



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



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PROPOSED PROGRAM BUDGET OF THE PAN AMERICAN HEALTH ORGANIZATION FOR THE FINANCIAL PERIOD 2002-2003

The proposed program budget is submitted to the Subcommittee on Planning and Programming (SPP) in accordance with Article 4(G) of the Constitution. The proposed program budget for the biennium 2002-2003 as presented represents an innovation over previous documents.

First, in the past the SPP had received only budgetary information, in keeping with its goal to become an active participant in defining the Secretariat's work, this document also outlines the technical program of work of regional units. The SPP is therefore asked to provide comments not only on the budgetary distribution of funds, but also on the program of work being proposed for the biennium.

Second, the structure of the program budget has been changed from seven to eight appropriation sections. These changes have been made to reflect the Secretariat's commitment to transparency and the logic between the program structure and the budget. A new appropriation section, *General Direction*, has been added to highlight the general direction of the Secretariat, including the work of some staff offices and the Regional Director's Development Fund. Other changes are reflected in the appropriation section *Governing Bodies and Coordination*, which includes coordination activities with international and national external partners and resource mobilization, as well as the management of country offices and activities related to technical cooperation among countries. All of these activities were included under the section *Health in Human Development* in the past. The remaining appropriation sections correspond, as in the past, to the five Strategic and Programmatic Orientations.

Finally, each appropriation section includes the following:

- challenges and issues that the Secretariat faces in its technical cooperation for the next biennium;
- the projects that the regional units will be implementing; and
- the budgetary figures for that section.

The overall Pan American Health Organization/World Health Organization regular budget proposal for the biennium is US\$ 261,482,000, which represents a total increase of 2.0% over the 2000-2001 approved budget.

The SPP is asked to analyze the proposed program budget for 2002-2003 and make recommendations to the Secretariat before the document is presented to the Executive Committee.

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INTRODUCTION

The Context

This document contains the draft program and budget proposal of the Pan American Health Organization for the period 2002-2003. It includes a situation analysis from the point of view of health and socioeconomic and developmental issues. It touches upon all programmatic areas of the Organization, and describes the strategies for technical cooperation with the different countries.

In 1980, approximately 136 million people, almost a third of the population, were living in poverty in Latin America and the Caribbean. In the year 2000, almost 220 million people lived in poverty, and close to 16% live on less than a dollar a day, an increase of almost 20% over the number in 1987.

In the Americas, particularly the countries of Latin America and the Caribbean have great disparities in income, and these disparities are on the increase. Those in the poorest sectors of the population are at a clear disadvantage. Poverty, unemployment, lack of schooling, and ethnic, gender, and age discrimination continue to have a negative impact on health. Psycho-social pathologies, violence against women, and domestic and community violence, as well as substance abuse and tobacco dependency, contribute to the morbidity, mortality, and disabilities in the Region.

There has been clear progress in health, which has been reflected in such indicators as increased life expectancy and lower infant mortality, primarily as a result of a decrease in infectious diseases that are preventable by immunization. Although the health status of the people in the Region has improved considerably in the last few decades, this situation favors more those with higher income and status in society.

Increasing urbanization, population growth, and migration contribute significantly to the deterioration of the environment and to the increased demand for public health services. In addition, natural disasters have had a serious negative impact on health and continue to be a serious threat to the health status and quality of life of the population in the Region. Between 1975 and 1999, more than 100,000 people have died and 15 million have been directly affected by natural disasters.

The health sector has not always been effective in responding to the difficulties posed by the inequities in coverage and distribution of resources, deficient financial systems, and slow progress in health reform processes.

Although the frequency of many infectious diseases has increased, such as STDs and dengue, others have remained stable or have decreased, such as tuberculosis, leprosy, Chagas, and rabies. With regard to HIV, the most recent information shows that one in 200 people between 15 and 49 years of age are HIV-infected in the Region of the Americas. There is clear evidence that the HIV infection rates are higher in the poorest and most marginalized sectors of the population.

Between 1995 and 1999, 124,717 people were reported as having been affected by foodborne diseases, which caused 212 deaths and seriously affected tourism. There have been significant improvements in the elimination of dog-transmitted rabies, and 19 out of 21 capital cities in Latin America have eliminated human rabies. Among the emergent diseases are zoonoses, such as Lyme disease and West Nile virus, that threaten to spread throughout the Region.

Non-transmissible diseases represent 60% of mortality or disabilities in the region, while injuries represent an additional 10%. Among the most important causes of mortality are cardiovascular diseases, which also show a pattern of inequity, since mortality due to them is 2.1 times greater in men without any formal education and 3.4 times greater in women in similar circumstances. Cervical, breast, and prostate cancers are increasing in most countries, while stomach cancer is decreasing.

Almost 300,000 deaths annually are due to external causes, among which traffic accidents represent 41%, homicides 40%, and suicides 19%. Several studies have shown that between 20 and 60% of women in stable relationships with men are victims of violence.

In relation to health and the environment, between 1990 and 2000 water supply in Latin America and the Caribbean increased from 80% to 85% which means that almost 64 million people do not have access to these services. At the same time, almost 50 million people have “easy access” to water distribution systems, many of which have operational and maintenance problems that may negatively impact the health of those using those services. In urban areas, potable water coverage is approximately 90%, while in rural areas it is 64%. Almost 32% of the population does not have appropriate systems for the elimination of solid and liquid waste. Currently, water, air, and soil contamination are among the most serious problems affecting the population in the Americas.

It is estimated that only 63% of homes in Latin America and the Caribbean are in suitable condition for habitation and that there is a deficit of 20 million houses, without taking into account those that need improvements.

The Pan American Health Organization's Response

It is within this general context that a series of strategies are proposed to improve the health status of populations in the Americas as part of the technical cooperation of the Pan American Health Organization to the countries in the Region.

The Strategic and Programmatic Orientations for 1999-2002 continue to serve as the framework of reference for the program budget for 2002-2003, although this proposal will require revision once the new strategic plan is approved by the Pan American Sanitary Conference in 2002. Similarly, the World Health Organization program budget for 2002-2003 which outlines global expected results for the biennium has been taken into consideration in defining the regional expected results for the biennium, in order to achieve congruence between the global and regional commitments for the Secretariat.

The Program Budget for 2002-2003

The program budget submitted to the Governing Bodies for the biennium 2002-2003 represents an innovation with respect to previous documents. The changes include the following:

- ***Submission to the Subcommittee on Planning and Programming (SPP)***

In the past, the SPP had received only budgetary information regarding the proposed program budget. In keeping with the goal of the SPP to become an active participant in defining the Secretariat's work, this document includes programmatic information in addition to the budgetary information for the program of work of regional units. Information on the countries included at this time is limited to the budget. When the document is submitted to the Executive Committee and the Directing Council, programmatic information for the countries will also be included and the project purpose and expected results for the regional programs will be refined.

- ***Structure***

The changes to the structure of the program budget are as follows:

- Eight appropriation sections are submitted instead of seven as in the past. The changes to the appropriation sections seek to provide information on the budget that more accurately reflects the organizational structure and the way the Secretariat works.

- A new section has been added to highlight the general direction of the Secretariat including the work of some staff offices and the Regional Director's Development Fund.
- The appropriation section on the Governing Bodies has been redefined to include coordination activities with international and national external partners as well as the management of country offices and activities related to technical cooperation among countries. All of these activities were included under the section Health in Human Development in the past.

The remaining appropriation sections correspond, as in the past, with the five Strategic and Programmatic Orientations.

Table 1 describes the content of each of the eight appropriation sections and the proposed regular budget.

- ***Contents:***

The description of each of the eight appropriation sections includes the following:

- A summary of the situation in the Americas, highlighting particularly the challenges and issues that the Organization will face in its technical cooperation during the next biennium.
- The projects that the regional units will implement. The information on the projects has been extracted from the proposals submitted by all units where projects have been designed using PAHO's corporate planning tool, the Logical Approach to Project Management. For the purposes of this document, only the project purpose and the expected results are included. The project purpose describes the change, or impact, that is expected to be achieved through implementation of the project, while the expected results describe the Secretariat's deliverables to produce those changes.

**Table 1. Summary Description of
Proposed Appropriation Sections and Resources for 2002-2003**

DESCRIPTION	Resources Thousands US\$	% of Total
I. GOVERNING BODIES AND COORDINATION: includes funds to cover meetings and support to Governing Bodies; the activities of external relations and resource mobilization; the office of the Assistant Director; the activities for technical cooperation among countries and the management of Country Offices.	48,761.4	18.6
II. HEALTH IN HUMAN DEVELOPMENT: includes technical cooperation activities related to that SPO which are under the responsibility of the Division of Health and Human Development, the activities of Health Situation Analysis; dissemination of technical and scientific information under the responsibility of the BIREME and the Publications Program as well as the support of information infrastructure.	41,167.4	15.7
III. HEALTH SYSTEMS AND SERVICES DEVELOPMENT: includes technical cooperation activities related to that SPO which are under the responsibility of the Division of Health Systems and Services Development as well as those related to Emergency Preparedness and Humanitarian Assistance.	42,313.0	16.8
IV. HEALTH PROMOTION AND PROTECTION: includes technical cooperation activities related to that SPO which are under the responsibility of the Division of Health Promotion and Protection as well as those conducted by the Pan American Centers: INCAP, CLAP and CFNI.	28,510.1	10.9
V. HEALTH AND ENVIRONMENT: includes all technical cooperation activities related to that SPO which are under the responsibility of the Division of Health and Environment as well as the Pan American Center CEPIS.	21,270.2	8.1
VI. DISEASE PREVENTION AND CONTROL: includes technical cooperation activities related to that SPO which are under the responsibility of the Division of Disease Prevention and Control, the Division of Vaccines and Immunization; as well as the CAREC, INPPAZ, and the Pan American Centers PANAFOTSA	37,620.2	14.4
VII. GENERAL DIRECTION: includes activities related to the Director's Office, Analysis and Strategic Planning; Public Information; Legal Affairs, the Internal Auditor; the Regional Director's Development Fund and the special fund for Staff Development	13,191.5	5.0
VIII. ADMINISTRATION: includes administrative activities related to Budget and Finance, General Services, and Personnel.	28,648.2	11.0
Total	261,482.0	100

Budgetary Issues

In accordance with guidelines provided by the Director-General of WHO, the WHO regular budget proposal for 2002-2003 for the Region of the Americas was developed at a level of US\$ 74,682,000. The proposal was reviewed by the Executive Committee and the Directing Council during the year 2000. The proposal, which forms part of the overall WHO Program Budget proposal discussed at the Executive Board in January 2001, is subject to final approval by the World Health Assembly in May 2001. The WHO proposed budget of \$74,682,000 represents a reduction of \$3,043,000, or 3.9%, from the core regular budget level of \$77,725,000 approved by WHO for 2000-2001, and a total reduction of \$4,427,000, or 5.6%, from the total WHO budget level of \$79,109,000 programmed for 2000-2001. This latter figure includes a one-time authorization of \$1,384,000 of casual income approved for 2000-2001 by the World Health Assembly in 1999.

The overall PAHO/WHO regular budget proposal for 2002-2003 is \$261,482,000, which represents a total increase of 2.0% over the 2000-2001 approved budget. As mentioned previously, the WHO regular portion is \$74,682,000 and is subject to approval by the World Health Assembly in May. The PAHO regular portion is \$186,800,000, which reflects an increase of 5.5%, or \$9,664,000.

The 2000-2001 PAHO regular budget of \$177,136,000 is funded by \$163,036,000 in quota contributions from Member States and \$14,100,000 in miscellaneous income. In 2002-2003, it is projected that the PAHO regular budget of \$186,800,000 will be funded by \$170,300,000 from quota contributions, which represents an increase of 4.5% over 2000-2001, and by miscellaneous income of \$16,500,000.

The cost increase factors used in the proposal were developed by location and expenditure type. All post costs are based upon the average of actual costs by grade and location of the post. The overall net increase for posts is approximately 6.5% for the 2002-2003 biennium. For the non-post elements of the budget, the cost increase factor related to inflation was originally calculated at 3.3% for the biennium for Washington-based expenditure (based primarily upon the latest city average consumer price index for the United States), and 4.6% for field-based expenditure. The cost factor used for field-based expenditure is conservative given that the latest econometric data provided by the United Nations Economic Commission for Latin America and the Caribbean (ECLAC) shows that the region as a whole is expected to experience annual inflationary costs of between 9% and 10%. However, based upon decisions made during the Director's Cabinet's consideration of this proposal, it was decided not to include these costs and to propose a budget reflecting less than zero real growth. Thus, PAHO is absorbing approximately \$4.3 million in real terms in the 2002-2003 biennium, representing a program reduction as compared with 2000-2001.

Table 1 and the Annex provide more detail of the program budget proposal for the Subcommittee's review. Table 1 shows the budget proposal in the PAHO program classification structure; the Annex shows the PAHO and WHO regular budget history since 1970-1971.

I. GOVERNING BODIES AND COORDINATION

Issues and Challenges

Member States have expressed their interest in reforming Governing Bodies' meetings to provide more opportunities for in-depth analysis of technical and policy issues addressed by the Organization. Similarly, the role of the SPP has been reviewed in order to make this body a more active participant in the affairs of the Secretariat. Another issue to be addressed in the biennium is the concern expressed by Member States regarding equity in representation on the Governing Bodies' special committees.

The various reform processes now taking place in the Region have important implications for technical cooperation. The UN reform process establishes the context in which we do business. The WHO reform process needs to be monitored closely so as to be able to advise national counterparts of what might be the implications for the country as a whole of these reforms. The state and health systems reforms are constantly evolving, and PAHO must not only respond to them but should also play a role in determining the direction of these reforms. Indeed, the PAHO/WHO Country Representative Office can play a catalytic role in health systems reform at the country level. Added to this mix of constantly evolving events, there is an increased role for civil society and NGOs working in the area of health. All of these have implications for the governance, management, and variety of health services available.

In addition, the UN reform process has generated a movement towards a Common Country Assessment (CCA) and the development of United Nations Development Assistance Framework at the country level (UNDAF). Both of these involve all UN partners in the collective assessment of development problems and the search for solutions in a joint effort with governments.

The flow of international aid has fluctuated through time. The new political and economic reality has generated a rapid trend towards integration beyond the OECD members. Countries in our Hemisphere are conforming blocks, such as the MERCOSUR, CARICOM, SICA, etc., which constitute critical partners in the development efforts. In addition, the private sector and civil society are currently major players at the country level, and various mechanisms have been devised to integrate them into the thinking and implementation of development strategies.

The Shared Agenda for Health in the Americas signed in June 2000 by PAHO with the World Bank (WB) and the Inter-American Development Bank (IDB) opened up new

avenues for substantive collaboration with the multilateral lending institutions. This includes the creation of mechanisms for coordination and sharing of information, as well as for the development of joint action plans in four specific program areas: pharmaceuticals, national health accounts, disease surveillance, and environmental health.

There are 50 countries served by 27 Country Offices and one Border Office in El Paso, Texas. These countries have different cultural and political orientations, health issues and systems, and technical cooperation constraints, in addition to varying sizes and other enabling factors. PAHO's technical cooperation with the countries must be cognizant of this complex mosaic of opportunities, needs, and capabilities.

It is necessary to concentrate on managerial functions that will ensure transparency, accountability, adherence to rules and procedures, controls, efficiency, cost-effective actions, and decisions. Ensuring the best use of physical, human, and financial resources to implement effectively the technical cooperation program and the best arrangement of resources for technical cooperation, should be of prime consideration.

Projects

Assistant Director (AD)

Office Management and Inter-Regional/Global Collaboration

Country offices are managed effectively, the Organization improves its relations with other Regions, and national authorities strengthen their knowledge and sense of ownership about the Governing Bodies.

Expected Results:

- Ensure the development of effective work/plans and operation efficiency
 - Maximize the use of emerging technologies for production and dissemination of information
 - Development and strengthening of staff managerial and administrative capacity
-

Department of General Services (AGS)

1. *Conference Services*

Governing Bodies successfully achieve their objectives in all meetings and subcommittees.

- High-quality conference services are provided to users in a cost-effective and timely manner in support of PAHO's program of technical cooperation

Office of External Relations (DEC)

1. *Program Management*

The Organization will enhance its external relations functions and resource mobilization capacity.

