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the directing council*

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*working party of  
the regional committee*

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### STRATEGIC ORIENTATIONS AND PROGRAM PRIORITIES FOR THE PAN AMERICAN HEALTH ORGANIZATION DURING THE QUADRENNIUM 1991-1994

This document, which has incorporated the recommendations of the Subcommittee on Planning and Programming, proposes the basis for a collective mandate to be issued by the Governing Bodies regarding the lines of action that should be the focus of the Organization's efforts during the next quadrennium.

It discusses the most salient features of the general and health situation in the Americas at the start of the 1990's, and spells out the main challenges ahead in the effort to transform the national health systems of the countries of the Region.

The document also proposes the main strategic orientations and program priorities through which the Organization should respond to this situation, which are themselves a renewed commitment to the lines of action laid out for the present quadrennium.

Finally, the implications of adopting the Strategic Orientations and Program Priorities for the Quadrennium 1991-1994, both for the Member Countries and for the Secretariat in managing the General Program of Technical Cooperation, are stressed. Here emphasis is placed on the importance of getting the Member Countries actively involved in the work of the Organization, and on the need to progress in the search for new modes of operation for the institution.

The Executive Committee is requested to conduct a detailed analysis of this document in light of the paramount importance it has for the life of the Organization over the next four years. The Committee is also asked to provide guidance and recommendations on the subject so that it can be submitted to the consideration of the Pan American Sanitary Conference next September.

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STRATEGIC ORIENTATIONS AND PROGRAM PRIORITIES  
FOR THE PAN AMERICAN HEALTH ORGANIZATION  
DURING THE QUADRENNIUM 1991-1994

I. INTRODUCTION

In 1986 the XXII Pan American Sanitary Conference, in Resolution XXI, approved the document "Orientation and Program Priorities for PAHO during the Quadrennium 1987-1990."

This document established guidelines for the Organization's work during the four years now coming to an end, based on the premise that PAHO must concentrate its efforts on certain priority areas that will have the greatest possible impact on national health development.

Thus a collective mandate was explicitly given by the Pan American Sanitary Conference, which set up a framework for establishing priority health areas in the Member Countries, for streamlining the Secretariat's technical cooperation activities, and for concentrating resources available for this purpose.

Also, it established a precedent for defining the main strategic orientations and program priorities of the Organization at the beginning of each quadrennium. This in turn lays the foundations to guide the Secretariat's general policy for technical cooperation during that period.

Both then and now, defining the strategic orientations and program priorities has been the culmination of a process of successive consultations. It has involved the participatory organs of the Governing Bodies, other special committees, and an ongoing dialogue with individual Member Countries at the time of planning and evaluating PAHO's technical cooperation at the country level. All of this is part of the basic objective of getting the Member Countries to be actively involved in the Organization's activities.

The orientation established in September 1986 for the Organization's activities during the quadrennium 1987-1990 focused on the need to strengthen the transformation of national health systems. It centered around three main priority areas:

- Development of the health service infrastructure, with emphasis on primary health care;
- Provision of responses to priority health problems present in vulnerable groups, with specific programs implemented through the health service system;
- The management of knowledge required to make headway in the first two areas.

Later in the course of the quadrennium the strategy of strengthening and developing local health systems was added. It was an operative formula that tied together the orientations and programming priorities already established.

The Quadrennial Report of the Director, which the PAHO Constitution dictates must be presented to the Pan American Sanitary Conference, reports on the work of the Organization during the past four years. It includes the level of execution and progress made on the orientation and programming priorities that were set by the Governing Bodies in 1986.

However, as we look forward to the next quadrennium it is important to note that based on the analysis of progress made and problems faced between 1987 and 1990, as set forth in the following sections of this document, the countries of the Region still need to overhaul their national health systems so as to close the gap in health in the Hemisphere.

At the same time that new problems have arisen in the health field making it necessary to find additional solutions, health risks and hazards that have been accumulating over the years remain intact, as are the many deficiencies in the sector. This means that the strategic orientations and program priorities of the Organization for the 1991-1994 quadrennium will, in essence, express a renewed commitment to continue the task assigned to the institution four years ago, as set forth in the WHO's Eighth General Program of Work for the 1990-1995 period.

However, it should be noted that the proposed agenda for the Pan American Health Organization during the next quadrennium reflects a much greater awareness that health can make a decisive contribution towards establishing sustained development, which gives priority to meeting the essential human needs of the inhabitants of the Hemisphere. This implies promoting new forms of action in the health sector, and redefining relationships with other sectors of productive and social activity.

The above implies not only implementing lines of action aimed at improving the ability of health services to respond adequately to health problems. It also means creating a favorable climate in political spheres and amongst the public, for the necessary transformation of health systems and to reconsider the sector's forms of organization and coordination in the countries.

## II. THE REGION OF THE AMERICAS AT THE BEGINNING OF THE 1990'S: PAST TRENDS AND FUTURE PROSPECTS

### A. GENERAL SITUATION

The Region of the Americas is beginning the 1990's in conditions of far-reaching economic and social decline in most of its countries. The 1980's was a period in which economic growth stagnated or even regressed. The average standard of living of the inhabitants of Latin America and the Caribbean deteriorated as a result, and more social needs now go unmet.

The crisis has taken on various forms in the national economies of the Hemisphere. There have been real declines in per capita production. High levels of inflation continue. There is a net outflow of capital due to deteriorating terms of trade, and principal and interest payments on the foreign debt. Domestic savings have shrunk. Overt unemployment and underemployment have grown. Investment levels have dropped, and per capita availability of goods and services has diminished.

The social consequences of the crisis in the Region are cause for concern. They have essentially meant greater inequalities and more poverty, which is magnified by the disruptions created by massive urbanization and demographic growth.

In turn, reduced social spending has exacerbated traditional deficiencies in basic infrastructure and public services, meaning that the needs of large sectors of the population are even harder to meet, and a social debt of vast proportions is perpetuated.

Fortunately the economic and social problems that many of the countries of the Region have been facing, are counteracted by democratic transition processes that have been eliminating authoritarian regimes from the Hemisphere's political makeup. This is allowing new pluralistic and participatory national accords to develop, making way for a reconsideration of the basic functions of the State.

However, the declining standards of living and other heightened social consequences, resulting from the deepening of the economic crisis, may come to jeopardize social peace and the very stability of the national political systems in the Region of the Americas.

