ANALYSIS OF PAHO/WHO'S TECHNICAL COOPERATION IN MEXICO

Since 1985, PAHO/WHO has carried out joint evaluations with the Member Countries to determine the effectiveness and efficiency of technical cooperation programs at the country level. The joint evaluations have proved to be extremely useful in focusing and, in some cases, reorienting technical cooperation programs in the countries.

The evaluation process in Mexico culminated in a joint meeting held in Mexico City in March 1992. Participating in the meeting were Dr. Jesús Kumate Rodríguez, Minister of Health, Sir George Alleyne, Assistant Director, PASB, and other government and PAHO/WHO officials.

The meeting reviewed the technical cooperation programs. An analysis of each area of technical cooperation received for the previous two biennia was presented and discussed, and the needs for future technical cooperation were highlighted.

The final report of the joint evaluation meeting is annexed; it summarizes the discussions and lists the areas that would be appropriate for future technical cooperation.

The Subcommittee is requested to comment on the process itself, and on the results of the evaluation as one of the instruments to be applied in the search for an improvement in the technical cooperation provided by the Organization.
# CONTENTS

<table>
<thead>
<tr>
<th>I.</th>
<th>EXECUTIVE SUMMARY</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>Conclusions and Recommendations</td>
<td>2</td>
</tr>
<tr>
<td>II.</td>
<td>FINAL REPORT</td>
<td>4</td>
</tr>
<tr>
<td>1.</td>
<td>Background</td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>Evaluation of Technical Cooperation</td>
<td>6</td>
</tr>
<tr>
<td>3.</td>
<td>Development of Infrastructure</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>3.1 Analysis of the Health Services Infrastructure</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>3.2 Brief Analysis of the Technical Cooperation by Program and Recommendations for Future Cooperation</td>
<td>11</td>
</tr>
<tr>
<td>4.</td>
<td>Environmental Health Program</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>4.1 The National Situation</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>4.2 Description of PAHO/WHO Technical Cooperation. Problems and Achievements</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>4.3 Recommendations</td>
<td>21</td>
</tr>
<tr>
<td>5.</td>
<td>Description of the Situation of the Health Programs</td>
<td>22</td>
</tr>
<tr>
<td>6.</td>
<td>Description of the Function of PAHO/WHO Technical Cooperation</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>6.1 Maternal and Child Health</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>6.2 Expanded Program on Immunization (EPI)</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>6.3 Acute Respiratory Infections</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>6.4 Tuberculosis</td>
<td>24</td>
</tr>
</tbody>
</table>

- iii -
## CONTENTS (cont.)

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.5</td>
<td>Vector-borne Diseases</td>
<td>24</td>
</tr>
<tr>
<td>6.6</td>
<td>Leprosy</td>
<td>24</td>
</tr>
<tr>
<td>6.7</td>
<td>Sexually Transmitted Diseases</td>
<td>25</td>
</tr>
<tr>
<td>6.8</td>
<td>Cholera</td>
<td>25</td>
</tr>
<tr>
<td>6.9</td>
<td>Prevention and Control of Diarrheal Diseases</td>
<td>25</td>
</tr>
<tr>
<td>6.10</td>
<td>Family Planning</td>
<td>26</td>
</tr>
<tr>
<td>6.11</td>
<td>AIDS</td>
<td>26</td>
</tr>
<tr>
<td>6.12</td>
<td>Health Promotion</td>
<td>26</td>
</tr>
<tr>
<td>6.13</td>
<td>Mental Health, Rehabilitation, and Social Welfare</td>
<td>27</td>
</tr>
<tr>
<td>6.14</td>
<td>Noncommunicable Diseases</td>
<td>27</td>
</tr>
<tr>
<td>6.15</td>
<td>Food Protection</td>
<td>27</td>
</tr>
<tr>
<td>6.16</td>
<td>Control of Zoonoses</td>
<td>28</td>
</tr>
<tr>
<td>7.</td>
<td>Recommendations for Future Technical Cooperation Activities</td>
<td>29</td>
</tr>
<tr>
<td>8.</td>
<td>Conclusions</td>
<td>31</td>
</tr>
</tbody>
</table>
ANALYSIS OF PAHO/WHO'S TECHNICAL COOPERATION IN MEXICO

I. EXECUTIVE SUMMARY

1. INTRODUCTION

Pursuant to the mandates of the Governing Bodies and the Strategic Orientations and Program Priorities 1991-1994 of the Pan American Health Organization with regard to evaluation of the technical cooperation that PAHO/WHO provides to the countries as agreed by national officials and the PAHO/WHO Representative, in mid-1991 a study was begun of technical cooperation during the bienniums 1988-1989 and 1990-1991.

In order to prepare the plan of work and move forward in this process, an Executive Committee was designated by common agreement. The Committee met periodically to monitor completion of the work, which, in accordance with the guidelines proposed, was carried out by the working groups set up for each program.

The documents, prepared jointly by national technical personnel and consultants, were reviewed and approved by the Executive Committee and distributed to all the participants in the Joint Evaluation Meeting, held 30 March-3 April 1992. Three working groups were formed for this Meeting, the first for the area of Health Services Development, the second for the area of Health Programs per se, and the third for the area of Environmental Health.

The following were used as references to guide the discussion:

- A brief description of the current health situation and of the health programs and services in the country.

- A brief analysis of the technical cooperation provided by PAHO/WHO to Mexico in this regard.

- The recommendations made to orient future technical cooperation activities.

A total of 99 participants attended the working groups on technical cooperation, including 78 Mexicans from 26 agencies belonging to 10 institutions in the sectors of Health, Education, Agriculture, City Planning, Ecology, and Foreign Affairs, at the federal, state, and municipal levels of government, and 21 PAHO/WHO staff members: 6 from PAHO/WHO headquarters in Washington, D.C., 12 from the PAHO/WHO Country Office in Mexico, and 3 from the Pan American Center for Human Ecology and Health (ECO) in Metepec.

Dr. José Rodríguez Domínguez was designated as Rapporteur and was assisted in this capacity by Drs. Federico Chávez Peón and Juan Manuel Sotelo. The reports of each of the working groups were presented and discussed in plenary session to serve as a basis for the Final Report.
On 2 April, under the chairmanship of Dr. Jaime Sepúlveda Amor, Under-secretary of Health, and Sir George Alleyne, Assistant Director of the Pan American Sanitary Bureau, the plenary closing session was held, during which the Final Report was read and approved.