Expected Results:

- Unit management, teamwork and staff development activities in DEC accomplished through joint, participatory, and timely planning
- Input to Director's Cabinet and other standing and adhoc management and policy related committees provided
- External cooperation strategy reviewed and updated continuously

2. *External Relations Coordination*

Improvement in PAHO's relations with other international and national institutions, with Governing Bodies, and improved in-house awareness of national processes.

Expected Results:

- To exert an influence over relevant global and hemispheric processes, political agendas and activities of sister organizations, and other conferences, and presented PAHO's position as applicable
- UN reform process and policy changes closely followed and PAHO's leadership advised
- Strengthened working relations with UN agencies

- Efforts to facilitate understanding of PAHO's special characteristics and increased coordination with WHO Headquarters and relevant regional offices will be supported
- Process of improving policy, operational, and administrative articulation with foundations, public, and NGO sectors will be continued
- Having established alliances and coalitions with sister agencies, other international organizations, foundations and private sector
- Expanded Shared Agenda initiative to include new areas of work and partners and reflection of initiative at country level
- Strategic thinking and support to implementation of centennial celebration

3. *Resource Mobilization*

PAHO's ability to generate funding for priority programs and quality projects will be maintained and increased.

Expected Results:

- Having maintained/increased the level of funding from traditional donors and identified new donors
- Resource mobilization strategy reviewed and updated continuously
- Having PAHO's Management of International Cooperation in Health, project review process, project management, and project negotiation strengthened
- Having streamlined mechanisms for project tracking and reporting

RESOURCES PROPOSED FOR 2002-2003
REGULAR FUNDS
US\$

GOVERNING BODIES AND COORDINATION		
COUNTRY	INTER-COUNTRY	GRAND TOTAL
37,208,100	11,553,300	48,761,400

II. HEALTH IN HUMAN DEVELOPMENT

Issues and Challenges

Although the general health status for the people of the Latin American and Caribbean (LAC) countries has improved, gains in health status appear to be disproportionately weighted toward those who already have a greater share of social and economic advantages in society, while the health of disadvantaged groups improves less consistently and at much more modest rates. Successes in the reduction of infant mortality by countries such as Chile, Costa Rica, and Cuba which have diverse political and economic systems, demonstrate that many LAC countries with similar levels of economic growth but less equitable health conditions have not yet tapped their potential to improve population health.

Given available evidence, it can be concluded that in LAC the main social determinants of health are those related to differential power relations and opportunities, mainly evidenced by differences due to race or ethnicity, gender, and social class (as measured by income level, material living conditions, educational attainment, or occupation).

Most countries in the Americas are currently undergoing processes of health sector reform. These are often part of more general reforms of the State, meant to facilitate the integration of the regional economies into the global market. Considering the enormous disparities in socioeconomic status of the populations in this Region, for these reforms to succeed, it is imperative that they take into account these inequalities. The main objective of the reforms has to be coupled with general policies that diminish the gaps between the extremes of the socio-economic spectrum, as well as gender and ethnic inequities, to promote greater access to basic health care.

In addition to the differences in health needs that are biologically derived and specific to each sex, there are gender inequalities in health outcomes, access to care, utilization and financing of services that are socially produced. Adverse conditions in the social environment and lack of appropriate health services seem to disproportionately affect women's opportunities for health care.

Regarding the collection of information, its analysis continues to be one of the main challenges for the provision of technical cooperation. The Secretariat will support the process of analysis through the provision of examples on measurement of inequities in health, identification of needs, and measurement of the impact on health. The wide use and dissemination of the tools will be a positive contribution to the culture of the use and analysis of information.

Due to the multiplicity of new developments in this field, it is necessary to have greater coordination in the development, access, and management of information systems. It is necessary to increase the availability of consistent and reliable data and to assess their distribution in specific population groups (not only the national average), including, in addition to basic data, a new regional database of hospital morbidity.

The aim of the Secretariat is to improve the knowledge and practice of public health in the Americas through the effective management of scientific and technical information. PAHO will need to accelerate the speed with which it processes work to keep pace with the ongoing changes in the environment. At the same time, the intellectual production of PAHO's staff and their ability to attract important texts for publication will have to increase if the Organization is to offer sufficient and significant information to the public health community.

A critical aspect of PAHO's collaboration with the countries in the Region has been to facilitate their access to scientific and technical information in health (STIH). At the same time, the increasing use of the Internet has provided the countries with new opportunities for its use in the exchange of technical information. This will require a functional and organizational remodeling of the centers on health information which constitute the Sistema Latinoamericano y del Caribe de Información en Ciencias de la Salud (Latin American and the Caribbean System of Information in Health Sciences).

In 1998, PAHO created the Virtual Health Library (VLH) as a cooperation strategy in scientific and technical information for the Internet era. The creation of the VLH thus constitutes a new paradigm in the use and transmission of scientific and technical information that is intended to assist countries to overcome structural problems in the Region.

In Latin America and the Caribbean there is a notable increase in regarding a multitude of ethical dilemmas posed by recent technological and scientific developments and their relationship to health care. Since the creation of the Regional Program on Bioethics there has been an increase in the demands for advice and consultancy services in personnel training, in raising awareness among professional groups, and in the formation of institutional and national committees.

Development in this area has been unequal, with some countries having highly trained personnel and others still remaining in a primitive stage. There is a critical need for technical cooperation to spur project homogeneity in training levels in the countries and institutions, as well as a need for closer work with the PAHO/WHO Country Representatives so as to take into account the pertinent social and cultural local factors each country possesses.

The rapid technological development process underway presents a challenge for the Secretariat in terms of maintaining information systems that are reliable, up-to-date, and capable of interfacing with the systems of WHO as well as other external partners.

Projects

Division Of Health And Human Development (HDP)

1. *Coordination of HDP*

The Organization responds to the countries' technical cooperation needs efficiently and effectively through execution of the work plans of the Division, BIREME, and the Regional Program on Bioethics.

Expected Results:

- Managerial, technical, and administrative support and guidance provided to all the HDP programs, including BIREME and the Regional Program on Bioethics
 - HDP has increased capacity for delivery of technical cooperation with external financial and human resources
 - The Program's technical expertise is improved, thanks to upgrading of the personal and professional skills of HDP staff
 - Production and dissemination of informative material on health in human development
 - Participation by technical personnel in local and international forums in order to publicize the mission and objectives of HDP
 - Increased visibility of HDP among national and international institutions and organizations
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2. *Equity in Health and Human Development*

The countries increase their capacity to formulate, negotiate, implement, and evaluate public policies in order to reduce inequities in health due to socioeconomic and ethnic macrodeterminants.

Expected Results:

- Strengthening of national capacity to identify and measure health inequities resulting from socioeconomic and ethnic macrodeterminants
 - Strengthening of the countries' capacity to formulate, implement, and evaluate the impact of policies aimed at reducing inequities in health caused by socioeconomic and ethnic macrodeterminants
 - Mobilization and training of national sociopolitical and technical actors to identify and measure health inequities and formulate, implement, and evaluate policies for equity in health
 - Development of studies and instruments for measuring inequities and policies aimed at promoting equity in health
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3. *Research Coordination*

The countries of Latin America and the Caribbean have increased capacity to produce and use scientific knowledge to address priority public health problems in the Region.

Expected Results:

- Support provided through the Research Grants Program to enable countries to conduct and publish collaborative research on prominent regional health problems
 - Mechanisms of collaboration with academic and research centers of excellence established for the education and training of investigators
 - Development, with the participation of science and technology organizations, of an information and communication platform to facilitate person-to-person and virtual exchange among investigators in health in Latin America and the Caribbean (REDiiSal)
 - Implementation of mechanisms and instruments to facilitate the functions of coordination and exchange of information for technical cooperation in the area of research between the PAHO Secretariat and other international cooperation and financing agencies
 - Support provided for the formulation of regional, national, and institutional policies on health research to foster the execution of effective and equitable public health activities in the short, medium, and long terms, with the participation of diverse sectors of society
 - Development of mechanisms, instruments, and methodologies for the transfer of scientific and technical information for use in local political decision-making with regard to health at the local, state/provincial, national, and regional levels
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4. *Women, Health, and Development*

Gender equity is incorporated as a cross-cutting theme in the policies and programs of member countries and PAHO.

Expected Results:

- Information generated and analytical tools produced on the reciprocal relationships between gender inequities, health, and development
- Strategies and programs of information/communication on gender equity and health for different audiences implemented
- Intersectoral networks of representatives of different sectors of government and civil society advocating and participating in the formulation and monitoring of pro-gender equity policies in the area of health
- Intersectoral policy and intervention instruments and models to reduce gender inequities developed and implemented
- Coordination and supervision of the activities of HDW and linkage of the Program with other programs and institutions
- Gender equity introduced as a cross-cutting theme in the policies and programs of member countries and PAHO

Special Program for Health Analysis (SHA)

1. *Program Management and Strategic Development*

The Organization responds to technical cooperation needs effectively and efficiently through the execution of the work program of the Special Program for Health Analysis.

Expected Results:

- Development of the Program's overall planning and coordination in the short and long term, strengthening health analysis capacity in the countries and programs and units of PAHO, as well as in external institutions
 - Motivation and facilitation of professional and academic development for SHA staff in order to ensure effective action by the Program
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2. *Strengthening of Health Statistics Systems*

The countries strengthen their health information systems and networks, with emphasis on vital statistics systems.

Expected Results:

- Mortality and population information system (MAPIS/SIMP) developed and operational
 - Mortality and population databases updated
 - ICD-10 implemented in mortality and hospital discharge information systems in all countries of the Region; other members of the health classification family known and used in the Region
 - Regional Advisory Committee on Health Statistics and subcommittees active and productive
 - Vital registries and statistics systems in the countries strengthened
 - Networks for cooperation in demographics, health statistics, and health-related information with agencies of the United Nations system and national technical expert groups (in services, academic institutions, and others) created and operational
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3. *Development of Capacity for Health Analysis*

The countries develop their strategic capacity for epidemiological analysis of the health situation and trends, with emphasis on conceptualization, methodological development, quantification, analysis of inequalities of health, and surveillance of public health.

Expected Results:

- Methods, models, technologies, and operations research in epidemiology and health situation analysis developed and disseminated
 - Platform for regional communication of health information and linkage of health surveillance systems developed, strengthened, and evaluated by decision-making authorities in the Member States and the Secretariat
 - Programs for training human resources in health service management, with emphasis on epidemiology, biostatistics, and surveillance of public health for ASIS at the basic and intermediate levels, developed and implemented
 - Networks for cooperation in epidemiology and health situation analysis with national technical expert groups (in services, academic institutions, and others) created and operational
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Office of Publications and Editorial Services (DBI)

1. *Selection, Production, Organization, and Dissemination of Scientific and Technical Health Information*

PAHO's leadership as a provider of health information in the Americas is sustained and enhanced.

Expected Results:

- DBI managed effectively.
- Information dissemination policy and practice coordinated within PAHO and with WHO.
- Health information needs, market competition, and readers' use of PAHO—information products and services assessed and used to inform editorial and marketing decisions.
- In the context of assessed health information needs, results of original research and technical information on priority health issues facing the countries of the Americas produced, and PAHO's technical cooperation thereby bolstered
- Appropriate health information—PAHO's and that of the Organization's information partners— promoted and distributed widely, using appropriate communications media, assuring ample coverage, and guaranteeing an attractive return on the Organization's publishing investment.

Regional Program on Bioethics

Regional Program on Bioethics

Health-related institutions are applying and evaluating bioethical knowledge.

Expected Results:

- Programs for training in bioethics developed
- Bioethics information and dissemination systems in place
- Research developed and promoted
- Strategic partnerships established and functioning
- Effective management and administration of the Regional Program on Bioethics; projects for external financing developed

- Information and knowledge about the relationships between health and human development—with emphasis on their respective contributions toward the reduction of inequities at the regional and national levels—compiled, generated, analyzed and disseminated among stakeholders
- Formulation of policy and intervention models and instruments, both sectoral and extra-sectoral, for reducing inequities in health and human development
- Formulation of policy instruments (regulatory frameworks, standards, programs, monitoring systems) aimed at promoting equity at the national and regional levels through the establishment of alliances between entities/levels of government and civil society

Latin American and Caribbean Center on Health Sciences Information (BIREME)

1. Management of BIREME

The Organization responds to the countries' technical cooperation needs with regard to scientific and technical information on health

Expected Results:

- Planning, management, organization, operation, and control of BIREME's activities carried out in keeping with the agreement for maintenance of BIREME and in response to the priority demands for technical cooperation to further the development of the Virtual Health Library
- The image of BIREME and the VHL strengthened in the Region and internationally
- BIREME's infrastructure of information technologies updated in consonance with international developments and trends to ensure efficient and effective performance of the information sources for the Regional VHL, electronic communications, and management of BIREME
- Distribution and support for BIREME's products and software operational

2. Strengthening of the VHL as a cooperation instrument for ensuring equitable access to scientific and technical information

The Virtual Health Library (VHL) for Latin America and the Caribbean functions as a network of sources of health sciences information that is universally accessible and compatible with international networks. The VHL is developed as a common space for producers, intermediaries, and users of scientific and technical health information.

Expected Results:

- Advisory committees and plans for the development and equitable operation of the VHL, with information organized by regional, national, and thematic area, established and operating
- Coordination, monitoring, and evaluation of the VHL carried out at regional and national levels and in thematic areas and exchange of experiences with similar initiatives in developed countries
- An intensive program for publicizing the VHL on the Internet and at events related to the health sciences carried out
- Information sources for the Regional VHL updated
- Information methodologies and technologies for the operation of the VHL in accordance with current international practices and standards developed, updated, and disseminated
- The SciELO methodology for preparation, publication, storage, preservation, and evaluation of electronic publication of the principal types of documents updated, enhanced, and expanded
- The network of SciELO sites of collections of electronic scientific journals on the Internet operating and expanding
- New networks of electronic publications of the principal types of literature other than scientific journals being developed
- Specialized regional and national services using push technology/selective dissemination of information (SDI) on health operating and responding to the information needs of specific user communities
- Cooperative services of access to VHL information sources, organized by regional, national, and thematic area, operating continuously and being maintained and developed
- The Cooperative Access to Documents Service (SCAD) operating continuously and being maintained, developed, and expanded
- The regional portal and national and thematic portals in the VHL for cooperative access to collections of scientific journals in the health sciences—both on paper and electronically—operating, with emphasis on the maintenance and development of the BIREME collection and promotion of consortia in the countries of the Region
- Bibliographic control of the scientific and technical literature of the Region in the VHL assured through maintenance of the bibliographic databases of the LILACS system at the regional level, with expansion at the national levels
- Bibliographic control of the scientific and technical literature in the specialized areas of the VHL assured through the maintenance and expansion of the bibliographic databases in specialized areas

- Databases of directories of health entities and events, organized by regional, national, and thematic area, operating in the VHL
 - Databases of full-text legislation, organized by regional, national, and thematic area, operating in the VHL
 - The LILACS methodology for bibliographic control of scientific and technical literature in the VHL updated, enhanced, and expanded, with the incorporation of new data fields for operation on the Internet
 - The methodology for development of databases of directories of health entities and events updated, enhanced, and expanded
 - A methodology for accessing health legislation in full-text format through the VHL developed
 - A network of information sources geared toward scientific dissemination and decision-making on health by authorities, professionals, and the general public operating in the VHL and organized by regional, national, and thematic area
 - Communication services, including newsgroups and discussion lists related to health information, operating in the VHL and organized by regional, national, and thematic area
 - The network of health information localizers operating in the VHL, organized by regional, national and thematic area
 - DeCS (Descriptors in Health Sciences for the training of human resources) servers operating in the VHL and organized by regional, national, and thematic area
 - The health information localizer methodology updated, enhanced, and expanded
 - The methodology for installation and cooperation between DeCS servers updated, enhanced, and expanded
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Department of Management and Information Support (ACS)

1. General Office Management

The Organization uses information technology effectively and efficiently in the delivery of technical cooperation activities.

Expected Results:

- Skills training provided
 - Services and products delivered in a timely manner to enable technical staff to accomplish their tasks within schedule
 - ACS is managed effectively
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2. *AMPES/OMIS Project*

The manual staff effort to plan and execute the programs of the Organization is reduced through the use of updated information systems for planning, programming, monitoring, executing, and evaluating technical cooperation and managerial projects.

Expected Results:

- Field sites and Washington units can support daily operations of planning, programming, budgeting, obligation, and payment transactions using DOS and Windows software
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3. *Mortality and Population Database Project*

A new Mortality and Population Information System developed (including ICD-10) to replace the existing TIS system.