#### B. THE QUESTION OF DEVELOPMENT IN THE AMERICAS

Many countries of the Region are entering the 1990's in particularly dire straits as a result of what has come to be called the "lost decade of the eighties" for Latin America and the Caribbean. The decade marked a setback due to: its economic stagnation and even regression in some cases; the growing foreign debt which has curtailed domestic growth; and pronounced increases in absolute and relative levels of extreme poverty, which today is estimated to affect around 200 million people in the Hemisphere.

In many countries of the Region efforts have been made for decades to develop production, create domestic markets, and implement protectionist industrialization and import substitution. But they have been according to unsuitable models for social development, whose shortcomings have been proven many times over. This fact is sufficiently proven by a look around the Hemisphere at the disparities in the distribution of wealth, the fact that a substantial part of the population is not integrated into the most elementary aspects of social welfare, the heavy concentration of national markets, the millions of inhabitants that still merely subsist in the economy, and the growing technological and educational gap between the developing countries and the advanced societies of the East and West.

The economic situation of most countries in the Region is deteriorating. Their ability to recover and take a satisfactory place for themselves in world circuits of productive and commercial interdependence is hindered by major problems. Furthermore, the repercussions of the economy on the social sphere have meant even more painful setbacks while deep-rooted inequalities persist. Amidst such a grim picture, the question of development, its meaning, significance and possibilities, increasingly becomes the great historic concern of the peoples and governments of many countries in the Americas.

All of the above constitutes the great dilemma facing many American countries on the threshold of the twenty-first century: either they become part of the modern world, overcoming the bottlenecks they are experiencing in economic, political, social and cultural development, as the only way to get on the path to real progress; or they fatalistically resign themselves to underdevelopment, hopelessness, being sidelined from history, and growing poverty and social violence.

#### 111. THE REGIONAL HEALTH AGENDA

##### A. THE DEVELOPMENT PROCESS AND ITS IMPLICATIONS FOR THE HEALTH FIELD

The countries of the Americas face a growing need to assign priority to the human capital making up their populations. Health plays an important role in this because it ultimately implies the attainment of people's complete well-being--an essential condition for them to be able to realize their full creative and productive potential.

Today more than ever before it is urgent to document the effects of stagnated growth, the general economic crisis, social inequalities, and the spread of extreme poverty, on the population's health conditions, society's capacity to deliver public health services and medical care, and the allocation of public and private resources to finance health activities.

The relationship between health and development is a bitter one in times of crisis. It is difficult because at the precise moment when social problems are most in need of priority attention, the cutbacks in public funds for social spending have been the most drastic.

The economic crisis affects the health sector and health conditions in different ways. First, it reduces family income, making it more difficult to meet basic health needs, including the need for food and medicine. And in many countries at the same time that adjustment plans have entailed the elimination of public subsidies, imports of food products have been restricted, family incomes have shrunk and consumer food prices have skyrocketed.

Second, according to studies conducted by the Inter-American Development Bank (IDB) and PAHO during the early years of the

crisis,\* the health sector was hard hit by cutbacks in government spending, particularly since virtually all new investment has been eliminated in many countries. The most immediate impact came from restrictions on imports of essential supplies due to shortages of foreign exchange in virtually all countries of the Region. However, the most serious long-term damage to health goals may come from the devastating curtailment of capital investments, often including maintenance of equipment, as a result of the crisis.

Third, as their income decreases and people lose insurance coverage upon being left unemployed, they go to private physicians less and less. This increases the demand for public health care services.

Finally, the combined effect of all of these factors has been negative for the health of the population, particularly nursing infants and preschool age children from the needy sector, in terms of nutritional, gastrointestinal and respiratory illnesses. Yet available information on this aspect of the crisis continues to be scarce and based on a few isolated case studies.

In sum, marked reductions in public spending on so-called "non-productive activities" such as health and education, as a result of adjustment or reactivation policies, has reduced or frozen sums available to develop and operate health services. This has taken the form of restrictions on expenditures for basic sanitation and to replace, maintain and preserve equipment and physical installations. It has also translated into an inability to maintain an adequate level of current expenditures, obstructing normal financing of programs to address prevalent problems, and has restricted administrative development and the training of personnel in the sector.

#### B. THE MAIN FEATURES OF THE HEALTH SITUATION IN THE HEMISPHERE AND THE MOST LIKELY SCENARIO FOR THE 1990'S

The report on "Health Conditions in the Americas 1985-1988" being presented to the XXIII Pan American Sanitary Conference includes both detailed information on the status of health in each of the Member Countries of the Organization as well as an analysis of the main regional trends observed in the second half of the 1980's.

For the purpose of this document let it suffice to note some of the more significant facts, so as to establish a frame of reference in which to formulate the Organization's approach for the quadrennium 1991-1994.

The countries of the Hemisphere are experiencing a process of accelerated change that will intensify during the 1990's. It is having an impact on all areas of social and productive life, with far-reaching consequences for the status of health, and for the nature, structure and distribution of health services.

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\* Pan American Health Organization, Economic Crisis and Health, the Experience of Five Latin American Countries in the 1980's, Washington, D.C., November 1988



Significant changes are taking place in the structure and dynamics of the population, as well as in the patterns of disease affecting the inhabitants of the Hemisphere. The percentage of adolescents and senior citizens has grown conspicuously. There has been a massive migration from rural areas to the cities, particularly their peripheral areas. By the end of the century, the urban population of the Americas will account for 76% of its total, and growth will be concentrated in 15 cities with more than 4 million inhabitants.

Two great mortality and morbidity profiles persist in the Region, with overlapping trends.

On the one hand, in the lower income countries and amongst the disadvantaged sectors of the population in the medium and high income countries, the main causes of disease and death continue to be the traditional diseases of underdevelopment--largely preventable ones. Diarrheal diseases, acute respiratory infections and diseases preventable by immunization still register high rates of incidence and mortality, particularly in childhood. Malaria and Dengue have tenaciously crept back over the Hemisphere, and there are no promising signs that they can be reduced in the near future.

On the other hand, demographic changes, increasing urbanization and industrialization, changes in lifestyle and the deterioration of the environment have given rise to another feature concentrated in the most disadvantaged sectors in the medium and high income countries. It is characterized by a pattern of health outcomes in which noncommunicable diseases have greater relative importance, such as: perinatal disorders, accidents, the consequences of violence, problems associated with the environment, mental problems and chronic diseases such as cancer, cardiovascular diseases, diabetes and cerebrovascular diseases. These are increasingly surpassing infectious and parasitic diseases to become the main causes of illness and death.

Added to the foregoing is the emergence of new large scale problems, such as the global epidemic of acquired immunodeficiency syndrome (AIDS), with almost three quarters of the world's reported cases concentrated in the Region of the Americas.