2. CONCLUSIONS AND RECOMMENDATIONS

The organization and development of the evaluation of the technical cooperation provided by PAHO/WHO to Mexico was fully satisfactory as regards quality of communication and depth of analysis. Realistic, professional, candid, and sensitive study thus made it possible to fulfill the goals set by Dr. Jesús Kumate and Sir George Alleyne of making headway in the search for better responses to the needs of the Mexican population served by health programs.

At the present time, in which Mexico is making significant contributions to the PAHO/WHO system, it is appropriate to recall that technical cooperation is not a merely a source of financing to supplement current expenditure, but rather is a strategic input designed to maximize the actions of the health services and to promote optimum expression of the national health policy inside and outside the country. Accordingly, the principal challenge for technical cooperation is to resolve the dilemma of neither being fragmented into a disparate array of separate programs nor being concentrated excessively on high priority projects that do not necessarily reflect technical support or verifiable political will.

If technical cooperation is to be evaluated by on the basis of its impact or results, it must be borne in mind that significant changes in one area lead to changes with regard to the rest of the system. This, in turn, uncovers new needs, which, if not provided for, may diminish the benefits initially afforded by technical cooperation.

The need was suggested of viewing programs as health commitments and not merely as isolated program actions. From this perspective, the essence of the technical cooperation provided by PAHO/WHO to the countries of the Americas consists of: 1) the management of knowledge, 2) the mobilization of resources; 3) technical cooperation among countries, and 4) the promotion of research and its application.
It was pointed out that technical, human, and financial supports should be sought for alternate sources such as the international and national organizations that offer new means for acquiring funds to further strengthen programs. This is all the more important in view of the current tendency of international organizations to support specific country projects.

The importance was repeatedly stressed of establishing or strengthening the interagency committees involved in health issues—as in the case of AIDS and the commitments made at the World Summit for Children—as a management mechanism for obtaining greater technical and financial resources.

It was clearly established that the issue at hand was not one of emphasizing financial figures, but rather of making the most rational use possible of the resources contributed by PAHO/WHO, carefully weighing all the factors in decision-making and channeling investments on the basis of the magnitude, importance, and particular nature of the problems involved. PAHO/WHO's technical cooperation should promote the study of currently neglected problems and encourage neighboring countries to share control strategies so as to make optimum efforts toward common ends. In addition, it was stressed that the community should be trained to participate in health programs.

A clear need was identified for enabling the countries to gain access to sources of financing and to make proper use of the resources they provide, through the identification of methodologies and strategies to replace the production of pamphlets and other supposed forms of promotion that currently consume most of the resources without generating any real impact. Technical cooperation will thus serve to guide the planning and allocation of resources and to evaluate the results of programs. This means that technical cooperation should not be judged in terms of the amount of funds it succeeds in transferring but rather by more effective management of our respective administrative and managerial responsibilities.

It was recommended that PAHO/WHO continue to promote technical cooperation among countries (TCDC), especially in the border areas and in programs where Mexico's technical expertise and capability place it in a position to offer support to other countries in the Region.

It was made clear that it was necessary not only to reiterate the political commitment to meet the health needs of the population, but also to instill a desire for change and to channel technical cooperation in accordance with the complexity and urgency of today's problems.
In the framework of solidarity of the countries of the Region, technical cooperation should also be viewed as an opportunity for learning about and from the conditions and experiences of other countries and thereby finding solutions to common problems.

Finally, it should be noted that the quality of the instruments prepared for the meeting and the calibre of the participants from Mexico and PAHO/WHO made it possible for both to develop and share an overall conception of technical cooperation as a task that is an integral part of continuum of planning, execution, and evaluation, and as such is consonant with the modern concept of the process of health and development, within which decentralization and responsible community participation are considered to be best ways of making maximum progress in the short term.

II. FINAL REPORT

1. BACKGROUND

Pursuant to the mandates of the Governing Bodies and the Strategic Orientations and Program Priorities 1991-1994 of the Pan American Health Organization with regard to evaluation of the technical cooperation that PAHO/WHO provides to the countries as agreed by national officials and the PAHO/WHO Representative, preparatory activities were initiated in mid-1991 and continued during the present year as part of the Organic-Functional Structure and Schedule adopted for the analysis of technical cooperation during the bienniums 1988-1989 and 1990-1991.

Dr. Federico Chávez Peón, who was designated as National Coordinator, and Dr. Luis A. Arcila, who was designated by the Organization, were chosen to direct the process through the national authorities and the authorities of PAHO/WHO. An Executive Committee was formed by representatives of each of the Undersecretariats of Mexico, a delegate from the Chief Administrative Office, and a delegate from the Department of State Affairs, as follows: Dr. Federico Chávez Peón, as Chairman, and Dr. Luis A. Arcila, Dr. Edna Berumen, Mr. Raúl J. Contreras, Dr. Javier Santacruz, Dr. Juan Manuel Sotelo, Dr. Alfredo Vargas, Ms. Mónica Vega, and Dr. Ariel Waller.

The Committee met periodically to monitor completion of the work which, in accordance with the guidelines proposed, was carried out by the Working Groups set up for each program.
The documents, prepared jointly by national technical personnel and consultants, were reviewed and approved following their distribution to all those who participated in the Joint Evaluation Meeting held 30 March-3 April 1992 in accordance with the general agenda of work.

In keeping with the Organization's program structure, three Working Groups were set up for the Meeting, the first for the Area of Health Services Development, the second for the Area of Health Programs Development, and the third for the Area of Environmental Health, in view of the importance and timeliness of this issue and of the numerous national counterparts involved in it, many of which do not form part of the Ministry of Health.

A Moderator and a Rapporteur were designated for each Working Group: Group I - Moderator, Dr. Gonzalo Gutiérrez Trujillo, and Rapporteur, Dr. Javier Santacruz Varela; Group II - Moderator, Dr. Miguel Angel Lezana, and Rapporteur, Dr. Oscar Herrera Téllez; and Group III - Moderator, Dr. Filiberto Pérez Duarte, and Rapporteur, Humberto Romero Alvarez.

Dr. José Rodríguez Domínguez was designated as General Rapporteur, to be assisted by Drs. Federico Chávez Peón and Juan Manuel Sotelo.

The reports of each of the Working Groups were presented and discussed in plenary session, serving as a basis for the Final Report that appears below.