Expected Results:

- Software installed, training conducted, and historical data converted.
 - The Population and Mortality software maintained in good working order to ensure that it remains responsive to users' requirements.
 - Requirements developed for a system that would track and consolidate morbidity statistics from the countries in the Americas.
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4. *Applications Programming Support*

PAHO maintains a suitable environment for developing and supporting automated systems.

Expected Results:

- Existing systems continue to serve the needs of their users and sponsors
- New software applications designed, developed, and implemented, as required
- Existing systems replaced or upgraded when appropriate

- Appropriate infrastructure to support the acquisition of hardware and the development of software applications by Headquarters and field offices maintained
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5. *Infrastructure and User Support*

Information technology and hardware used by all PAHO staff effectively and efficiently.

Expected Results:

- Downtime for users minimized
 - Increased staff productivity
 - Headquarters users can effectively communicate via e-mail with their colleagues and other PAHO users in a timely manner
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6. *Database, Data Warehouse, Web and Mainframe Services*

PAHO staff utilizes information technology in multiple environments in technical cooperation and managerial activities.

Expected Results:

- Mainframe services supporting FAMIS and ADPICS only
 - Linking of PAHO applications to the Web designed and maintained
 - Corporate data built and controlled, improving accuracy, consistency, and accessibility to this data
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7. *Field Office Support*

Field offices' operations are conducted without interruptions and effectively and efficiently using information technology.

Expected Results:

- Technical staff in field offices has better developed skills and procedures to support local users
 - Products are delivered according to an agreed ship date
 - The right products are delivered
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8. *Upgrade to NT Architecture*

PAHO utilizes up-to-date technology in the delivery of its technical cooperation programs.

Expected Results:

- All Headquarters and field office/centers upgraded to Windows 2000
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9. *Restructured Mainframe Services*

PAHO utilizes the appropriate technology in the delivery of its technical cooperation program and managerial activities.

Expected Results:

- Management of the mainframe will be possibly contracted out or significantly downsized for in-house operations
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RESOURCES PROPOSED FOR 2002-2003
REGULAR FUNDS
US\$

HEALTH IN HUMAN DEVELOPMENT		
COUNTRY	INTER-COUNTRY	GRAND TOTAL
10,378,000	30,789,400	41,167,400

III. HEALTH SYSTEMS AND SERVICES DEVELOPMENT (HSS)

Issues and Challenges

The main problem that the Region faces in the development of health systems and services is the inadequate response to the population's health needs. This has to do with the lack of equity in terms of resource distribution and coverage, the inefficiency of its actions, deficient financial management, and the weak capacity of health authorities to direct health sector reform processes.

More immediate causes of these problems are a weak public health practice and infrastructure, insufficient capacity for leadership of public health authorities both at the national and local levels, imperfect decentralization processes, inadequate financial management and resource allocation, lack of instruments for social participation, and insufficient development of research in health systems with scarce application of its results. With regard to the provision of services, the greatest problem is their low coverage, resolution capacity, and effectiveness.

Although these problems have an influence on all services, there are some programs and services that have been particularly affected, such as oral health, eye care, rehabilitation, and nursing services as well as those aimed at indigenous populations.

As a result of changes in the markets for health services, in the assignment of populations to various forms of coverage, and the process of decentralization, there is a new labor and management scenario that requires a profound change in the management of human resources.

From the educational point of view, the graduates of schools and faculties of health sciences do not generally have the competence, profile, culture, and attitude that are necessary for the provision of adequate health services. The curricula need to be changed, and the mission of training institutions needs to be redefined in order to increase their integral participation in the health development process.

The emergence of new problems in the area of human resources in public health calls for national and regional processes that include research and monitoring and address the important problems in this area with a strategic approach.

The quality of the laboratories and blood banks vary not only within each country but also among countries, and is associated with the capacity of each institution to invest in

infrastructure, equipment, supplies, and personnel. This difference becomes greater with time as new technological tools are developed and demands for services increase as a result of population growth and the emergence of new pathologies.

Diagnostic radiology and radiotherapy services suffer not only from a lack of financial resources but also from an inefficient allocation of available resources. This is manifested by inadequate and deteriorating physical resources (buildings and equipment), the lack of adequate specifications for purchasing new equipment, insufficient salaries, and a lack of discipline in working habits. Evident secondary effects include: nonfunctioning equipment, minimally trained personnel, ineffective diagnostic and/or therapeutic protocols, and unsafe radiation conditions for patients, staff, and the public.

Regarding radiation protection and safety, coordination must be strengthened because most radiological regulatory authorities are outside the health sector. Since they lack clinical experience, the use of medical radiation sources is very difficult to control, especially concerning patient protection. The control is even more in need of coordination when regulatory responsibilities are divided between two (or more) governmental agencies. International technical cooperation concerning radiology services and/or radiation safety programs is provided by various international organizations.

The physical infrastructure and the equipment of health services in the public sector are generally in bad condition. The principal problems are related to lack of institutional development to ensure the planning, acquisition, operation, maintenance, evaluation, elimination, and renovation of equipment; lack of personnel with the training needed for the management and operation of programs as well as to train auxiliary personnel; lack of information needed to define priorities and investments; lack of program financing policies; and lack of regulation programs for medical equipment and devices.

The variety of environments, priorities, organization, and operational demands of the healthcare sector requires a multiplicity of information technology (IT) applications capable of providing support for the challenging and complex interdependent clinical, public health, and managerial decisions and interventions that characterize health practice. There are conflicting perspectives regarding how to bring technological innovation and integration an to environment of increasing social inequalities and polarization between local and global values and control. Two out of three public IT projects take too long to implement and cost more and deliver less than what had been planned.

The threat of technological and natural disasters has not abated in the Region. Despite the fact that Latin American and Caribbean countries have been making concerted efforts for

more than two decades to combat the effects of disasters on health, and have gained knowledge and experience, several factors have collaborated to exacerbate the situation: spiraling population growth, urban migration, deforestation, and global warming, among others. Hurricane Mitch in 1998 was a striking reminder of the vulnerability still faced by the Region.

Projects

Division of Health Systems and Services Development (HSP)

1. Technical Management and Administration of the Division

The Organization responds effectively and efficiently to the countries' technical cooperation needs through execution of the Division's programs.

Expected Results:

- Support and coordination of the management of the Division's programs, support for the countries through technical cooperation and in their processes of evaluation, publication and dissemination of technical material, coordination of staff development program
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2. Health Systems Development

The performance of health systems in the countries is improved, inequities in coverage and access are reduced, efficiency is increased, and social protection and solidarity in the area of health is expanded.

Expected Results:

- Measurement of the performance of essential public health functions in terms of strengthening of health infrastructure and practice at the national and local levels
- Support for national efforts aimed at institutional reorganization, reduction of the segmentation of systems, strengthening of the steering capacity of health authorities, and redefinition of the roles and sphere of responsibility of institutions and levels in accordance with decentralization policies

- Support for national efforts to expand social protection in the area of health, improve social security schemes, and reduce exclusion
 - Development of national and subnational capabilities for mobilization, management, and allocation of financial resources, applying criteria of equity, including provider payment mechanisms and investments in the sector
 - Strengthening of national capabilities with regard to information systems on health systems, sectoral analysis, performance evaluation of systems, monitoring of health sector reforms, with emphasis on equitable access and concerted development of health systems research agendas
 - Strengthening of the national capabilities for the design and management of health reform processes
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3. *Organization of Health Services Delivery*

The countries develop models of care suited to their populations' differing health needs, cultural features, and possibilities of access, with emphasis on health promotion and improvement of the organization, operation, and management of health services systems and programs.

Expected Results:

- Models of care reoriented so that they are comprehensive in nature and incorporate a health promotion approach, are adapted to the populations' differing health needs, cultural features, and possibilities of access, incorporate alternative schemes of care that are more efficient and effective, and are suited to national and local realities, with emphasis on strengthening of nursing services, especially in underserved areas and among priority groups
- Models and standards for the organization of service delivery developed and disseminated to help the countries of the Region improve the performance of networks of health services, hospitals, and other health facilities
- Processes for ensuring continuous improvement of the quality of care designed and implemented in the countries of the Region, integrating current evidence-based knowledge, as well as the utilization of techniques, methods, and instruments for standardization and assessment of the effect of health care technologies on the performance of health services systems
- Processes of improving information systems and managerial capacity in health services designed and implemented in the countries of the Region
- Oral health services and programs strengthened and consolidated

- Eye health services and programs strengthened normatively and operationally within the framework of health services development
 - The countries' ability to ensure equitable access to health care for the indigenous peoples of the Region strengthened
 - Comprehensive rehabilitation services strengthened, with the active participation of the State, civil society, and disabled persons and their organizations and with a multisectoral approach, giving special importance to equal opportunity for the inclusion of people with disabilities in the community
 - National capabilities strengthened for the development, implementation, and evaluation of programs for the prevention of injury and disabilities and assistance to victims of land mines and explosive devices, including comprehensive rehabilitation
 - The countries' capacity to strengthen the role of nursing and midwifery in the delivery of health services bolstered and coverage, efficiency, and quality of basic health services improved, with emphasis on priority geographic areas, programs, and groups
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4. *Human Resources Development for the Health Sector*

The countries develop, strengthen, and ensure the sustainability of their steering function and of processes of planning, regulation, management, and development of human resources for the health sector with a view to improving the equity, effectiveness, quality, and productivity in the sector

Expected Results:

- Policies, plans, frameworks, and regulatory instruments generated and implemented to ensure appropriate and comprehensive development of human resources consonant with health needs and the needs of health services systems, supported by available information, monitoring, evaluation, and quality systems
- Methods, models, technologies, and instruments for decentralized planning and management of human resources developed and made available to help improve the performance of personnel in health services
- Cooperation and institutional development networks created to promote educational programs in public health and change within training institutions, in keeping with the essential public health functions (EPHF)
- Models, methods, instructional materials, operations research, and institutional capacities for the formulation of in-service educational programs developed and made available on the Web to improve the performance of health personnel and ensure relevant and autonomous educational responses

- Models, methods, instructional materials, operations research, and institutional capacities developed to ensure technical and social relevance and acquisition of essential and specific skills in the professional and technical training of health workers
 - Direct support for the management of the fellowships program, for technical management of PALTEX, and for the information dissemination unit
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5. *Essential Drugs and Health Technology*

National health systems will adopt governmental standards, based on efficacy and safety criteria for drugs, medical facility infrastructure, equipment and supplies, and information technology, and will develop clinical protocols, and maintenance and quality assurance programs, especially in the areas of pharmaceuticals, laboratory, blood safety, and radiology. The quality of the functioning of the clinical laboratories will be improved.

Expected Results:

- Pharmaceutical situation assessed, including drug programs or projects, and countries supported in the formulation of pharmaceutical policies
- Regional alliances for harmonization of drug regulations and application of quality standards strengthened together with agreements on national regulatory integration processes
- Improvements in drug supply and strategies for promoting rational drug use analyzed and formulated, including education programs on prescribing, dispensing, and patient information
- Quality of clinical laboratory operations improved
- Institutional development of public health laboratories supported
- Safety, quality, and efficiency of blood banks improved
- Public diagnostic and therapeutic radiology services will have adopted guidelines regarding facility infrastructure, equipment purchase, and acceptance testing, staff training and continuing education, and quality assurance and maintenance programs
- Standards for the protection of patients undergoing diagnostic radiology examinations or radiotherapeutic procedures will have been established by the ministries of health with the collaboration of the radiation regulatory authorities, using criteria developed by ALFIM, ICR, CRILA, GLAC-RO and ARCAL
- Multisectorial plans for radiological emergencies and for radioactive waste management dealing with medical sources will have been developed and adopted by the government

- Desarrollo de capacidad nacional y capacidad institucional para generar y aplicar políticas y modelos para la conservación y mantenimiento de los establecimientos de salud, y programas de capacitación en mantenimiento de equipo biomédico
 - Fortalecer en las instituciones de salud la capacidad de gestión de tecnología mediante la organización de programas, capacitación de personal y acceso a información sobre la planificación y selección y adquisición de equipos médicos
 - Promover el desarrollo y fortalecimiento de la capacidad reguladora de equipos y dispositivos médicos y su armonización a nivel global participando en las reuniones y grupos de estudio del Global Harmonization Task Force (GHTF)
 - Development and promotion of information technology specifications, data elements; technical and operational standards, and evaluation methodologies and tools
 - Technical cooperation to national and regional health services in the deployment of initiatives prioritizing applications that utilize telecommunications and interactive informatics solutions
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Program on Emergency Preparedness and Disaster Relief (PED)

1. Overall Program Management

Technical and financial resources are available to sustain the Program and meet the health sector's needs within the global multisector context of disaster reduction.

Expected Results:

- The Pan American Health Organization retains its leadership position in all health matters related to disasters
 - There will be an increase in extrabudgetary funding for disaster preparedness and mitigation activities in Central America, the Caribbean, and South America
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2. Disaster Preparedness and Mitigation

Health sector disaster institutions in the Region are strengthened in order to be able to manage the health consequences of natural and man-made disasters more efficiently and effectively

Expected Results:

- National health sector disaster coordinators and other disaster professionals will have been provided with training and technical and scientific materials on a broad spectrum of disaster management issues, in light of decentralization and health sector reform
- The Organization provides the framework for a regional network of health disaster professionals with opportunities to exchange information, materials, and ideas and coordinate joint efforts
- The Organization supports the formulation and implementation of guidelines, policies, and standards that safeguard the physical and functional vulnerability of health facilities and water systems
- PAHO coordinates and guides the health-related activities of other non-health agencies such as the U.S. military, FEMA, etc.
- Central America, as a subregion, will use the lessons of Hurricane Mitch to reduce their vulnerability and prepare for future disasters

3. *Humanitarian Assistance and Disaster Relief Coordination*

The countries of the Region assess their post-disaster health needs, following the recommendations and guidelines accepted by the international community, and efficiently manage the aftermath of disasters.

Expected Results:

- Technical cooperation will be provided and funds will be mobilized in support of post-disaster needs
- In the aftermath of disasters, humanitarian supplies will be managed with a common regional approach that can serve as a model for other regions of the world

RESOURCES PROPOSED FOR 2002-2003
REGULAR FUNDS
US\$

HEALTH SYSTEMS AND SERVICES DEVELOPMENT		
COUNTRY	INTER-COUNTRY	GRAND TOTAL
24,375,900	17,937,100	42,313,000

VI. HEALTH PROMOTION AND PROTECTION

Issues and Challenges

Although the infant mortality rate (IMR) has decreased in most countries in the Region in the last decade, there are still considerable differences among countries and, in many cases, among different regions in the same country. A high percentage of children are frequently absent from school because of disease, one out of two children does not finish primary school, and only seven out of 10 go to high school. Although gender differences in access to school have diminished, they are still observed in some countries.

A third of adolescents lives in poverty and does not have access to health services. Tuberculosis and acute respiratory infections are still evident during adolescence. It is estimated that approximately 10 million children under 14 years of age work illegally, in dangerous conditions, without social security benefits, and with very low salaries. In the Region, approximately 17 million children between 4 and 16 years of age have emotional and psychosocial problems. Eighteen per cent of suicides occur in youngsters between 15 and 24 years of age. Drug and alcohol abuse is increasingly more frequent at younger ages and are related to car accidents, particularly among boys. Youth violence is also increasing throughout the Region, and it is estimated that approximately 20% of adolescents carry arms to school.

Access to sexual and reproductive health services is uneven throughout the Region. Many women do not have access to these services which leads to unsafe abortions, affecting predominantly poor women. More than a third of men and women in some areas do not have access to family planning services. In many countries, deliveries are carried out by unqualified personnel, placing both mothers and their infants at unnecessary risk. Maternal mortality rates in several countries are still too high, although the causes are, to a great extent, avoidable. Maternal mortality of adolescent women is due, to a great extent, to unsafe abortions. Twenty per cent of children are born to adolescent mothers. The adolescents' knowledge of disease prevention, particularly STDs, is generally poor.

Tobacco use is widespread in the Region; epidemiological data indicate that a third of the population in the Americas uses tobacco, including almost half of the population in the Southern Cone. Tobacco use is directly responsible for 845,000 deaths per year in the Region. It is also responsible for 35% of deaths due to cancer and cardiovascular diseases. Alcohol abuse is also prevalent throughout the Region. It is estimated that between 15% and 20% of adults drink alcohol in excess, and this is associated with violence, accidents, and increased morbidity and mortality rates. The abuse of psychotropic and illegal drugs is also

associated with increased violence, suicides, family problems, and HIV/AIDS, with serious economic and social consequences.

