



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## **SUBCOMMITTEE ON PLANNING AND PROGRAMMING OF THE EXECUTIVE COMMITTEE**

*31st Session, 23-24 November 1998*

---

*Provisional Agenda Item 10*

SPP31/9, Rev. 1 (Eng.)

11 November 1998

ORIGINAL: SPANISH

### **EVALUATION OF PAHO TECHNICAL COOPERATION IN ARGENTINA**

## CONTENTS

	<i>Page</i>
1. Introduction .....	3
2. Programming Component.....	7
2.1 Evaluation of the Volume and Quality of Technical Cooperation.....	7
2.2 Main Achievements of Technical Cooperation .....	8
2.3 Main Difficulties .....	12
2.4 Collaboration with Other Units .....	13
3. Management Component.....	14
4. Prospects and Recommendations .....	15
5. Publications .....	16
5.1 Publications of the PWR/ARG.....	16
5.2 Publications in Collaboration with Other Institutions .....	16

## 1. Introduction

In 1998 the Joint Evaluation of PAHO/WHO Technical Cooperation (TC) in Argentina (JEM/92-98) was carried out. The period reviewed represented a balance of what had happened in recent years and brought to light the important changes in technical cooperation with the country.

The purpose of the present document is to summarize the results obtained with the reorientation process that had been implemented and thereby contribute to the case studies on “Rethinking International Technical Cooperation in Health.”

For a better understanding of the changes in PAHO/WHO technical cooperation to Argentina, it is important to point out that:

- Argentina has had 15 years of full democracy. The current Government in its second term, which ends in December 1999. The 1990s have been marked by profound macro transformations in the structure of the country, coupled with political stability and economic growth. Several structural reforms were consolidated, including the Convertibility Plan and constitutional, Social Security, and State reform. It can generally be said that the country on a fast track toward a development model based on the principles of postmodern economic liberalism, emphasizing globalization, the free market, and subregional integration, with the State as Regulator supplanting the State as Benefactor. In foreign policy the country has emerged as a strong proponent of Pan Americanism and the United Nations system.
- In the health sector the National Executive Branch has been defining State policy since 1992 through Decree 1269/92, which established the national health policy. Continuity in the operations of the Ministry of Health and Social Action has been maintained for seven years.

The national policies promoted have been geared toward:

- fostering credibility and ensuring that health is placed on the political agenda of society and the other government agencies;
- steering the medical care model toward efficiency, effectiveness, and quality to procure the most rational use of the available resources;

- concentrating activities and resources in priority programs in health promotion and protection in order to optimize the sociosanitary impact on morbidity, mortality, and the quality of life of the population;
- bring about central institutional reform and the restructuring and modernization of the Ministry of Health to enable it to exercise the role as the steering and regulatory organ of the sector in the country.

More specifically, during the period in question several projects for the strategic transformation of the sector were created and implemented, namely:

- a new body of laws and regulations that redefines the relationship between financing entities and the providers of medical care in the country;
- the Program for Self-managed Public Hospitals, which increases managerial and financial autonomy in the public sector;
- the National Program for Quality Assurance in Medical Care, which establishes new criteria and standards of operation for all health service delivery subsystems;
- the Compulsory Medical Program, which defines a basic package of essential service coverage for all provider subsystems;
- the Health Insurance Authority, which acts as the oversight agency for the medical care system;
- the National Drug, Food, and Technology Administration (ANMAT), which is the oversight agency for sanitary surveillance in the country;
- the National Laboratory and Health Institutes Administration (ANLIS), which coordinates and supervises diagnostic activities and epidemiological control;
- INCUCAI, which is the oversight agency for organ transplants.

These projects have been supported with heavy infusions of external financing from the World Bank and the IDB, through, among other projects:

- PROMIN I and II, designed to restore the infrastructure of the maternal and child health and nutrition programs;

- PRESAL, aimed at institutional and managerial strengthening of the public sector;
- the Program for Rehabilitation of the Health Services Infrastructure, directed to modernizing the installed capacity of the public sector;
- the Plan for the Transformation of the Social Services and the PAMI, emphasizing the actuarial, financial, institutional, and managerial adaptation of the service providers of the compulsory social security system;
- the Primary Health Care Program, promoting the reorientation of health care models;
- LUSIDA, which improves the intervention capacity of the National AIDS Program;
- the VIGI-A, which restructures the epidemiological surveillance and disease control systems in the country.

In regard to the epidemiological and sociosanitary situation, Argentina has retained its traditional profile of good indicators in the Region of the Americas, marked by a clear downward trend in communicable diseases and a clear predominance of chronic diseases. However, significant gaps and disparities can still be observed between subregions in the country, together with emerging and reemerging diseases.

In short, the scenario depicted above leaves no doubt that the country has advanced significantly in the implementation of its health sector reform process.

As for international technical cooperation, Argentina is classified as a country with specific demands for technical cooperation, with resources allocated preferentially to support projects related to governance, development, the country's institutional apparatus, and technology transfer.

