addition, a person was designated in the PAHO/WHO Representative Office in each of the countries involved to provide direct support to the national authorities.

A work procedure was developed and adopted by the national authorities in charge of the process at the country level and the PASB staff member responsible for providing

the needed support. The procedure encompassed analysis of national health policies and plans, review of the health planning system, analysis of the national health information system and national instruments for monitoring and evaluating health policies and plans (including the definition of appropriate indicators for this monitoring and evaluation), identification of information sources, and establishment of information processing and analysis mechanisms.

In October 1995, the progress of the exercise in the selected countries was reviewed in terms of each strategic orientation in the SPO, and the relationship existing between evaluation of the SPO and evaluation of technical cooperation in the countries was examined. The most important findings of this review are summarized below:

- The success of the process of evaluating the SPO depends to a large extent on the broad dissemination of the SPO.
- The countries found that the SPO are in fact closely linked to national health policies; they therefore perceive the process of evaluation to be a single process with a single set of indicators selected in accordance with the specific characteristics of each country (see Annexes A and B).
- Once efforts in each of the seven countries had been analyzed, it was found that the national plans, when they existed, reflected the SPO. As examples, Annexes A and B present two of the cases observed.
- It was emphasized that evaluation of the SPO in the countries is a process which is eminently national and must be adapted to the particular conditions and needs of each. The governments found the process of monitoring and evaluating the SPO to be important and useful as a means of motivating and encouraging reflection and analysis within the ministries of health, among the institutions of the health sector, and with other sectors with regard to the definition of health policies, the establishment of national plans of action in the area of health, the development of national health planning processes, the development of national health information systems and health surveillance systems, and the relationship between the health sector and other sectors. It was suggested that every effort should be made to strengthen information systems at the local level, especially in order to equip them to monitor inequities.
- In all the countries, the governments formally designated individuals to be responsible for the evaluation of the SPO; in most cases this was done at an administrative ceremony in which the PASB was included. The governments suggested that a national group be formed to oversee the evaluation process; the group should be multidisciplinary and hopefully intersectoral in composition and

should be organized in accordance with the various strategic orientations in the SPO.

- There is consensus on the need to make an effort to develop indicators that will make it possible to monitor and evaluate changes in inequities, whether by geographic regions, social groups, ethnic groups, gender, or living conditions. It was affirmed that there are currently areas within the health field in which the governments have a great deal of experience in the use of monitoring and evaluation indicators, such as in the area of environmental health, while there are other areas in which less progress has been made, such as in health promotion, and it is therefore necessary to develop good indicators (see Annexes A and B).
- There is agreement that it is necessary to develop only the indispensable minimum number of indicators for each goal and strategic orientation or to identify indicators that measure more than one goal and orientation or that can be used for different purposes, such as the monitoring of HFA, *Health Conditions in the Americas*, and others, in order to avoid overburdening the information systems. However, the inclusion of new indicators will in some cases be required not only in the quantitative but, more importantly, the qualitative dimension.
- These indicators should be developed on the basis of data that can in fact be obtained—preferably data that are already being collected by existing statistical systems in the countries. In addition, each government needs to clearly define the indicators that it is going to use so that it will be possible to establish whether or not each indicator is being employed in the same way in all the countries.
- It is not necessary to develop specific information for the SPO; rather, national health information systems and their normal output can be used for this purpose. Every effort should therefore be made to enhance these systems as soon as possible. There is also a need to maintain uniform information collection for all the purposes for which it is required in the countries.
- Governments that have already defined indicators for the monitoring and evaluation of their national health policies and plans will use them for the monitoring and evaluation of the SPO. An added advantage of the SPO monitoring and evaluation process is that it should help to ensure the coherence and coordination of the efforts being made to fulfill other commitments assumed by the governments in the context of the various international summits and the global commitments, such as the goal of health for all (HFA), which encompasses all the other initiatives. In this regard, it is necessary to take into account prior experiences in the monitoring of progress toward HFA in order to enhance national processes (see Annexes A and B).

