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**Regional Technical Cooperation Projects,
Country Projects and
Managerial Support Projects**

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CONTENTS

	<i>Page</i>
1. Introduction	4
Methodology	4
Analysis	5
Regional Technical Cooperation Projects	6
Country Projects	8
Managerial Support Projects	9
PASB Consolidated Projects	10
Summary and Conclusions	11
2. Regional Programs	22
Health in Human Development	23
Health Promotion and Protection	26
Environmental Protection and Development	34
Health Systems and Services Development	37
Disease Prevention and Control	41
3. Country Programs	54
Antigua and Barbuda	55
Argentina	57
Bahamas	59
Barbados	62
Belize	64
Bolivia	72
Brazil	76
Canada	79
Caribbean	80
Chile	83
Colombia	85
Costa Rica	87
Cuba	90
Dominica	91
Dominican Republic	93
Eastern Caribbean	95
Ecuador	97
El Salvador	99
French Guyana	102
Grenada	103
Guatemala	105
Guyana	111
Haiti	113

3. Country Programs (<i>Cont.</i>)	
Honduras	116
Jamaica	123
Mexico.....	126
Netherlands Antilles.....	132
Nicaragua.....	133
Northern Caribbean.....	136
Panama	137
Paraguay	139
Peru.....	142
Puerto Rico.....	146
Saint Kitts and Nevis.....	147
Santa Lucia.....	149
San Vincent and the Grenadines	150
Suriname.....	152
Trinidad and Tobago.....	157
Turks and Caicos Islands.....	161
United States of America	162
Uruguay	162
Venezuela	165
Field Office: United States/Mexico Border	170

Introduction

The 2000-2001 Biennial Program Budget (BPB), as approved by the Directing Council in 1999, defined the work that was to be carried out throughout the biennium at the regional and the country level. The Secretariat develops its work in projects in the BPB, whether they are technical or managerial in nature. These projects have been designed with the Logical Approach to Project Management as adapted in the American Region Planning and Evaluation System (AMPES). Thus, the projects define PASB's objectives for technical cooperation in a hierarchy, in which the Expected Results identify the Secretariat's deliverables or manageable interest. The hierarchy also includes the Project Purpose, which identifies the immediate outcome of the technical cooperation, describing the changes expected in national and/or regional capacities to which PASB has contributed. According to the AMPES guidelines, each project must have one purpose defined by indicators. The objectives at each level of Project Purpose and Expected Results respectively, are described with indicators that define specificity in terms of among other things, quantity, quality and time, thus allowing objective measurement of the achievement of the project. In this way, the Logical Approach provides a framework for the monitoring and evaluation of the Organization's work.

At the end of the biennium, all of the units, both at the Regional and Country levels evaluated their 2000-2001 BPBs to determine the achievement of the expected results and project purpose. These biennial evaluations are carried out in an effort to assess what was done and to determine to what extent the expected end-of-project impact was achieved. This process is part of the managerial feedback loop that allows the Secretariat to learn from the execution of projects in an iterative process that integrates monitoring and evaluation with future project management and design. This report summarizes the findings of the end of project impact from these evaluations at the Project Purpose level.

In August 2001, the provisional report on the BPB evaluations that was submitted to the Directing Council summarized the assessment of the regional technical cooperation projects for 20 of the 24 months that had passed during the biennium. This report consolidates the findings for the entire 24 months. In addition, it includes all technical cooperation projects at regional and country levels, as well as managerial support projects executed by staff and administrative units. Since the management and administrative projects that are required for each unit were not included in the provisional report in August 2001, they have not been considered in this report either. This final report for the 2000-2001 biennium is being submitted to the Executive Council in June 2002 as an information document.

Methodology

This report summarizes the findings of the BPB evaluations regarding the achievement at the Project Purpose level for the projects executed by all offices. As previously mentioned, each Project Purpose was further defined by indicators, which were measured and assigned a value according to the degree of achievement as follows:

1. Cancelled
2. Not Achieved, and postponed for the next biennium
3. Partially achieved, and continuing in the next biennium
4. Fully achieved
5. Exceeded

Combined together, the indicator values for each project provide an assessment of the degree of achievement of the Project Purpose. The Project Purpose was assessed by averaging the values of all the indicators for each project, and rounding up to the nearest whole number. However, since the number and types of indicators vary significantly among the projects, the report also summarizes the degree of achievement of the individual indicators in each of the four sections outlined below.

In some cases, the indicators were not evaluated, often due to unavailable information or data, or an undefined or ill-defined indicator in the original BPB. These indicators were included in the report, and for cases in which a project contained indicators that were not evaluated, the Project Purpose was also considered 'Not Evaluated' due to difficulties in averaging their values.

The analysis has been divided into the following four sections:

1. Regional Technical Cooperation Projects, which were executed by Divisions, Centers, and Special Programs. They are grouped by the following five Strategic and Programmatic Orientations: Health in Human Development, Health Promotion and Protection, Environmental Protection and Development, Health Systems and Services Development, and Disease Prevention and Control;
2. Country-specific Technical Cooperation Projects;
3. Managerial Support Projects, including projects executed by Staff and Administrative Units.
4. Consolidated PASB Projects, combining all of the projects above.

A total of 337 projects were assessed, for which the achievement of the purpose was measured by 835 indicators. The number of indicators per project varied between 1 and 16. The breakdown of projects per section is the following:

- Regional Technical cooperation projects: 62
- Country level technical cooperation projects: 238
- Managerial Support Projects: 37

Analysis

It should be taken into consideration that not all indicators are equally important or equally well-measured, and that this analysis is merely an attempt to consolidate and summarize the evaluations in a manageable, quantifiable manner. Furthermore, several of the indicators for the Project Purpose were not evaluated by divisions or countries, or were not evaluable due to the lack of sufficient data to measure their achievement. However, all indicators that were outlined

in the BPBs are included in the report, whether they were evaluated or not. This highlights the need to improve the design of indicators to render them measurable, as well as to improve the capacity to evaluate them.