The opening ceremony was attended by the Secretary of Health, Dr. Jesús Kumate Rodríguez; the Assistant Director of PASB, Sir George Alleyne; the Undersecretary of Coordination and Development, Dr. Jaime Sepúlveda; the Undersecretary of Health Services, Dr. Enrique Wolpert Barraza; the Undersecretary of Health Regulation, Dr. Mercedes Juan; the PAHO/WHO Representative in Mexico, Dr. Juan Manuel Sotelo; and accredited representatives of the IMSS, ISSSTE, DIF, UNAM, SEDUE, and CNA.

Sir George Alleyne opened the inaugural session with remarks on the process of joint evaluation of the technical cooperation provided to the country by PAHO/WHO, its objectives, scope, and expectations. In addition, he presented comparative information in which he pointed out the proportional importance of PAHO/WHO's cooperation with regard to that provided by other multilateral agencies that operate in Mexico. He also summarized the distribution of PAHO/WHO's cooperation resources by project, cooperation component, and strategic approach, and referred to the relationship between regular and extrabudgetary resources during the period covered by the evaluation.
During the inaugural session Dr. Jaime Sepúlveda made a presentation on the health situation in Mexico, pointing out the damages and risks to health that have been reflected in national priorities. As an innovative model for the programming of epidemiological surveillance he presented a diagram showing individual and population levels, determining factors, and the responses provided by the system.

Lastly, in taking up the work of the Meeting, Dr. Jesús Kumate pointed out the significance of the Pan American Health Organization's 90 years of productive existence and its contribution to knowledge in the area of health. After a brief reference to the process of evaluation in which he noted the importance of the health situation and of progress and future prospects in this regard, he urged the participants to make a frank and constructive analysis that would enable the national and international group to obtain the best results in a positive spirit of objectivity.

A total of 99 participants attended the working groups on technical cooperation, including 78 Mexicans from 26 agencies belonging to 10 institutions in the sectors of Health, Education, Agriculture, City Planning, Ecology, and Foreign Affairs, at the federal, state, and municipal levels of government, and 21 PAHO/WHO staff members: 6 from PAHO/WHO headquarters in Washington, D.C., 12 from the PAHO/WHO Country Office in Mexico, and 3 from the Pan American Center for Human Ecology and Health (ECO) in Metepec.

2. EVALUATION OF TECHNICAL COOPERATION

As regards the financial magnitude of the total technical cooperation provided by PAHO/WHO to Mexico, under PAHO/WHO's 1992-1995 Program Budget the amount of technical cooperation has increased at an average rate of 4.8% per year. In contrast, Mexico's contributions to the PAHO/WHO system have grown at an annual rate of 7.04%. As an overall figure for 1992, Mexico's contribution is on the order of US$8.14 million, whereas the technical cooperation programmed amounts to US$2.41 million, and it is expected that the amount will tend to remain the same or decline.

In this context, in which Mexico has become a significant contributor to the PAHO/WHO system, it is appropriate to note that technical cooperation is not a merely a source of funding to supplement current expenditure, but rather is a strategic input designed to maximize the actions of the health services and promote optimum expression of the national health policy inside and outside the country. Accordingly, the principal challenge for technical cooperation is to resolve the dilemma of neither being fragmented into a disparate array of separate programs nor being concentrated excessively on high priority projects that do not necessarily reflect technical support or verifiable political will.

If technical cooperation is to be evaluated on the basis of its impact or results, it must be borne in mind that significant changes in one area lead to changes with regard to the rest of the system. This, in turn, uncovers new needs, which, if not provided for, may diminish the benefits initially afforded by technical cooperation.
3. DEVELOPMENT OF INFRASTRUCTURE

An analysis was made of the technical cooperation PAHO/WHO is providing to Mexico in the area of infrastructure through the following ten programs:

a) Health Situation and Trend Assessment.
b) Health Services Development.
c) Essential Drugs and Vaccines.
d) Emergency Preparedness and Disaster Relief.
e) Clinical, Radiological, and Laboratory Technology for Health Services.
f) Health Education and Community Participation.
g) Health Policies Development.
h) Health Manpower Development.
i) Research Promotion and Development.
j) Technical Cooperation Among Countries.

Although these programs are part of the section on Health Services Infrastructure, each deals with specific elements that necessarily involve different professionals and specialists in the health sciences. For this reason, the Group decided to split up into three subgroups composed of individuals involved in related projects or programs so as to be able to make a thorough analysis of the technical cooperation provided by PAHO/WHO to Mexico.

The discussion proceeded along the following lines:
- First, a brief description was given of the current situation of the country's health systems infrastructure.

- Second, there was a brief analysis of the technical cooperation provided by PAHO/WHO to Mexico in this regard.

- Third, recommendations were made to orient future technical cooperation activities.

3.1 Analysis of the Health Services Infrastructure

Mexico's health services infrastructure is built upon a series of resources or elements whose number and degree of development and functional integration determine the effectiveness and efficiency of the services. Although these elements vary in nature they generally fall under the following categories:

a) Physical Resources.

b) Human Resources.

c) Technological Resources.

d) Financial Resources.

e) Suprastructural Resources.

This classification of the elements that make up the structural underpinnings of the health services makes it possible to carry out an analysis not only for diagnostic purposes but also to determine a series of comprehensive technical cooperation and support projects that will address the most deficient areas.

Physical Resources

During the 1980s Mexico succeeded in substantially increasing the number of national health system units from 7,983 to 13,991. However, since the growth was poorly planned and not governed by a master or regulatory plan, at present there is a situation of duplication of public and private sector units in certain areas and, conversely, a lack of any unit in some remote rural areas. As a result, the country has implemented programs to expand health service coverage, although this does not necessarily imply the existence of physical health units.

It should be noted that the increase in health units was not accompanied by a similar increase in the logistic support required to keep these services operating correctly, including, inter alia, organic structures, operational supervision mechanisms, ongoing education and training, assurance of sufficient basic health supplies, the conservation and maintenance of units and teams, and information systems.
Functional coordination of the existing units is still inadequate, which leads to underutilization of the units designed for use by the uninsured population and an overburdening of the services provided by the social security system.

Among the most pressing problems relating to physical infrastructure of the health services are the heterogeneity of care models, poor integration of the primary care level with the secondary level, the use of obsolete indicators in determining infrastructure needs, and the difficulty in evaluating and guaranteeing the quality of the services.

The laboratory network needs to be strengthened, both in terms of capacity and quality control, since laboratories provide essential support for medical care and public health activities as well as for specific health regulation activities.

Finally, there are very few areas in Mexico in which the availability of hospital beds has reached optimum levels. The social security system has an average of 1 bed per 1,000 population, while the number available to the uninsured population is only about half that figure.