- This process, given the nature of the evaluation (SPO/national health policies), should not represent any additional effort or work for the country or the PAHO/WHO Representative Office but form part of the daily activities of sector development, the planning processes, and the health information systems.
- The PASB is programming specific technical cooperation in order to continue to carry out the evaluation of the SPO in each country beyond 1996, until the task is completed.
- The governments have shown interest in continuing to exchange information with regard to this evaluation in the future. The PASB will therefore keep them connected through an exchange network, promoting technical cooperation among the countries.
- In order to keep the Governing Bodies informed and fulfill the commitments assumed by the ministers of health of the Region, it is necessary for the governments themselves to produce annual progress reports on the achievement of the health goals and objectives that they have established, as well as a final evaluation report at the end of 1998, in order to document the evaluation of the SPO at the national level.

It is understood, however, that these activities are progressing at different rates in different countries and that, as a result, while some countries will be able to begin to produce reports right away, others will need to make a greater initial effort.

#### **4. Conclusions Relating to Adjustment of the Process at the National Level**

The participation of all the governments of the Region is crucial in order to avoid presenting only a partial vision in monitoring and evaluating the SPO. What is needed is a true regional picture that encompasses Latin America, the Caribbean, and North America.

The governments must be encouraged to designate nationals to be responsible for carrying out the activities related to monitoring and evaluation, to whom the PASB should provide the necessary support. The PASB should endeavor to create awareness in the countries of the importance of monitoring and evaluating the SPO so that people in the countries understand that, at the national level, this means monitoring and evaluating national health policies and plans.

It is considered necessary to extend the evaluation effort to the local level, involving a large number of social actors, including the population. Local evaluation efforts should help to make it possible to assess the degree of equity in health, which was

defined by the ministers of health in the XXIV Pan American Sanitary Conference as the fundamental purpose of the SPO.

Although it is recognized that circumstances vary from country to country, the most important efforts to be made with regard to the monitoring and evaluation of the mandates and policies will be in the following areas:

- Agreement between the national entities and the PAHO Representative Offices for the adoption of joint responsibilities;
- Inclusion of other interlocutors, from the national level down to the local level;
- Designation of national groups to be responsible for monitoring and evaluation of national policies and mandates;
- Development of an interagency approach for supporting the governments and for using the indicators and information in general;
- Establishment of a base line for 1994, for use in the monitoring and evaluation.
- Identification of ways to make broader use of the databases developed for monitoring progress toward health for all;
- Preparation of annual reports on monitoring of progress toward fulfillment of the SPO, in terms of both the governments and the technical cooperation of the PASB.
- Training of national human resources in the areas pertinent to this process, when necessary;
- Involvement of the entire technical team of the PAHO/WHO Representative Office.

On the basis of these conclusions and bearing in mind the comments of the members of the Executive Committee, beginning in 1996 the PASB will be extending the monitoring and evaluation exercise to all the countries of the Region, through specific indications to the PAHO Representatives to help them to encourage national authorities in this regard.

However, it is important that the governments assume responsibility for their part in this process, so that an overall evaluation report on fulfillment of the SPO during the

quadrennium can be submitted in 1998 to the XXV Pan American Sanitary Conference. Submission of the annual progress reports will also be crucial.

Finally, because information about the successes and limitations in the fulfillment of the SPO should be part of the inputs for the development of the SPO for the period 1999-2002, during the years of the current quadrennium it is important to take the steps needed to produce policy orientations that take into account the experience of the Region and that are developed with broad participation by the governments themselves.