Regional Technical Cooperation Projects

The following units, centers, and special programs were included in the analysis of regional technical cooperation projects, grouped by SPO area:

Health and Human Development

HDP - Health and Human Development

SHA - Special Program on Health Analysis

BIREME - Latin American and Caribbean Center on Health Sciences Information

BIOETICA - Regional Program on Bioethics

Health Protection and Promotion

HPP - Health Promotion and Protection

CLAP - Latin American Center for Perinatology and Human Development

CFNI - Caribbean Food and Nutrition Institute

INCAP - Institute of Nutrition of Central America and Panama

Environmental Protection and Development

HEP - Health and Environment

CEPIS - Pan American Center for Sanitary Engineering and Environmental Sciences

Health Systems and Services

HSP - Health Systems and Services

PED - Emergency Preparedness and Disaster Relief

Disease Prevention and Control

HCP - Disease Prevention and Control

HVP - Vaccines and Immunization

PANAFTOSA - Pan American Foot-and-Mouth Disease Center

CAREC - Caribbean Epidemiology Center

INPPAZ - Pan American Institute for Food Protection and Zoonoses

Regional technical cooperation projects consisted of 62, or 18% of the 337 total projects. The average status of the project purposes was 4 (fully achieved). Five percent of the project purposes were not evaluated or had indicators that were not evaluated, and 6% were at a status of 1 or 2. (See Table 1)

The indicators of the regional technical cooperation project purposes accounted for 138, or approximately 17% of the 835 total indicators. The average status of the indicators was 4 (fully achieved), with almost the same number of status 3 indicators (partially achieved). Only 2% of the indicators were not evaluated, and 6% were a status 1 or 2. (See Table 2)

**Table 1: Regional Technical Cooperation Projects in SPO Areas:
Level of Achievement of Project Purpose**

Strategic and Programmatic Orientations	1-2 Cancelled/ Not Achieved/ Postponed	3 Partially Achieved/ Continuing	4 Fully Achieved	5 Exceeded	Not Evaluated/ Data not available	Total
Health in Human Development	0	1	4	2	0	7
Health Promotion and Protection	3	6	7	0	1	17
Environmental Protection and Development	0	0	4	0	0	4
Health Systems and Services Development	0	1	4	2	0	7
Disease Prevention And Control	1	11	10	3	2	27
Total	4	19	29	7	3	62
%	6%	31%	47%	11%	5%	100%

**Table 2: Regional Technical Cooperation Projects in SPO Areas:
Level of Achievement of Indicators**

Strategic and Programmatic Orientations	1-2 Cancelled/ Not Achieved/ Postponed	3 Partially Achieved/ Continuing	4 Fully Achieved	5 Exceeded	Not Evaluated/ Data not available	Total
Health in Human Development	0	6	5	4	0	15
Health Promotion and Protection	6	10	10	1	1	28
Environmental Protection and Development	1	0	10	1	0	12
Health Systems and Services Development	1	3	7	7	0	18
Disease Prevention And Control	1	32	23	7	2	65
Total	9	51	55	20	3	138
%	6%	37%	40%	14%	2%	100

Country Projects

All Country Offices were included in this report, along with the subregional offices of the multi-island groups in the Northern Caribbean and Eastern Caribbean. The projects covered by the El Paso Office are unique and concern the border states of Mexico and the United States. The number of country projects added up to 238, and counted for 71% of the 337 total projects. The average project purpose status in country offices was partially achieved, and continuing in the next biennium (status 3). Nine percent of the country project purposes were cancelled, not achieved or postponed (status 1, 2), and 9% were not evaluated, or had indicators that were not evaluated. (See Table 3)

The indicators for country projects accounted for 614, or approximately 74% of the total indicators at the project purpose level in the Organization. The average status of the indicators was 3, (partially achieved and continuing in the next biennium). However, almost the same number of indicators were fully achieved (status 4) as partially achieved (status 3). Thirteen percent of the indicators were either cancelled or postponed for the next biennium (status 1 and 2), while 5% were not evaluated due to an absence of data, an undefined indicator in the original BPB, or an ill-defined indicator that was not measurable. (See table 4)

**Table 3:
Country Projects: Level of Achievement of Project Purpose**

Status	Total	Percent
1-2: Cancelled/Not Achieved/Postponed for Next Biennium	20	9%
3 - Partially Achieved, Continuing in Next Biennium	98	40%
4 - Fully Achieved	81	34%
5 - Exceeded	18	8%
6 - Indicator not defined or evaluated/data not available	21	9%
Total	238	100%

**Table 4:
Country Projects: Level of Achievement of Indicators**

Status	Total	Percent
1-2: Cancelled/Not Achieved/Postponed for Next Biennium	83	14%
3 - Partially Achieved, Continuing in Next Biennium	244	40%
4 - Fully Achieved	196	32%
5 - Exceeded	59	10%
6 - Indicator not defined or evaluated/data not available	32	5%
Total	614	100%

Managerial Support Projects

Managerial support projects included the projects executed by all staff and administrative units in the PASB. The project purpose level was analyzed by averaging the indicators for each of the projects that were defined by the staff and administrative units. These units accounted for 37 or approximately 11% of the 337 total projects in the Organization. The average level of success for the project purposes was status 4 (fully achieved), with only 5% of the projects not achieving their expected impact at all (status 1 and 2). (See Table 5)

The indicators corresponding to staff and administrative project purposes counted for 83, or approximately 10% of the 835 total indicators defined in the BPBs 2000-2001. The majority (47%) and average status of these indicators were fully achieved (status 4), with only 11% not achieving their expected impact (status 1 and 2). (See Table 6)

**Table 5:
Managerial Support Projects:
Level of Achievement of Project Purpose**

Status	Total	%
1-2: Cancelled/Not Achieved/Postponed for Next Biennium	2	5
3 - Partially Achieved, Continuing in Next Biennium	3	8
4 - Fully Achieved	28	76
5 - Exceeded	4	11
6 - Indicator not defined or evaluated/data not available	0	0
Total	37	100%

**Table 6:
Managerial Support Projects:
Level of Achievement of Indicators**

Status	Total	%
1-2: Cancelled/ Not Achieved/Postponed for Next Biennium	9	11
3 - Partially Achieved, Continuing in Next Biennium	13	16
4 - Fully Achieved	47	57
5 - Exceeded	14	17
6 - Indicator not defined or evaluated/data not available	0	0
Total	83	100%

PASB Consolidated Projects

Finally, the findings for all PASB projects combined show that 85% of Project Purposes in the Organization were at least partially achieved, fully achieved and/or exceeded in the 2000-2001 biennium (status 3, 4 and 5). Meanwhile, 8% of projects were cancelled, not achieved or postponed, (status 1 and 2) and 7% were not evaluated. (See Table 7)

At an aggregate level, most (36%) of indicators were fully achieved in the biennium, with 84% of the indicators at least partially achieved, fully achieved and/or exceeded (status 3, 4 and 5). Twelve percent were not evaluated for various reasons, such as the unavailability of data, or ill and undefined indicators in the original BPBs. Table 8 summarizes these findings. (See Table 8)

**Table 7:
Level of Achievement of Project
Purpose for all PASB Projects**

1-2. Cancelled/Postponed/Not Achieved	26	8%
3. Partially Achieved, Continuing	120	36%
4. Fully Achieved	138	40%
5. Exceeded	29	9%
6. Not Evaluated/Data Not Available	24	7%
Total	337	100%

**Table 8:
Level of Achievement of Indicators
for all PASB Projects**

1-2. Cancelled/Postponed/Not Achieved	101	12%
3. Partially Achieved, Continuing	308	37%
4. Fully Achieved	298	36%
5. Exceeded	93	11%
6. Not Evaluated/Data Not Available	35	4%
Total	835	100%