Human Resources

Human resources occupy a singularly important place within the organization and operation of a health system. Although there are in Mexico 57 schools of medicine, 214 schools of nursing, and 52 schools of dentistry, the training and incorporation of human resources has been somewhat haphazard and poorly planned. The situation is critical, especially with regard to technical personnel.

Graduate-level medical training is available to a total of 11,000 students in slightly more than 90 subspecialties, and training for public health specialists is provided in 30 programs.

Among the problems still faced in the area of human resource development are the insufficient articulation between training institutions and health institutions and the lack of a national scientific and technical health information system.

In response to these problems, Mexico is seeking, by means of committees and specific working groups, to achieve greater articulation between its educational and health systems with regard to the training of both professionals and technical personnel.

Technological Resources

As regards technology and health research, Mexico's national program is aimed at promoting the development of research and researchers to collaborate in the solution of priority public health problems and the search for alternatives for better control and prevention of disease and health risks.

However, despite the progress achieved by Mexico in this area, certain problems persist, for example:
- Scarcity of financial resources.

- Allocation of resources, particularly extrabudgetary resources.

- Centralization of research.

- Deficiencies in the quality of research protocols.

Special note should be taken of the technological progress that has been made in obtaining, processing, disseminating, and utilizing health information. Not until 1988 was information on mortality available for 1984 and 1985, and it had not been published. Progress in this area has been extraordinary in recent years, since by 1991 information corresponding to 1989 on mortality by cause and age for each of the 31 states and the Federal District in Mexico had been published. Every day the time lag in disseminating information on resources, services, and health impairments becomes shorter.

Despite the aforementioned deficiencies, however, Mexico is currently in a position to offer cooperation and technical support in specific health fields to other countries in the Region.

Financial Resources

Although the financial resources Mexico allocated to health toward the end of the 1980s were considerably reduced, at the present time these resources have increased to the extent that they are now sufficient to carry out priority programs.

Mexico receives additional resources from international organizations and from other countries, either through grants or loans.

Suprastructural Resources

The formulation of clear-cut health policies, the constitutional framework that supports them, and the development of laws and regulations to facilitate their implementation are elements that can serve to strengthen the infrastructure and development of health services. However, work remains to be done with regard to procedural matters that will make it possible to deconcentrate and decentralize resources and skills to the local health systems so as to assist in bringing about a qualitative change in the national health system, particularly in the Ministry of Health.

3.2 Brief Analysis of the Technical Cooperation by Program and Recommendations for Future Cooperation

The technical cooperation that PAHO/WHO provides to Mexico in the area of infrastructure is channeled toward various health and educational institutions; qualitatively speaking, the bulk of it goes to the Ministry of Health. A brief description of the various programs and projects involved in this cooperation appears below.
a) Health Situation and Trend Assessment Program

Technical cooperation was instrumental in improving the quality and timeliness of information on causes of death and in promoting the use of new technologies for storing information on compact disk. The coverage and timeliness of the epidemiological surveillance system was also increased.

The training of personnel in the generation, processing, and utilization of information was promoted through the international courses given in epidemiology, the residency program in applied epidemiology, and the participation of Mexican professionals in international forums.

The recommendations for orienting technical cooperation in the future are:

- Adapt PAHO/WHO technical cooperation dynamics to the needs of the country's information system.

- Strengthen the coordination between CEMECE and the centers specializing in CIE in the Region.

- Analyze new health conditions in greater depth.

- Improve the quality of vital statistics.

- Strengthen information systems in local health systems.

- Evaluate the impact of the Simplified Epidemiological Surveillance System.

- Support projects that specify health service coverage by the public sector and by the private medical sector.

- Utilize the experience of national specialists to offer support to other countries in the Region.

b) Health Services Development Program

Given the complexity of the problem of developing health services and in keeping with the terms of the National Plan of Development and the National Health Program 1989-1994, during the last quadrennium the Pan American Health Organization has been supporting the development of local health systems with a view to bringing about a qualitative transformation in Mexico's national health system through improvement of the quality of the services and extension of coverage. To this end, cooperation in the area of Health Services Development has focused mainly on the project for the development of health jurisdictions, since this project is the principal operational strategy for developing local health systems in the country.
This project is aimed at promoting the development of the logistical support needed in order to keep the health services running, and as has already been mentioned in the assessment of physical resources, this support has not developed fast enough to keep up with the rapid increase in health units. The elements or components included under this project are:

- Organic structure.
- Teaching and training.
- Supervision.
- Supply.
- Conservation and Maintenance.
- Information and Information Science.
- Social Participation.

The financial cooperation provided by PAHO/WHO for this project was allocated, in decreasing order, for the following activities: courses and seminars, contractual services, supplies and materials, fellowships, and short-term consultancies. This cooperation made it possible to train personnel in the development of local health systems, generate and disseminate technical documents, promote research, and seek direct expert advisory services.

The support given by PAHO/WHO has been very valuable, timely, and, in general terms, sufficient, and consequently today health jurisdiction prototypes or models exist in all the Mexican states. These will in turn serve as training centers for other jurisdictions in each state.

Among the problems relating to technical cooperation are the deficiency of procedures for requesting cooperation and the inadequate dissemination of methodologies for continuing education, supervision, supply, conservation and maintenance, and information that could be provided to the country as a part of technical cooperation.

The recommendations for orienting cooperation in the future are:

- Promote the development of operations research and evaluation in local health systems.
- Promote the development of evaluation and supervision methodologies and procedures.
- Promote the operational and functional integration of the primary and secondary care levels within local health systems.
- Promote the development of indicators to assess services infrastructure.

- Support the development of quality assurance procedures.

- Continue to support the project for the development of health jurisdictions as a key strategy for health services development in Mexico, the development of local health systems, and qualitative improvement of the national health system.

c) Essential Drugs and Vaccines Program

The cooperation provided by PAHO/WHO for this program during 1989-1991 consisted of:
Direct technical advisory services.

- Personnel training.

- Mobilization of physical resources.

Consultancies.

- Supplies.

- Dissemination of information.

  - Courses and seminars.

  - Development of standards.

This cooperation was received for the development of drugs and, to a lesser degree, vaccines.

Based on the analysis of the cooperation received, the Working Group proposed the following recommendations:

- Increase the training of human resources.

- Promote the exchange of information and technology with other countries.

- Support, inter alia, the supply of reagents and electronic data processing and laboratory equipment.

- Foster exchanges with other countries.