Annexes



## FIVE-YEAR HEALTH PLAN OF HAITI

Goal	Indicators	Regional Goals
<p>To improve the health situation of the Haitian population in accordance with the principal criteria established by the health policy, concentrating on increasing equity, accessibility, and community participation.</p>	<p>By the year 2000, i.e., by the end of the period of the five-year plan, the Haitian population will have attained the following health objectives:</p> <ul style="list-style-type: none"> <li>- A 10% reduction in the total death rate.</li> <li>- An increase in life expectancy at birth to 60 years.</li> <li>- A reduction in infant mortality to 50 per 1,000 live births.</li> <li>- A reduction in juvenile mortality to 35 per 1,000.</li> <li>- A reduction in maternal mortality to 1 per 1,000 live births.</li> </ul>	<ul style="list-style-type: none"> <li>1.1 To increase the span of healthy life for all people in such a way that health disparities between social groups are reduced.</li> <li>1.2 To ensure universal access to an agreed-upon set of basic health services of acceptable quality, emphasizing the essential elements of primary care.</li> <li>1.3 To ensure the survival and healthy development of children and adolescents.</li> <li>1.6 To eradicate, eliminate, or control major diseases that constitute regional health problems.</li> <li>1.7 To enable universal access to safe and healthy environments and living conditions.</li> </ul>

Objectives	Indicators	Regional Goals
<p>1. To reduce morbidity and mortality from communicable diseases.</p>	<p>1.1 50% reduction in the prevalence of tuberculosis.</p> <p>1.2 Stabilization of HIV seroprevalence at 1995 levels in urban and rural areas.</p> <p>1.3 50% reduction in the incidence of STDs.</p> <p>1.4 Eradication of congenital syphilis.</p> <p>1.5 30% reduction in the incidence of malaria.</p> <p>1.6 80% reduction in hospital deaths from malaria.</p>	<p>To support programs aimed at preventing the spread of HIV infection and other sexually transmitted diseases and reducing their impact, in coordination with other intergovernmental, multilateral, and bilateral agencies, including the HIV/AIDS programs of the United Nations and the inter-American systems.</p> <p>Programs for the control of vector-borne diseases should continue to be given priority, particularly those for malaria and other parasitic, viral, and bacterial infections, including tuberculosis. The countries will have to confront new types of infections that result from changes in human behavior and the environment.</p>
<p>2. To reduce morbidity and mortality from the principal childhood diseases and malnutrition.</p>	<p>2.1 Ongoing efforts to eradicate polio.</p> <p>2.2 Measles eradication.</p> <p>2.3 Eradication of neonatal tetanus (less than 1 case per 1,000 live births at the community level).</p> <p>2.4 50% reduction in the incidence of diarrheal diseases among children between 6 and 36 months of age.</p>	<p>Programs for the control of vaccine-preventable diseases of childhood, diarrheal diseases, and acute respiratory infections should be maintained and strengthened. Special emphasis must be placed on measles and tetanus, and activities aimed at maintaining the Region free of poliomyelitis. Leprosy control efforts should also continue. Effective new vaccines, such as the hepatitis B vaccine, should be added to those covered under existing immunization programs. Research must continue into the development of new and improved vaccines and technologies suitable for application at the community level for the prevention of infections.</p>

Objectives	Indicators	Regional Goals
<p>3. To reduce morbidity and mortality associated with pregnancy and delivery.</p>	<p>2.5 80% reduction in mortality from diarrheal diseases among children under 5.</p>	<p>Practical methods for preventing foodborne and diarrheal diseases, including safe food processing and handling and water disinfection, should be implemented.</p>
	<p>2.6 50% reduction in hospital deaths from acute respiratory infections (ARI) among children under 5.</p>	<p>Action in the area of food and nutrition geared toward individuals and specific population groups and aimed at optimizing physical and mental development and protecting people from diseases associated with unhealthy eating habits and the nutritional deficiencies that are most prevalent. Efforts to promote breast-feeding through a variety of health education and communication programs.</p>
	<p>2.7 Reduction to less than 15% of the prevalence of growth retardation among children under 5.</p>	
	<p>2.8 Reduction to less than 10% of the percentage of newborns with birth weights of under 2,500 g.</p>	
	<p>3.1 Reduction to 3.5% of the synthetic fertility rate.</p>	<p>To give more prominence to the role of women in, and the relationship of women's health to, human development. Gender should be one of the categories of analysis in the planning and programming of the activities in all sectors, and this should have repercussions for the public health programs in all the countries.</p>
	<p>3.2 80% reduction in hospital deaths due to obstetric emergencies.</p>	
	<p>3.3 50% reduction in the frequency of hospital obstetric complications.</p>	<p>Population policies will be updated in accordance with the Program of Action of the United Nations International Conference on Population and Development that was approved in 1994 in Cairo.</p>