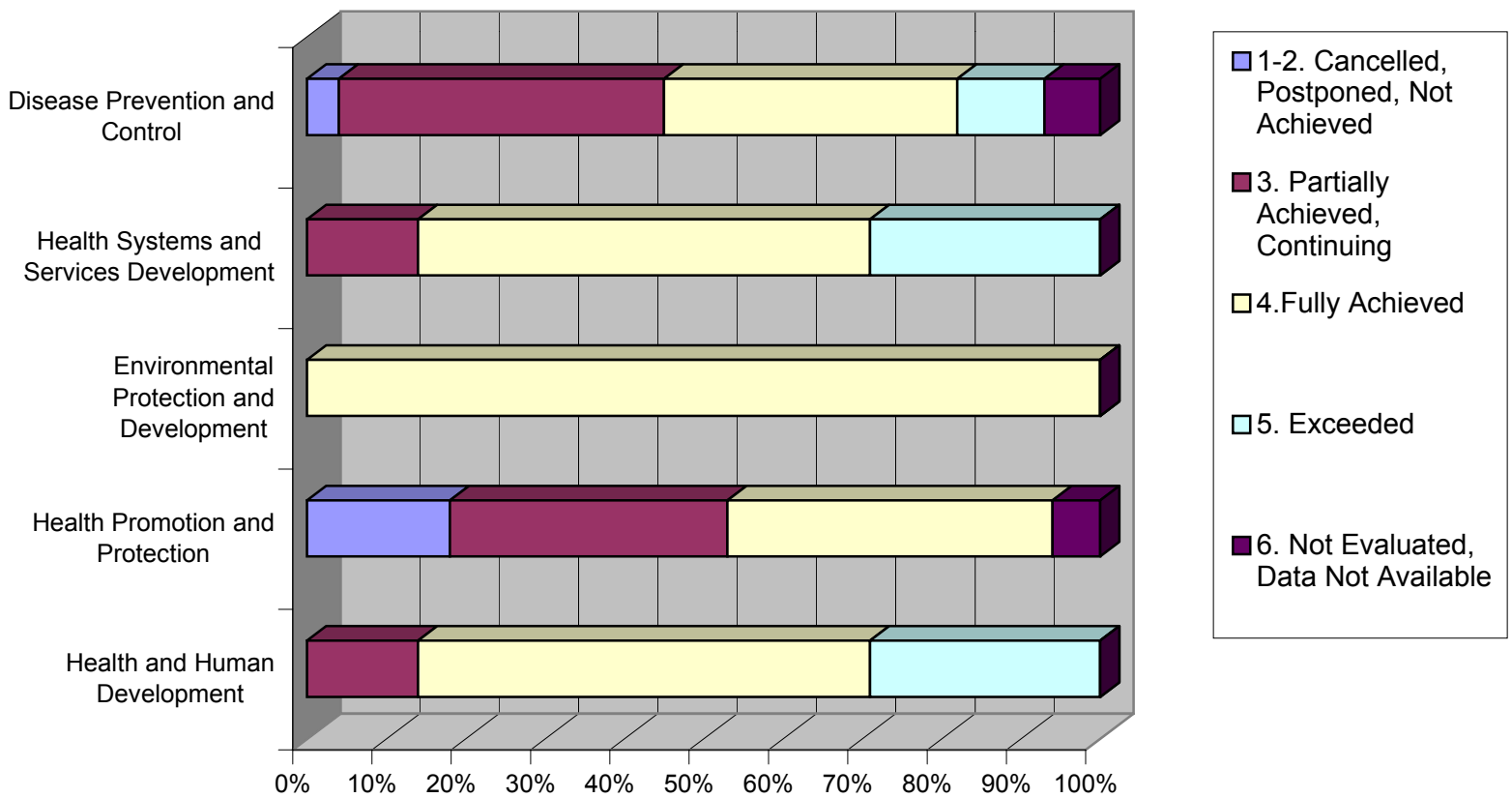
Summary And Conclusions

In sum, the number of projects that the PASB at least partially achieved at the Project Purpose Level was substantial, and was much higher than the number of projects that were cancelled, postponed to the next biennium, or not achieved.

As the Secretariat's first experience reporting to the Member Countries on the extent to which the Biennial Program Budget achieved its expected impact at the end of the biennium, the process of preparing this evaluation has been a learning experience. The definition of the Purpose at the project level reflects the expected change in national and/or regional health systems to which technical cooperation is expected to contribute. Yet improvements in the capacity to measure the achievement of our projects are dependent on improvements in project design, including the definition of more objectively-measurable indicators. The definition of all indicators should include a means of verification describing the sources of information that demonstrate the level of achievement of the expected impact. Furthermore, to improve evaluability, indicators should be more specific and reflective of the project purpose they describe, be realistic for biennial period, and be measurable with data that is both relevant and available. The Secretariat will need to continue to work with Member States and its stakeholders to improve the definition of the Project Purpose level and hence the quality of the evaluation, in order to obtain more meaningful results for both the Secretariat and its Clients.

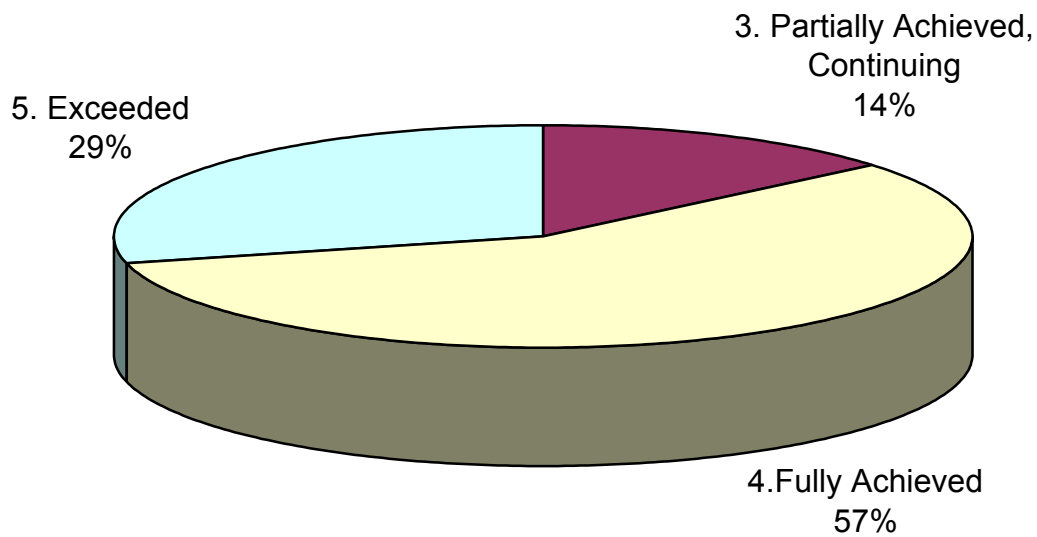
While it was not possible to fully evaluate the projects until the end of the 24 month period of the biennium, the results of the Provisional Report prepared after the first 20 months of the biennium offered reasonable and useful information for the BPB preparations and adjustments for the final period of the biennium. This final report should be used as a reference document for the next mid-term assessments of the 2002-2003 Biennial Program Budgets.