The task of dealing with the Region's health problems becomes more complex and discouraging when we consider that the structure and distribution of health services has not developed with adequate equity, efficiency or effectiveness. The inappropriate use of technology, inefficient distribution of resources, poor utilization or scarcity of trained personnel, overly centralized bureaucratic structures, and lack of coordination in the sector limit both coverage and the quality of services.

Health resources tend to be concentrated in large urban areas and be available to those who can afford them or have privileged access. This leaves large segments of the population uncovered. The use of high cost technologies creates greater inequalities in the distribution of and access to services. This is compounded by inefficient use of existing

resources. The net effect is a situation whereby in most countries of the Region, health services are not handling problems adequately; their responses are insufficient or deficient in terms of quantity, quality and coverage.

C. THE GREAT CHALLENGES FOR THE TRANSFORMATION OF NATIONAL HEALTH SYSTEMS IN THE COUNTRIES OF THE AMERICAS

The specific challenges that the 1990's will pose to making progress in the transformation of national health systems in the countries can be summed up as follows:

- a) The growing deficit in health service coverage must be overcome. Out of the 440 million inhabitants of Latin America and the Caribbean, at least one-third or 140 million, do not have regular access to health care. The Hemisphere's population is expected to increase by 110 million by the year 2000. Health services currently reach 300 million people in Latin America and the Caribbean. In order for the Region to meet its commitment to provide universal access to health care to the entire population of the Americas by the year 2000, an effort must be made to expand health services enough to cover 250 million more people (the 140 million currently uncovered and the 110 million new inhabitants to be added over the next decade)--a colossal, but essential, task.

Furthermore, it is estimated that around 37 million inhabitants of the other countries of the region are not covered by insurance systems that give them access to health services.

- b) The capacity to identify the most needy and high-risk population groups must be improved, in order to better respond to their basic health care needs.
- c) There is a pressing need to formulate and implement policies and programs to achieve equity in health; that is, policies which can reduce disparities in the health status of different social groups, guarantee access for all citizens to care for their basic health needs, and foment redistribution.
- d) There is an urgent need to make the sector more efficient, particularly in view of the marked contraction of resources channeled into health. This implies quantitative and qualitative changes in the patterns of delivering services that will lead to increased productivity, maximize care provided per resource unit expended, and tackle the serious problems of duplication of installed capacity and lack of institutional coordination.
- e) It is imperative to raise the need for reforms in health spending, so that resources can be reallocated to those activities that are most effective in terms of reducing risks, preventing and controlling health outcomes, adding years to life, and improving the quality of life.

- f) It will be necessary to review how the sector is organized, how its activities are carried out and operations financed, how costs are recovered, and how to coordinate the various public and private figures who can play a role in improving health care. This will entail making progress in modernizing and overhauling the health sector in the countries of the Americas.

#### IV. THE RESPONSE OF THE PAN AMERICAN HEALTH ORGANIZATION

The countries of the Region will face great challenges over the coming years as they undertake the transformation of their national health systems, and therefore respond to the accumulated and emerging needs of large sectors of the population. This means that the Member States of the Organization must think collectively about the most appropriate solutions, and act together to overcome their common problems in the sector.

This current time of crisis and change demands that PAHO, the great health community of the countries of the Americas, respond along two great axes that complement each other, interact, and empower each other.

There is the axis of strategic orientations on the one hand, which integrates the main trends necessary for an effective transformation of the national health systems.

And there is the axis of program priorities on the other, which indicates the lines of action that must be prioritized and taken up within the sector's daily activities, in order to adequately respond to both new problems and those that have been accumulating over the years.

The strategic orientations are general in nature and influence several specific programs. They go beyond the concept of operational activities, delineating major trends. Therefore, they constitute the paths the Organization must follow during the next quadrennium in order to attain its objectives.

Within the broad range of lines of action for the Organization set forth in the Eighth General Program of Work for the 1990-1995 period, a series of adjustments must be made for the specific features of the Region of the Americas so as to determine which program priorities require preferential treatment, a greater concentration of efforts, and a greater allocation of resources during the next quadrennium. There are various aspects of daily health activities that must be intensified as they respond to or seek to respond to emerging situations or old problems in urgent need of attention.

During the quadrennium 1991-1994 the interaction of the strategic orientations and program priorities will provide the fundamental framework for the activities of Secretariat of the Organization. At the same time it will represent the collective commitment that the Member States are establishing for themselves to make real progress in transforming their national health systems.

## A. STRATEGIC ORIENTATIONS

Seven strategic orientations are outlined below which may foment substantial progress in the recovery and modernization of the sector in the countries of the Hemisphere. They may also generate more efficient and effective responses to the health needs of the peoples of the Americas.

### 1. Reorganization of the Health Sector

Large segments of the population in most countries of the Americas still do not have real access to health services, and this coverage deficit occurs amidst a significant contraction of resources available to the sector, which poses a great challenge to the organizational and management capacity of the national health systems. In order to reduce the effects of the economic crisis, it is vitally important that the countries use their resources as efficiently as possible for comprehensive health care. At the same time, national resources must be mobilized en masse, complemented by a mobilization of external resources, in order to overhaul the health systems and be able to meet the growing needs of the population.

For this reason, the strategic orientation to reorganize the health sector is of fundamental importance if the national health systems of the countries of the Region are to be transformed. This is necessitated by the serious economic and social crisis; the insufficiency of institutional responses given the growth and evolution of problems the health sector faces; and the accumulated health debt, which translates into a mass of unmet needs among vulnerable population groups, and a lack of equity, effectiveness and efficiency in health activities.

#### 1.1 Strengthening and Developing Local Health Systems

Resolution XXI of the XXII Pan American Sanitary Conference was adopted in 1986, approving the Orientation and Program Priorities for the Quadrennium 1987-1990. Since then the Organization has been making progress in consolidating one of the components of the strategic orientation to reorganize the sector and support those processes of decentralization best able to bolster the transformation of national health systems: the development and strengthening of local health systems.

The Member Countries of the Organization have increasingly identified local health systems as the most appropriate way to attain social participation, intersectoral action, decentralization, and the use of more effective planning and administration methods for the needs of each population group.