Objectives	Indicators	Areas of Work
<p>4. To reduce morbidity and mortality from secondary causes in medical and surgical emergencies.</p>	<p>4.1 50% reduction in hospital deaths due to general emergencies.</p> <p>4.2 50% reduction in hospital deaths due to injuries.</p>	<p>Preventive interventions should be oriented toward controlling the risks of illness, protecting high-risk groups, and developing social, environmental, and safety measures to reduce risks, treat and rehabilitate the sick, and help to enhance the quality of life; reorganizing health services and developing more effective health care models for the management of noncommunicable diseases, mental health problems, health problems of the elderly, eye disorders, accidents, abuse of drugs (including tobacco and alcohol), and prevention of violence.</p> <p>Noncommunicable diseases, particularly cancer, cardiovascular diseases, and diabetes, as well as injuries and violence, must receive increasing attention. Approaches to the control of these problems must include effective surveillance and research and be coordinated with efforts to improve living conditions and promote healthy lifestyles and community involvement.</p>
<p>5. To reduce mortality from the chronic diseases that are most common in Haiti.</p>	<p>5.1 50% reduction in hospital deaths due to cardiovascular diseases.</p> <p>5.2 30% reduction in hospital deaths due to diabetes.</p> <p>5.3 20% reduction in hospital deaths due to colon cancer.</p>	<p>Noncommunicable diseases, particularly cancer, cardiovascular diseases, and diabetes, as well as injuries and violence, must receive increasing attention. Approaches to the control of these problems must include effective surveillance and research and be coordinated with efforts to improve living conditions in addition to promoting healthy lifestyles and community involvement.</p> <p>Formulation of sectoral and intersectoral policies at the local and national level designed to improve living conditions; the legislative expression of these policies at the various levels of government and their translation into intersectoral plans and programs for the development of healthy communities.</p>

Objectives	Indicators	Areas of Work
<p>6. To reduce mortality from the principal diseases of school-age children and adolescents.</p>	<p>6.1 Measles eradication.</p> <p>6.2 50% reduction in the incidence of diarrheal diseases among school-age children.</p> <p>6.3 30% reduction in pregnancies among adolescents.</p> <p>6.4 30% reduction in the incidence of sexually transmitted diseases (STDs) among adolescents.</p> <p>6.5 Reduction to under 10% of the prevalence of malnutrition among school-age children.</p> <p>6.6 Goiter eradication among school-age children.</p> <p>6.7 30% reduction of dental caries.</p>	<p>Programs for the control of vaccine-preventable diseases of childhood, diarrheal diseases, and acute respiratory infections should be maintained and strengthened. Special emphasis must be placed on measles and tetanus, and activities aimed at maintaining the Region free of poliomyelitis. Leprosy control efforts should also continue. Effective new vaccines, such as the hepatitis B vaccine, should be added to those covered under existing immunization programs. Research must continue into the development of new and improved vaccines and technologies suitable for application at the community level for the prevention of infections.</p> <p>Practical methods for preventing foodborne and diarrheal diseases, including safe food processing and handling and water disinfection, should be implemented.</p> <p>To support programs aimed at preventing the spread of HIV infection and other sexually transmitted diseases and reducing their impact, in coordination with other intergovernmental, multilateral, and bilateral agencies, including the HIV/AIDS programs of the United Nations and the inter-American systems.</p> <p>To achieve equity and universal access to health care for the neediest population groups in the context of decentralization and local development processes means that central administrative levels must adopt a new role with regard to the formulation and development of policies, social participation, regulation and control of activities, identification and selection of financing mechanisms, and redistribution of resources. Priority must be given to the use of strategies that target specific groups, placing emphasis on social and epidemiological factors and taking into account geographic location.</p>