The same approach has also been adopted for the health sector, whose authorities have been applying the following guidelines in international technical cooperation since 1992:

- complementarity among agencies, especially with regard to investment projects with external financing, enlisting PAHO/WHO participation essentially for the technical stage of project preparation;

- prioritization of the international and subregional role of PAHO/WHO in the mobilization of resources, coordination, and setting of standards, targeting projects for cross-border initiatives and technical cooperation among countries;
- systematic strengthening of the steering role of the Ministry of Health as the channel for intra- and extrasectoral negotiation and coordination;
- development of strategic projects for change that will produce an impact, discouraging initiatives that address only the structure of the supply of international technical cooperation and/or specific situations;
- allocation of human resources based on the criterion of mobilizing the highest available level of technical competence, nationally and internationally, making rational and efficient use of the mechanisms for hiring fixed-term consultants;
- exclusive coordination of technical cooperation activities through the institutional channels of the Ministry of Health;
- strict application of the regulations pertaining to notification of the country prior to launching technical cooperation initiatives and activities, including the mobilization of consultants and advisers;
- institutional and managerial adaptation of the PAHO/WHO Representative Office in the country to enable it to serve as a unit for international liaison instead of national technical complementation.

Concerning future areas of PAHO/WHO technical cooperation, the Joint Evaluation for the period 1992-1998 has established the basic frameworks for the Organization's cooperation:

- the technical cooperation should serve the national health policies set forth in the Decree issued by the National Executive Branch, described above;
- the technical cooperation should be geared toward institutional strengthening of the strategic programs that constitute the priority areas of action (Table 1);
- the programming and budget structure of the technical cooperation should be fully adapted to the areas of action and their strategic programs, which are very similar to the Strategic and Programmatic Orientations of PASB;

- the technical cooperation should be sufficiently flexible to permit the inevitable adjustments required in a strategic planning process where partnerships are forged with other international technical cooperation agencies.

## **2. Programming Component**

### **2.1 *Evaluation of the Volume and Quality of Technical Cooperation***

The individual evaluation of each project of the BPB/ARG/92-97 has been done but is not included in this document. However, the Joint Evaluation Meeting (JEM/98) determined that the majority of the expected results have been achieved and that, as a result, the projects have had a significant impact and relevance for the implementation of health reform in the country.

The quantitative evaluation is not included in this document, although the management and financial reports prepared by the official internal and external auditing mechanisms were approved in their entirety.

As indicated earlier, it is not the policy of the Government to use PAHO/WHO as the executing agency for projects involving external financing (banks), an activity for which the UNDP is preferred. For this reason the financial resources mobilized by the Representative Office in Argentina are virtually limited to budgetary funds. The few extrabudgetary resources that can be identified come from the quota that Argentina contributes annually for the operations of the Representative Office (PG funds), under the framework agreement in effect, and from small funds for occasional bilateral cooperation projects. It should be mentioned, however, that WHO and PAHO mobilize a large amount of financial resources for Argentina to promote research through direct subsidies to a number of government and nongovernmental agencies in the country—resources that are greater than the regular budgetary funds allocated to the Government for technical cooperation. Such resources are mobilized primarily by the Human Reproduction and TDR programs of WHO.

Considering the universe of budgetary funds, it can be observed that the average execution was nearly 90% for the decade. In any case, the budgetary resources allocated to Argentina appear to be adequate for the current volume of technical cooperation to the country (Tables 2 and 3).

In order to evaluate the qualitative aspects of the technical cooperation, Table 4 was prepared, summarizing the most important results of the technical cooperation during the period. It clearly confirms that, not only was there a growing and consistent

continuity in the technical cooperation, but it progressively improved in terms of its targeting, obtaining products that had an impact consistent with guidelines for the rethinking of technical cooperation requested by the Ministry of Health. It can be stated didactically that the years 1990-1993 represent the experimental period marking the start of the in-depth transformation of technical cooperation, while the years 1994-1995 represent the consolidation of this process, which began a definitive expansion in 1996.

Thus, it is valid to believe that current PAHO/WHO technical cooperation in Argentina is already reconfigured in new terms that are qualitatively different from previous practices, prioritizing quality instead of quantity and possessing a significant portfolio of potentially transforming products that can contribute to a real strengthening of the State's steering role in health.

## **2.2 *Main Achievements of Technical Cooperation***

The most important achievements in the period are listed below.

### **2.2.1 *Declaration of La Pampa on Renewing the Goal of Health for All***

In 1996 a national consultation for Renewing the Goals of Health for all was conducted through a National Meeting of the Provincial Ministers of Health (COFESA), in which national authorities and PAHO/WHO delegates participated. The Declaration that was signed contains:

- a commitment to defend health as a value that cuts across party affiliation (health advocacy);
- a reaffirmation to continue pursuing the gradual and collective construction of national public policies in health;
- an agreement to formalize the quantitative goals to be implemented in the country, both nationally and in each province (policy development).

### **2.2.2 *Promotion of Projects for Technical Cooperation among Countries***

The biennium 1996-1997 marks the beginning of the systematic application of the strategy for technical cooperation among countries in PAHO/WHO technical cooperation in Argentina. In 1998 four important projects are worth noting: two with Bolivia to strengthen the bilateral ARBOL II agreement on malaria and cholera; one with Chile on

hantavirus; and one with Bolivia, Chile, Mexico, Paraguay, Peru, and Uruguay on improving the diagnosis and control of hantavirus (mobilization of resources and training).