In fact, recognizing the urgent need to accelerate the transformation of national health systems in order to promote the primary health care strategy and realize the goal of health for all by the year 2000, at the XXXIII Meeting of the Directing Council in September of 1988, the Member Governments approved Resolution XV entitled "Development and Strengthening of Local Health Systems in the Transformation of the National health Systems," in which:

- i) The governments are urged to promote the formulation and development of policies and programs aimed at developing and strengthening the local health systems as a response of the sector to achieve greater equity, efficiency, effectiveness, social participation, and interinstitutional and intersectoral coordination;
- ii) The Secretariat is requested to strengthen the actions of cooperation oriented to mobilizing political, technical, informative, and financial resources in support of the strengthening and development of the local health systems.

The countries have assigned priority attention to this line of action set forth by the Organization. It has allowed for rapid dissemination of the principles that give the local health systems their motivational strength, and has translated into an increasing willingness to begin operative developments and consolidate experiences underway.

It would be premature to balance the accomplishments made against the difficulties faced during the course of strengthening and developing the local health systems in the Hemisphere, since it has been less than two years since Resolution XV of the XXXIII Meeting of the Directing Council was adopted. However, this strategic orientation has been well received at a national, intermediate and local level in virtually all of the Member Countries. Therefore, the local health systems shall continue to play a catalytic role during the quadrennium 1991-1994 as a fundamental axis for the transformation of national health systems.

The process of strengthening and developing local health systems over the next four years will demand efforts by the countries and the Secretariat in some critical areas. They are listed below so that this aspect of the strategic orientation for sectoral reorganization can continue to have the vital strength that has characterized it over the past few years. These critical areas can be summed up as follows:

- a) The local health systems must continue to assert their role as facilitator of coordination of the public sector, social security, the private sector, and non-governmental organizations (NGO's), in attaining common goals for the health care of the population in specific geographic areas.
- b) The creative search for mechanisms to make the process of strengthening and developing local health systems compatible with the trends towards decentralizing the State and transferring public administration responsibilities from the central level to intermediate and local levels, should continue.
- c) There must be continued exploration of formulas and mechanisms to increase the population's involvement and promote shared responsibility for managing local health systems.
- d) Efforts to incorporate the contents of the prevention and control programs into the management of local health systems through local programming, should be intensified.

- e) As part of the new organizational models that the local health systems adopt in the various countries of the Region, it will be necessary to progress in the development of the components of regulation and sanitary surveillance of non-personal health services.
- f) Progress must be made in the design and operation of mechanisms for intersectoral action at the local level to reinforce interventions aimed at consolidating progress made in reorganizing the sector, which has materialized in the local health systems.

## 1.2 Utilizing Social Security to its Full Potential

In the difficult economic and social circumstances that the countries of the Region are experiencing, there must be progress in formulating and implementing policies and strategies to transform the national health systems. These must take into account the potential of Social Security, both in terms of installed capacity and mechanisms to finance sectoral activity.

It is imperative that the countries of the Hemisphere ask themselves what the chances and/or requirements are that Social Security expand its activities and its range of interventions, taking responsibility for the development of public health programs and environmental health services, and increasing its involvement in social welfare services, which are increasingly recognized as fundamental components of health care.

Social Security in the countries of the Americas will face many challenges in the nineties. It will have to effectively extend its programs and expand coverage, designing mechanisms and exploring alternatives that allow it to cover the health and social welfare needs of the most impoverished sectors of the population. This will not only be through social welfare activities, but also in an important way as the expression of a redistributive social policy generated from a rethinking of the basic functions of the Modern State in the countries of the hemisphere.

Within the framework of limitations imposed by reduced public spending and the general effects of the adjustment processes on the sectors of society, the search for new ways to organize and use health resources becomes urgent. These must make it possible to maintain, and even strengthen, the role of the State as guarantor of the social and health care of lower income population groups.

In this context it is indispensable that there be an innovative reassessment of social security systems so as to correct the imbalances and the privileged status that some groups enjoy with respect to others. Progress must be made towards extending basic protection to the entire population in light of the fundamental social risks. We must move from the limited concept of social security funds to the consolidation and

expansion of social health and welfare programs and activities brought in line with the new demands deriving from the social and economic conditions the countries of the Region are experiencing.

### 1.3 Channeling External Financing into the Reorganization of the Sector

The main multilateral lending institutions that operate in the Region (IBRD and IDB) are expanding their field of activity to the sphere of health. Furthermore, there are proposals to add the instrument of sectoral loans to the operations that have been carried out in terms of investment projects. This means that during the next quadrennium, the way may be paved in many countries in the Hemisphere for taking advantage of the flow of external financial resources to induce or consolidate the necessary transformations of national health systems, which are often slowed down by limited domestic resources or difficulties in redirecting the use of available resources.

The use of this flow of resources under the strategic orientation to reorganize the sector will make it possible to:

- a) Propitiate the efficient and effective use of external resources intended to finance investments in the sector, so that they can compensate for the contracted and delayed capital spending in the health field in the countries of the Hemisphere over the past decade;
- b) Attain quick disbursement and flexible use financing that would facilitate progress in implementing broad-range sectoral reform packages in terms of organization, finances and programming, as part of the commitments assumed by the borrowing country with one or more multilateral lending agency;
- c) Accelerate processes of institutional development that will help design and implement sectoral reforms aimed at tackling the unmet needs of unprotected population groups by guaranteeing the equity, efficiency and effectiveness of health activities.

In order to accomplish this, it will be necessary to further coordinate efforts to undertake sectoral analysis in the countries. Thus the frame of reference for drawing up investment projects and credit operations to carry out sectoral reforms will be tied in with sector planning as well as the identification of priorities for institutional reorganization and programming activities.

Within this sectoral analysis particular attention must be paid to some critical areas that do not always receive enough consideration, such as:

- a) The current forms of organization and coordination in the health sector in the countries, and possible alternatives to same;
- b) The level of intersectoral activity occurring in each country with regard to the achievement of health objectives;

- c) The structure, mechanisms and implications of financing for health services, and possibilities and obstacles to rethinking these structure in order to attain greater equity and to get some sources of funding to be rechannelled and used more efficiently;
- d) The operating capacity of the health sector with emphasis on management and production of services in local health systems.

## 2. Health in the Development Process

This strategic orientation is geared towards contributing, from the health field, to the formation of a new perception and approach to the development process in the countries of the Americas.