Because primary health care services focus their attention on mothers and children, the older adult does not receive enough attention. It is estimated that more than 70% of the population 60 years or older does not have access to retirement services nor to the health services of social security systems. Twenty-five per cent of older adults live by themselves, 60% do not know how to read and write, more than 65% among them indicate that their health is not good and more than 20% suffer from depression. In this context, the quality of life of older adults should be a priority for health and social services.

The poor treatment, abuse, and negligence experienced by older disabled adults is an important problem throughout the Region. In many cases, they feel that the only option left for them is to commit suicide, which shows the urgent need to carry out education and prevention actions at all levels and ages. The great challenge is not only to postpone death, but to enable older adults to live a life with dignity.

Mental diseases are responsible for more than 10% of the global burden of disease. They affect people of all ages and social classes, and an unfair stigma is associated with them. In addition, they constitute one of the main causes of disability. Among the most common problems in the Region are depression, chronic psychosis, and epilepsy, as well as behavior problems affecting children and adolescents. Mental health problems do not receive the attention they deserve.

Nutritional problems affect a great proportion of the population in the Region, and constitute a serious public health concern. They may have two principal manifestations: malnutrition, including protein-caloric malnutrition, and overnutrition, which results from excess consumption or energetic imbalance. Malnutrition is frequently observed among pregnant women and during breastfeeding, with serious consequences both for the mothers and their children. Overnutrition for excess consumption can be observed at all ages.

The countries of the Region and in particular in Central America, need to improve their knowledge and the analysis of nutritional problems of the population as well as to become aware of the need to establish feeding and nutritional safety (FNS) as a policy for development.

In the Caribbean, food security, nutritional deficiency diseases, and obesity and its comorbidities are among the priority issues that require technical cooperation. In addition, there is a need to generate, promote, and transfer knowledge to the population that will ensure the

access, consumption, and better use of foods, and to promote the monitoring and evaluation of programs related to food and nutrition safety.

Because of the priority that many countries give to maternal health and to perinatal mortality the Organization has developed a project specifically geared to improving quality of care in this area called “Proyecto de Maternidades Distinguidas”.

Projects

Division of Health Promotion and Protection (HPP)

1. Management and Development of HPP

The Organization responds to countries’ needs efficiently and effectively through the execution of the programs of the Division and its centers.

Expected Results:

- A conceptual and operational framework for health promotion and protection developed by the Division by 2002
 - Staff of HPP, programs, centers, and PWRs participate in training courses, seminars, and/or workshops and strengthen their core skills in the area of health promotion and protection by 2003
 - Managerial, technical, and administrative support provided in an effective and timely manner by all programs and centers of the Division, and the projects included in the HPP strategic plan proceeding as scheduled
 - Development of three projects that incorporate health promotion strategies and the priority areas of action of the programs and centers facilitated and supported, and resources mobilized for their implementation and evaluation
 - Technical cooperation activities carried out by the HPP programs and centers with Collaborating Centers supported and coordinated
 - The programs and centers supported in the development, implementation, and evaluation of an integrated health communication strategy, and information on the HPP programs and centers disseminated
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2. Healthy Communities and Spaces

The Member States have strengthened their ability to establish and maintain healthy communities and workplaces.

Expected Results:

- Dissemination of experiences with public policies, plans, and programs on health promotion geared to schoolchildren, families, and the community, in coordination with CLAP, INCAPS, and CFNI, whenever possible and appropriate
 - Strengthening of the countries' capacity to establish public policies and plans of action to promote health and improve quality of life for the population and, in coordination with INCAP, CLAP, and CFNI, whenever possible and appropriate, strengthening of the capacity of training institutions to implement programs for training and development of personnel in the area of health promotion, as well as carry out research projects on priority issues relating to health promotion
 - Strengthening of intersectoral alliances and networks of healthy municipalities, health-promoting schools, and institutions that train personnel in health promotion, in collaboration with INCAP, CLAP, and CFNI, whenever possible and appropriate, and through better coordination and integration of actions
 - Strengthening of the capacity of ministries of health and education, especially at municipal levels, to utilize models (including models for the study of risk practices to be incorporated into surveillance and information systems), methods, and instruments for monitoring and evaluating policies and plans of action for health promotion in the environments in which people live, study, work, and spend their leisure time, in collaboration with CFNI, CLAP, and INCAP, whenever possible
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3. *Promotion of Optimum Micronutrient Status - HPN/MM*

The countries reduce, control, and/or eliminate deficiencies of vitamin A, iron, iodine, and other micronutrients.

Expected Results:

- By 2003, twenty countries will have received methodologies and guidelines for surveillance of nutritional anemia and systems for quality control of fortification programs
- By 2003, six countries will have received standards and guidelines for quality control of vitamin A fortification and supplementation programs
- By 2003, ten countries will have received training in methods and technologies for ensuring the sustainability of programs for iodine fortification of salt
- By 2003, the results of the promotion of research on the impact of folic acid fortification will be known and fortification with this micronutrient will have been promoted in eight countries

- By 2003, studies on the state of art will have been conducted, scientific events in the technical areas of concern to HPN will have been organized, and 10 publications will have been produced
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4. *Promotion of Optimum Maternal and Child Nutrition - HPN/MCH*

The countries of the Region reduce, control, and/or eliminate poor nutrition and implement an integrated breast-feeding and complementary feeding strategy

Expected Results:

- By 2003, the countries of the Region will have access to standards and guidelines on the duration of exclusive breast-feeding
 - By 2003, the manual on methods and technologies for the promotion of proper feeding of children under age 2 (PROPAN) will have been tested and disseminated throughout the Region as a method for promoting breast-feeding and appropriate complementary feeding
 - By 2003, eight countries will be part of a technical cooperation network for the strengthening of programs for promotion of breast-feeding and appropriate complementary feeding
 - By 2003, five countries will have received methods and technologies to design and implement breast-feeding surveillance systems
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5. *Promotion of Healthy Nutrition and Physical Activity - HPN/HN*

The countries develop plans and programs for the promotion of healthy lifestyles in workplaces, schools, and communities through the practice of healthy eating habits and physical activity.

Expected Results:

- By 2003, standards and guidelines for the promotion of healthy eating habits will have been developed
 - By 2003, standards and guidelines for physical activity will have been developed
 - By 2003, a lifestyle surveillance system will have been designed
 - By 2003, plans, projects, and policies for the promotion of healthy lifestyles will have been designed and executed
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6. *Family and Child Health*

The countries strengthen their capacity to coordinate and manage programs, projects, and activities among the various sectors in order to promote the health and development of children and families and reduce risks.

Expected Results:

- Establishment of models of coordination between sectors, donors, and national institutions to facilitate the implementation of integrated child and family health projects and programs that will promote equity and prioritize services for those in greatest need (in collaboration with DEC)
 - Development of a surveillance and information management system that will generate data on the principal indicators of the integral development and health of children and families (in collaboration with SHA and HSP)
 - Development of instruments to assist the countries in revising their legislative/policy frameworks in order to guarantee the rights and promote the integral development and health of children and families (in collaboration with HDP)
 - Development of instruments for fostering, monitoring, and supervising quality of care in integrated health services that reflect a constructive and collaborative approach involving families and populations (in collaboration with HSP)
 - Establishment of programs for training in child and family health for health service personnel, training institutions, and the mass media (in collaboration with HSR)
 - Advocacy with the population and the mass media to transmit reliable and motivating information with regard to child and family health (in collaboration with DPI)
 - Direct support for the various programs' systems of follow-up, evaluation, and monitoring with a view to promoting the development of child and family health (in collaboration with HSP, HDP, HCP, and HED)
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7. *Adolescent Health and Development*

By the end of 2003, the countries of the Region will have strengthened their institutional, technical, and analytical capacity for the development of policies, plans, programs, and services for adolescents and young adults, applying a health promotion approach.

Expected Results:

- By the end of 2003, systems for surveillance and information on basic indicators of health and development of adolescents and young adults will have been developed and strengthened in the Region
 - By the end of 2003, the development of policies, plans, programs, and services for adolescents and young adults will have been supported in the countries of the Region
 - By the end of 2003, programs for education and training of human resource in health and development of adolescents and young adults will have been developed in the Region
 - The Program will have strengthened the networks of cooperation and alliances between agencies, institutions, and individuals that work with adolescents and young adults and young people themselves
 - The Program will have provided direct technical cooperation to the countries of the Region in the area of adolescence and youth, with emphasis on Central America, the Caribbean, Haiti, Bolivia, and Paraguay, linking its efforts with those of other HPP programs and other divisions
 - By the end of 2003, the Program will have strengthened mass communication programs aimed at adolescents and young adults and their families, at the school and community levels, with broad participation by young people
 - By the end of 2003, knowledge on the subject of adolescents and young adults in Latin America will have been generated and disseminated
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8. *Health of Older Adults and Families*

The countries will strengthen their institutional, technical, and analytical capacity to support the development of policies, plans, and programs for adults and older adults.

Expected Results:

- The Program will have established standards and instruments to facilitate the development of a system for information and monitoring of basic indicators of the health and well-being of older adults and their families in the Region, in keeping with the Plan of Action of the Second World Assembly on Aging
- The Program will have prepared, in collaboration with other programs, guidelines for the development of policies, plans, programs, and services for older adults and their families in the countries of the Region

- The Program will have implemented programs for training in health education and promotion for older adults, with emphasis on primary health care and on health promotion centers for older adults
 - The Program will have strengthened the cooperation networks of institutions and individuals who work with older adults
 - The Program will have provided direct technical cooperation to eight countries in the area of health and development of older adults, with emphasis on developing local responses to reduce inequities in health among the most vulnerable older adults
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9. *Reproductive Health*

The countries of the Region develop and strengthen political and legal frameworks, plans, programs, and services for the improvement of sexual and reproductive health of the population, utilizing health promotion, life cycle, and social participation approaches.

Expected Results:

- Policies adopted under existing political and legal frameworks will have been reviewed in 50% of the countries of the Region and the necessary modifications to support changes in sexual and reproductive health at the national and local levels will have been promoted; a model of comprehensive reproductive and sexual health care will have been developed through interprogrammatic activities that include prevention and reduction of domestic violence; HIV/AIDS, cancer of the reproductive organs, and reproductive and sexual health in disaster situations
- Norms, standards and guidelines for strengthening systems for epidemiological surveillance and monitoring and evaluation of national guidelines and programs on reproductive and sexual health will have been developed, and use of this information to improve the quality of reproductive and sexual health services will have been promoted, emphasizing user satisfaction and community involvement
- Development of plans, policies, programs, strategies, and/or projects for the reduction of maternal mortality that provide for the implementation of essential obstetric care at the first referral level to improve the quality and coverage of maternal and perinatal care services will have been supported in countries with maternal mortality rates of more than 100 maternal deaths per 100,000 live births
- Development and design of mass communication and advocacy packages will have been supported with a view to expanding the population's participation in sexual and reproductive health activities, and a model of comprehensive reproductive and sexual health care will have been developed through interprogrammatic activities that include

- prevention and reduction of domestic violence; HIV/AIDS, cancer of the reproductive organs, and the reproductive and sexual health in disaster situations
- Direct technical cooperation will have been provided in response to the needs of each country for the improvement of policies, plans, programs, and services relating to reproductive and sexual health
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10. *Mental Health*

The countries of the Region strengthen their institutional, technical and evaluative capacity in order to develop policies, plans, and programs on mental health.

Expected Results:

- The Program will have developed standards and instruments for a mental health information system and initiated the process of implementing it in the countries of the Region
 - The Program will have developed, evaluated, and promoted the use of models of promotion of mental health and prevention of mental health problems among at-risk populations: children and adolescents, disaster victims, indigenous populations, women, and older adults
 - The Program will have developed guidelines and standards for use in mental health programs at the three prevention levels, in particular for depression, epilepsy, and chronic psychoses
 - The Program will have formulated guidelines and standards for the development of mental health legislation, policies, plans, and services in the countries of the Region and provided advisory services for their implementation
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11. *Alcohol and Drugs*

The countries strengthen their institutional, technical and evaluative ability to develop plans and programs for control of alcohol and drug abuse.

Expected Results:

- Member States will have developed standards and instruments for establishing an information system on alcohol and drug use
 - Member States will have developed and evaluated cost-effective intervention models for the management of alcohol and drug dependency
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12. *Tobacco*

National and Regional responses to the tobacco epidemic strengthened through the implementation of evidence-based policies and programs.

Expected Results:

- At least 10 countries will have created smoke-free environments in a variety of sectors and jurisdictions and will have developed national plans for extensive and comprehensive smoke-free policies
- Five countries will have developed key components of a comprehensive tobacco control program to promote smoking cessation, prevent initiation of smoking, and reduction of tobacco consumption, through legislation and policy, fiscal interventions, public education, and other effective measures
- At least five countries will have incorporated clinical preventive strategies to promote smoking cessation and prevention of initiation through primary care
- Ten countries in the Region will have developed sustainable surveillance systems to measure tobacco use and tobacco-related mortality, and will be linked through a PAHO-coordinated network to ensure comparability of data and dissemination of information

Latin American Center for Perinatology and Human Development (CLAP)

1. *Evidence-based Maternal and Perinatal Care Practices*

The countries utilize appropriate perinatal care practices.

Expected Results:

- Development of clinical standards or guidelines for health providers
- Training of professionals for the development of evidence-based clinical standards or guidelines
- Research, dissemination, and train in best perinatal care practices in the Region
- Promotion of research on clinical practice in the perinatal area
- Development and implementation of studies on appropriate practices among users

2. *Maternal and Perinatal Information*

The countries have adequate information on maternal and perinatal health.

Expected Results:

- Advocacy: dissemination and distribution of appropriate, complete, and timely perinatal information.
 - Development and implementation of an information system
 - Training of health workers in the use of information systems
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3. *First-rate Maternity Centers*

Maternity care facilities increase the use of evidence-based practice in the area of maternal and perinatal care.

Expected Results:

- Training of health team personnel in evidence-based medicine
 - Rating of participating institutions based on the achievement of the proposed objectives
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4. *Network of Collaborating Centers*

Development and consolidation of a network of national centers working in the area of perinatal health associated with CLAP.

Expected Results:

- Training of the staff of the associated centers in order to achieve a structure suited to their purposes
 - Development of an effective electronic system for communication within and between centers
 - Local and multicenter research in the Region
 - Dissemination of scientific and technological information to providers and recipients of maternal and perinatal health services
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Institute of Nutrition of Central America and Panama (INCAP)

1. *Methods, Models, and Technologies to Ensure Nutrition and Food Security in Central America*

The nutritional status of the highest-risk population is improved through consumption of a better quality diet and improved delivery of maternal and child health care services.

Expected Results:

- At least three countries producing Incaparina-based foods as a result of direct support received from INCAP
- Proposals submitted to obtain financing for the design and development of food prepared with local ingredients and formulated to protect against chronic conditions and/or intended for supplementary feeding or for older adults
- Training and support provided for at least three agroindustries run by women and devoted to local production of nutritionally improved foods
- Training provided to at least three communities benefiting from local development projects on methodologies for the production of vegetables using hydroponic or/and organoponic methods
- At least one research study conducted to foster greater microbiological safety of vegetables
- Reactivation of the national commissions on mycotoxins promoted in at least three countries
- Cooperation networks established for the maintenance of quality assurance systems for fortified salt, sugar ,and wheat flour
- Adoption of regulations/standards for voluntary enrichment of foods promoted in three countries
- Adoption of regulations/standards for the fortification of nixtamalized (lime-treated) corn flour as a public health program promoted in at least two countries
- Studies conducted to determine the feasibility and acceptance of the use of the "nutritional excellence" seal proposed by INCAP
- Voluntary use of the INCAP proposal on nutritional labeling of processed and canned foods promoted
- Participation in cooperation networks that are analyzing the consequences of consuming genetically modified foods
- Food-related measures, methods and technologies for use in disaster situations developed and disseminated via the INCAP Web page

- Methodologies, models, and reference materials to promote a healthy diet in Central America developed and transferred
 - Methodologies, technologies, and models to strengthen decision-making by women and their families with regard to health, food, and nutrition activities, with a gender perspective, reviewed, validated, and transferred to the Dominican Republic and the countries of Central America
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2. *Strategies for Promotion and Strengthening of the Initiative on Nutrition and Food Security in Central America*

The countries incorporate the nutrition and food security approach into local development plans and monitor and evaluate the nutrition and food security situation

Expected Results:

- An information system for monitoring and evaluation of the nutrition and food security situation to support decision-making and the development of activities that affect nutrition and food security for the population of the Member States promoted
 - Human resources working in programs related to nutrition and food security have up-to-date knowledge and a comprehensive approach to enable them to work toward nutrition and food security in the member countries
 - Methodologies and strategies for promoting nutrition and food security at local levels in the countries of Central America transferred
 - By the end of the biennium, scientific and technical information on nutrition and food security selected and its used promoted through INCAP's Food and Nutrition Documentation and Information Center
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3. *Management of the Institutional Program*

INCAP technical cooperation with member countries aimed at achieving and maintaining nutrition and food security for the population is carried out efficiently and effectively by optimizing program management and strengthening institutional human resources.