### 2.2.3 *Consolidation of the National Institute for Hemorrhagic Viral Diseases in Pergamino and of Production of the Hemorrhagic Fever Vaccine*

Through the mobilization of international technical resources and the training of Institute scientists and technicians in the United States, technology transfer was consolidated so that the Institute, which some years ago developed the Candid 1 vaccine, can manufacture it definitively on an industrial scale.

### 2.2.4 *Strengthening of the Health Information System*

As the culmination of a long methodological development process and the systematization of primary and secondary data (research and training) begun in 1994, a coordinated health information system has been set up that is improving the accessibility and quality of information in the country. Since 1997, the efforts under way have made it possible to produce and deliver the following products to Argentina's health sector (mobilization of resources and dissemination of information):

- a national study on health situation analysis in 524 departments, with training for district and national teams in methods and instruments for analyzing epidemiological data;
- 10,000 copies of a pamphlet containing the health indicators of Argentina, both national and provincial, updated to 1996 and distributed throughout the country;
- the *Guide to Health Care Facilities*, a census that updates earlier information on from 1980 on the number, category, and location of all the health care facilities in the country (published and distributed).

### 2.2.5 *National Training for Implementation of the 10th Revision of the International Classification of Diseases (ICD-10)*

In compliance with the international recommendation to begin implementation of the ICD-10 in 1997, national and provincial teams throughout the country received training on the changes introduced in the new revision, strengthening in tandem the training to improve the country's system of vital statistics.

### *2.2.6 Progress in Regulating Physician Supply*

The ongoing support for the evaluation, standardization, accreditation, and standardization (policy development) conducted by the National Commission on Physicians in recent years, resulted in:

- adaptation of the universe of medical specialties in the country, which from an earlier total of 240 is now set at 53;
- the systematic evaluation and accreditation of training programs for specialists (medical residences in the country), with the corresponding certification of graduates.

### *2.2.7 Advances in Formal and Continuing Education*

The new accreditation standards for careers in the medical sciences are being modified as a result of the evaluation of professional training in medicine that was conducted and the new Law No. 24501 on Higher Education (development of standards).

Five provinces have already launched activities to promote continuing education, focusing the changes in personnel management on the framework of State Reform (mobilization of resources and training).

### *2.2.8 Development of a Pilot Plan for the Training Mid-level Technicians*

The national initiative to conduct a global survey to determine the distribution of mid-level technicians in the country and the resulting preparation of a comprehensive plan to upgrade their education has led to the testing of a pilot plan in the hemotherapy programs of the Federal Capital, already concluded, whose success will lead to its expansion and future dissemination (development of plans and training).

### *2.2.9 Development and Strengthening of Food Protection Activities in Argentina*

Through the strong political, administrative, and technical support of INPPAZ and coordinated work with the PWR/ARG, the Organization's technical cooperation to the country has been strengthened and promoted substantively. This has strengthened the oversight of the National Drug, Food, and Technology Administration of the Ministry of Health in the area of food protection.

#### *2.2.10 Conclusion of the Situation Analysis of the Entities Responsible for Regulation and Control of Basic Sanitation*

Privatization and the institutional transformation of the Argentine State during the past decade have made it necessary to reorganize the system for the regulation and control of drinking water and sanitation services, which currently operate on the basis of concession contracts. As a result, studies and documents have been prepared containing the situation diagnosis of the regulatory entities. Their conclusions point to the need for innovative strategies to tackle relevant public health and environmental health issues, such as access and quality in the new sectoral configuration, that are increasingly important in the Region (research and policy development). This topic was the motive for an international seminar in Argentina in 1997 (training).

#### *2.2.11 Conclusion of the National Chemical Safety Profile in Argentina*

After four years, under the leadership of the Ministry of Health and with the broad participation of a variety of governmental and nongovernmental sectors, the investigation on chemical safety has come to an end, revealing the enormous complexity of this area, which involves over 200 legislative frameworks, roughly 55 national bodies, 60 professional career paths, and an infinity of laboratories for the monitoring and control of the quality of water, air, and products, as well as toxicology centers (mobilization of resources, research, development of plans and standards). As a by-product, Argentina and three other countries have been selected to conduct a pilot project on Integrated Management of Chemical Products, promoted by UNITAR/IOMC, in which PAHO/WHO has assumed coordination of the Working Group of the Integrated Environmental Program of the United Nations agencies in the country.

#### *2.2.12 Implementation of the Strategy for Integrated Management of Childhood Illness (IMCI)*

Argentina has attached great importance to its National Plan for Implementation of the IMCI Strategy, launched nationwide in 1997, and to the creation of national and provincial teams (mobilization of resources), the training of international teams to serve as multipliers for the regional strategy (training), and the preparation of the training modules for its implementation.