Regional Technical Cooperation Projects By SPO: Level of Achievement of Project Purpose



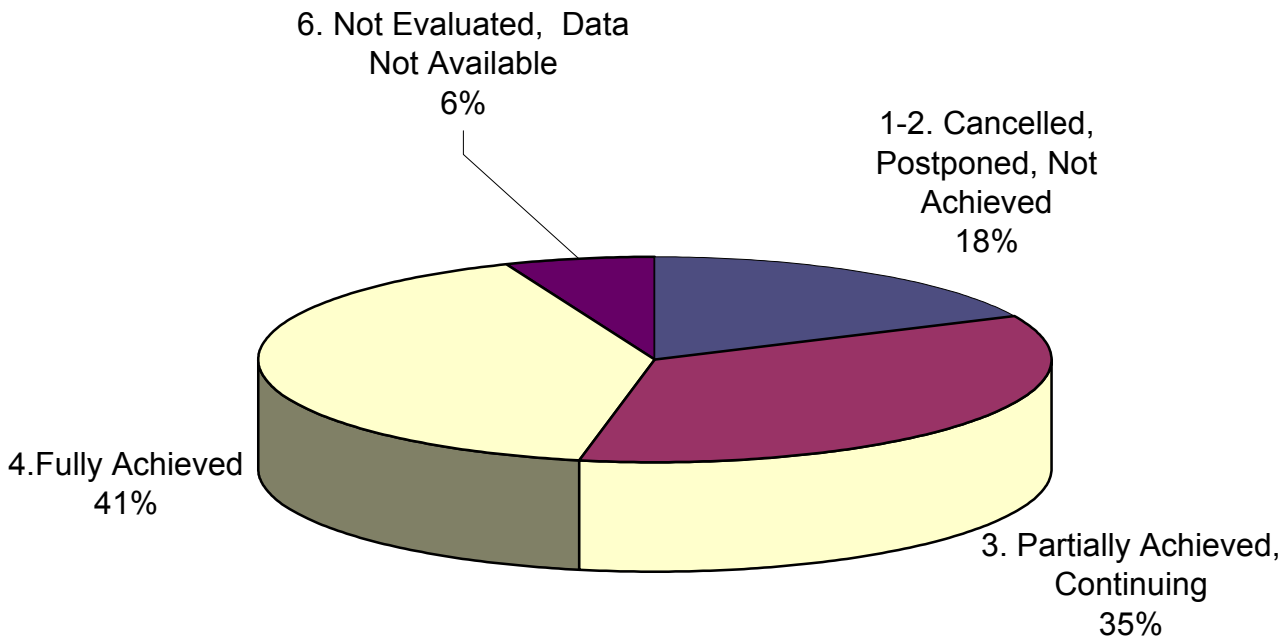
Health and Human Development: Level of Achievement of Project Purpose

7 Projects Evaluated



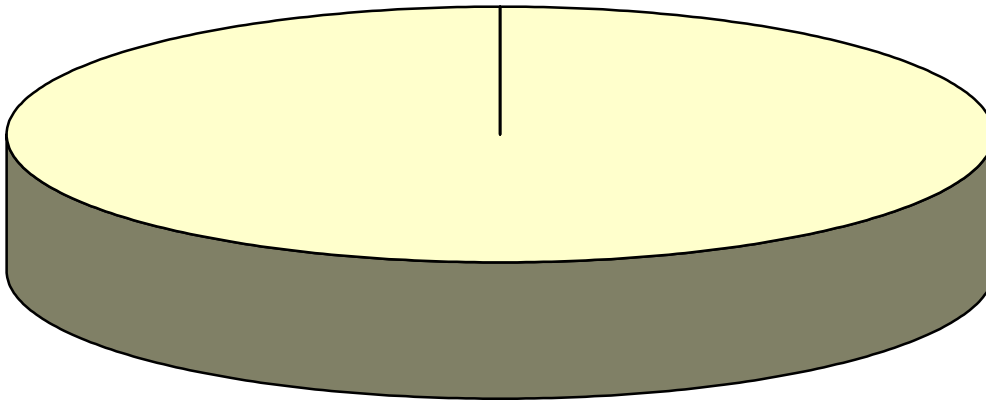
Health Promotion and Protection: Level of Achievement of Project Purpose

17 Projects Evaluated



Environmental Protection and Development: Level of Achievement of Project Purpose