- Encourage the institutions and laboratories under the Ministry of Health to serve as reference centers for the countries in the Region.

d) Emergency Preparedness and Disaster Relief Program

Technical cooperation has been stepped up since 1985, and during the last quadrennium attention has been focused on the training of personnel, in addition to the production of manuals, guidelines, and pamphlets to provide information and training to a larger segment of the population.

The recommendation was made to continue these kinds of cooperation activities, since this program is especially needed in large cities, such as the capital city.

e) Clinical, Radiological, and Laboratory Technology for the Health Services Program
This program was launched in 1987, and cooperation has been provided essentially in the areas of contractual services, supplies and materials, and training. The cooperation received has been of great value, especially as regards the development of biologicals and reagents.

The following recommendations were made:

- Strengthen the supply and dissemination of scientific and technical information related to biologicals.

- Promote the exchange of experiences between specialized personnel in the countries of the Region.

- Increase technical cooperation in this field.

f) Health Education and Community Participation Program

This program is designed to promote the health of schoolchildren by fostering early adoption of good habits and customs that will improve health status in the medium and long term. It is also aimed at strengthening capacity and organization at the local level and orienting and training the community in the prevention of addiction, the modification of lifestyles, the promotion of physical-cultural activities, and the strengthening of family life.

Technical cooperation for this program was initiated in 1989 and was channeled essentially toward developing the subprograms and generating and disseminating information relating to them. In 1990 and 1991 the program sought to promote the training of personnel, as well as supervision, evaluation, and the preparation of manuals.

The cooperation received has helped to promote the development of a culture of health; however, it is felt that efforts in this area have been insufficient, especially with respect to financial support. Recommendations are consequently made to:
- Increase financial support.
- Streamline procedures for timely use of the support allocated.

**g) Health Manpower Development Program**

Technical cooperation over the past four years has been oriented toward the design of policies and standards for health education as well as for the training and development of personnel in specific areas.

The lack of a PAHO/WHO consultant on human resources had made it difficult to continue the development of activities, in addition to slowing down the allocation of resources, which were consequently being underutilized. The designation of a consultant in mid-1991 has reoriented and facilitated cooperation.

A gap has been noted with regard to the formulation of mechanisms to incorporate traditional healers and the absence of specific cooperation projects in this matter.

Recommendations were consequently made to:

- Increase the funds available for supporting the four channels established for cooperation in this area, namely:

  The Office of Health Education, the Mexican Association for Public Health Education, innovative academic programs, and the National Federation of Schools of Nursing.

- Prepare jointly the annual program of activities and the evaluation system.

- Strengthen educational research programs.

- Promote the study of traditional medicine and, where needed, support training of traditional healers in order to supplement their expertise, strengthen beneficial practices, and modify practices that may harm the health of patients.

- Intensify and encourage health training for technical personnel.

- Strengthen the ties between health institutions and educational institutions for the adequate planning, training, and incorporation of human resources.
h) Promotion and Development of Research Program

The technical cooperation provided by PAHO/WHO has promoted various research initiatives and facilitated the acquisition of resources for the development of specific research proposals. The following actions are among the most noteworthy in this regard:

- Support for the preparation of protocols at the state level.
- Negotiation for financing and research subsidies from PAHO/WHO.
- Holding of workshops to exchange the results of health research.
- Support for the publication and dissemination of results.

The following recommendations were made:

- Promote the allocation of additional resources for research.
- Streamline procedures and shorten response times to requests for support.
- Promote interdisciplinary projects.
- Promote communication and technical collaboration among national groups of investigators and with other countries.
- Strengthen the development of information systems in this area.

i) Technical Cooperation Among Countries Program

Mexico participates in technical cooperation projects involving the Central and South American countries, the northern border area, the English-speaking Caribbean, the Latin Caribbean, the southern border area, and the countries of North America.

The most important activities under these projects have made it possible, for example, to develop six projects in the field of health in six sister cities along the United States-Mexico border. In Central America, Mexico is participating in the training of human resources for health, training in medical specialization, and training of human resources, among others.

With the participation of PAHO/WHO, Mexico is supporting the United States-Mexico Border Health Association (USMBHA) and the Mexico-Guatemala-Belize Trinational Health Association, which is of recent creation but has great future potential.

Accordingly, the following recommendations have been made:

- Earmarking of funds for the Southern Border Association.
- Utilization of national experts.

- National execution of projects (with Mexico as executing agency).

- Creation of bilateral funds.

- Creation of PAHO/WHO funds or funds of other multilateral agencies.

- Creation and utilization of MULTI-BI funds.

- Supply of technology, TCC, and training of human resources (general areas).

- Demand for support.

4. ENVIRONMENTAL HEALTH PROGRAM

Environmental health has become an important concern for the Government of Mexico in the context of the National Health Program 1990-1994, which, above and beyond its planning functions, serves as a guide for making rational use of internal and external resources and dealing with the country’s health programs. The National Program does not conceive of health exclusively as a means that is useful in itself but rather as an end to be achieved as part of the country’s socioeconomic development. In this context, the Program’s fundamental concern is that the services be used efficiently to promote health and prevent disease.

4.1 The National Situation

Life expectancy at birth for Mexicans today is estimated at 69.7 years. The environment in which they live has an important effect on the quality of their lives. An example of this is the change in the quality of water for human use and consumption currently being made in the country, as a result of which more than 85% of the water is now being chlorinated in accordance with sanitary safety standards and 79% of the population is being served through household connections. This represents a significant increase over last year, and it has led to a reduction of approximately 20% during the year in the rate of water-borne gastrointestinal infectious disease, despite the epidemiological situation prevailing in Mexico as a result of cholera.

With regard to environmental protection and its effects on the health conditions of the population, mention should be made of the activities being carried at the behest of the federal government under national programs for the prevention of water, air, and soil pollution.

The priority assigned to these programs has most definitely resulted in an improvement in health indicators during recent years.
4.2 Description of PAHO/WHO Technical Cooperation, Problems and Achievements

The members of the Group recognized the efficiency with which the basic evaluation document was prepared, since it reflected the guidelines proposed and the observations made during the preparatory meetings organized by Dr. Filiberto Pérez Duarte, Director of Environmental Health.

It was noted that the Government of Mexico has assigned high priority to environmental sanitation in its northern border area (Mexico-United States). In response to the recommendations made by USMBHA, the Office of Environmental Health promoted a pilot project in Ciudad Juárez, Chihuahua, aimed at developing a methodology to evaluate the risks to human populations exposed to industrial waste. This project is being carried out jointly with several national agencies (SEDUE, DGE, INSP, UANL, and the Technological Institute of Ciudad Juárez), as well as with United States counterparts, including the ATSR and EPA. The project has had the continuous support of ECO, the PAHO/WHO Country Office in Mexico, and the PAHO/WHO Field Office in El Paso, Texas. It was therefore noted that it would be desirable if the present report included information on the important projects being carried out on environmental health in the border area.