Objectives	Indicators	Areas of Work
		<p>Population policies will be updated in accordance with the Program of Action of the United Nations International Conference on Population and Development that was approved in 1994 in Cairo.</p> <p>The transmission of information to individuals and groups through social communication. Information should be targeted to specific community groups as well, with a view to influencing policy or encouraging the adoption of health-oriented public policy.</p> <p>Action in the area of food and nutrition geared toward individuals and specific population groups and aimed at optimizing physical and mental development and protecting people from diseases associated with unhealthy eating habits and the nutritional deficiencies that are most prevalent. Efforts to promote breast-feeding through a variety of health education and communication programs.</p>

Objectives	Indicators	Areas of Work
<p>7. To reduce morbidity associated with unhealthy living conditions and environmental problems in Haiti.</p>	<p>7.1 30% reduction in typhoid fever cases.</p> <p>7.2 Continued efforts to eradicate cholera.</p> <p>7.3 30% reduction in the prevalence of intestinal parasitic diseases.</p>	<p>The transmission of information to individuals and groups through social communication. Information should be targeted to specific community groups as well, with a view to influencing policy or encouraging the adoption of health-oriented public policy.</p> <p>In the area of basic sanitation services, to increase the coverage of water supply services and to ensure that the water supplied is of good quality, and to extend waste and excreta disposal services. To ensure universality and equity.</p> <p>Programs for the control of vaccine-preventable diseases of childhood, diarrheal diseases, and acute respiratory infections should be maintained and strengthened. Special emphasis must be placed on measles and tetanus, and activities aimed at maintaining the Region free of poliomyelitis. Leprosy control efforts should also continue. Effective new vaccines, such as the hepatitis B vaccine, should be added to those covered under existing immunization programs. Research must continue into the development of new and improved vaccines and technologies suitable for application at the community level for the prevention of infections.</p> <p>Practical methods for preventing foodborne and diarrheal diseases, including safe food processing and handling and water disinfection, should be implemented.</p>

**POLICY OBJECTIVES IN TRINIDAD AND TOBAGO**

<b>Objectives</b>	<b>Indicators</b>	<b>Areas of Work</b>
<p>Reduction of mortality and morbidity from heart disease, cerebrovascular accidents, diabetes, cancer, AIDS/STDs, mental disorders, and injuries.</p> <p>Health promotion through formulation of public policies that promote health; reorientation of health services; empowerment of communities to achieve their own well-being; creation of environments that are conducive to health; development and enhancement of skills for improving the health of individuals; formation of alliances, emphasizing the communications media.</p>	<ul style="list-style-type: none"> <li>- Reduction of morbidity and mortality from heart disease, cerebrovascular accidents, diabetes, cancer, AIDS/STDs, mental disorders, and injuries.</li> <li>- Specific health policies on nutrition, smoking, drug addiction, and prevention and control of violence.</li> <li>- Creation of an intersectoral program.</li> <li>- Planning process for local health systems based on a participatory needs assessment.</li> <li>- Management processes utilized in local health systems.</li> <li>- Number of user organizations in the areas of health and mental health.</li> <li>- Number of intersectoral programs on violence and health.</li> <li>- Programs for smoking and alcoholism prevention.</li> <li>- Number of programs for socialization of the elderly.</li> </ul>	<p>Regional Goal: To eradicate, eliminate, or control major diseases that constitute regional health problems.</p> <p>Noncommunicable diseases, particularly cancer, cardiovascular diseases, and diabetes, as well as injuries and violence, must receive increasing attention. Approaches to the control of these problems must include effective surveillance and research and be coordinated with efforts to improve living conditions and promote healthy lifestyles and community involvement.</p> <p>Formulation of sectoral and intersectoral policies at the local and national level designed to improve living conditions; and the legislative expression of these policies at the various levels of government and their translation into intersectoral plans and programs for the development of healthy communities.</p> <p>Preventive interventions should be oriented toward controlling the risks of illness, protecting high-risk groups, and developing social, environmental, and safety measures to reduce risks, treat and rehabilitate the sick, and help to enhance the quality of life; reorganizing health services and developing more effective health care models for the management of noncommunicable diseases, mental health problems, health problems of the elderly, eye disorders, accidents, abuse of drugs, including tobacco and alcohol, and prevention of violence.</p> <p>The transmission of information to individuals and groups through social communication. Information should be targeted to specific community groups as well, with a view to influencing policy or encouraging the adoption of health-oriented public policy.</p>