Expected Results:

- INCAP's political, technical, and managerial capacity strengthened to support the coordination and execution of the institutional program of work, both at Headquarters and in the Member States

- Capacity for administrative management to support the institutional program strengthened
 - Institutional human resources strengthened and developed in accordance with the needs associated with the institutional program
 - Institutional capacity strengthened to enable INCAP to carry out advocacy activities with political leaders, establish strategic partnerships, and mobilize financial, political, human, and technological resources for the promotion of nutrition and food security as a priority in national and subregional policies
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Caribbean Food and Nutrition Institute (CFNI)

1. Coordination and Management of Technical Cooperation.

To enhance the efficient management of technical cooperation in food and nutrition programming among 18 Member States.

Expected Results:

- Technical cooperation strategy and activities developed and effectively managed
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2. Food Security

The countries improve food security and enhance nutritional well-being.

Expected Results:

- Improved knowledge and skills of professional and technical personnel in food, nutrition, and related areas
- Increased availability and access by Member States to relevant and culture-specific communication materials in support of nutrition promotion projects and programs
- Food and nutrition surveillance systems in the Caribbean countries strengthened and/or sustained
- Database on food and nutrition indicators maintained and expanded
- Nutrient cost analyses promoted and used in guiding consumers to make healthy and economical food choices and in identifying vulnerable groups
- Strengthened analytical capabilities in member countries to inform policy formulation planning and to monitor inequities in health and nutrition

- Improved capacity to collect, analyze, and use data on food consumption patterns in different socioeconomic groups in designing targeted programs
 - Increased capacity of countries to promote and provide safe and good quality food
 - Increased capacity of health system, NGOs and community-based organizations to plan, implement, and evaluate programs for improving young child feeding practices
 - National food and nutrition policies and plans of action developed/updated
 - Food and nutrition coordinating bodies and mechanisms developed and/or strengthened
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3. *Nutrition Deficiency Diseases*

Reduction in prevalence of nutrition-related anemia, undernutrition, and other micronutrient deficiencies.

Expected Results:

- Increased awareness of policymakers about the prevalence, consequences, prevention, and control of iron-deficiency anemia, iodine and vitamin A deficiencies
 - Enhanced capacity of health care workers for planning, implementing, and evaluating programs for the prevention and control of anemia
 - Information available on the appropriateness and effectiveness of specific strategies for combating anemia in children <5 years
 - Enhanced capacity of community-based organizations, NGOs and government agencies for planning, implementing, and evaluating social communication programs for anemia prevention and control
 - Increased availability and use of surveillance data on anemia, undernutrition, and other micronutrient deficiencies in decision-making
 - Support institutions in developing and implementing sustainable community intervention approaches for the prevention and control of undernutrition
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4. *Obesity and Co-morbidities*

The prevalence of obesity and its co-morbidities is reduced.

Expected Results:

- Increased capacity in-country for the development of lifestyle (diet and exercise) interventions targeted to school-age children

- Lifestyle interventions in worksite settings developed and tested
- Increased capacity in countries for developing and implementing evidence-based nutrition intervention programs to combat obesity
- Increased capacity in countries for the collection and use of data to identify and target high risk groups for obesity and co-morbidities
- Strategies to promote increased physical activity developed
- Increased capacity in the health care system for the dietary management of obesity, diabetes and hypertension, cardiovascular disease, and cancer.
- Enhanced capacity of NGOs, community-based organizations for undertaking nutrition interventions for the prevention and control of obesity and its co-morbidities
- Capacity of countries enhanced to manage and deliver dietetic services more effectively

RESOURCES PROPOSED FOR 2002-2003
REGULAR FUNDS
US\$

HEALTH PROMOTION AND PROTECTION		
COUNTRY	INTER-COUNTRY	GRAND TOTAL
9,953,100	18,557,000	28,510,100

V. ENVIRONMENTAL PROTECTION AND DEVELOPMENT

Issues and Challenges

Increasing urbanization and demographic growth have a significant impact on the quality of the environment and the increased demand for basic sanitation services. The deterioration of the environment affects the entire population, but particularly pregnant women, children, and older adults.

In the Region of the Americas, potable water coverage in urban areas is 90% and in rural areas is 61.4%. The problems of services provision are more serious in periurban areas, particularly in marginal poverty areas that are increasing in size as a result of migration from rural areas. This situation, together with the lack of sanitary surveillance, poses clear risks to health.

Although in 1995 23 countries in the Region reported that the majority of people living in urban communities had access to water treated according to WHO guidelines for potable water, this situation does not apply to people living in rural areas. And although disinfection of water provision systems has undergone significant progress, there are still several unresolved problems. Among these is the lack of chlorine and the lack of funds to ensure continuous water provision to the population.

The lack of sewage treatment continues to be one of the most significant health problems in the Region. It is estimated that 31.32% of the population does not have access to systems for the elimination of sewage in Latin America and the Caribbean. An evaluation carried out in 2000 showed that only 13.70% of sewage collected through drains is appropriately treated. The use of properly treated sewage is being considered as one of the alternatives to confront the increasing problem of limited water resources, and some countries are beginning to issue legislation related to this issue.

Because of the urbanization process, the needs for adequate handling of solid wastes have increased more than 80% over previous years. In spite of that, coverage of services of collection of solid waste is now only 89% in the cities and 60% in middle-size or small cities. In this regard, one of the most serious problems is the final elimination of wastes, which in many cases contaminates water or is used as animal food. Inadequate elimination of solid wastes increases the proliferation of rodents, insects, and other disease-spreading vectors.

The elimination of domestic and industrial waste can generate risks both directly and indirectly to the population. In this regard, people living in poor marginal urban areas are the

most susceptible to the environmental contamination produced by domestic and industrial waste products.

The destruction of the ozone shield, modification of ecosystems, and changes in temperature, together with indoor contamination due to tobacco smoke and carbon monoxide combustion, are also significant risk factors, particularly for children. Pesticides also pose a danger both to children and adults when they are stored in the home. When used in agriculture they directly affect agricultural workers and the populations living close to cultivated lands. In addition, pesticide residues can affect the population through the contamination of foods, water, and the air.

The mining industry is another important source of contamination. The extraction and refining of copper, arsenic in the water sources, and lead in the air can produce adverse effects, particularly in children. Lead, when suspended in the air as particulate matter, can be absorbed in the blood and, even in relatively low concentration, seriously impact children's mental development. Although no reliable figures are available regarding the consequences of chemical contamination, it is possible to assert that chemical substances can produce serious effects, and that these effects are on the increase throughout the Region.

Inadequate working conditions can be a significant risk factor in terms of morbidity, mortality, potential years of life lost, and life with disabilities. This situation is particularly serious due to the increasing participation of women and children in the labor market, especially in the informal sector.

In the area of workers' health, one of the most serious problems is the subdiagnosis, the under-registration and the under-notification of workers' morbidity and mortality. One consequence is that the data does not properly reflect the traditional health problems nor the emerging ones due to the application of new technologies, or the problems of workers not covered by social security regulations.

The number of women and child workers has increased throughout the Region. Between 1960 and 1990 the number of economically active women rose from 18 to 57 million in Latin America. In 1996, the International Labor Organization (ILO) estimated a child labor force of 15 million in the Region. Children who work are at special risk not only with respect to their education but also regarding their physical, emotional, and social development.

Over 100 million people in Latin America and the Caribbean are exposed to atmospheric contaminants in amounts clearly over the recommended values. The main causes

of contamination are increasing urbanization, energy consumption and industrialization. It is estimated that 80% of the population of Latin America and the Caribbean lives in urban areas and that this proportion will increase to 90% by the year 2020. This growth will also cause significant increases in energy consumption and therefore, in different kinds of contamination. Although air contamination is a priority issue, the general level of knowledge about its dangers is poor. Consequently, there is great need for information, training, and raising of awareness concerning this issue.

According to statistics from the United Nations, in 1994, 41% of homes were in poor and 17% in extremely poor conditions in Latin America and the Caribbean. It is estimated that only 63% of homes are in adequate living conditions. Inadequate housing is particularly prevalent in rural and urban marginal areas. The vulnerability of people living in these conditions increases in areas with high rates of malaria, dengue, Chagas disease, and yellow fever, as well as with high respiratory and gastrointestinal diseases. Areas prone to flooding and landslides also pose a serious risk increasing the destruction of homes and general infrastructure.

Water contamination is a serious problem in the Region, due to disposal of liquid and solid residues in rivers, lakes, and oceans. Only a few countries in the Region have facilities for the treatment of sewage. That includes not only domestic but also hospital and industrial sewage which in many cases directly contaminates water sources. The situation is further compounded by water contamination resulting from the use of pesticides and fertilizers.

Projects

Division of Health and Environment (HPE)

1. Internal Management of HEP

The Organization responds to the countries' technical cooperation needs efficiently and effectively through execution of the programs of work of the Division and its specialized center.

Expected Results:

- Management carried out in accordance with the activities and indicators described
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2. *Drinking Water and Sanitation*

The countries develop their national capacity to increase the coverage, quality, and efficiency of drinking water supply and sanitation services and eliminate inequities.

Expected Results:

- Support for the countries in devising and applying methodological instruments that will facilitate the formulation of policies and strategies for the development and implementation of projects for reform and modernization of the drinking water and sanitation sector, aimed at achieving universal access and improving the quality and efficiency of services
 - Support for the countries in expanding the coverage of drinking water services
 - Development of managerial instruments to support national and local plans for the improvement of water quality, with emphasis on disinfection and quality monitoring and control
 - Support for the countries in rehabilitating and repairing drinking water systems, with emphasis on the reduction of interruptions in service and unmetered water supply
 - Support for the countries in expanding the coverage of sewerage and sanitary excreta disposal services
 - Support for the countries in expanding the coverage of treatment of wastewater collected through sewerage systems
 - Development of activities related to promoting increased access to and better quality of services, such as community participation, health education, and, especially, Inter-American Water Day, with special reference to the activities planned in observance of the centennial of PAHO and the 10th anniversary of the initiative (1993-2002)
 - Support for the countries in developing human resources and information systems to improve planning and management of the drinking water and sanitation sector in the Region
 - Adoption of the guidelines for disaster prevention, response, and mitigation in basic sanitation services, in man-made environments, and in natural environments with emphasis on health effects
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3. *Solid Waste in Urban Areas and Health Facilities*

The countries develop their national capacity to increase the coverage, quality, and efficiency of services for the management of municipal solid waste and health facility waste.

Expected Results:

- Support for the countries in devising and applying methodological instruments that will facilitate the formulation of policies and strategies for the development and implementation of projects for management and modernization of the solid waste sector, aimed at achieving universal access and improving the quality and efficiency of the services
 - Support for the countries in expanding the coverage and improving municipal solid waste and health facility waste services
 - Development of activities related to promoting increased access to and better quality of public sanitation services in urban areas, such as community participation and health education
 - Support for the countries in developing human resources and information systems to improve planning and management of the solid waste sector in the Region
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4. *Healthy Housing and Environments*

The countries develop their national capacity for the management of environmental risks and the promotion of healthy housing and environments and rural environmental sanitation.

Expected results:

- The Inter-American Healthy Housing Network developed and functioning, expanding its sphere of multisectoral and multidisciplinary action, disseminating knowledge, and promoting the exchange of information
 - Guidelines established for the formulation of policies, programs, and projects on rural environmental sanitation, integrating the areas of basic sanitation, health in housing, and management of environmental risks in rural areas, with emphasis on underserved and isolated populations such indigenous groups, and applying a gender perspective
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5. *Environmental Risks to Health*

Ministries of health, health agencies, and institutions in other areas (environment, labor, and agriculture) develop their institutional capacity to assess risks, develop environmental quality criteria and standards, and carry out environmental surveillance, including monitoring of the epidemiological situation and chemical safety, as a contribution from the perspective of human health to sustainable development and the promotion of healthy environments.

Expected Results

- Environmental surveillance is recognized as an important instrument for disease prevention and health promotion in the countries
To determine the activities, areas of intervention, and indicators in this area, the DPSEEA cause-effect model (Driving Forces, Pressure, State, Exposure, Effects, and Action) will be adopted as a framework. This model is the public-health modification and adaptation of the model proposed by the United Nations Commission on Sustainable Development.
The DPSEEA model makes it possible to identify areas in which the health sector can play a specific and unique role of advocacy and support for the government entities responsible for actions that change the driving forces, thereby reducing pressure on the environment and improving its state and quality.
The same model also makes it possible to identify the actions that the health sector can take to decrease exposure to environmental risk factors and thus reduce or mitigate the effects of biological, chemical, physical, and social agents on health.
PAHO has participated in and is administering projects in this area, including VIGISUS, Plagsalud, DDT/GEF, projects with the CDC and GTZ, and others. The aim in setting this expected result is to ensure that projects, whether or not they are funded out of the regular budget, will contribute to the attainment of the objectives of the Organization's strategic and programmatic orientations and to the development and application of the general principles of the DPSEEA model—in addition to whatever other specific results they are intended to achieve, which may vary by country and donor.
 - Collaboration with the countries in addressing health issues related to hazardous waste.
 - During this period, the Organization's most direct mandate in this area will be related to persistent organic compounds, including DDT and HCH (hexachlorocyclohexane), substances that have been used in campaigns to control malaria and Chagas' disease. Other concerns in this area are environmental pollution caused by PCBs and dioxins.
 - To support this activity, resources are available from the DDT/GEF project, Plagasalud, and agreements with ATSDR, CDC, and EPA. Other important resources are the North American Commission for Environmental Cooperation, the Collaborating Center in Quebec, and the technical programs of WHO and UNEP in Geneva and their centers in Europe
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6. *Environmental Protection and Health*

The countries strengthen their capacity to administer, protect, and preserve the quality of their resources, water, air, and soil, from a human health perspective.

Expected Results:

- Proposals for programs to improve water resources formulated and promoted
 - Formulation and implementation of plans for air quality promoted and supported
 - Strategies and programs promoted to ensure that health concerns are taken into account in environmental impact assessments and strengthen the capacity of the health sector to take proactive steps to ensure their incorporation
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7. *Workers' Health*

The countries strengthen their technical and institutional capacity to improve working conditions, environments, and quality of life in the workplace.

Expected Results:

- Quality of work environments improve; systems for the control of risks and conditions detrimental to workers' health implemented and evaluated
 - Models(s) of "healthy workplaces and environments" established and functioning
 - Guidelines established for the organization of comprehensive health services for workers
 - Studies and evaluations of preventive programs and of the economic and social costs of occupational illnesses and accidents designed and conducted (emphasizing equity issues)
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8. *Incorporation of Health Issues into Environmental Management*

Within the framework of sustainable human development, the countries improve health and quality of life, achieving a healthy and sustainable environment.

Expected Results:

- Methodologies, mechanisms, and instruments developed, promoted and distributed to enable the countries to fulfill the commitments assumed under Agenda 21, the Pan

American Conference on Health and Environment in Sustainable Human Development, and the Miami Summit

- Implementation of the strategy of primary environmental care promoted and strengthened as a contribution to the achievement of Health for All
- Regional mechanisms designed, promoted, and implemented to facilitate sharing of experiences and information, fulfillment of essential functions, and coordination among the environmental health divisions of the ministries of health in the Region, as well as the formulation of agreements and national, subregional, and regional commitments and technical cooperation among countries; organization of a regional forum on health and environment promoted and facilitated
- Proposals for the development of programs for human resources education in the area of health formulated and promoted

Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS)

1. *Internal Management of CEPIS*

The Organization responds to the countries' technical cooperation needs efficiently and effectively through execution of the Center's program.