It implies that health activities on the subcontinent assume a promotional and political role in the establishment of sustained development, which means that health must:

- a) Have a higher profile in the search for peace and reduction of violence, because of the high esteem it enjoys;
- b) Promote, from its field, formulas and mechanisms for increased regional and subregional integration, as well as plans for technical cooperation among countries;
- c) Accelerate programs to get the population involved and share responsibility in efforts to generate greater social well-being;
- d) Mitigate the devastating effects of the economic crisis and the adjustment programs on the sectors of the population whose standards of living are hardest hit;
- e) Promote a favorable climate in political spheres and amongst the public to assign priority attention and stable, if not increased, resources to the necessary transformation of health systems, as a way to most effectively respond to the population's growing and ever changing health care needs; and
- f) Reassess the sector's forms of organization and operation, as well as the social coordination necessary, to cope with the transformations brought on by development in the majority of the countries in the Region.

The foregoing constitute the pillars for the dissemination of a "new doctrine" that recognizes the positive value of health in building the development process. Making progress in this direction during the 1990's in the countries of the Americas will mean laying the foundations for a redefinition of the social role of the Modern State. This is not at odds with the trends underway, which seek to reestablish the dimensions of the State's role regarding direct economic intervention. If this path is not followed, social disparities will be perpetuated and we will have to fatalistically accept a future of impoverishment, losing all hope for the well-being of broad sectors of the population.



### 3. Incorporating Women into Health and Development

Over the past decade women's traditional domestic responsibilities have been increased as they have become central pillars in coping with the economic crisis at the household level. Their involvement has had the effect of "invisible adjustment," which has been a clear factor contributing to family and community survival for the most unprotected sectors of society. Women responded to the crisis in an organized way, which allowed them to maximize scarce resources and carry out *compensatory health action in families and communities*.

In this context the Organization's strategic orientation to incorporate women into health and development takes on increased relevance. It adds urgency to the need to encourage change in the unequal relations between the sexes, as an integral part of human development and the population's health as a whole.

Over the next four years the Organization must aim at raising sensitivities and creating a collective consciousness and informed viewpoint on women's health throughout the different stages of life. "Women's advocacy" must occur in a setting of mobilized and concerted efforts among health sector institutions, women's organizations, universities and social organizations to carry out specific solutions.

Since women play a role in the socialization of social norms and values, they are a vital element through which new attitudes and behavior can be introduced to promote health and prevention of health outcomes, and to move toward healthier lifestyles. For this same reason their negotiating and decision making capacity must be strengthened for health matters, regarding both their families and society as a whole.

If work is done in this direction progress may be made in strengthening and developing women's forms of social organization that are tied in with the health sector. There may be advances in designing innovative alternatives so that changes in women's health care models regarding the principal needs of their gender in the various stages of the life cycle may become feasible.

Thus, if the Organization activates this strategic orientation during the next quadrennium, it should strengthen all activity aimed at appreciating women, enhancing their self-esteem and individual and collective fulfillment. It should promote policies and action aimed at affecting change in social, political, legal and labor regulations for equal participation of the sexes in the development of the countries of the Region.

### 4. Management of Knowledge

Among those contributions that health can make to a process of integral development for the countries of the region, we must point out the role that the scientific and technical development of the sector can play.

The system of services and inputs for health offers many opportunities to strengthen a scientific and technological base that develops, adapts, incorporates and evaluates knowledge and technologies in essential areas for health sector activities.

The fundamental challenge faced by the countries of the Americas in this respect is the pressing need to activate ways to produce, disseminate and incorporate both knowledge and new technologies so that they have the greatest possible impact on the complete development of societies.

The Organization's strategic orientation to manage knowledge has a decisive role to play in this. It is perceived as one of the essential catalysts in the process of transforming the national health systems.

The general context in which the sector will be situated during the next quadrennium will be one of accelerated technological change and dynamic innovation of scientific knowledge.

Thus it will be necessary to promote new institutional development in the sector to bring together the delivery of health services with the relevant scientific and technological innovations that may improve health care.

It will also be necessary to rethink the processes of training and updating human resources in the sector in this context of accelerated scientific and technological change.

How much the scientific and technological strategies of the sector will dovetail with the general priorities of economic and social development for the countries of the Americas will depend on how much emphasis is given to the integral process of managing scientific and technical health knowledge--that is, promotion of its production, broad dissemination, incorporation and rational use.

#### 5. Using Social Communication to Promote and Develop Health

In order to gain ground in the struggle for better health for the inhabitants of the Hemisphere and thereby help construct more equitable and sustained development, health must become the concern not just of people in the sector, but of everyone.

Therefore it is essential to include as many inhabitants of the countries of the Hemisphere as possible amongst the beneficiaries of informational and educational efforts regarding health.

Likewise it is of essential importance to saturate the mass communications media with the basic educational information and the content of community discussions on relevant health information. This will enable ordinary citizens to make informed decisions on their individual health and that of their families and communities. The fundamental goal of this strategic orientation is to guarantee the

existence of an increasingly informed public that plays a decisive role in the struggle for health, and that can actively support the process of transforming national health systems.

For this reason more use must be made of the mass media and technological innovations in communications so as to disseminate useful health information to the general public and specialized groups. It will also increase awareness about specific aspects of individual and collective health, and about the importance of the health sector in the development of nations and their peoples.

6. Cooperation among Countries, Subregional Initiatives and Regional Integration

In light of the changes in the modern world that are moving by leaps and bounds towards the interdependence of nations amidst a new system of multipolarity and the internationalization of production, markets, communications, information and technological advances, no country can remain isolated from the central flow of world-wide exchanges. Consequently, the joint action of two or more countries is increasingly becoming a necessary form of cooperation. It is no longer merely the desired spirit of cooperation.

The countries of the planet are coming together more and more in markets and common axes of production, making way for more exchanges and joint activities among countries in various types of economic, social and cultural activities. This strengthens the technical and financial cooperation provided through multilateral institutions and agencies.

Health is no exception to this. On the contrary, it is a positive value highly regarded by peoples and governments. Thus it becomes a natural way to propitiate understanding, dialogue, peace and even joint action among nations.

The process of transforming national health systems has unique characteristics in each country due to its specific circumstances and the sovereign nature of policies drawn up and implemented for that purpose. However, health problems and the organizational challenges of health services have common features in many countries of the Americas.

For that reason, embarking on the strategic orientation of finding joint solutions through cooperation between countries, subregional initiatives and cooperation mechanisms that propitiate regional integration, is an essential factor in the process of change in the Hemisphere's health sector.

Subregional initiatives sponsored by PAHO thus far illustrate the relevance of the aforementioned considerations for ensuring a combination of efforts, wills and resources to jointly attack the health problems common to several countries.

It is a matter of finding "solutions to scale," be they sub-regional or multi-country. That is, joint action must be taken up by groups of countries to combine and make best use of available capabilities that, furthermore, may provide a framework for intensified efforts to mobilize external resources.