Objectives	Indicators	Areas of Work
	<ul style="list-style-type: none"> <li>- Number of research projects in progress.</li> <li>- % of the budget allocated to health promotion.</li> <li>- % of health personnel in health promotion programs.</li> <li>- Number of training programs for health personnel in health promotion.</li> <li>- Percentage of psychiatric beds in critical care hospitals.</li> <li>- Number and coverage of mental health programs in the community.</li> <li>- Number of drug addiction control programs in schools and industry.</li> <li>- Programs for education, communication, and promotion of national health priorities.</li> <li>- Programs for the dissemination of information on national health priorities.</li> <li>- Proportion of people who are aware of the health messages.</li> <li>- Food and nutrition.</li> </ul>	<p>Action in the area of food and nutrition geared toward individuals and specific population groups and aimed at optimizing physical and mental development and protecting people from diseases associated with unhealthy eating habits and the nutritional deficiencies that are most prevalent. Efforts to promote breast-feeding through a variety of health education and communication programs.</p> <p>To achieve equity and universal access to health care for the neediest population groups in the context of decentralization and local development processes means that central administrative level must adopt a new role with regard to the formulation and development of policies, social participation, regulation and control of activities, identification and selection of financing mechanisms, and redistribution of resources. Priority must be given to the use of strategies that target specific groups, placing emphasis on social and epidemiological factors and taking into account geographical location.</p> <p>Local health system and public and private institution at the local level must be supported in the effort to devise health care models that give greater emphasis to health promotion, disease prevention, recuperation, and rehabilitation; the coordination of programs; and intersectoral coordination in urban and rural areas.</p>

Objectives	Indicators	Areas of Work
Demographic policies	<ul style="list-style-type: none"> <li>- Demographic policy.</li> <li>- Rate of live births and fetal deaths.</li> <li>- Female employment rate.</li> <li>- Proportion of women aged 15-49 using the family planning methods of the intersectoral family planning program.</li> </ul>	<p>Population policies will be updated in accordance with the Program of Action of the United Nations International Conference on Population and Development that was approved in 1994 in Cairo.</p>
Vaccine-preventable diseases	<ul style="list-style-type: none"> <li>- National and regional immunization coverage.</li> <li>- Number of cases and deaths due to vaccine-preventable diseases.</li> </ul>	<p>Program for the control of vaccine-preventable diseases of childhood, diarrheal diseases, and acute respiratory infections should be maintained and strengthened. Special emphasis must be placed on measles and tetanus, and the activities aimed at maintaining the region free of poliomyelitis. Leprosy control efforts should also continue. Effective new vaccines, such as the hepatitis B vaccine, should be added to those covered under existing immunization programs. Research must continue into the development of new and improved vaccines and technologies suitable for application at the community level for the prevention of infections.</p>
Foodborne diseases	<ul style="list-style-type: none"> <li>- A national plan or local plans for food safety.</li> <li>- Review and adaptation of legislation concerning food safety.</li> <li>- Implementation of the national and regional systems of epidemiological surveillance of foodborne diseases.</li> </ul>	<p>Veterinary public health programs should be directed toward improving animal health and agricultural productivity and enhancing the quality and safety of foods. Emphasis will be placed on assuring access to international markets through the establishment of and compliance with international standards.</p>