Expected Results:

- Alliances with other agencies established and maintained
- Interprogrammatic action within PAHO undertaken and sustained
- CEPIS management systems improved
- Goods and services required for the operation of CEPIS provided.

2. *Drinking Water and Sanitation*

The countries of the Region increase the supply of safe drinking water and adequate sanitation methods and strengthen their capacities for that purpose.

Expected Results:

- The regional water and sanitation project for indigenous populations evaluated and a second stage of that project proposed
- The regional project for optimization of drinking water treatment systems evaluated and a second stage of that project proposed

- The regional project for treatment and use of wastewater evaluated and a second stage of that project proposed
 - The first stage of the project to strengthen the capacity of the Latin American and Caribbean countries to protect drinking water, sewerage, and public sanitation systems from damages caused by emergencies and natural disasters concluded and the corresponding evaluation conducted
 - A proposal for the second stage of the aforementioned project formulated
 - Direct support provided to the countries
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3. *Solid Waste in Urban Areas and Health Facilities*

The countries of the Region improve public sanitation and strengthen their capacity for that purpose.

Expected Results:

- The sustainability of public sanitation microenterprises in depressed areas of the countries evaluated
 - A regional project for proper management of solid waste in health care facilities formulated
 - Direct support provided to the countries
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4. *Healthy Housing and Environments*

The countries of the Region improve sanitary conditions of housing and the sanitary quality of food and strengthen their institutional capacity for that purpose.

Expected Results:

- A regional project for the improvement of health in housing in depressed areas of the countries formulated
 - A regional training network for health in housing designed and a strategy proposed for its implementation
 - Basic criteria proposed for the design of sectoral policies, institutional and legal frameworks, and national plans for the creation of healthy environments
 - A regional training network for the creation of healthy environments designed and a strategy proposed for its implementation
 - A regional project for the creation of healthy environments in the border areas of countries formulated
 - Direct support provided to the countries
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5. *Environmental Risks to Health*

The countries of the Region strengthen their capacity to evaluate and control chemical risks to human health.

- Expected Results:
 - The performance of the Toxicology Network in Latin America and the Caribbean (RETOXLAC) evaluated
 - A regional project for the expansion and strengthening of RETOXLAC evaluated
 - The third stage of the regional project of the Pan American Network for Environmental Waste Management (REPAMAR) carried out
 - The results of the third stage of REPAMAR evaluated and a proposal formulated for the fourth stage
 - Direct support provided to the countries
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6. *Environmental Protection and Health*

The countries of the Region increase their capacity to evaluate and control the potential risks to human health associated with development processes.

Expected Results

- A regional training network on environmental impact assessments (EIAs) designed and strategies proposed for its implementation
- Basic criteria proposed for the design of sectoral policies, institutional and legal frameworks, and national plans for the assessment and control of water pollution
- A regional training network for the assessment and control of water pollution designed and a strategy proposed for its implementation
- Basic criteria proposed for the design of sectoral policies, institutional and legal frameworks, and national plans for the assessment and control of air pollution
- A regional training network for the assessment and control of air pollution designed and a strategy proposed for its implementation
- A regional project for the assessment and control of air pollution in areas adjacent to mineral deposits or mining operations formulated
- A regional project for the assessment and control of pollution of binational or continental rivers formulated

- The results of the first stage of the Project on Child Health and the Environment in Latin America and the Caribbean (CHELAC) evaluated
 - A proposal for the second stage of CHELAC formulated
 - Direct support provided to the countries
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7. *Information on Health and the Environment*

The countries of the Region increase their capacity to access up-to-date information on the assessment and control of environmental risks to human health.

Expected Results:

- The capacity of the countries to access up-to-date information on assessment and control of environmental risks to human health evaluated
 - Basic criteria proposed for the design of information policies, institutional frameworks, and media for the collection and dissemination of information on health and the environment
 - A regional training network for the collection and dissemination of information on health and the environment designed and a strategy proposed for its implementation
 - The first stage of the regional project for the establishment of the Virtual Environmental Health Library (VEHL) in Latin America and the Caribbean concluded, the results evaluated, and the second stage of the project formulated
 - Direct support provided to the countries
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8. *Quality of Laboratory Sample Analysis*

Improvement of the quality of laboratory analysis of environmental samples in the countries of the Region.

Expected Results:

- The capacity and quality of laboratory analysis of environmental samples in the countries assessed
- Basic criteria proposed for the design of policies and the establishment of institutional frameworks, strategies, and tools for improving the quality of laboratory analysis of environmental samples
- A regional training network for improving the quality of laboratory analysis of environmental samples designed and a strategy proposed for its implementation

- A regional project for improvement and accreditation of the quality of laboratory analysis of environmental samples formulated and a strategy proposed for its implementation
- A regional network of accredited laboratories that perform analysis of environmental samples in accordance with the ISO 25 standard created
- Direct support provided to the countries

9. *Appropriate Technology for Basic Sanitation*

The countries of the Region step up the use of appropriate technologies for the solution of their basic sanitation problems and strengthen their institutional capacity for that purpose.

Expected Results:

- The Regional Program for Promotion of the Use of Appropriate Basic Sanitation Technologies evaluated
- Basic criteria proposed for the design of policies, establishment of institutional frameworks, and development of means that will lead to stepped up use of appropriate technologies for basic sanitation
- A regional network for training in the use of appropriate basic sanitation technologies designed and a strategy proposed for its implementation
- The Regional Program for Promotion of the Use of Appropriate Basic Sanitation Technologies strengthened
- Direct support provided to the countries

RESOURCES PROPOSED FOR 2002-2003
REGULAR FUNDS
US\$

HEALTH AND ENVIRONMENT		
COUNTRY	INTER-COUNTRY	GRAND TOTAL
10,722,600	10,547,600	21,270,200

VI. DISEASE PREVENTION AND CONTROL

Issues and Challenges

In the Americas, according to UNAIDS/WHO/PAHO estimates of HIV infections in adults aged 15 to 49 years, one person in 200 was infected with HIV at the turn of the century, which means an HIV prevalence rate of approximately 0.56%. Nearly four times that proportion is estimated to be infected in the Caribbean, where 1.96% of adults in the most sexually active age bracket are thought to be living with HIV. From a global perspective, the Latin American and Caribbean subregions, with 8% of the world population, has approximately 5% of the people living with HIV at the beginning of the 21st century. Approximately 1.3 million people in Latin America and another 360,000 in the Caribbean were estimated to be living with HIV by the end of 2000.

Noncommunicable diseases account for approximately 60% of disability and mortality in the Region of the Americas and injuries an additional 10%. The leading cause of death for both men and women is cardiovascular diseases (CVD), of which the two major specific manifestations are ischaemic heart disease and stroke. Hypertension is a major risk factor for CVD, as are smoking, high fat consumption and physical inactivity. Prevalence of type 2 diabetes ranges from 5%-15%.

In recent years, the countries of the Americas have been reporting approximately 300,000 registered deaths due to external causes. Data differs substantially between countries. Surveys have established that 20%-60% of women in relationships are victims of violence perpetrated by their partners.

Latin America shows some of the highest incidence rates for cervical cancer in the world, second only to those of sub-Saharan Africa. The highest rates are approximately 40 per 100,000 women reported in Peru and Brazil; the lowest are in Canada, a country with a long-standing screening program. Breast and prostate cancer show an increasing trend in most countries of the Americas, whereas stomach cancer is decreasing.

Many communicable endemic diseases are stable or decreasing in the Region such as tuberculosis, leprosy, Chagas, onchocercosis, filariasis, and rabies, while others are on a continuous increase (STDs, HIV/AIDS, and dengue). The control measures for these diseases have not been equally effective for all sectors of the population; those of higher economic and social status have benefited the most.

Implementation of the Integrated Management of Childhood Illness (IMCI) strategy continues in full force, aiming at the reduction of 100,000 deaths in children below age 5 between 1999 and 2002, particularly in countries with an infant mortality rate of 20 or more per 1,000 live births. Other components of this strategy are also being implemented in countries with IMR below 20.

There has been important progress in tuberculosis control in those countries which have adopted the DOTS/TAES strategy, which has allowed an increase in case detection and cure. The number of cases of dengue has been on the increase since the second half of the decade of the 1970s, and available information indicates that *Aedes aegypti* is present throughout the Region.

Although it has produced a significant reduction in the death rate and a slight decrease in the number of cases, the Global Strategy for Malaria Control (GSMC) is confronting political and technical obstacles for its further expansion. The Organization has implemented a strategy called "Roll Back Malaria" as a way to improve this situation.

In spite of some advances, emerging and reemerging infectious diseases are a serious threat to the countries in the Americas. In addition, the mutation of some has led to the reappearance of new strains of these diseases that are resistant to the drugs traditionally used to treat them and this has become a serious obstacle for the control of infections produced by these microorganisms, particularly in developing countries where there is a lack of laboratories with adequate diagnostic capacity.

Between 1995 and 1999 there were 3,965 outbreaks of food-borne diseases which affected 124, 717 people and caused 212 deaths. These diseases have had a serious negative impact on tourism in the most affected countries.

Several countries in the Region have made major gains in the reduction of human rabies. For the first time—in 1998—the number of cases was less than 100; in 35% of those cases rabies was transmitted by animals other than dogs. Human rabies was eliminated in 19 of the 21 capital cities in Latin America.

An analysis of the present situation of the national programs of control/eradication of bovine tuberculosis and brucellosis was carried out and will be used as a basis for programs of technical cooperation. Equine encephalitis, leptospirosis and parasitic zoonoses are still a serious threat in the Region.

The pace of eradication of foot-and-mouth disease is accelerating. In May 2000, OIE indicated that Argentina, and the states of Rio Grande do Sul and Santa Catarina in Brazil were free from foot-and-mouth disease, as were Chile and Uruguay.

Special areas of interest remain the successful completion of measles eradication; the maintenance of poliomyelitis eradication; and the control of rubella, yellow fever, and hepatitis B, as well as the expansion of existing surveillance systems to obtain epidemiological information on respiratory diseases prevented through vaccination, on pneumonia and bacterial meningitis, and rotavirus infections.

At the same time, progress in the development of new generations of vaccines is proceeding rapidly. These vaccines have the potential of simplifying immunization delivery, improving the performance of existing vaccines, and protecting children against other vaccine-preventable diseases. The introduction of new vaccines, which have been developed with new technologies, will also require that national regulatory authorities and national control laboratories in the Region acquire the appropriate expertise and capabilities to license and release these new products.

The establishment of partnerships in immunization has emerged as an important strategy to secure wider access to vaccines in the Region. A major global partnership has been formed with the establishment of the Global Alliance for Vaccines and Immunization (GAVI), which brings together public and private sector partners that include WHO, the World Bank, UNICEF, the Bill and Melinda Gates Children's Vaccine Program, the Rockefeller Foundation, and the International Federation of Pharmaceutical Manufacturers Associations.

Child health has improved in recent years throughout the Caribbean, and most serious childhood infectious diseases have been eradicated due to the widespread and high levels of immunization achieved. Nevertheless, poverty in the Caribbean adversely affects children in the school-age population, particularly their nutritional level and education performance. Generally, severe malnutrition does not appear to be a public health problem in the Caribbean. However, cases of mild and moderate malnutrition continue to be of concern in a few countries.

Threats to adolescent health include not only teenage pregnancy but also such problems as sexually transmitted infections, HIV/AIDS, alcohol and illegal drug abuse, physical and sexual abuse, homicide, suicide, crime, and violence. School dropout rates have increased and efforts focused on in-school youth do not reach the out-of-school youth.

The increasing proportion of the older adults in Caribbean populations has sparked the realization that systems and programs have to be put in place to assist in the maintenance of their health. However, there is a general lack of specific health policies, plans, and programs older adult care and the development of such policies requires urgent attention so that solutions to these problems may be found.

Chronic, noncommunicable diseases are the main causes of morbidity and mortality. CAREC data indicate that between 1980 and 1990, the leading causes of mortality in all ages in the English-speaking Caribbean were ischaemic heart disease, followed by cerebrovascular disease, diabetes mellitus, other heart diseases, and hypertension. Diabetes and hypertension contribute significantly to heart disease and stroke. Breast and cervical cancers are the leading causes of mortality from cancer in women, and prostate cancer is the leading cause of cancer deaths in men. The incidence and prevalence of asthma is increasing especially among children.

Tuberculosis has recently reemerged as a major public health threat. This has been due to a combination of factors such as poverty, diminished control efforts, the HIV/AIDS epidemic, and the emergence of multiple-drug-resistant strains of the causative agent.

With an estimated 330,000 persons infected with HIV, the Caribbean is the most severely affected subregion in the Western Hemisphere. Governments are beginning to confront the problem of increasing HIV/AIDS infections, especially among females and young children.

Most countries are increasingly concerned about the toll that injuries take on the health of their populations. Intentional injuries (violence) constitute a major health problem, as well unintentional injuries, particularly motor vehicle accidents. Data are needed on the influence of socioeconomic and socio-cultural environments on mental health. Important mental health issues in the Caribbean include development of policies and services, mental health promotion, adequate human resources, and legal issues including patients' rights. Caribbean countries have recognized that prevention and control of substance abuse require a variety of measures to help reduce supply both and demand.

Projects

1. *Management of the HCP Division*

The Organization responds effectively and efficiently to the needs of the countries in technical cooperation through the execution of the program of work of the Division.

Expected Results:

- Managerial, technical, and administrative support will have been provided to all HCP programs and centers
 - Human and material resources of the Division will have been secured and developed
 - Technical and managerial information about HCP programs will have been widely disseminated
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2. *AIDS/STI Prevention and Control Program*

The countries in the Region of the Americas will have the capacity to prevent HIV infections, provide access to appropriate and equitable care for those in need, and share experiences and expertise among themselves.

Expected Results:

- Member States prepare well-designed multisectoral national plans and projects for the prevention and control of HIV/AIDS/STD and engage in technical collaboration among countries
 - Member States use evidence-based strategies and models of HIV/AIDS/STI preventive interventions, including social communication and marketing strategies for effective implementation among relevant target groups
 - Member States have comprehensive care policies aimed at ensuring universal access to effective, affordable, and appropriate care for PLHAs that take into consideration individual and community needs, clinical stages of HIV-related diseases and national health and development policies, resources, and goals
 - Cost-effective, second-generation HIV/AIDS/STI surveillance strategies, as well as strategies for monitoring and evaluation of the response are widely available and disseminated to Member States to support planning and decision-making process
 - The use of WHO's STD.PAC strategy will be further promoted by HCP/HCA in order to strengthen national sexually transmitted infections control activities
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3. *Integrated Surveillance, Prevention, and Management of NCDs*

Member States adopt policies and strategies to reduce the burden of non-communicable diseases (NCD's), by reducing exposure to related risk factors and reorient health services to provide quality care in a cost-effective manner.

Expected Results:

- Advocacy, capacity-building, and resource mobilization are carried out to strengthen NCD and injury prevention and control in member countries
 - Integrated community based prevention programs strengthened or developed and evaluated and incorporated in Pan American network
 - Member countries establish risk factors surveillance systems
 - Evidence-based management of priority noncommunicable disease established in member countries
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4. *Cancer Prevention and Control*

Member States adopt feasible and cost-effective strategies for the prevention and control of malignant neoplasms of major public health importance.

Expected Results:

- Potential impact on the reduction of cervical cancer incidence and mortality demonstrated
 - National cancer programs that target underserved and at-risk population groups initiated
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5. *Injury Prevention (Intentional and Unintentional)*

The countries of Latin America and the Caribbean reduce intentional and unintentional injuries.

Expected Results:

- Comprehensive policy on intentional and unintentional injury prevention has been decided
 - Specific projects for injuries prevention and surveillance have been implemented
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6. *Disease Elimination*

The countries of the Southern Cone eradicate *Triatoma infestans*; vector-borne transmission of *T. cruzi* is interrupted in other countries; and leprosy, lymphatic filariasis, and onchocerciasis are eliminated.

Expected Results:

- Activities of the Program on Communicable Diseases coordinated and elimination of diseases promoted and periodically evaluated
- Vector-borne transmission of *T. cruzi* interrupted throughout Brazil and Argentina, in half of the endemic area of Paraguay (*T. infestans*), and in the areas of Central America where *R. prolixus* is endemic
- Transfusion transmission of *T. cruzi* interrupted in Bolivia and vector control under way in all endemic areas
- Program for treatment of onchocerciasis with Ivermectin carried out successfully
- Program for treatment of lymphatic filariasis carried out in the seven endemic countries using any of the three treatment regimens recommended by WHO

7. *Surveillance, Prevention, and Control of Emerging Infectious Diseases*

The surveillance systems of the countries are strengthened to ensure a timely response in controlling communicable diseases and rapidly detecting outbreaks/epidemics.