#### *2.2.13 Implementation of the Health Sciences Information Project*

Traditional development of information in science and technology in Argentina led to the development and implementation a specific technical cooperation project in this field in 1997. The project integrates the different PAHO/WHO programs and information

resources and generates products in different areas of technical support to serve users from Argentina and throughout the Region. The project has helped to strengthen the National Health Sciences Information Network (mobilization of resources, development of standards, training, and dissemination of information). Its most significant results have been:

- the directory of products and services offered by the cooperating libraries of the Network;
- the joint catalog of serial publications available in Network libraries;
- the development and launching of the PAHO/WHO Argentina Web site on the Internet, providing access to the institutional information and information resources requested most by end users. This Web site is among the 10 most consulted sites in Argentina.

#### *2.2.14 Implementation of the Extrabudgetary Project on the Socioemotional Dimensions of the Quality of Care*

This project emerged from an agreement with the bilateral technical cooperation agencies of Spain and Canada, implemented in the Municipality of Avellaneda. The core of the project was a pioneering field investigation to evaluate gender differentials in medical care. Its successful conclusion and the excellence of its contents led to an increase in Swedish financing (mobilization of resources) to permit the study to be conducted in other countries of the Region, beginning in 1998.

### **2.3 Main Difficulties**

The most serious difficulties encountered were:

#### *2.3.1 Coordination of Program Guidelines for the Planning and the Execution of Technical Cooperation*

Although political and institutional relations between the Argentine authorities and the Representative Office are good, without major difficulties, and relations with the national counterparts continue to improve, the programming of technical cooperation in Argentina needs to be improved. The central issue is not the technical dimension of the programming, but the understanding of the redesigned model for PAHO/WHO technical cooperation to the country. The basic areas of the changes required by the country are explained in the introduction to this document.

### *2.3.2 Little Support for Intersectional Work*

The regulatory framework contained in the Basic Agreement between PAHO/WHO and Government of Argentina (1952) designates only the ministries of health and agriculture as valid and legitimate counterparts. In order to carry out technical cooperation projects requiring an intersectional approach (health and environment, health in human development, health services, health promotion, and noncommunicable disease control) new forms are needed, while respecting and utilizing the current regulatory framework of the Ministry of Health. This topic must be studied and analyzed in order to improve the outcomes of intersectional action.

### *2.3.3 Hiring Freeze*

Since its staff adjustment, the PWR/ARG has been operating at its fullest capacity to continue its current activities. There is no possibility for broadening its action. This immediately throws into question the development and strengthening of new projects, as well as the execution of extrabudgetary projects with external financing. Moreover, the hiring freeze, coupled with the average of age of the personnel, will produce a staffing bottleneck in two or three years. Although this is not a technical issue, it urgently demands alternative studies and a policy to deal with the problem.

## **2.4 *Collaboration with Other Units***

Briefly, the projects carried out in collaboration with other units were:

### *2.4.1 Technical Cooperation among Countries*

With Bolivia, support continues for ARBOL II, especially in sanitation, solid waste management, cholera, and malaria. With Paraguay, support to combat Chagas' disease is beginning. With Chile, support to combat hantavirus has been implemented. In late 1997 a TCC project between Argentina, Bolivia, Chile, Mexico, Paraguay, Peru, and Uruguay was launched to develop the network of reference laboratories for hantavirus, with the Malbrán Institute serving as the central laboratory.

### *2.4.2 PAHO Centers*

In addition to the traditionally smooth coordination with INPPAZ, CLAP, and BIREME in all the regular technical cooperation projects in the respective areas of food, zoonoses, maternal and child health, and scientific and technical information, during this period the agreements between PANAFTOSA and Entre Ríos Province, the River Plate Basin, and Salta Province. The ongoing cooperation between the PWR/ARG, CEPIS, and ECO was also consolidated for the realization of several joint environmental projects. A

project was carried out with the Regional Program on Bioethics to survey all 30 Argentine institutions that are now integrated into a network, and four Argentine professionals were trained in the Master's Program on Bioethics.

#### 2.4.3 *United Nations Agencies*

Through the Resident Coordinator, in 1996 and 1997 the integrated documents of the agencies on *Country Profile* and *Multilateral Cooperation in Argentina* were published, with PAHO responsible for the topic "Health." UNAIDS was implemented, with PAHO acting as Chair of the Working Group. PAHO also presides over the Working Group on the Environment, created by the Agencies of the United Nations System in Argentina in 1997. All the work on an Occupational Risks Law has been in collaboration with ILO. Commemoration of "World Days" devoted to different health topics (AIDS, water, air) has always been promoted in close collaboration with UNIC. Specific joint activities have been conducted with other agencies in Argentina, such as UNHCR, ECLAC, UNICEF, UNESCO, UNIDO, World Bank, and IDB, the majority of them joint participation in seminars or promotional events. There has been no collaboration with the OAS.

#### 2.4.4 *PAHO/WHO Collaborating Centers in the Country*

During the period it has been possible to update the census and forge closer ties between the PWR/ARG and the 14 Collaborating Centers in the country. Real integration in the regular technical cooperation PAHO was only possible with the tuberculosis centers of Santa Fe and, for diabetes, with CENEXA of La Plata.

#### 2.4.5 *Nongovernmental Organizations*

Of importance was the ongoing articulation, both institutional and delegated, with the Inter-American Association of Sanitary Engineering (AIDIS) in all areas related to sanitation and environment. AIDIS actually functions as an additional executing unit of PAHO for national and subregional technical cooperation in these fields, using a model that should be expanded to other areas.