It was also pointed out that it is difficult to evaluate the Environmental Health Program in view of the complexities deriving from its multisectoral nature, despite the priority it has been assigned in the National Development Plan, the National Health Plan, the National Ecology Plan, the Drinking Water and Sewerage Program, the Strategic Orientations and Program Priorities of PAHO for 1991-1994, and WHO Recommendation No. 11.

Mention should be made of the efforts carried out by the PAHO/WHO Representative Office, which, with the aim of assigning quantitative values to the evaluation of projects and programs, considered it advisable to add a description of the activities carried out in this connection in order to provide a more complete and detailed idea of the broad cooperation being provided by PAHO/WHO. In this regard there was extensive discussion of its efficiency, effectiveness, and impact, the latter concept being defined as "the extent to which the technical cooperation activities affected the process through which the national authorities carry out the activities or make the changes necessary for improving health care."

Reference was made to the lack of indicators that show the direct impact that the actions taken in the field of environmental sanitation have had on the health of the population. Nevertheless, there are reasons to believe that in some cases this effect was positive, as demonstrated by the reduction in the number of diarrheal diseases recorded this year as a consequence of the clean water program launched by the Federal Government with the support of PAHO/WHO.

It was observed that there had been a reduction in PAHO/WHO's budgetary allocation for the Environmental Health Program in the biennium 1990-1991 as compared with 1989-1990 and in comparison with other areas of cooperation. This to some extent contradicts
the affirmations of the Government of Mexico and of PAHO/WHO itself that highest priority is being assigned to the Environmental Health Program.

The foregoing was manifested in the survey "Consenso," carried out recently in the northern border area and strongly supported by the United States-Mexico Border Health Association.

Although PAHO/WHO's budgetary allocation for environmental sanitation, has not been commensurate with the growing importance of this issue, it should be recognized that extrabudgetary resources from the Government, international lending agencies, and other nongovernmental agencies that provide technical and financial cooperation have been substantially expanded, and PAHO/WHO has been able, diligently and creatively, to channel these resources to bolster cooperation as a means of resolving specific health and environmental problems.

A notable effort has been made by ECO, which as Regional Center for the Environmental Health Program has assigned priority to its technical cooperation activities in Mexico and has promoted actions in collaboration with various national counterparts with the express aim of strengthening the Office of Environmental Health and intensifying the Office of Epidemiology's specific actions relating to epidemiological surveillance of environmental risks and the promotion and training of human resources through the INSP.
Analysis of the budget tables shows that the amount allocated to fellowships is very low in comparison with other items. This is due to the administrative and bureaucratic red tape involved in the awarding of fellowships, which in most cases is a disincentive to the use of this resource. Consequently, funds allocated in this area end up being channeled into courses and seminars.

Another matter considered was the limited priority assigned to workers’ health, and it was noted that this is a matter that merits further examination.

The PAHO/WHO Country Office will prepare a document containing guidelines for the administrative management of technical cooperation as a means of facilitating the use of the resources allocated.

4.3 Recommendations

The above considerations prompted the Group to make the following recommendations for improving the cooperation provided:

- Strengthen the regulatory position of the Ministry of Health in the field of environmental sanitation, with special attention to its Office of Environmental Health and the leadership it should assume.

- Increase international cooperation in the study of the health-disease relationship in terms of the principal environmental risk factors and the prevention and control of environmental pollution.

- Set up a multisectoral advisory commission to orient ECO’s technical cooperation activities in Mexico.

- Ensure that ECO continues to support projects designed to evaluate the effects on health and the results of exposure to environmental contaminants, particularly with regard to air quality, and that it supports projects for the safe use of pesticides in the area of workers' health.

- Strengthen PAHO/WHO's support for the prevention and control of environmental pollution.

- Assess more accurately the needs for development of human resources as a common component to support the various substantive activities in the area of sanitation.
- Consider the possibility of increasing PAHO/WHO's cooperation through the naming of permanent advisors as was the official practice in the past, particularly in the areas of drinking water, sewerage, excreta disposal, institutional development, and marketing of services.

- Review legal-administrative procedures in order to streamline the processing of extrabudgetary cooperation agreements and bilateral agreements in which PAHO/WHO plays a catalytic role.

- Seek efficient mechanisms for consultation and planning of PAHO/WHO technical cooperation that will break the inertia that has tended to characterize current procedures.

5. DESCRIPTION OF THE SITUATION OF THE HEALTH PROGRAMS

The framework for the health programs currently being carried out in Mexico with PAHO/WHO technical cooperation is provided by the National Development Plan 1989-1990 and the National Health Program 1990-1994, which were developed in response to the health situation of the Mexican population. In addition, some of the health programs are the outgrowth of international commitments that Mexico has undertaken, for example in connection with the World Summit for Children, held in September 1990 in New York.

Funds for technical cooperation are allocated through the annual program budget (APB) that PAHO/WHO formulates jointly with the national authorities.

6. DESCRIPTION OF THE FUNCTION OF PAHO/WHO TECHNICAL COOPERATION

With regard to the technical cooperation the various programs have been receiving for health care, the participants in this Working Group recognized that in most cases the cooperation had been provided as previously agreed upon, although in other cases it was insufficient to satisfy the needs identified. In this respect it was observed that the technical cooperation provided by PAHO/WHO should be analyzed in its overall context--which includes matters relative to technical advisory services and consultancies--and not solely from the perspective of the flow of financial resources.

A brief description is provided below of the most important points raised in regard to each of the programs.
6.1 Maternal and Child Health

Technical cooperation has been aimed at the dissemination of information (standards, manuals, and other materials using the risk approach), the training of traditional midwives in order to improve registration of data, and institutional action. In addition, research has been carried out to assess the status of women in Mexico.

This cooperation should be strengthened, mainly by assigning higher priority to the Maternal and Child Health Program, particularly in the areas of training, supervision, research, and supplies, and giving strategic priority specifically to the National Program for Traditional Midwives and the National Program for Monitoring of Growth and Development.

It was noted that there is need for a permanent advisor.