Expected Results:

- Regional networks for surveillance of emerging infectious diseases (EIDs) and antibiotic resistance established and common strategies developed for disease prevention in countries with less favorable health indicators
- Regional surveillance system for monitoring EID trends established to facilitate timely decision-making
- Use of the DOTS strategy implemented/expanded in all countries with national TB control programs
- Resistance to tuberculosis drugs monitored by all countries with national TB control programs

8. *Integrated Management of Childhood Illness (IMCI)*

The infant mortality rate is reduced 20% among the most vulnerable populations of the Region of the Americas.

Expected Results:

- IMCI strategy activities extended in 19 countries
 - Various levels of technical personnel responsible for child health trained in IMCI
 - A system for information, monitoring, and evaluation of IMCI activities at the national and community levels implemented in priority countries of the Region
 - Community component of IMCI implemented at the local level in 15 countries of the Region
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9. *Tropical Disease Control*

The incidence and the social harm caused by malaria, dengue, visceral leishmaniasis, and intestinal helminthiasis are reduced in the Region of the Americas.

Expected Results:

- Roll Back Malaria adopted by the poorest 9 countries of the 21 that report cases of malaria
 - Integrated dengue control plans designed and implemented in the poorest 10 countries of the 40 that report cases of dengue
 - Leishmaniasis control measures implemented in 10 of the neediest cities that report the greatest number of cases of visceral leishmaniasis
 - Interagency alliances formalized to create the conditions necessary for implementation of an integrated approach to control of intestinal helminthiasis with the elimination of lymphatic filariasis
 - Intestinal helminthiasis controlled in the neediest areas in which lymphatic filariasis is endemic in Costa Rica, Dominican Republic, Guyana, Haiti, and Suriname
 - Research projects aimed at strengthening tropical disease control programs designed and executed
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10. *Food Protection*

Technical and managerial capacity of integrated food protection programs is improved.

Expected Results:

- Integrated food protection programs and harmonization of legislation promoted

- National epidemiological systems for surveillance of foodborne diseases (FBDs) strengthened
- Science-based inspection systems promoted
- National food protection reference laboratories strengthened
- Strategic programs and plans of action for education, consumer protection, and social participation in food protection promoted

11. *Zoonoses, Foot-and-Mouth Disease, and Biomedical Models*

The member countries have structures in place to prevent, control, and eliminate/eradicate zoonoses of importance for public health and livestock production, including foot-and-mouth disease.

Expected Results:

- Support provided to the countries of the Andean Area, Belize, Brazil, Cuba, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, and Paraguay to achieve the elimination of human rabies transmitted by dogs; Argentina, Chile, Costa Rica, Panama, Uruguay; and the countries of the English-speaking Caribbean remain free from canine rabies
- Political will to eradicate foot-and-mouth disease maintained and eradication plans supported in the countries of the Andean Area and Brazil; Argentina, Chile, Paraguay, and Uruguay remain disease-free; and the political will to prevent and eradicate foot-and-mouth disease is maintained in the Region through RIMSA XII, COHEFA VIII, and COSALFA
- Support provided for the development and execution of plans for surveillance, prevention, control, and eradication of zoonoses of importance for public health, at the regional and subregional levels, including emerging and reemerging diseases
- Structuring of veterinary public health services at the local (municipal) level promoted and supported in the context of health sector reform and decentralization processes, and support provided to authorities for the development of national standards, including laboratory reference services, public health instruction in the schools of veterinary medicine, and projects for the conservation and rational use of primates and other animals in biomedical research

Division of Vaccines and Immunization (HVP)

1. *General Coordination and Administration of Activities*

The Organization responds effectively and efficiently to the needs of the countries in technical cooperation through the execution of the program of work of the Division.

Expected Results:

- To have executed the entire program and budget, as programmed and/or modified during the course of the biennium

2. *Expanded Program on Immunization (HVI)*

Member States deliver equitable vaccination programs ensuring quality, and introduce in a sustainable manner new vaccines in routine immunization programs for the control and/or eradication of vaccine-preventable diseases.

Expected Results:

- Promote and support countries in the development of plans and policies for the sustainable delivery of immunization programs
- Provide direct support and training to strengthen country capabilities in the delivery of quality and effective immunization programs
- Strengthen and support the development of epidemiological surveillance systems for vaccine-preventable diseases towards the eradication of measles
- Advise countries on appropriate methods, models, and technologies for logistics and maintenance of the cold chain, to ensure the safe and efficient use of quality vaccines in national immunization programs
- Ensure timely and effective procurement of vaccines through the PAHO Revolving Fund

3. *Vaccine Technology Access (HVA)*

The countries use quality vaccines and collaborate with one another in the development of vaccines of regional public health importance.

Expected Results:

- Assist countries in the Region to have a national regulatory authority (NRA) in compliance with the six basic regulatory functions for vaccines
- Promote and support that local vaccine production compliance with international standards for quality production and control
- Promote and support the organization of specific networks of groups and local vaccine manufacturers for the joint development of conjugated vaccines (S.

pneumoniae and *N. meningitidis*) and protein-based vaccines (*N. meningitidis* and *S. pneumoniae*).

- Develop, organize, and conduct training programs in areas related to vaccine production, and vaccine research and development
- Assist countries in the development and strengthening of appropriate epidemiological surveillance systems to monitor diseases for which vaccines are being developed or have become recently available, such as bacterial meningitis, pneumonia, and rotavirus diseases
- Conduct cost-effectiveness studies to evaluate benefits of vaccine introduction

Pan American Foot-And-Mouth Disease Center (PANAFTOSA)

1. *Foot-and-Mouth Disease*

The official health services of the countries expand, maintain, and/or achieve international recognition of areas free of foot-and-mouth disease.

Expected Results:

- Structures for primary and secondary prevention of foot-and-mouth disease in disease-free countries and/or regions evaluated
- Training programs offered to prepare personnel to manage foci of foot-and-mouth disease and respond to health emergencies
- Methods and techniques for demonstrating and recognizing the absence of viral activity provided to affected countries with areas in which foot-and-mouth disease is clinically absent
- Networks for cooperation among countries promoted, strengthening interregional programs for foot-and-mouth disease prevention or eradication.
- The performance of national and regional systems of epidemiological surveillance and information strengthened
- Training provided to personnel in the countries in epidemiological analysis and information use

2. *Zoonoses*

The countries implement health policies geared toward the elimination and eradication of zoonotic diseases, including emerging and reemerging diseases with the potential to affect the health and economy of the countries.

Expected Results:

- Cooperation networks established among countries affected by *B. melitensis*
- Information on the epidemiological situation throughout the Region disseminated
- Standards, regulations, and guidelines on brucellosis and tuberculosis developed
- Human resources in at least 14 countries trained in epidemiological surveillance and control
- Direct support provided to countries for brucellosis and tuberculosis programs
- Support and advisory services provided to countries in which canine rabies remains a problem to enable them to strengthen their programs for rabies elimination and control; continued collaboration with countries that have eliminated canine rabies to ensure that they remain disease-free
- Support provided to the countries for the strengthening of systems for epidemiological surveillance and information on rabies
- Support provided to the countries of the Region to improve rabies diagnostic capabilities and quality control of rabies vaccines
- The quality of medical care for persons at risk and persons exposed to the rabies virus improved, and the quality of rabies prophylactic treatments in the countries of the Region enhanced

3. *Laboratory*

The countries optimize their reference diagnostic capabilities, incorporating new methodological approaches to characterization using monoclonal antibodies and molecular epidemiology in vesicular diseases, zoonoses and emerging or reemerging diseases with the greatest potential impact on public health and/or national economies.

Expected Results:

- Minimum standards and guidelines established to assure diagnostic quality
- Cooperation networks established and/or strengthened, including academic groups and/or the private sector, for the diagnosis of the vesicular diseases, differential diseases, zoonoses, and emerging or reemerging diseases with greatest potential impact on public health and/or national economies
- Diagnostic tools for characterization of the epidemiological situation, risk, and endemism developed and internationally validated
- Methods, models, and technologies developed to improve the quality, effectiveness, and efficiency of diagnostic and vaccine control procedures for vesicular and zoonotic diseases and the corresponding interpretations
- Support provided for national and regional programs for the control and eradication of foot-and-mouth disease and control programs for vesicular diseases and zoonoses

through the production, standardization, and supply of reagents and direct advisory services

- Methods developed for estimating the quality and potency of immunogens for vesicular and zoonotic diseases
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Caribbean Epidemiology Center (CAREC)

1. Epidemiological Surveillance and Response, Disease Control, and Biostatistical Support

The capacity to provide and utilize quality epidemiological surveillance data and information for effective public health action and decision-making is strengthened in CAREC member countries (CMC).

Expected Results:

- Human Resource Development: human resources, both at the CMC and CAREC levels, to be skilled in epidemiologic surveillance, analysis, and policy development and implementation
 - Biostatistical support function strengthened to provide for enhanced analysis and interpretation of epidemiologic surveillance data and information, both at the CAREC and country levels
 - Communication and feedback: surveillance and operational research data from existing as well as newly introduced systems translated into information and disseminated for action, will be both at the national and regional levels
 - New and existing surveillance initiatives and information systems developed, implemented, maintained and evaluated for use in CMCs, in support of regional objectives, such as the CCH-2, etc.
 - The capacity for effective public health management, prevention, and control of mycobacterial diseases generally strengthened, with particular emphasis on the priority member countries
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2. Institution Strengthening Program

CAREC transformed to meet increased and changing needs for service from member countries and to respond on an ongoing basis to a changing economic, political, and technological environment.

Expected Results:

- Collaborative internal policy and organizational structure developed and functioning
 - Information and communication systems developed and functioning

 - Service delivery systems defined and prioritized and capacity to respond to country needs strengthened
 - Resource mobilization and utilization improved
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3. *Prevention and Control of Vector-borne Diseases (VBD's)*

Countries will be strengthened to continue their fight against vector-borne diseases.

Expected Results:

- Cooperation with CMCs (Guyana and Suriname) along with network and alliances with other partners established for the elimination of lymphatic filariasis (LF) from these two countries. Plans and norms developed by CAREC for certification of LF elimination from CMCs, believed and proved to be free of LF
 - A cooperation network and alliances with MOH and the Guyana regional group, using plans developed at CAREC to reduce malaria in Guyana and Suriname. CAREC shares plans and norms with island CMCs to prevent autochthonous malaria
 - Plans made at CAREC in association with CMCs to further reduce occurrence, frequency, and severity of dengue fever in all CMCs as a result of acceptance to strengthen programs of environmental sanitation through community action, by 2003
 - Collaboration with CMCs for reduction of abundance of nuisance mosquitoes and sandflies in tourist and other areas of pilot CMCs
 - CAREC collaborates with CMCs in promoting and executing research in vector biology and control in the Region.
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4. *Laboratory Operations in Support of Disease Surveillance, Prevention, and Control*

CMC capacity to provide laboratory support for disease surveillance, and prevention and control programs strengthened.

Expected Results:

- Regional and national networks for laboratory surveillance of CCH II priority communicable diseases strengthened
- Guidance provided to CMCs for introduction of appropriate laboratory information systems to support surveillance for CCH II priority diseases
- Development and dissemination of standards, guidelines, and policies for laboratory operations in CMCs to support surveillance of CCH II priority diseases
- Continued evaluation of appropriate methods, dissemination of information, and transfer of technology to CMCs to guide introduction of laboratory techniques and technologies to support surveillance of diseases of public health importance enhanced
- Projects and programs developed and funding sources for introducing and sustaining new initiatives
- Direct support provided on a continued basis to CMCs for reference and referral laboratory testing for diseases of public health importance

5. *Prevention and Control of HIV/AIDS/STI*

The capacity of CMCs strengthened to manage and provide sustainable programs for the prevention and control of HIV/AIDS/STIs and care of persons living with HIV/AIDS.

Expected Results:

- Health information, surveillance systems, and research capabilities to generate reliable data on HIV/AIDS/STI to allow for the decision-making, planning, implementation, and evaluation
- Capacity of decision-makers strengthened to use the expanded response approach for policy formulation, planning, implementation, and evaluation of HIV/AIDS programs that will build alliances and mobilize communities
- Capacity of CMCs to deliver efficient and effective HIV/AIDS/STI services in clinical and diagnostic management including care and psychosocial support increased (e.g. MTCT, VCT, PLWHA and youth friendly services)
- Capacity of CMCs to develop, implement and evaluate behavioral and communication interventions targeting priority vulnerable populations (eg. youth, PLWHAs, MSM, women including female sex workers) strengthened.
- CAREC-SPSTIs capacity to manage the expanded response and provide timely scientifically and sound expertise using the highest standards, the latest available

technologies, internally coordinated managerial systems for program planning, delivery and monitoring and evaluation strengthened

6. *Laboratory Strengthening/Quality Assurance Program*

Improved management of, and coordination between, public and private laboratories in the CARIFORUM region leads to increased availability of high quality laboratory information.

Expected Results:

- Legislation and Accreditation. operational regional medical laboratory standards and accreditation mechanisms, and national legislation and registration schemes supported
 - Human resource development: training capacity at the national and regional levels in the field of medical laboratory QA enhanced. Public and private sector laboratory staff trained in medical lab QA in the 15 CARIFORUM countries. Implementation of a structured management skills building program for senior staff
 - Laboratory management: public and private laboratory management improved through implementation of the Quality Assurance Program
 - Regional coordination: greater regional coordination and integration through the establishment of laboratory networks to facilitate sharing of expertise, services, and information.
 - Operational research: operations research funding utilized and influencing laboratory management and public health policy, decision-making, and action.
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7. *Administration, Financing and Coordination of Projects*

Capabilities of the Center's internal operations strengthened in order to respond more effectively to the needs of a transforming organization.

Expected Results:

- Financial management system strengthened, including capability for resource mobilization and project management
- The Center's physical infrastructure upgraded and maintained at maximum operating efficiency
- Administrative support services provided and have contributed to effective implementation of technical cooperation programs

- Effective technical and administrative leadership and coordination of the Center's technical cooperation program sustained
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8. *Travel and Health Program*

The quality and competitiveness of the Caribbean tourism industry improved through the establishment of environmental health and resource conservation standards and certification system.

Expected Results:

- Ill-health monitoring system developed and implemented
 - Training program for public and private sector environmental health and resource management auditors developed and implemented
 - Training-of-trainers program developed and implemented, in food safety management, waste water management and other areas
 - A communications strategy developed including advocacy and marketing
 - Development of evaluation plan and long-term strategy
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9. *Chronic Noncommunicable Diseases and Unintentional Injury*

Mortality, morbidity, and disability caused by selected chronic noncommunicable diseases (CNCDs) and unintentional injuries in CAREC member countries reduced.

Expected Results:

- Strengthened communication and alliances between stakeholders involved in CNCD and injury surveillance, prevention and control
- An information system established for cataloging available data pertaining to CNCDs surveillance in CMCs (National Epidemiologists Meeting 2000)
- Guidelines established for BRFS in CMCs that are consistent with BRFS standards established by PAHO
- Surveillance of selected CNCDs maintained
- Pilot studies and demonstration projects of innovative approaches to CNCD surveillance conducted that will allow evaluation of interventions
- A surveillance system established to monitor the existence, enforcement, and impact of legislation and/or regulations pertaining to CNCD and injury
- Funding will be secured for further intensification of CNCD surveillance activities

- The capacity of CMCs to collect and interpret behavioral risk factor data to be enhanced
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10. *Management of Human Resources*

A human resource management infrastructure that ensures a happier and healthier working environment in which employees are motivated to be consistently more productive and creative in achieving the mission and realizing the vision of the Center.

Expected Results:

- A human resource management plan developed and operational
 - A more competitive salary and benefits program promoted
 - A comprehensive staff development program developed and implemented
 - A human resource information system in place and operational and improved human resources administrative services evident
 - A happier, healthier and more productive workforce evident
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Pan American Institute for Food Protection and Zoonoses (INPPAZ)

1. *Epidemiological Surveillance of Foodborne Diseases*

The countries' capacity to efficiently perform epidemiological surveillance of foodborne diseases is strengthened at the local level

Expected Results:

- Establishment of FBD surveillance in a local system in 10 countries
 - Development of active surveillance in a local system for two diseases
 - Programs for training of human resources for health, especially medical and paramedical personnel and those responsible for food safety programs
 - Agreement on the standard for clinical and laboratory diagnosis of the selected foodborne diseases
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2. *Food Inspection Systems*

The countries implement the use of modern approaches to food inspection to support FBD prevention and control activities.