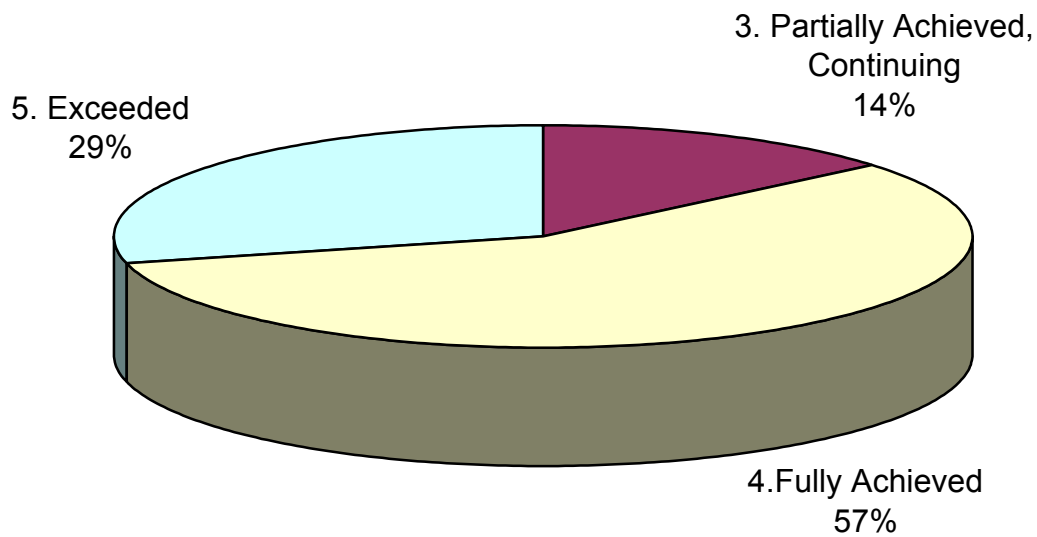
4 Projects Evaluated



4.Fully Achieved
100%

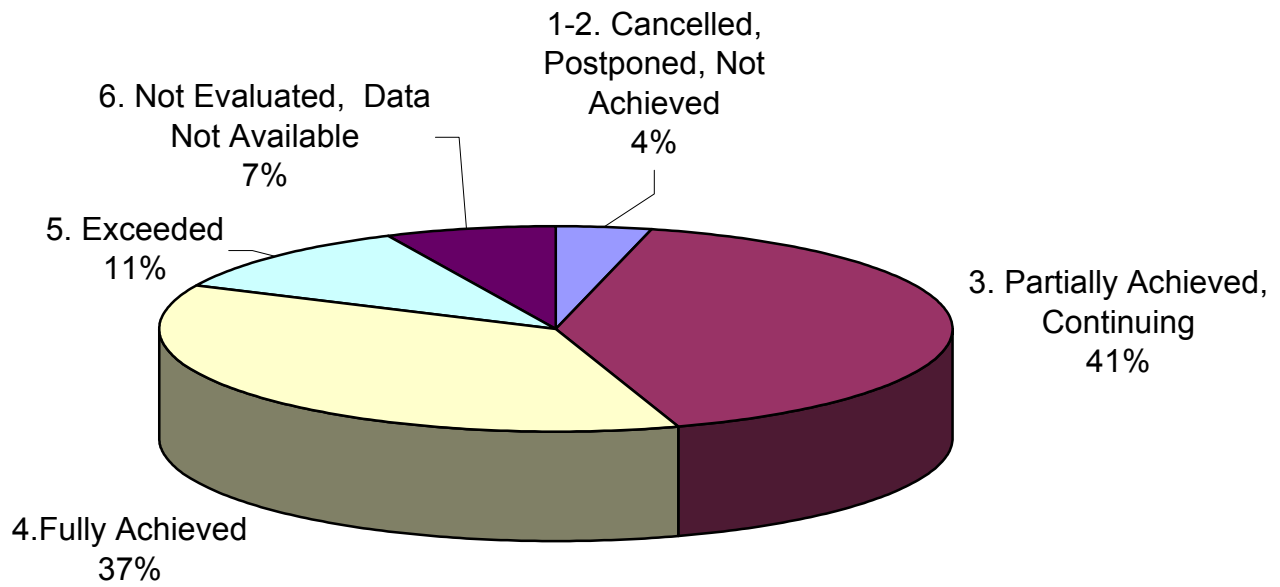
Health Systems and Services Development: Level of Achievement of Project Purpose

7 Projects Evaluated



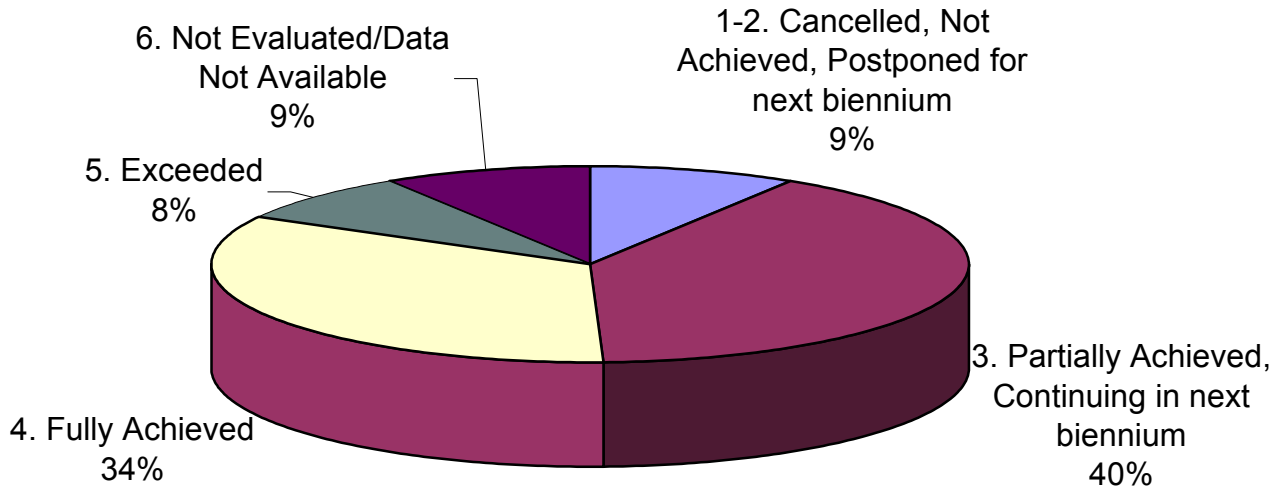
Disease Prevention and Control: Level of Achievement of Project Purpose

27 Projects Evaluated



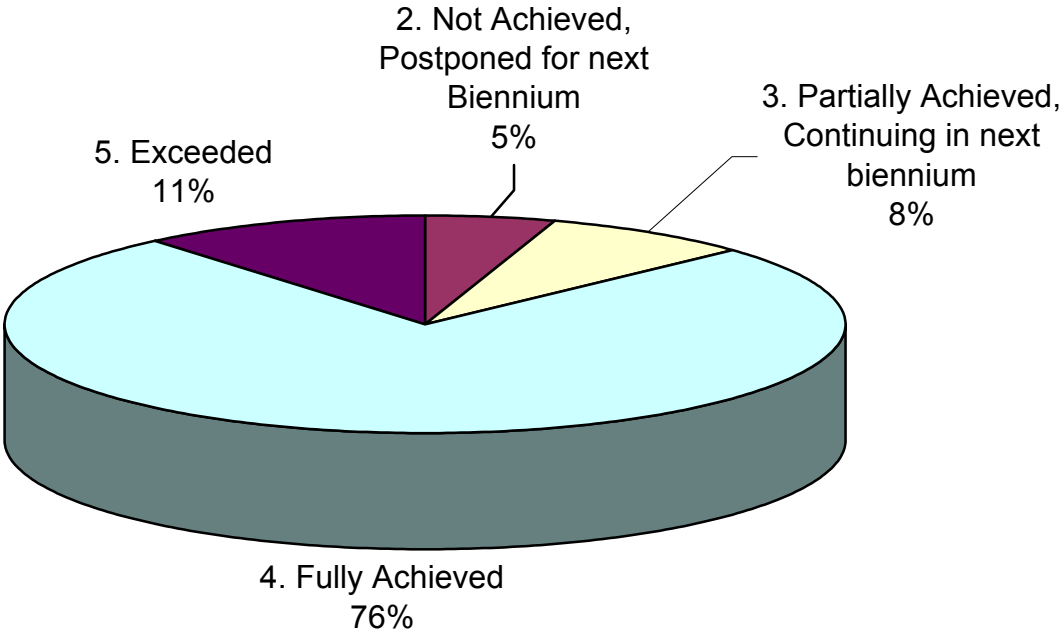
Country Projects: Level of Achievement of Project Purpose