### **3. Management Component**

During the period the PWR/ARG was involved in a major reorganization, modernization, and structural adjustment effort, which was very successful in the following areas: (a) improving the quality of services (administrative restructuring; improved internal processes; better face-to-face and telephone communication in English; training to improve the ability of staff to deal with the public; incorporation of

technology; Windows/Office 95; negotiation and conflict resolution, and office remodeling); and (b) a 32% real reduction over 1995 in the annual operating costs of the seven most important services, equivalent to US\$ 249,000.

#### **4. Prospects and Recommendations**

The principal prospects and recommendations for the future are:

- To consolidate definitively the new profile of the technical cooperation model that is being implemented in Argentina, with its ramifications for the regulatory, normative, and programming function and infrastructure of the Representative Office.
- To begin consultations and policy negotiations with the Government in order to evaluate its leanings and interests regarding the proposal to reform the United Nations system, currently being debated in the international arena.
- To intensify, concentrate, and target future technical cooperation in order to meet the needs of the Government, whose profile of interests is well characterized in the introduction to this document.
- To improve the structure and coordination of the subregional integration processes (MERCOSUR and INCOSUR) and horizontal technical cooperation.
- To strengthen technical cooperation in the dissemination of science and technology information, promoting especially more intensive use of telematics, better coordination of the information offered, and the development of software to access the databases of institutions in the sector.
- Expanding interagency integration, especially for UNAIDS, the environment, and the "core data" of the United Nations.
- To strengthen and expand intersectional work, reinforcing the strategies already implemented in the areas of sanitation and the environment, which seek to coordinate the institutional development of the Ministry of Health through the mobilization of project with other international partners and counterparts of the PAHO Centers.
- To consolidate the new role of INPPAZ as an entity specializing in food.

- To move forward with measures to modernize the PWR/ARG, mainly those linked with the upgrading and development of professional and general services staff, and the electronic automation of office routines.

## **5. Publications**

### **5.1 *Publications of the PWR/ARG***

Since 1988 the PAHO/WHO Representative Office in Argentina has produced a series of publications that to date number 46. Each is monograph; the following items were published between 1996 and 1998:

- No. 44. Meerhoff, Ricardo. Sector salud. Aportes a la discusión. Estructura del mercado laboral por empresas. Buenos Aires, 1996.
- No. 45. Vazquez Acuña, M., Minyersky, N. Digesto de leyes sobre VIH/SIDA de la República Argentina. Buenos Aires, 1997.
- No. 46. Verdejo, Guadalupe y colabs. Argentina: Situación de salud 1985-1995. Buenos Aires, 1998.

### **5.2 *Publications in Collaboration with Other Institutions***

In the period mentioned, the following publications have received technical and/or financial support:

- Directorio de unidades de información de la República Argentina. Red nacional de información en ciencias de la salud. Buenos Aires, Representación de OPS/OMS en Argentina, 1996.
- Jornadas internacionales de economía de la salud. La economía de la salud en la reforma del sector. Asociación de Economía de la Salud. Buenos Aires, 1996.
- Naciones Unidas. Cooperación multilateral en Argentina 1995-1996. El sistema de Naciones Unidas y la cooperación multilateral. Buenos Aires, 1996.
- Naciones Unidas. Perfil de país, Informe Anual 1996. Buenos Aires, 1996.
- Argentina. Ministerio de Salud y Acción Social. Guía de establecimientos asistenciales de la República Argentina, 1995. Buenos Aires, 1997.

- Argentina. Ministerio de Salud y Acción Social/Organización Panamericana de la Salud. Comisión Nacional de Clasificación de Enfermedades (CNCE). Serie 3, No. 31, September 1997.
- Naciones Unidas. Cooperación multilateral en Argentina 1996-1997. El sistema de Naciones Unidas y la cooperación multilateral. Buenos Aires, 1998.
- Naciones Unidas. Perfil de país, Informe Anual 1997. Buenos Aires, 1998.
- Argentina. Ministerio de Salud. Perspectiva epidemiológica de Argentina 1996. Buenos Aires, 1998.

**Table 1: Priority Areas for Action and their Respective Strategic Programs**

<b>PRIORITY AREAS FOR ACTION</b>	<b>STRATEGIC PROGRAMS</b>
Strengthening transformation of the medical care model	National Program for Quality Assurance of Medical Care Self-managed Public Hospital Human Resources Development Development of Primary Health Care Development of Medical Care Programs Health Sector Reform Project Project for the Transformation of Social Works Program for Rehabilitation of the Health Services Infrastructure
Intensifying the struggle against human retroviruses and AIDS	National AIDS Program LUSIDA
Strengthening activities to improve maternal and child health	National Program for Maternal and Child Health PROMIN I and II
Strengthening health promotion and protection and disease prevention	Epidemiological Surveillance and Control of Prevalent Illness Vaccinations Zoonosis Control, Reservoirs, and Vectors Cholera Prevention and Control Health Education Health of the Indigenous Peoples
Strengthening of sanitary regulation and control	Registry and Control of Resources Control of Border Health and Sanitation of Transportation Occupational Health Medical checks
Strengthening of sectoral planning and coordination	Sectoral Planning and Evaluation COFESA Federal Health Delegations