Expected Results:

- INPPAZ established as a center for training of trainers in this field in the Region
 - Advisory services provided to assist the countries in incorporating modern approaches to inspection into their legislation
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3. *Institutional Organization and Regulation in the Area of Food Safety*

The countries formulate national food safety policies and carry out processes of institutional reorganization and adaptation of national legislation in this area.

Expected Results:

- 100% of the European Union and Codex Alimentarius legislation on food available in full-text and electronic format
 - 80% of the Spanish-speaking countries and 50% of the English-speaking countries of the Region completely integrated into the regional project on food legislation
 - The Virtual Library on Food Safety fully operational and totally integrated into the Virtual Health Library
 - Advisory services provided to the countries on participation in the work of the Codex Alimentarius committees and on the incorporation of Codex standards into their national legislation.
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4. *Reference Services for Food Contaminants*

National reference centers for analysis of food contaminants, with laboratory quality assurance programs, are established.

Expected Results:

- National laboratory networks operating in the countries
 - Network of reference laboratories established
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5. *Education and Communication*

The countries develop education programs utilizing mass communication techniques to encourage community involvement in bringing about behavior change with regard to safe food handling practices.

Expected Results:

- Regional educational strategies utilizing mass communication techniques developed
- National policies on community participation in safe food handling practices promoted through the use of mass communication in the countries

RESOURCES PROPOSED FOR 2002-2003
REGULAR FUNDS
US\$

DISEASE PREVENTION AND CONTROL		
COUNTRY	INTER-COUNTRY	GRAND TOTAL
12,279,800	25,340,400	37,620,200

VII. GENERAL DIRECTION

Issues and Challenges

Within the context of the SPO, PAHO has identified the following regional priorities for action:

- saving an additional 100,000 children's lives
- maintaining the Region polio-free
- achieving and maintaining measles elimination throughout the Region
- controlling and reducing tobacco use
- reducing maternal mortality
- providing safe blood through regional health services
- improving mental health through the improvement in mental health services

In 2000, PAHO signed with the World Bank and the Inter-American Development Bank a Shared Agenda which it is hoped will facilitate improved investments in health by the international financing institutions and better cooperation among international agencies working in health.

The Secretariat must develop and realign the strategic plan to address anticipated needs. It must also coordinate a programming process that ensures effective use of resources and identifies and coordinates the implementation of initiatives to help the Organization to function more efficiently.

Current trends in the international environment have increased the emphasis given to the accountability for the use of public resources, and stakeholders of public and international organizations are demanding that these institutions demonstrate their value in making a difference in the areas in which they are cooperating. These demands have prompted changes in governments such as United State, United Kingdom, and New Zealand, among others, in the processes through which they manage their programs and resources.

The UN System has been particularly pressed, and the response has been a UN process of reform. Among other changes the UN has adopted a planning process with a results-based management approach. Within the UN reform process, the common cooperation strategies for UN agencies will continue to be monitored, in particular regarding the effect these initiatives will have in AMPES (American Region Planning and Evaluation System) processes at the country level.

During the last biennium the External Auditors of the Organization conducted an evaluation of the AMPES and provided, besides very positive comments, important suggestions that the Secretariat has been incorporating into the Organization's managerial processes.

The role of the SPP has been reviewed to respond to the Members' request to be more active in all planning and policy development within the Secretariat, as well as to address the countries' demand to revise the methods used for country participation in Governing Bodies.

Communications, i.e., public information, is becoming an integral part of all international organizations. Among the greatest challenges facing the Secretariat during the 2002-2003 biennium will be the need to compete in the information marketplace. PAHO's voice and its messages must stand out in this glutted stream of health messages, especially on the internet, where the means and messages change by the second, not by the day.

A large percentage of the technical cooperation services provided by PAHO is done with funding from extrabudgetary sources, whether private foundations, associations, or national agencies for international development. In order to assure that these funds are transferred and used responsibly and in accordance with the expectations of the donors and recipients, some type of formal relationship must be established between the parties. This will almost always result in the development and signing of a legally binding instrument detailing each's responsibilities.

Projects

1. *Offices of the Director/Deputy Director; Internal Audit*

Member States and the Secretariat of PAHO adhere to and implement the Pan American Sanitary Code, the Constitution, the resolutions and decisions of the Governing Bodies, and the Strategic and Programmatic Orientations, 1999-2002, and the subsequent iteration for 2003-2007

Expected Results:

- The Secretariat of PAHO will apply the SPO 1999-2002 in all planning and evaluation instruments and will comply with the resolutions and decisions of the

Governing Bodies and provisions of the Pan American Sanitary Code and PAHO Constitution

- Meetings of the Governing Bodies will have all necessary support and documentation such that Member States may provide comprehensive guidance to the Secretariat
 - The financial processes of the Organization will remain sound
 - Relations with Puerto Rico, United States of America, Canada and the Canadian Society for International Health (PAHO's Technical Representative in Canada) will be successfully managed
 - Supervision of the Directorate's staff offices will be successfully carried out, so as to ensure their effective operation
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2. *Regional Director's Development Program*

Expected Results:

- The Regional Director's Development Program will support projects which deal with opportunities and needs throughout the Region and which are consistent with the SPO 1999-2002 and other mandates.
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Office of Analysis and Strategic Planning (DAP)

1. *Management of DAP*

Expected results of DAP's projects achieved.

Expected Results

- Development plan implemented
 - Knowledge base enhanced
 - Performance of DAP staff evaluated
 - Planning and management processes undertaken
 - Participation of DAP staff in technical and managerial operations
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1. *Management of Current Planning Processes*

Improved policies, plans, and projects executed.

Expected Results

- Programming, monitoring and evaluation of biennial program budgets (BPB) coordinated.
 - Results of evaluations analyzed
 - Secretariat support to Director's Cabinet provided
 - Work of SPP in programming and managerial process supported
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3. *Implementation of Strategic Planning Process*

PASB will be more proactive in supporting Member States.

Expected Results:

- Strategic Plan for the period 2003-2007 submitted to the Governing Bodies and its implementation initiated
 - Organizational capacity for strategic thinking is strengthened and/or developed
 - Organizational/institutional development continued
 - Improved support to SPP meetings provided
 - Analysis of the use of information in decision-making processes undertaken, with particular emphasis on resource allocation
 - Foresight increased in PAHO
 - Organizational capacity for evaluation developed
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Office of Public Information (DPI)

1. *Program Management*

Expected Results:

- Leadership and teamwork capacity within DPI will be strengthened.
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2. *Public Relations and Outreach*

The Organization will improve its public relations and outreach to promote health issues.

Expected Results:

- DPI will produce high-quality print materials for a broad general public
 - DPI will take part in outside activities to promote the Organization
 - DPI will create, produce, and distribute video and radio programs to promote health issues
 - DPI will create and develop graphic concepts and presentations for PAHO programs
 - DPI will place its information, videos, and graphics on the Internet
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3. *Internal Strategic Communications*

The Organization develops internal communication strategies to improve technical cooperation activities in the countries of the Region.

Expected Results:

- DPI will work with all the divisions, many PWRs, and others within the Organization to create communications strategies and materials
 - DPI will work with the Divisions and countries the promotion of World Health Days
 - DPI will work with all to promote media relations
 - DPI will work with Divisions and the Administration to cover in-house needs
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4. *PAHO Centennial*

The Organization celebrates its centennial with the participation of all the countries in the Region and its Governing Bodies. The Organization celebrates its centennial with the participation of all the countries in 2002.

Expected Results:

- DPI will coordinate activities and products with the whole of the Organization
- The events will be inclusionary
- A series of products will be produced to highlight the Organization's successes and its future

- A series of products will be distributed, and events will be held throughout the centennial year
- Centennial activities will be inclusionary
- Centennial events and products will be evaluated.
- A kick-off press conference will be held in Washington and the countries of the Region

Office of Legal Affairs (DLA)

The Organization will meet its Constitutional mandates and comply with all of its legal commitments, while ensuring that its status as a public international organization is duly recognized both at the national and international levels.

Expected Results:

- DLA responds to all consultations of a legal nature from Headquarters and field offices.
- Reduced potential for conflict
- DLA represents and successfully defends the Organization
- DLA collaborates with technical units in specific areas of national and international law
- DLA works closely with external legal counsel

RESOURCES PROPOSED FOR 2002-2003

REGULAR FUNDS

US\$

GENERAL DIRECTION		
COUNTRY	INTER-COUNTRY	GRAND TOTAL
189,500	13,002,000	13,191,500

III. ADMINISTRATIVE SERVICES

Issues and Challenges

- Streamlining managerial practices to effectively support technical cooperation activities.
- Identifying new approaches to management of extrabudgetary resources for procurement on behalf of the countries.
- Strengthening the links between technical cooperation programs of work, financial execution, and staff performance evaluation as the basis for the decision-making process.
- Empowering staff members, at different levels in the organizational structure, with delegation of authority and accountability for programmatic and financial execution.

Projects

Office of Administration (AM)

The Organization responds to the program priorities established by the Governing Bodies by providing required administrative support to the programs established by Headquarters technical units and country offices.

Expected Results:

- Efficient and effective administrative support provided for both Headquarters and field offices, for budgetary, financial, personnel, general services, administrative systems development, and procurement activities
 - Administrative support and assistance provided to the technical divisions/offices, PWR offices and Centers for the successful implementation and delivery of technical cooperation, as well as administrative support and assistance, as established and requested by the technical divisions and offices, including field offices
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Department of Budget and Finance (ABF)

1. *Management and Supervision*

The Organization effectively and efficiently manages its financial resources.

Expected Results:

- The proposed program budget for 2002-2003 delivered to the Governing Bodies
 - The financial viability of the Organization ensured through effective management of revenue and expenditure
 - The Organization's compliance to established financial accounting standards, rules, and regulations ensured
 - Improved effectiveness of financial mechanisms available to the Secretariat and the Department's ability to make use of computer technology in order to most effectively respond to the needs of the Organization
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2. *Budget and Reports*

The Organization manages its budget in an efficient and effective manner.

Expected Results:

- PAHO/WHO program budget proposal for 2002-2003 presented for approval of the Governing Bodies
 - The 2002-2003 PAHO/WHO operating budget managed in a timely and effective manner
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3. *Finance*

The financial reports of the Organization accurately reflect its financial status, and all payments of the Organization conform to the Financial Rules and Regulations of the Organization.

Expected Results:

- The financial reports of the Organization presented to the Governing Bodies and senior management
- The funds of the Organization managed in order to maximize earned interest while ensuring liquidity and paying the legal liabilities of the Organization in accordance with the financial rules and regulations

- Accounted for, and prepared the payment vouchers for, the legal liabilities of the Organization for both commercial vendors and staff members
 - Accounted for the financial transactions of the field offices, CFNI, and BIREME via OMIS, including uploading the financial data into the FAMIS financial information system
 - Accounted for financial transactions of the Organization, including Headquarters, field offices, and centers; prepared interim and biennial financial statements, presentations, and resolutions regarding the Organization, CAREC, CFNI, and INCAP for the Pan American Sanitary Conference, Directing Council, and Executive Committee
 - Ensured the timely and accurate payments of salaries for staff members and consultants of the Organization; reviewed income tax forms submitted by PAHO staff members and consultants, as well as for U.S. citizens who are employed by WHO; and processed the corresponding reimbursement of taxes. Prepared and submitted the appropriate pension information for all staff members, consultants, etc. for the UNJSPF
 - Ensured the timely and accurate payments of Staff Health Insurance benefits to staff members and consultants of the Organization, reviewed the field health insurance claims and processed payments in accordance with the rules of the WHO Staff Health Insurance Fund, interacted with Care First Blue Cross Blue Shield to ensure that enrollment and benefits are updated as needed, and maintained retiree database
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4. *Financial Systems*

Assist the Department of Budget and Finance (ABF) in the analysis, design, development, and implementation of its computerized systems. Training end-users and assisting them in system-related issues

5. *Financial Analysis and Review*

The Organization complies with UN Common Accounting Standards, PAHO financial rules and regulations, and External Audit recommendations.

Expected Results:

- Updated the Budget and Finance Sections of the Manual for Field Operations
- Responded in a timely fashion to the reading, observations, and reports of the External Auditors

- Improve the efficiency of ABF internal financial procedures
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Department General Services (AGS)

General Services and Headquarters General Operating Expenses

The Organization responds to countries' needs for technical cooperation in an effective and efficient manner.

Expected Results:

- AGS provides high-quality general services, translation, conference and procurement services to users in a cost-effective and timely manner in support of PAHO's program of technical cooperation
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Department of Personnel (APL)

1. *General Office Management*

The Organization effectively manages its human resources to support technical cooperation activities.

Expected Results:

- APL managed effectively while ensuring an equitable and healthy work environment for all staff and other individuals who provide services to the Organization through two projects: General Management and Staff Development and Training
 - Manage the benefits system by supporting staff, their families, and other dependents from appointment through retirement by coordinating information to ensure that benefits, entitlements, and services are properly and promptly delivered
 - Develop, recommend and administer policies, criteria, and procedures for the hiring of professional and support personnel at the national level
 - Develop and maintain local currency compensation plans for use by the Centers and the Country Offices
 - Deliver classification services in an effective and efficient manner and increase the speed in which classification requests are processed
 - Provide administrative support and service to organizational units in the hiring process for General Services staff, short-term consultants, temporary advisors, and short-term professional staff in a timely and effective manner
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2. *Staff Development and Training*

Staff members are adequately prepared to respond in a more effective and efficient manner to the technical cooperation of the Organization to the Member States.

Expected Results:

- Created a variety of learning opportunities for staff members to acquire the necessary competencies to perform their daily duties effectively
- Provided the staff with opportunities to further their education through a degree program or technical updating in different topics

RESOURCES PROPOSED FOR 2002-2003

REGULAR FUNDS

US\$

ADMINISTRATION		
COUNTRY	INTER-COUNTRY	GRAND TOTAL
	28,648,200	28,648,200

SPP35/3 (Eng.)
Annex

REGULAR BUDGET HISTORY FOR THE REGION OF THE AMERICAS								
Budget Period	PAHO REGULAR			WHO REGULAR			TOTAL PAHO AND WHO REGULAR	
	Amount	% of Total	% Increase	Amount	% of Total	% Increase	Amount	% Increase
1970-71	30,072,422	68.2		14,053,685	31.8		44,126,107	
1972-73	37,405,395	68.6	24.4	17,150,800	31.4	22.0	54,556,195	23.6
1974-75	45,175,329	68.8	20.8	20,495,900	31.2	19.5	65,671,229	20.4
1976-77	55,549,020	69.3	23.0	24,570,200	30.7	19.9	80,119,220	22.0
1978-79	64,849,990	67.8	16.7	30,771,500	32.2	25.2	95,621,490	19.3
1980-81	76,576,000	67.1	18.1	37,566,200	32.9	22.1	114,142,200	19.4
1982-83	90,320,000	67.2	17.9	44,012,000	32.8	17.2	134,332,000	17.7
1984-85	103,959,000	67.2	15.1	50,834,000	32.8	5.5	154,793,000	15.2
1986-87	112,484,000	66.0	8.2	57,856,000	34.0	13.8	170,340,000	10.0
1988-89	121,172,000	66.8	7.7	60,161,000	33.2	4.0	181,333,000	6.5
1990-91	130,023,000	66.7	7.3	65,027,000	33.3	8.1	195,050,000	7.6
1992-93	152,576,000	68.1	17.3	71,491,000	31.9	9.9	224,067,000	14.9
1994-95	164,466,000	67.3	7.8	79,794,000	32.7	11.6	244,260,000	9.0
1996-97	168,578,000	67.9	2.5	79,794,000	32.1	0.0	248,372,000	1.7
1998-99	168,578,000	67.1	0.0	82,686,000	32.9	3.6	251,264,000	1.2
2000-01	177,136,000	69.1	5.1	79,109,000	30.9	-4.3	256,245,000	2.0
2002-03*	186,800,000	71.4	5.5	74,682,000	28.6	-5.6	261,482,000	2.0

* THE PAHO REGULAR AMOUNT FOR 2002-2003 IS PROPOSED.