The vitality that the "Plan for Priority Health Needs in Central America and Panama" has enjoyed on a subregional and national scale, as well as the enthusiastic response of the international community in the form of technical and financial contributions over the last five years, demonstrates the chances of success this type of strategic orientation has. The initiatives "Cooperation for Health in the Caribbean," "Andean Cooperation in Health," and "Initiative of the Southern Cone" are evolving along those same lines, with their particular features.

It is imperative that the Organization take these lines of action further during the next quadrennium in order to consolidate the progress made thus far. It must continue to promote, with substance and vigor, the spirit of cooperation among countries so as to resolve common health problems jointly.

During the next four years it will be crucial to intensify regional integration efforts in the Americas in response to the new political, productive and commercial arrangement of the modern world, and in order to find alternative formulas for effective, sustained development.

The productive and commercial integration of the Region will have to converge with scientific, technical, cultural and financial cooperation in order to attain mutual empowerment and increase possibilities for greater political coordination among the countries of the hemisphere. Health can make important contributions to this process, such as fomenting unity and preventing dispersion, giving the Organization a leading role to play in the coming years. But that will depend on identifying specific fields of action that may be catalyzed by the processes of regional integration, or that may help stimulate this axis of joint activity in the countries of the Americas.

#### 7. Mobilizing Resources

The transformation of the national health systems requires the will, efforts and resources of all social actors who can make an effective contribution to improving the health of the peoples of the Americas.

In that sense it is particularly important to emphasize the strategic orientation to mobilize resources for health during the quadrennium 1991-1994. The ground already gained in the past few years along these lines must be taken further.

This will involve, first of all, stepping up activity to mobilize political will in favor of health and of modernizing and revamping the sector. It will be essential to carry out "health advocacy" before all decision- and policy-making forums and bodies.

Second, there must be a redoubling of efforts to identify and articulate potential national and international public and private institutional resources in scientific, technical, administrative and

informational areas related to health. Such activity may be mobilized around the attainment of a better health status for the inhabitants of the Organization's Member Countries.

Third, the actions of the different sectors of productive and social activity that have a direct or indirect effect on the population's health and on service systems, must be coordinated at the national level. This may be accompanied by more concerted action among the various multilateral agencies that provide technical and financial aid for development, both in country activities and in regional cooperation.

Finally, it will be necessary to pay special attention to the process of preparing, managing and evaluating development projects in the health field so that during the next quadrennium, more external financial resources can be mobilized, both on a concessionary and non-concessionary basis, aimed at transforming the national health systems. This will require increased coordination between the setting of priorities, planning of activities in the sector, and mobilization of bilateral and multilateral technical and financial resources.

#### B. PROGRAMMING PRIORITIES

Below is a summary of the programming priorities that both the countries and the Secretariat will have to set for the next four years in order to overcome some bottlenecks they face in improving the sector's ability to respond to old and new problems.

1. Priorities in the Development of the Health Service Infrastructure
- 1.1 Economic Analysis of the Sector and of Resource Allocation Based on Effectiveness

The transformation of national health systems, particularly in the context of such a long economic crisis as the Region of the Americas has experienced in the past years, must be supported largely by a deep analysis of the economic implications of sectoral activity and potential for rechanneling health expenditures to give highly effective activities and programs priority in resource allocation.

In order to carry out this analysis, design proposals for structural reform of health expenditures, and assess the effects of this rechanneling of resources on both the provision of services and the health of the population, the institutional capacity of the health sector will need to be developed.

- 1.2 Sectoral Financing

The change in the sector's forms of operation and the scope of activities it carries out, must necessarily involve a reconsideration of current financing mechanisms. Alternative mechanisms capable of mobilizing public and private resources in a coordinated fashion to deliver services needed to address the essential health problems of the population, must also be analyzed.

An analysis of financing alternatives and their implications for reducing the inequitable distribution of the benefits of health services, is a job that should be given priority during the next quadrennium.

The results of this line of action will make a fundamental contribution to the formulation of sectoral policies, making progress towards the modernization of national health systems possible.

1.3 Methodological and Operational Development of Local Programming Based on Epidemiology and on Basic Health Information Systems

Local programming based on epidemiology is conceived as a way to organize medical care and public health service rendering activities and programs, as a function of the health needs of the population of a specific geographic area. This practice must spread and become the basic formula for planning and managing health systems at the local level, and linking them with intermediate and central levels.

This will imply continued methodological development of local programming instruments, incorporating the specific contents of priority programs aimed at select population groups. Efforts to train health personnel at the local, intermediate and central level on the scope and utilization of this instrument must be intensified. Basic information systems and the epidemiologic analysis capacity used in planning programs will have to be strengthened. The management practices of the local health systems will also need to be improved.

1.4 Evaluating Technology and the Quality of Care

In order to increase the effectiveness of sectoral interventions, in the coming years the countries of the Region will have to pay more and more attention to:

- a) Appropriate use of technology;
- b) Formulating policies to incorporate technological innovations into health services;
- c) Assessing the effectiveness of technological resources;
- d) Assessing the quality of care.

These lines of action presuppose an important contribution to the development of health services in light of the changing and overlapping epidemiologic profiles that affect most countries of the Hemisphere.

1.5 Policies for the Continuing Education, Development and Utilization of Human Resources

Training and updating the skills of health care workers at a time of rapid scientific and technological innovation, and when the forms of institutional organization and production of services are being modernized, poses a great challenge to the countries of the Region.

In the face of that challenge, it is fundamentally important to strengthen the health and educational sector's capacity for dialogue. This is true for defining policies for the development of human resources, identifying the role of personnel in the new frameworks, and ensuring the best use of human resources in light of the changes generated by the development of the health systems infrastructure.

## 2. Priorities in the Development of Health Programs

### 2.1 Environmental Protection and Reducing the Harmful Effects of the Environment on Health

Environmental protection and reducing the harmful effects of environment on health have become inseparable prerequisites in efforts to establish effective and sustained economic and social development.

There is growing concern in the countries of the Region over environmental disturbances resulting from certain styles of development that were adopted in the past, from the features of some industrialization processes, from the phenomenon of accelerated urbanization, and from the exhaustion of resources associated with technological change. But the concern is not simply ecological in nature. It also revolves in large measure around human health problems caused by damages to the environment.

The field of environmental health, however, does not stop at knowledge of the impact of the environment on health. It also includes the design, organization and implementation of activities to block or reverse the effects of the environment on human health. The latter has implications for the organization of services in the health sector. But it goes beyond the confines of health action, into other organized sectors of society that are somehow related to the environment, its transformation, and the possibility of turning back that transformation.