PRIORITY AREAS FOR ACTION	STRATEGIC PROGRAMS
	National Bioethics Commission International Sanitary Relations Relations with Academic, University, Scientific, and Professional Entities and Chambers and Federations in the Sector Relations with Nongovernmental Organizations and Other Entities
Strengthening of health statistics and information	National Program of Health Statistics Health Documentation Center (CESAL) National Sanitary Network
Strengthening of food protection and the control of drugs and medical technology	ANMAT
Strengthening of the national research institutes, education, and production	ANLIS
Strengthening of the decentralized agencies	Health Insurance Administration INCUCAI CENARESO National Rehabilitation Service for the Disabled /Instituto de Rehabilitación Psicofísica del Sur PAMI Colonia Monte de Oca Hospital Baldomero Sommer Hospital Posadas

**Table 2: Expenditures Programmed and Executed, by Project (thousands of US\$)**

**PWR/Argentina 1993-1995**

PROJECT	1993			1994			1995		
	PROG	EXEC	%EX	PROG	EXEC	% EX	PROG	EXEC	%EX
<b>REGULAR FUNDS</b>									
Analysis of Health and Living Conditions	80	68	85	90	90	100	91	89	98
Drugs, Food, and Technology	180	140	78	139	110	79	91	91	100
Environmental Health	220	220	100	226	226	100	100	100	100
Health and Development	33	24	73	29	28	97	61	60	98
Health Promotion	**			39	39	100	61	61	100
Health Services	60	58	97	128	116	91	126	125	99
Human Resources	282	212	75	325	325	100	282	282	100
Management Support	373	365	98	352	352	100	477	477	100
Maternal and Child Health	60	55	92	83	81	98	99	99	100
Prevention and Control of Communicable Diseases	60	50	83	24	24	100	60	60	100
TCC*	50	0	0	71	2	3	71	4	6
<b>SUBTOTAL</b>	1398	1192	85	1508	1393	92	1523	1448	95
<b>EXTRABUDGETARY FUNDS</b>									
AIDS	119	37	31	75	61	81	52	52	100
Communication on Cholera				28	28	100			
Drug Regulation and Control				40	40	100			
Hemorrhagic Fever	235	232	99	130	114	88			
<b>SUBTOTAL</b>	354	269	76	273	243	89	52	52	100
<b>TOTAL</b>	1752	1461	83	1781	1636	92	1575	1500	95

Source: PWR/ARG - OMIS. 1992: no data.

\* In 1994 and 1995 the funds were reallocated during the year when their use was authorized.

\*\* In 1993 Health Promotion was incorporated under Disease Prevention and Control.

**Table 3: Expenditures Programmed and Executed, by Project (thousands of US\$)**

**PWR/Argentina 1996-1998**

PROJECT	1996			1997			1998*		
	PROG	EXEC	% EX	PROG	EXEC	% EX	PROG	EXEC	% EX
<b>REGULAR FUNDS</b>									
AIDS	40	0.6	17	0	0	0	0	0	0
Chronic Diseases	15	14	95	2	2	100	35	2	5
Communicable diseases	60	59	98	69	69	100	71	35	50
Health and Development	32	32	100	20	20	100	60	13	21
Health and Environment	66	66	100	58	58	100	82	50	61
Health Promotion	55	55	100	37	37	100	83	17	20
Health Services	92	74	81	68	68	100	54	36	68
Health Surveillance	92	91	99	81	81	100	82	40	49
Human Resources	197	197	100	87	87	100	142	120	84
Management Support	627	603	96	576	354	61	614	438	72
Maternal and Child Health	28	27	98	25	25	100	35	23	66
Quality in Health	33	33	100	27	27	100	47	23	48
Regional Integration	5	5	100	75	75	100	79	0	0
Scientific Information	0	0	0	26	26	100	49	24	50
<b>EXTRABUDGETARY FUNDS</b>									
AIDS	0	0	0	30	10	33	79	79	100
Quality of Social Dimension	30	13	44	18	18	100	0	0	0

\* Values to 20 October 1998

**Table 4: Argentina: PAHO/WHO International Technical Cooperation in Health, 1992–1998**

CATEGORIES	1992 - 1993	1994-1995	1996-1998
Nat. Health Management	<ul style="list-style-type: none"> <li>• Promote Argentine Presence at PAHO Governing Bodies</li> <li>• Institutionalization of INCOSUR</li> <li>• Formulation of National Decree on Health Policy</li> <li>• 1st. Evaluation PRONATASS/IBRD</li> </ul>	<ul style="list-style-type: none"> <li>• Promote national protagonism in PAHO and WHO Governing Bodies</li> <li>• Consolidation of INCOSUR</li> <li>• Final evaluation of PRONATASS/IBRD</li> <li>• Internet connection in place</li> </ul>	<ul style="list-style-type: none"> <li>• Renewal HFA/COFESA/La Pampa</li> <li>• National consultation SPO/International Seminar/USA</li> <li>• Institutionalization of Health/MERCOSUR</li> <li>• Consolidation of the new INPPAZ</li> <li>• National Network of Information Centers/7,000</li> <li>• Expansion RENICS/270 nodes/30 new libraries/6 specialized libraries/5 strategic publications centers</li> <li>• Project in S &amp;T Information on Health/Virtual Library</li> <li>• PALTEX/61 subsc./75,000 copies/year</li> <li>• Reorganization of the PAHO/WHO Representative Office in Argentina.</li> </ul>
Technical Cooperation among Countries		<ul style="list-style-type: none"> <li>• TCC/Pediatric Clinical History/BOL</li> <li>• TCC/Strengthening of Laboratories/PER</li> </ul>	<ul style="list-style-type: none"> <li>• TCC/Hantavirus/Chile</li> <li>• TCC/Hantavirus/Bolivia/Chile/Mexico/Paraguay/Peru/Uruguay</li> <li>• TCC/cholera/malaria/ARBOL II/BOL</li> <li>• TCC/Chagas/ARPA/PAR</li> </ul>