Objectives	Indicators	Areas of Work
HIV/AIDS	<ul style="list-style-type: none"> <li>- Consumer protection program.</li> <li>- Application of the HACCP system for the inspection of fish and shellfish, poultry, and meats.</li> <li>- Incidence of HIV and AIDS.</li> <li>- Coordinated HIV/AIDS initiative.</li> <li>- Cost-benefit studies.</li> </ul>	<p>To support programs aimed at preventing the spread of HIV infection and other sexually transmitted diseases and reducing their impact, in coordination with other inter-governmental, multilateral, and bilateral agencies, including the HIV/AIDS programs of the United Nations and the inter-American systems.</p>
Control of vector-borne diseases	<ul style="list-style-type: none"> <li>- Updating of statistics on the incidence of vector-borne diseases.</li> <li>- Integrated control strategies for the priority diseases, which are malaria and dengue.</li> <li>- Number of local health systems with decentralized programs.</li> <li>- Updating of risk indicators.</li> <li>- Statistical risk stratification studies.</li> </ul>	<p>Programs for the control of vector-borne diseases should continue to be given priority, particularly those for malaria and other parasitic, viral, and bacterial infections, including tuberculosis. The countries will have to confront new types of infections which result from changes in human behavior and the environment.</p> <p>Local health systems and public and private institutions at the local level must be supported in the effort to devise health care models that give greater emphasis to health promotion, disease prevention, recuperation, and rehabilitation; the coordination of programs; and intersectoral coordination in urban and rural areas.</p>

Objectives	Indicators	Areas of Work
<p>Veterinary public health</p>	<ul style="list-style-type: none"> <li>- Number of rabies cases in human beings and in cattle.</li> <li>- Number of cases of <i>M. bovis</i> and <i>M. avium</i> in human beings and animals.</li> <li>- Leptospirosis rates in human beings and animals.</li> <li>- Yellow fever immunization coverage in the human population.</li> <li>- Ongoing surveillance to verify the absence of cases of foot-and-mouth disease.</li> <li>- Program for the control of parasitic zoonoses implemented.</li> <li>- The country is participating in the system of information and surveillance of equine encephalitis and other emerging zoonoses.</li> </ul>	<p>Development of good information systems to discern the determinants and long-term trends in the health/disease process will allow a more precise definition of priorities, better programming, and improved monitoring and evaluation of health programs (economic and political organization, social structure, cultural background, demographic and macroecological processes, biological and social conditions, age, sex, lifestyle, and genetic and immunological makeup).</p> <p>Programs for the control of vector-borne diseases should continue to be given priority, particularly those for malaria and other parasitic, viral, and bacterial infections, including tuberculosis. The countries will have to confront new types of infections which result from changes in human behavior and the environment.</p> <p>Veterinary public health programs should be directed toward improving animal health and agricultural productivity and enhancing the quality and safety of foods. Emphasis will be placed on assuring access to international markets through the establishment of and compliance with international standards.</p> <p>The countries face major problems in training and utilization of health personnel. It is necessary to review the relevance of current systems for training health professionals, especially in terms of needs for public health practice.</p>

Objectives	Indicators	Areas of Work
<p>Noncommunicable diseases</p>	<ul style="list-style-type: none"> <li>- The program for modernization of veterinary public health services, abattoirs, and food processing plants has been implemented.</li> <li>- Public health education is being strengthened.</li> <li>- Programs for humanitarian use of laboratory animals are being carried out.</li> <li>- Program for preservation and protection of the environment have been implemented through the rational use of the resources.</li> <li>- Risk factor estimates, data on behavioral factors, incidence, prevalence, and trends are frequently analyzed.</li> <li>- Risk analysis integrated into prevention and control strategies.</li> <li>- Disease registries for specific problems, for example cancer, birth defects.</li> <li>- ESRD system for surveillance of injuries.</li> </ul>	<p>In the area of environmental quality, the health sector must have the necessary support to enable it to take an active part in establishing criteria and standards for environmental quality, conducting studies, and monitoring the human health problems caused by environmental factors. Partnerships must be formed with business and industry, nongovernmental organizations, and the community in order to raise awareness of the environmental impact of development activities.</p> <p>Development of good information systems to discern the determinants and long-term trends in the health/disease process will allow a more precise definition of priorities, better programming, and improved monitoring and evaluation of health programs (economic and political organization, social structure, cultural background, demographic and macroecological processes, biological and social conditions, age, sex, lifestyle, and genetic and immunological makeup).</p> <p>Noncommunicable diseases, particularly cancer, cardiovascular diseases, and diabetes, as well as injuries and violence, must receive increasing attention. Approaches to the control of these problems must include effective surveillance and research and be coordinated with efforts to improve living conditions and promote healthy lifestyles and community involvement.</p>