Faced with this outlook and the growing importance of the relationship between environment and health in the countries, the Organization should intensify its work in this field during the next four years, paying special attention to the following lines of action:

- a) The development of environmental health information systems should be promoted, which would increase our knowledge of potentially dangerous environmental factors and their consequences for the health of the population. This is an essential ingredient in improving our ability to monitor such problems and increase our "intelligence" on the true dimensions of the problem and the need and effectiveness of some interventions.
- b) The development of simplified techniques to evaluate the impact of the environment on health must be encouraged, along with epidemiologic research on environmental health so as to know the extent to which environmental damages affect human health.

- c) It is of primary importance to more closely link the process of formulating environmental health policies and planning intervention programs aimed at the most vulnerable groups, with the information and analyses available on environmental risks and the health outcomes associated with them.
- d) A higher level of institutional development is required for monitoring of environmental health risks. This should be tied to the implementation of intervention programs, either through the structure of health services or through the concerted action of several sectors, particularly at a local level.
- e) Efforts must be redoubled in the training of human resources in the various disciplines that make up environmental health, at the same time that the inclusion of environmental components in non-personal health services is consolidated. This should be reflected in expanded employment opportunities to guarantee a place for new types of professionals trained in this field.
- f) The search for specific formulas for intersectoral action in the environmental area must continue, in order to increase chances of intervening to protect the environment and reduce the effects of environmental disturbances on human health. It is likewise imperative to stimulate a dialogue on the possibilities, responsibilities and tasks of the public and private sectors in order to arrive at coordination formulas that will enable them to work together towards the common goals of preserving the environment and reducing the harmful effects stemming from its deterioration.

## 2.2 Health Promotion, Healthy Lifestyles and Mental Health Protection

Health promotion is increasingly perceived as the sum activity of the population, health services, health authorities, and other social and productive sectors, aimed at creating better individual and collective health conditions.

In this, the promotion of active community involvement has a vital role to play regarding: a) efforts aimed at changing environmental conditions, collective lifestyles, and behavior patterns harmful to health; b) continuous monitoring of health services to ensure the satisfaction of users, quality of care, and accountability; and c) implementation of the sector's priority health programs aimed at combatting health risks and therefore reducing the outcomes they cause.

During the next quadrennium the Organization should be more geared toward activities to promote health and foster healthy lifestyles. It should direct its efforts at both the general population in the context of its daily life, and at reinforcing the capacity of local health systems to develop programs in this field.



The varied and increasing nature of risk factors affecting the health of the inhabitants of the Americas, which are susceptible to change, make it necessary to begin or intensify use of various interventions, in coordination with both the health services system and with other economic and social sectors, yielding reduced health risks deriving from individual and collective lifestyles.

Special attention must be paid to:

- a) Activities to reduce substance abuse regarding tobacco, alcohol and drugs;
- b) Promotion of healthy sexual behavior;
- c) Protection of mental health;
- d) Fostering of nutritional patterns aimed at reducing the risks associated with noncommunicable diseases;
- e) Promotion of oral and dental health;
- f) Education of the population to promote preventive behavior against motor vehicle, occupational and home accidents;
- g) Promotion of healthy behavior among adolescents;
- h) Promotion of the health of the elderly and disabled to improve the quality of life of these two population groups.

### 2.3 Food and Nutrition

The effects the economic recession has had on the already deficient food and nutritional status of large sectors of the Hemisphere's population obliged the Organization to assign priority to these two areas of activity. The purpose is dual: first, to identify areas where interventions can be effective, and second, to promote the implementation of programs to counteract the deficiencies resulting from the deterioration of the living conditions of large sectors of the population in the Americas during the past decade.

Progress must be made in formulating and implementing policies and programs aimed at protecting the food security of the most vulnerable households, and improving the nutritional status of the human groups hardest hit by the crisis. This can be done through increasing and/or better focusing public inputs relevant to the nutritional status of the population, such as measures aimed at reducing food prices while bringing about real redistribution.

During the next quadrennium the Organization must pay special attention in this field to:

- a) Promotion of and support for structural, organizational and political reforms that will allow interventions for nutrition and food security to be aimed at the poorest sectors of society;
- b) Development and strengthening of institutions in the country making it possible to formulate and implement intervention projects for the most vulnerable sectors of the population;
- c) Development of food and nutrition surveillance systems making it possible to continuously monitor the problem and help rethink, readjust or reinforce policies and programs in operation;
- d) Selective fortification of some foods.

#### 2.4 Maternal, Child and Adolescent Health

During the next four years the Organization must pay special attention to an analysis of the health problems of mothers, children and adolescents, who make up more than half of the inhabitants of the hemisphere. It must also develop and apply effective intervention programs making it possible to reduce risks and incidence of ill health prevalent in these population groups.

The indices of low birthweight, maternal, infant and preschool mortality, prenatal, perinatal and postnatal care as well as basic immunization coverages, continue to lag considerably in many countries of the hemisphere. They could be substantially improved if efforts to expand geographic as well as operational coverage were stepped up and the quality of services were improved.

Therefore, in the 1991-1994 quadrennium the Organization should undertake efforts to help consolidate the development of comprehensive maternal and child care programs that go beyond the effective, but fragmented, interventions exclusively aimed at child survival.

These programs should also help strengthen the network of regular health services and plans to get the population involved, particularly under local health systems.

#### 2.5 Control and Elimination of Highly Vulnerable Communicable and Deficiency Diseases

Some endemic parasitic and infectious diseases still prevalent in the Americas could be considered residual, since they are confined to certain small geographic foci or high-risk human groups. Such is the case with onchocerciasis, yaws, pinta and leprosy. There are also effective therapeutic measures which make it possible to contemplate their increased control and even the possible elimination of some of them from the hemisphere.

This depends on designing effective intervention strategies aimed at the geographic foci identified or at the high-risk human groups, and on strengthening the local health systems so as to maintain the progress made through intensive control and elimination programs.

If the Organization decides to undertake the aforementioned activities, it could make some significant progress during the next quadrennium in controlling or eliminating illnesses that continue to darken the picture of health in the American Hemisphere.

In addition, in some countries of the Region there are still geographic areas or population groups affected by chronic iodine deficiency, among which there is a very high prevalence of endemic goiter.

Simple interventions such as salt iodization and selective distribution of iodized salt to the areas or affected groups would make it possible to control the problem of endemic goiter in the American Hemisphere. This would be a modest but commendable achievement by the Organization during the next quadrennium.