CATEGORIES	1992 - 1993	1994-1995	1996-1998
Health in Human Development	<ul style="list-style-type: none"> <li>• Pergamino/Evaluation of efficiency of Candid vaccine</li> </ul>	<ul style="list-style-type: none"> <li>• Compilation of Health Legislation for Constitutional Assembly 1994</li> <li>• Malbran/Integration of SIREVA/CIV/Vaccine Development</li> <li>• Pergamino/CAP. USA/Technical Product.</li> </ul>	<ul style="list-style-type: none"> <li>• National Program on Bioethics/Com. Nac./4 Post degrees Bioethical</li> <li>• Implementation of Decree on Cloning</li> <li>• Project Violence against Women/IDB</li> <li>• Publication of Situation of Women in Argentina</li> <li>• Technical Proficiency in Candid Vaccine/ Pergamino</li> <li>• Development of new vaccine/Pergamino</li> </ul>
Trend Analysis and Health Monitoring	Preparation of Health Conditions in the Americas 1994	<ul style="list-style-type: none"> <li>• Formulation National Plan for Epidemiological Development</li> <li>• Redesign System of Vital Statistics for ICD-10</li> <li>• Formulation of Guide to Methodologies for Health Situation Analysis</li> <li>• Dissemination of epidemiological information/Internet</li> </ul>	<ul style="list-style-type: none"> <li>• Analysis of national health systems/524 districts</li> <li>• Argentina/Core Data</li> <li>• Pamphlet with Indicators for Argentina</li> <li>• Implementation of ICD-10 throughout the country</li> <li>• Expansion of National Epidemiological Network/100 nodes</li> <li>• Development Geographic Bases</li> <li>• Training on Geographic Information Systems</li> <li>• Preparation of VIGI-A/World Bank</li> </ul>

CATEGORIES	1992 - 1993	1994-1995	1996-1998
Health Systems and Services Development	<ul style="list-style-type: none"> <li>• Formulation of National Quality Assurance Program</li> <li>• Training Program in Local/Provincial Administration</li> <li>• Development of Program Standards. Hospital Information Center</li> </ul>	<ul style="list-style-type: none"> <li>• INAP/Management Training Program HPA/all provinces</li> <li>• Implementation of Census of Health Facilities</li> <li>• National Commission on Emergency Preparedness and Disaster Relief/organ.</li> <li>• Constitution of National Reference Center for Disaster/information management</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of SUMA/200 nodes</li> <li>• Guide to Health Facilities/current census 80</li> <li>• Health Authority/Institutional Strengthening</li> <li>• Sectoral reform/Preparation country profile</li> </ul>
Control of Biologicals, Drugs, and Technology	<ul style="list-style-type: none"> <li>• Creation of ANMAT</li> <li>• Malbran/Inst. and manag. Strengthening</li> <li>• MERCOSUR/ Harmonization of TC in biology</li> <li>• Malbran/Creation of Latin American TC network in biology</li> </ul>	<ul style="list-style-type: none"> <li>• ANMAT/MERCOSUR/ Harmonization of medical regulations</li> <li>• ANMAT/MERCOSUR/ Harmonization of inspection for GMP</li> <li>• ANMAT/Descentralization of National Pharmaceutical Surveillance System</li> <li>• ANMAT/1st Course on Regulation of Product inspection</li> <li>• National Evaluation Commission. Cuban Mening. vaccine</li> </ul>	<ul style="list-style-type: none"> <li>• INPPAZ/National Food Commission</li> <li>• INPPAZ/Database on Food Legislation</li> <li>• INPPAZ/National Census of Institutions and Nutrition Survey</li> <li>• INPPAZ/Information system on epidemiological surveillance of foodborne diseases</li> <li>• INPPAZ/INAL/Strengthening Training in Metal Analysis</li> <li>• INPPAZ/Strengthening Management of National Food Laboratory Network</li> <li>• INPPAZ/11 inspectors trained in USA</li> </ul>