238 Projects Evaluated



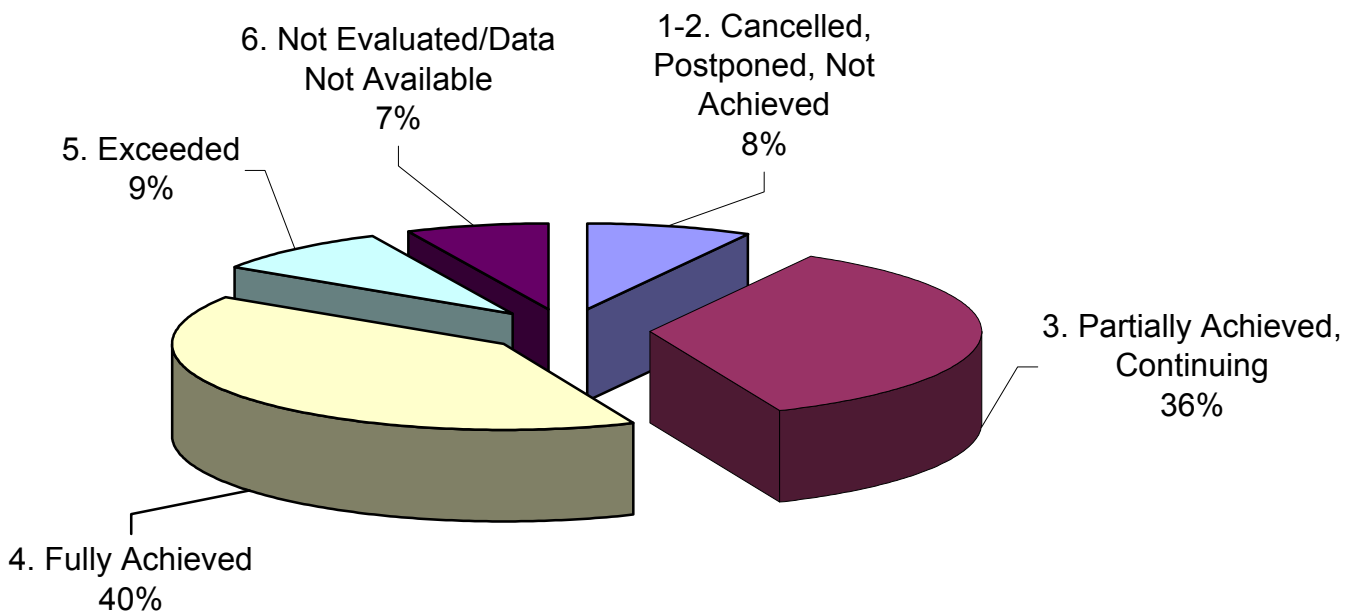
Managerial Support Projects: Level of Achievement of Project Purpose

37 Projects Evaluated

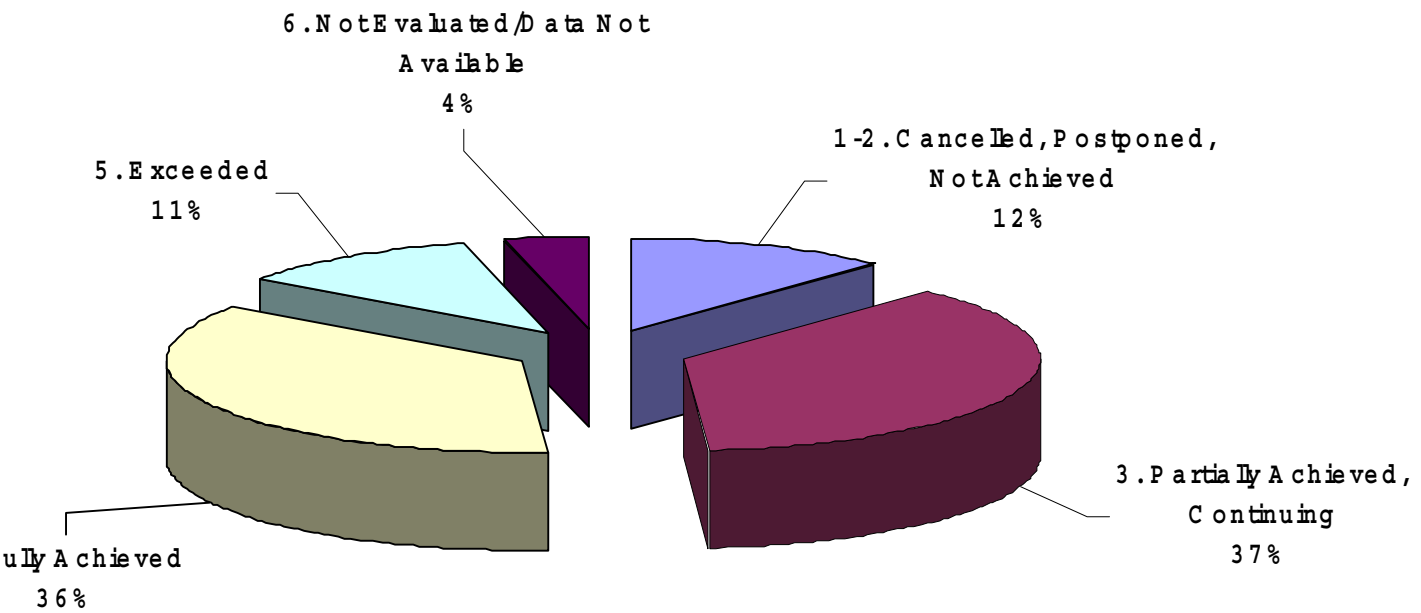


Consolidated PASB Projects: Level of Achievement of Project Purpose

337 Projects Evaluated



CE130/INF/2 LEARNING OUTCOMES



REGIONAL PROGRAMS

HEALTH IN HUMAN DEVELOPMENT PROJECTS

Health, Poverty, and Economic Development

Purpose:

Strengthen the countries' capacity to monitor, analyze, and manage the relationship between health and the other components of sustainable human development with equity, with special emphasis on the following aspects:

- 1) Relationship between health, tourism, trade, and regional integration (SCI)
- 2) Relationship between health and the economy (SAE)
- 3) Health inequities and poverty (ISP)

#	Indicator	Status	Comments
1	Political and economic	5	

Governance and Health

Purpose:

Strengthen the countries' capacity to formulate and implement policies to promote equity in health, with special emphasis on the following aspects:

- 1) The State, private sector, and civil society in the development of policies to promote equity in health (PES)
- 2) The review and harmonization of health legislation (LES), with a view to promoting equity
- 3) The interprogrammatic project in support of the global initiative to reduce tobacco use (TFI)

#	Indicator	Status	Comments
1	Political	5	Exceeded; will be continued in the next biennium
2	Legislative	5	Exceeded; will be continued in the next biennium
3	Health	3	Project canceled after initial achievements for lack of additional resources.

Women, Health and Development

Purpose:

Ensure the integration of gender equity in the public policy and health programs of member countries and promote the gender perspective in PAHO operations.

#	Indicator	Status	Comments
1	By the end of 2001 at least 11 countries will have incorporated gender equity in public policies and programs	4	11 countries have incorporated GE in policies and programs (7CA, PER, BOL, ECU, CHI)
2	By the end of 2001 at least four PAHO Programs will have incorporated the gender perspective in their projects and activities.	5	6 programs have incorporated GE in selected projects and activities (HSP, HPP/HPF/MentalHealth, CLAP, HCP/AIDS/HCN/HEP/PLAGSALUD/ Occupational Health)

Knowledge for the Development of Health

Purpose:

Increase the production, dissemination, and utilization of knowledge to improve and reorient public health practice toward sustainable human development.

#	Indicator	Status	Comments
1	Increase publication of science articles based on public health research by 10%.	4	The number of scientific publications on public health in the Region that deal with inequities has increased, according to the article to be published in <i>The Lancet</i>
2	Make scientific information and the results of public health research more available to decisionmakers, the mass media, and interested social actors	4	Information has become more available with the advent of the VHL/CyS and dissemination of the results of multicenter projects Cuernavaca meeting and other initiatives.