6.2 Expanded Program on Immunization (EPI)

Technical cooperation has been satisfactory in providing advisory services and consultancies and financial support. Mexico's commitment to achieve universal vaccination this year for the eradication of poliomyelitis and the elimination of neonatal tetanus and measles raises the need to enlist lay midwives in this effort and to obtain additional supports, especially in the areas of epidemiological surveillance and technical advisory services in order to maintain the high coverage expected to be achieved with universal vaccination.

As a result of the fact that most of the funds allocated to the program for vaccination and epidemiological surveillance of diseases under the EPI are extrabudgetary, it has been possible to manage them expeditiously.

Attention was drawn to the positive experience gained in the meetings of the Interagency Committee, since it functions as a key instrument for identifying economic support, monitoring the Program's progress, and exchanging information.

6.3 Acute Respiratory Infections

Although the acute respiratory diseases program (ARI) is considered a priority program this has not been reflected in the support received. Nevertheless, technical cooperation has been efficiently utilized in setting up a decentralized training system, carrying out operations research and instituting technical advisory services at the local level. It is hoped that in the future such cooperation will be increased, particularly in view of the progress made by the program and Mexico's commitment to reducing infant
and preschool child mortality from pneumonia 33% by 1994 (vis-à-vis what it was in 1988). In addition, it is intended that the national program will serve as a model for other Latin American countries.

6.4 Tuberculosis

Collaboration has been increasing in the tuberculosis program. For 12 years the international course has been supported by Mexico, and in the last biennium 11 training fellowships were provided. The participation by state authorities and health workers in seminars has been promoted, but support is required for the supply of technical and educational materials. It would be helpful to learn of the experiences of other countries and to share Mexican experiences, in addition to continuing to promote the international courses and evaluation seminars and continuing to provide a stimulus to health workers by means of fellowships.

A proposal has been made to pool efforts in a coordinated manner in research projects and activities related to the tuberculosis and AIDS programs; PAHO/WHO advisory services will be requested for this purpose.

6.5 Vector-Borne Diseases

Technical cooperation has provided valuable and tangible support for the vector-borne disease program inasmuch as it has permitted the development of various aspects of the program that otherwise would have been difficult to achieve. Nevertheless, PAHO/WHO cooperation in the future should be oriented toward attaining higher technical levels with a view to increasing effectiveness and strengthening the area of consultancy with qualified personnel.

In addition, cooperation should be increased with the Central American countries, in particular with Guatemala, since migration often results in the transmission and persistence of infectious and parasitic diseases.

6.6 Leprosy

The leprosy program has been supported through PAHO/WHO negotiations with other international organizations for the acquisition of resources; in addition, the decision to hold the meeting on Leprosy in the Americas in Mexico has led to an exchange of useful experiences in leprosy control. It was further noted that there is a commitment on the part of the President of Mexico for eradication of the disease by 1994, which justifies greater support from PAHO/WHO.
6.7 **Sexually Transmitted Diseases**

PAHO/WHO's technical cooperation has been directed toward the holding of four regional courses, financing the participation by personnel in a course and seminar in Puerto Rico, reproducing a procedures manual, and designing and distributing a flip chart and a brochure for public education. Support should be increased for this program, especially with regard to technical advisory services.

6.8 **Cholera**

Support has been received in the form of technical documents that have been used in preparing technical standards. Nevertheless, a clearer definition is needed from PAHO/WHO with regard to technical cooperation, and the measures that have been taken for the control of cholera should be extended to diarrheal diseases.

It was noted that since the program was launched in 1991, laboratory cooperation has been very limited.

The need was noted for supplies and materials for the development of rapid techniques for use in the field—such as immunofluorescence and coagglutination—technical cooperation for environmental monitoring of food and water, and training fellowships in cutting-edge technologies, such as molecular biology.

Epidemiological surveillance should be strengthened through the measures that have recently been initiated.

6.9 **Prevention and Control of Diarrheal Diseases**

The participation of a permanent advisor was noted. Significant support has been received in the form of promotional material, and all the financial resources requested have been granted.

It has been suggested that the reproduction of promotional material be authorized in Mexico, as on occasion major delays occur in delivery, since the material must be shipped from Washington or even Geneva.

Technical cooperation should be used to seek local financing sources and to strengthen research aimed at fostering greater community participation in the program.
6.10 **Family Planning**

It was noted that PAHO/WHO provides technical support for this program and that the financial resources come from the World Population Fund.

6.11 **AIDS**

Among the problems identified with this disease is the delay that occurred early on in the cooperation provided with regard to the availability of financial resources from the Global Program on AIDS. Despite the fact that cooperation was initiated in 1985, the funds were approved only in 1987. There continue to be problems, and already-approved funds are not always available as scheduled.

Reference was also made to the lack of guidelines for APB execution of resources. For example, 15% of the financing is channeled through nongovernmental organizations, which points to the need for clearly defined rules.

As regards the successes achieved in this program it was noted that despite the delay in the receipt of the financial resources, their allocation made it possible for Mexico to undertake AIDS prevention activities prior to other countries in Latin America, thereby putting the program on an operational basis with national available resources.

Specific recommendations include maintaining the funds that finance the AIDS program until it is consolidated at the national level and as long as the epidemic continues to grow, making it possible for the funds to provide certain drugs to patients (for example, tuberculosis drugs), and continuing a program of short-term advisors in specific areas for the exchange of successful experiences.

6.12 **Health Promotion**

PAHO/WHO funds, which have proved to be insufficient, were allocated essentially for the organization of training and evaluation meetings.

It was pointed out that no regular exchange exists with regard to health education activities taking place in other countries, and a recommendation was made to remedy this situation.

It was reported that federal budget resources have been allocated to the states to provide equipment for the design and preparation of promotional material and that extrabudgetary support has been requested to continue to support the states in these efforts.

6.13 **Mental Health, Rehabilitation, and Social Welfare**

The support received for these programs has been limited, since during the last quadrennium only one short-term consultancy was received.
A request has been made, subject to justification, to strengthen technical cooperation for materials and supplies, courses, seminars and fellowships, and for support in negotiating other financial resources.

6.14 Noncommunicable Diseases

It was reported that the funds have been directed toward training, preparation and dissemination of material, field investigations, seminars, advisory services, and consultancies.

Technical cooperation has provided a stimulus for the development of programs.

It is proposed that advisory services and consultancies be oriented toward investigating what is being done and how; that epidemiological surveillance and personnel training be increased in programs for the prevention and control of cervical and breast cancer, diabetes mellitus, and hypertension; that technical cooperation be increased in order to determine how work is being carried out in other countries; and that support be given to reinforcing the promotional and preventive content of the national programs for the control of risk factors.