CATEGORIES	1992 - 1993	1994-1995	1996-1998
		<ul style="list-style-type: none"> <li>• INPPAZ/Institutional Strengthening. SENASA Project</li> </ul>	<ul style="list-style-type: none"> <li>• INPPAZ/CDC/New system for the Control of Botulism</li> <li>• Malbran/Strengthening National Laboratory Network for Vaccine Control</li> <li>• Malbran/Dec/Stp pneumoniae vaccine</li> <li>• Malbran/Distance learning on Control of Blood.</li> <li>• ANMAT/Strengthening horizontal TC w/MERCOSUR</li> <li>• ANMAT/ Medical Chart/5,000/month</li> </ul>
Strategic Development of Human Resources	<ul style="list-style-type: none"> <li>• Installation of Extended Fellowships Program</li> <li>• Strengthening of Advanced Training in Public Health</li> <li>• Theory and practice in Public Health</li> </ul>	<ul style="list-style-type: none"> <li>• Consolidation National Program for the Transformation of Nursing</li> <li>• National Diagnosis of the Nursing Situation 1985/1995</li> <li>• Formulation of Plan for Training of Mid-level Technicians</li> </ul>	<ul style="list-style-type: none"> <li>• External Graduate Fellowships/17 masters</li> <li>• National Medical Commission/ Professional Certification and Recertification</li> <li>• National Pharmaceutical Commission/ Periodic Recertification</li> <li>• National Hemotherapy Commission/ Transfusion Techniques</li> <li>• AFACIMERA/Evaluation of Medical Schools</li> <li>• Implementation of Continuing Education System/5 Provinces</li> </ul>

CATEGORIES	1992 - 1993	1994-1995	1996-1998
Health Promotion	<ul style="list-style-type: none"> <li>• Parliament/Comp. Transf. Legislation on Accidents, Smoking, Mental Health, and Drugs</li> <li>• Formulation of National Plan for Workers' Health</li> <li>• World Summit for Children/Formulation of provincial plans</li> </ul>	<ul style="list-style-type: none"> <li>• Intersectoral project on occupational risks</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of Professional Nursing Program/17 Prov</li> <li>• National database on Legislation on Medical Specialties</li> <li>• National database on Medical Residencies</li> <li>• National database /Graduate Programs in Health</li> <li>• National database on health technologies</li> <li>• Implementation of Human Resources Information System</li> <li>• Development of regulations for new Law on Occupational Risks</li> <li>• Implementation of IMCI strategy</li> <li>• National Program on Psychosocial Development of Children</li> <li>• New National Law on Tobacco</li> <li>• Development of National Effort to Combat Tobacco</li> <li>• Plan/Public Health Education at 1200 Schools</li> <li>• IDB/Multicenter Study on Older Adults</li> <li>• ICDDI/Mobile Thyroid Project</li> </ul>

CATEGORIES	1992 - 1993	1994-1995	1996-1998
Health and Environment	<ul style="list-style-type: none"> <li>• Development of appropriate technologies to reduce arsenic levels</li> <li>• Environmental impact assessment in Yacireta</li> <li>• Beginning of REMAR</li> </ul>	<ul style="list-style-type: none"> <li>• Development of intersectoral projects to Evaluate Water, Sanitation, Solid Waste Management. Air Quality, Chemical Safety</li> </ul>	<ul style="list-style-type: none"> <li>• National Diagnosis of Regulatory Entities for Water and Sanitation./60 trained multipliers</li> <li>• National Diagnosis of Solid Waste Management/100 trained</li> <li>• National Diagnosis of Air Quality/50 trained</li> <li>• Reintegration of ARG/International Network Air Quality Laboratories</li> <li>• National Chemical Safety Profile/30 trained</li> <li>• Implementation of Argentine Environmental Management Network</li> </ul>
Disease Prevention and Control	<ul style="list-style-type: none"> <li>• Formulation of National Program to Combat Cholera</li> <li>• Promotion of decentralization to Eliminate Chagas</li> <li>• Formulation of National AIDS Program</li> </ul>	<ul style="list-style-type: none"> <li>• Certification of the Eradication of Polio and Dracunculiasis</li> <li>• Development of National Plan to combat AIDS</li> <li>• Implementation of sentinel sites for AIDS</li> <li>• Transfer of HIV immunofluorescence technology</li> </ul>	<ul style="list-style-type: none"> <li>• Decentralization of Management of National Immunization Program</li> <li>• Publication of New National Immunization Standards</li> <li>• Precertification of Eradication/Leprosy, Measles, Tetanus</li> <li>• Pre-elimination of Chagas and TB/Evaluation</li> <li>• Implementation of National Program for the Prevention of Cervical Cancer</li> </ul>

CATEGORIES	1992 - 1993	1994-1995	1996-1998
		<ul style="list-style-type: none"> <li>• Publication of Manual on Quality Assurance in HIV Diagnosis</li> <li>• Publication of Catalogue of AIDS/NGOs</li> </ul>	<ul style="list-style-type: none"> <li>• INPPAZ/Information system on bovine TB</li> <li>• INPPAZ/Control of Bovine Spongiform Encephalopathy/BSE</li> <li>• INPPAZ/Development of Rabies Reference Laboratories</li> <li>• PANAFTOSA/Expansion of Agreement Plate Basin</li> <li>• UNAIDS/Inst. and Presidency in Guatemala</li> <li>• UNAIDS/Digest of Argentine Legislation on AIDS</li> <li>• UNAIDS/Vertical Transmission /Seminar on Regulations</li> </ul>