Promote Equitable Access to Relevant and Up-to-date Scientific and Technical information Through the VHL

Purpose:

Create and develop the Virtual Health Library (VHL) for Latin America and the Caribbean, based on the new information technology paradigm for the decentralized production and operation of text and multimedia information sources in the health sciences, connected in a network, with universal, direct access and without geographical or scheduling limitations. As the database for scientific and technical knowledge in health, the VHL will have information organized and stored in electronic format in the countries of the Region and will be universally accessible and compatible with international databases.

#	Indicator	Status	Comments
1	BIREME, at least 10 countries of the Region, and PAHO's programs and Centers will be operating their information sources on the Internet, including bibliographic, full-text, factual, and numerical databases integrated among themselves and with international systems.	4	Seven countries are fully operating their information sources in the VHL and seven partially. The thematic areas and specialized centers of PAHO are using the VHL to operate their information sources.

Development and Promotion of Bioethics

Purpose:

Decision-making in health research and health care informed by bioethical principles. Institutions linked with health and biomedical research apply the principles of bioethics to their activities and evaluations.

#	Indicator	Status	Comments
1	National health plans and programs, as well as the sectoral reform processes, can be analyzed from the perspective of bioethical principles.	3	Permanent objective, with periodic goals established in the Expected Results. Trained individuals (Master's degree, Courses, Certificates) participate in government and legislative decisions.

2	Information on bioethics is adequately disseminated in the Region	3	The Regional Program publishes and distributes a Bulletin (<i>Bioética Informa</i>), a specialized journal (<i>Acta Bioethica</i>), and monographs to centers and individuals in the Region.
3	There is an integrated network of centers for the study of bioethics in the countries of the Region.	3	Integration of the majority of bioethics centers in 20 countries of the Region has been achieved; efforts will continue with the remaining countries and new centers.
4	The countries adopt standards for research and experimentation with human subjects and for the quality of health services.	3	Technical cooperation has been provided for the creation of Research Ethics Committees and National Bioethics Commissions in 12 countries of the Region. This work will be ongoing.

HEALTH PROMOTION AND PROTECTION PROJECTS

Maternal and Child Health

Purpose:

Improve the nutritional status of pregnant women, infants, and children under 3.

#	Indicator	Status	Comments
1	Improve the nutritional status of pregnant women, infants, and children under 3.	4	

Communities and Environments

Purpose:

Countries' capacity to promote the factors that protect health will have been strengthened, thus improving the living conditions and quality of life of the family in the areas where people live, study, work, and enjoy themselves.

#	Indicator	Status	Comments
1	By the end of 2001, at least 75% of the countries will have formulated health promotion goals for their national and local public policies.	3	- A regional survey was conducted to analyze these data. To date, 75% of the countries have responded to the survey. Of these, 71% have national school health policies. -Proposal developed to help countries formulate, implement, and evaluate national plans of action for health promotion.
2	By the end of 2001, 50% of the countries will have national healthy municipalities networks and 15% will have national networks of health-promoting schools in operation.	3	- The data from the regional survey compiled to date indicate that only one country has formally created a national network of health-promoting schools (EPS). The other countries have informal networks of EPS.

Mental Health

Purpose:

At the conclusion the project in 2001, the countries of the Region will have improved their scientific and technical capacity to develop mental health policies and plans and to implement policies for the reduction of tobacco use.

#	Indicator	Status	Comments
1	By the end of 2001, 30% of the countries of the Region will have received technical assistance to develop mental health policies, plans, and	4	

	programs		
2	By the end of 2001, 6 countries will have developed policies for the reduction of tobacco use	4	

Adolescence

Purpose:

At the end the project in 2001, the countries of the Region will have improved their national and local technical and operational capacity to develop policies, plans and programs to support the development and health of adolescents in Latin America and the Caribbean.

#	Indicator	Status	Comments
1	At the end of the 2001 biennium, pursuant to the regional mandates, 20 countries have plans of action to improve the integral health of adolescents and reduce prevalent problems at the national, state, and local level.	4	

Older Adults

Purpose:

Build the countries' capacity to prevent disease, promote health, and provide health care to older adults.

#	Indicator	Status	Comments
1	100% of the countries know the Regional Plan, have received technical cooperation, and are adapting the recommendations.	4	

Child and Family Health

Purpose:

Improve the countries' capacity to coordinate and manage programs, projects, and activities aimed at developing child and family health as integral components of health and development.

#	Indicator	Status	Comments
1	By 2001, 30% of the countries will have added development and early stimulation components to the basic package of health services for children.	3	From the analysis of the National Plans, it can be seen that about 20% of the countries have added development and early stimulation components to their basic package of services. A limitation in terms of evaluation is the diversity of concepts in defining biopsychosocial development. This

			expected result should be retained for the next biennium, fine-tuning the indicators.
2	By 2001, all the countries will have considered the importance of the family in the development of health.	2	Not met. The indicator is difficult to measure, and specific strategies for meeting it were not developed.

Reproductive Health

Purpose:

Strengthen the countries' capacity to coordinate and manage programs, projects, and activities among the different sectors to promote reproductive health.

#	Indicator	Status	Comments
1	Technical assistance provided to 60% of the countries so that they are in a position to guarantee accessible, adequate, quality services at a feasible cost, giving men and women a basic package of services to meet their sexual and reproductive health needs.	4	

Health Communication

Purpose:

Increase the countries' capacity to promote health and prevent disease throughout the life cycle, employing an individual, family, and community approach.

#	Indicator	Status	Comments
	No indicators identified for this project		

Micronutrient deficiencies

Purpose:

Improve the nutritional situation with respect to specific deficiencies in high-risk groups in the Americas.

#	Indicator	Status	Comments
1	Reduce the prevalence of specific deficiencies in the countries of the Region.	4	

Nutrition in Health

Purpose:

Promote healthy lifestyles, especially healthy eating and physical activity.

#	Indicator	Status	Comments
1	Have a conceptual framework for the policy guidelines to promote healthy lifestyles.	3	With the assistance of the new adviser, the purpose and the indicator of the project were modified.

Food Security

Purpose:

Country programs strengthened to improve household food security to prevent the main nutrition-related diseases.

#	Indicators	Status	Comments
1	Improved databases for planning, monitoring, and evaluation of the nutritional impact of policies and programs related to the acquisition and utilization of food.	2	

Nutrition Problems

Purpose:

To implement strategies that strengthen the nutrition program to prevent and control the diseases of undernutrition, obesity, and their co-morbidities.

#	Indicators	Status	Comments
1	All countries have developed and executed at least 5 programs and carried out research projects that focus on diet and healthy lifestyles and behaviors and the reduction of nutritional deficiencies by 2001.	4	

Development of Healthy Policies

Purpose:

Ensure that the countries optimize the quality of maternal-perinatal information in the Region to make them aware of the current situation and begin continuous monitoring to support decision-making on the planning and programming of perinatal health activities.