Third, it is important to point out that in addition to continuing sustained activity and gradually increasing coverage of basic immunizations, in the next quadrennium the Organization should accelerate its efforts aimed at:

- a) Consolidating eradication of the wild poliomyelitis virus, which surely will be accomplished by the beginning of the 1991-1994 quadrennium;
- b) Undertaking elimination of measles and neonatal tetanus in the countries of the Region;
- c) Achieving the elimination of urban rabies from the Hemisphere;
- d) Eliminating foot-and-mouth disease from the Americas.

#### 2.6 Prevention and Control of Drug Addiction

Drug addiction is increasingly a problem in the countries of the Region, primarily in urban areas. It particularly strikes the adolescent and young adult population of the Hemisphere, giving rise to chronic conditions, labor absenteeism, school desertion, personality disorders and various social and cultural problems.

The Organization should pay more attention to this problem during the next quadrennium, focusing the activity of the countries and the Secretariat on:

- a) Improving epidemiologic knowledge of the problem so as to better identify the high-risk groups toward which sectoral and intersectoral prevention and control activities should be geared;
- b) Advancing in the design and implementation of policies and programs aimed at fighting drug addiction, with emphasis on health promotional activities and specific prevention of the problem.

## 2.7 Prevention and Control of AIDS

Acquired immunodeficiency syndrome will continue to afflict the countries of the Hemisphere. The Organization should continue to assign priority to the fight against this epidemic.

The primary objective of this fight will continue to be prevention of the transmission of the human immunodeficiency virus (HIV). The secondary objective will continue to be to reduce the morbidity and mortality associated with HIV infections, all under the framework of strengthening the health service infrastructure.

## V. IMPLICATIONS OF THE STRATEGIC ORIENTATIONS AND PROGRAM PRIORITIES FOR THE QUADRENNIUM 1991-1994

In order to make progress during the 1991-1994 quadrennium in carrying out the strategic orientations and program priorities proposed to be the Pan American Health Organization's response to the problems and challenges the sector faces in the countries of the Region, both the Member States and the Secretariat must identify the implications of such a collective mandate and make a commitment to fulfill it.

### A. FOR THE MEMBER COUNTRIES

One of the central tasks is to increase the active participation of the Member Countries in the activities of the Organization, both as members of the Governing Bodies and as participants in the Bureau's cooperation programs.

There are several important ways the countries can and should assume an active role in the affairs of the Organization.

First, they can steadily and creatively participate in the various entities of the Organization's Directing Bodies. This implies, among other things: contributing to and sanctioning the technical and administrative proposals made by the Secretariat; inducing and requesting analyses and studies making it possible to lay out new paths and directives for the Organization; assuming full powers of coparticipation in institutional decision-making for the Region; and, particularly, promoting a frank dialogue that will lead down more favorable paths to understanding and cooperation among the countries.

Second, through active monitoring of compliance with the regional orientations for the quadrennium, they can work with the Bureau to identify national cooperation priorities and draw up technical cooperation programs at the country level.

Third is the role the countries can play in the Joint Evaluation Meetings on PAHO/WHO Technical Cooperation at the Country Level. This instrument of periodic dialogue seeks to analyze the technical cooperation needs of a given country in light of the health situation, the socioeconomic context, overall and health policies, PAHO's basic

principles of activity, and the status of health services. It makes it possible to reorient PAHO programs in support of the country so that they are more relevant, efficient and effective.

The final and fourth important way that the countries can become more involved is through active participation in the subregional initiatives sponsored by PAHO, or the cooperation programs for joint activities within groups of countries that share common health needs. This type of mechanism corresponds to the principle of inter-country cooperation, strengthened by the catalytic influence of PAHO, as well as the search for subregional or multi-country "solutions of scale," as a way to consolidate political, technical and financial assets in international cooperation.

By channelling the Organization's activities into concentrated efforts on a series of program priorities and strategic orientations agreed upon collectively, the Member Countries are also making a commitment to apply these guidelines. This implies action and change at the national level to modernize their health systems during the quadrennium, and to make the health sector play a leading role in promoting new styles of development.

B. FOR THE SECRETARIAT AS IT MANAGES THE GENERAL PROGRAM OF TECHNICAL COOPERATION

So that the Secretariat can adequately take up the strategic orientations and program priorities set out for the Organization over the next four years, it will have to make organizational adjustments and promote new forms of action to revitalize management of the General Program of Technical Cooperation.

This should lead to strategic planning of the Pan American Sanitary Bureau's institutional development according to the quadrennial orientations set for the Organization. There should also be a closer correlation between the structure and operation of the Secretariat for the essential duties of managing technical and administrative tasks stemming from the four year mandate.

The modes of operation that the Secretariat adopts during the next four years should respect the basic principles set forth in the "Managerial Strategy for the Optimal Use of PAHO/WHO Resources in Direct Support of Member Countries," namely:

- a) Emphasis on cooperation at the country level as the basic unit of production for the Organization's activities;
- b) Adaptation and flexibility in cooperation to meet the needs and priorities of each country or subregion;
- c) Mobilization of national resources to meet national needs and cooperate with other countries;
- d) Selective concentration of resources for regional priority problems as defined by the Organization's Governing Bodies;

- e) Promotion of coordination among all levels of the Organization and with other cooperation agencies.

They should also meet the general program and budgetary policy criteria contained in the "Regional Program Budget Policy."

At the same time inroads should be made into new types of action that broaden the scope of the Pan American Sanitary Bureau's operations, linking it with all national and regional entities capable of making real progress in implementing the Organization's strategic orientations and program priorities for the 1991-1994 period.

The organizational structure based on the program structure will need to be boosted with various mechanisms of effective interprogram coordination, pursuant to the strategic orientations for the quadrennium. Administrative decentralization should also continue to be implemented.

Dialogue with individual countries leading to the definition of PAHO's technical cooperation programs in each of the Member Countries, will have to be placed within the context of the quadrennial strategic directives approved by the Organization as essential practices for transforming the national health systems.

Close collaboration with other multilateral and bilateral technical and financial cooperation agencies should continue and intensify. Qualitative progress should be made in concerted action toward the goals of modernizing and overhauling the sector in the countries of the Americas, and additional resources should be mobilized to expand technical cooperation activities.

Finally, the Secretariat should continue its firm support of cooperation between countries, subregional initiatives, and regional integration mechanisms. Thus it will foment greater understanding, dialogue, coordination and collaboration among the peoples and governments of the Hemisphere, making a contribution to peace in today's world.