6.15 Food Protection

It was noted that advisory services have been provided, courses on hygiene, toxicology, and critical control point methodology have been given, and fellowships have been granted to personnel.

Emphasis was placed on the support received through UNDP during the biennium 1987-1989 for strengthening the laboratory network.

The enactment of the General Health Law in 1991 produced a shift in the policy regarding monitoring of food safety, with a change in strategy to issuance of health licenses, inspection of food establishment operations, and registration of food products rather than mere inspection of finished products. In this process PAHO/WHO provided technical support for updating the General Health Law.
Given the radical change in this area, PAHO/WHO support is required for formulating inspection standards and manuals, training personnel, strengthening the laboratory network, increasing the supply of reagents and reference standards, and modernizing and maintaining equipment.

It is requested that in the future PAHO/WHO's technical cooperation be channeled to both the National Public Health Laboratory and the Department for the Regulation of Goods and Services, and that greater coordination be established between these two administrative units.

Training should be strengthened in the area of epidemiology and epidemiological surveillance of food-borne diseases.

6.16 Control of Zoonoses

Rabies

The National Program for the Control of Rabies received comprehensive support from PAHO/WHO. It was emphasized that in order to make better use of the technical cooperation provided by PAHO/WHO to Mexico, the channels to be employed for collaboration with other national institutions must be clearly defined.

Given the epidemiological status of rabies in Mexico, it is recommended that in the future PAHO/WHO provide collaboration in demarcating rabies-free areas, devising methods to control the canine population, and evaluating the canine rabies centers so that they will conform to new requirements. There is also a need to devise new rabies vaccination schemes, exercise quality control over the vaccines employed, and train personnel specifically in new control methods and strategies.

Brucellosis

Despite the fact that brucellosis is a serious public health problem, it has not been possible to formulate a national control program, and it is therefore necessary for PAHO/WHO to continue to support this process, particularly as regards dissemination of the experiences of other countries.

A special recommendation was made to strengthen the training of health professionals in the epidemiology and control of brucellosis.
**Taeniasis-Cysticercosis Complex**

Increased participation on the part of the consultant was recommended, in addition to strengthening community participation, training the technicians responsible for the program, and improving the coordination between the health sector and the Secretariat of Agriculture and Water Resources (SARH).

Mention was made of the support received by Mexico from PAHO/WHO with Inter-American Development Bank funds for a prefeasibility study of animal health that calls for strengthening the epidemiological surveillance systems; institutional development; the production and quality control of biologicals and drugs; and improvement of diagnosis and strengthening of the campaigns for the control of bovine and caprine brucellosis, bovine tuberculosis, bovine rabies, and classic swine plague.

Finally, a global and integrating approach is recommended for technical cooperation with regard to zoonoses.

**7. RECOMMENDATIONS FOR FUTURE TECHNICAL COOPERATION ACTIVITIES**

The need was suggested for viewing the programs as public health activities and not merely programming actions. This will lead to a conception of technical cooperation that extends beyond the limited perspective of the supply of financial resources, since what truly constitutes the essence of the technical cooperation provided by PAHO/WHO to the countries of the Americas is presented in the form of advisory services and consultancies.

The desirability was noted of seeking technical, human, and financial support from alternative sources such as international and national organizations, which may constitute new means for the acquisition of funds that will make it possible to contribute to development of the programs. This is all the more appropriate at a time when the current tendency of the international organizations is one of supporting specific country projects. The advisability was repeatedly mentioned of establishing or strengthening the Interagency Committee with regard to the health component of the commitments of the World Summit for Children as an opportunity for obtaining greater technical and financial resources.

It was clearly established that the issue here is not one of emphasizing financial sums, but rather one of achieving the most effective distribution of the resources supplied by PAHO/WHO, since investment should be examined and better channeled based on the magnitude, importance, and nature of the problems involved. PAHO/WHO's technical cooperation should ensure that problems that have currently been abandoned problems be reviewed and that neighboring countries share control strategies so as to optimize efforts toward common goals. In addition, the importance was noted of training the community for participation in the programs.

There was an evident need to endeavor to train the recipients of technical cooperation to make proper use of the funds and to consider the use of specific methodologies and
strategies to replace the production of pamphlets and other supposed forms of promotion that currently consume most of the resources without necessarily producing a verifiable impact. Technical cooperation will thus serve to foster better planning and allocation of resources, as well as evaluation of the results of programs. In other words, technical cooperation should not be judged on the basis of the amount of funds transferred but rather on the basis of effective management of the respective administrative responsibilities and the achievement of a greater impact through the improvement of health.

It was suggested that PAHO/WHO should increase the supply of scientific and technical information to support the programs.

It was recommended that PAHO/WHO continue to promote technical cooperation among countries (TCDC), especially in the border areas and in programs where the region's experience and technical capability is recognized.

It is necessary not only to reaffirm the commitment of political will to satisfying the health care needs of the population but also to bring about a "willingness to change," one that is combined with the need to approach technical cooperation from the standpoint of the complexity and immediacy of today's problems.

It was pointed out that research should be directed toward determining the attitudes of the population and the response of the country's health professionals, which often constitute true obstacles to the health efforts being undertaken by the institutions of the National Health System.

Finally, it was emphasized that technical cooperation should be used to provide training through seminars held strategically in areas of the country that most require health care; to evaluate programs; to detect technological anachronisms, not only in instruments and equipment but also in programs and actions; to provide advisory services for decision-making; to organize meetings to bring together political leaders; and to provide advisory services for the evaluation of emerging technologies. In sum, technical cooperation should serve to improve the quality of health services. In this way, the scope of technical cooperation will be expanded, even though financial support may be reduced.
Technical cooperation should also be viewed as an opportunity for increasing awareness of the conditions and experiences of other countries, as a means of learning from them and finding solutions to common problems.

8. CONCLUSIONS

The Group responsible for preparing the Final Report shares the general impression that the level of communication attained, coupled with the depth of the analysis carried out, made it possible to achieve the objectives set by Drs. Kumate and Alleyne, in addition to stimulating reflection on the mission of the health programs and managerial and instrumental strategies. All of this should permit the introduction, in the near future, of changes in the process of delivery of PAHO/WHO’s technical cooperation to Mexico.

This Report, which consolidates the different group reports and their annexes, contains extremely valuable information which has formed the basis for the Executive Summary. The latter contains the recommendations to be presented to the highest authorities within the Ministry of Health of Mexico and PAHO/WHO, who will introduce the adjustments they consider appropriate.
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