#	Indicator	Status	Comments
1	At least 50% of countries in the Region have received technical cooperation for achieving the expected results during the biennium.	2	20 countries in the Region utilize the Perinatal Information System (SIP), 15 of them (ARG, BRA, COL, COR, CHI, ECU, ELS, GUT, HON, MEX, PAN, PAR, PER, URU, and VEN) have entered up-to-date information in the SIP database at CLAP during the current biennium or participated in training activities related to the expected results.

Development of Institutional, Sectoral, and Extrasectoral Capacity**Purpose:**

Consolidation of technical groups in the countries and creation of a regional network to maximize the efficiency of the available perinatal structures.

#	Indicator	Status	Comments
1	At least 1/3 of countries of the Region have received technical cooperation to achieve the expected results during the biennium.	3	<ul style="list-style-type: none"> - Working with the authorities of 10 countries, a network of more than 19 centers is being formed; the participation of these centers is in different stages of negotiation: - 2 have already signed agreements (DOR and MEX) - 3 within the framework of URU-CHI TCC - 13 have advanced toward the signing of an agreement (BOL, ECU and ELS, HON, NIC, and PER) - In Cuba, the participation of a national network involving several Centers is being negotiated with the authorities.

Knowledge Management**Purpose:**

Train health workers and communities in the countries in methodologies and perinatal topics that will enable them to optimize planning

#	Indicator	Status	Comments
1	At least 75% of countries in the Region have received technical cooperation to achieve the expected results for the biennium.	3	<p>Health workers in 18 countries (ARG, BOL, BRA, COL, COR, CUB, CHI, DOR, ECU, ELS, GUT, MEX, NIC, PAR, PER, PAN, URU and VEN) received training through workshops and courses at CLAP (32 courses, 13 countries, 323 people), others in the countries (11 workshops, 6 countries, 310 people), and at scientific events (54 participations in 15 countries).</p> <p>Through electronic dissemination of the Bulletin <i>Salud Perinatal</i> from the WHO Reproductive Health Library and the letters from <i>Lectores</i> with new developments at CLAP, circulation has reached 22 countries of the Region (1,860 subscriptions); BAH, HON, JAM, and PUR have been added to the list.</p>

Methods, Models, and Technologies to Operationalize Food and Nutrition Security in Central America

Purpose:

Improve the nutritional status of the population at highest risk through better diet and better maternal and child care.

#	Indicator	Status	Comments
1	At least one nutritionally improved food, such as INCAP-Harina, available in each Central American country and DOR.	2 (in process)	75%. Industrial production of nutritionally improved food strengthened in GUT, ELS, and PAN. In small agroindustry, production of ANM was consolidated in HON, ELS, GUT, PAN, COR, and NIC. The efforts of the supplementary feeding programs of the Ministries of Health and Education in PAN and Education in Guatemala were intensified.
2	Micronutrient-fortified foods (salt, sugar, wheat flour) manufactured according to technical standards and available in 90% or more of households in the Central American countries and DOR.	3	80%. Except for GUT and DOR, and temporarily ELS, the salt iodization programs are proceeding adequately. The programs for vitamin A fortification of sugar are working reasonably well: in ELS and GUT with 80% coverage; in NIC, with 60% coverage in its first year, and in HON with 40%. Iron and vitamin B fortification of wheat is acceptable in all the countries, except GUA; high levels of folic acid are also being added. DOR has taken action to fortify sugar with vitamin A; samples were collected from homes or schools to estimate coverage and quality.
3	National and regional network for implementation of the quality assurance system for food fortification programs operational in the Central American countries and DOR.	3	90%. There have been two shipments of control samples to assure the quality of the analysis of fortified foods. The quality assurance system includes GUA, ELS, HON, and NIC.
4	National plans and policies that guarantee the availability of food and access to it by population groups facing food and nutrition insecurity in all the Central American countries and DOR.	4	90%. National food and nutrition security policy in effect in BEL, COR, NIC, and GUT; in development in ELS. National food and nutrition security plans in development in all the countries; multisectoral entities responsible for the implementation of national plans created and/or consolidated in all the countries.
5	Food and nutrition contents added to national public awareness and education programs in all the Central American countries and the Dominican Republic.	5	Nutritional guidelines were developed and implemented in 5 out of 7 countries; they are in development in the rest. Six units of the distance learning course on mass communication were completed.

6	Components on the use of nutrition labeling and the consumption of nutritionally improved or fortified food added to consumer education or protection programs in the Central American countries and the Dominican Republic	4	75%. A regional proposal on nutritional labeling was prepared and presented to all the countries, including DOR, at two regional meetings of Codex Alimentarius organized by FAO. A proposal has been requested in Venezuela.
7	Food and nutrition component strengthened or included in the comprehensive care programs for women and children in the seven countries of the Region and the Dominican Republic.	3	75%. Revision of food and nutrition activities for the different stages of life, based on a diagnosis of the network of services and the EPHF, within the context of sectoral reform, for the purpose of improving essential interventions within the framework of interprogrammatic work.
8	Food and nutrition components of regular information systems and special studies strengthened.	2	100%. Analysis of food and nutrition security in the C.A. countries updated. Countries' institutional capacity for periodic and systematic surveillance, monitoring, and evaluation of plans, programs, and projects strengthened (ECA, cost-benefit analysis, height censuses, maternal and child surveys, studies of living conditions, income and expenditure, schools that promote development).

Strategies for Promoting and Strengthening the Food and Nutrition Security Initiative in Central America

Purpose:

Promote food and nutrition security (FNS) by educating and training human resources, adopting the FNS approach in local development plans, and monitoring and evaluating the FNS situation.

#	Indicator	Status	Comments
1	Human resources in the academic and service sectors proactively participate, in keeping with the needs of the national FNS programs.	1	100%. All the countries have human resources with up-to-date knowledge about FNS. GUT, COR, PAN, and DOR have master's degree programs in food and nutrition. Integration of supervised teams of students into local development processes (municipal and community) during their practicums.
2	FNS strategy integrated into the local development processes promoted in the member countries at the end of the biennium	1	100%. Generation and transfer of methodologies and work strategies for integrating FNS into local development processes (development of instruments, strengthening of managerial capacity in local governments and society, technology transfer, appropriation of the process, sharing of experiences, expansion of methodology to priority municipalities,

			changes in food and nutrition indicators).
3	The information on the FNS situation has been utilized to modify the legal framework and support decision-making on the targeting of social and economic action for populations living in poverty.	3	100%. Development and application of instruments and work manuals for the monitoring and evaluation of FNS at the local level. In process: the transfer of methodologies and technologies to information generators to support surveillance, monitoring, and evaluation of FNS in the countries and subregion.

ENVIRONMENTAL PROTECTION AND DEVELOPMENT PROJECTS

Water Supply and Other Basic Sanitation Activities

Purpose:

Develop national capacity to improve the coverage and quality of basic sanitation services and promote health in housing and the improvement of other aspects of environmental sanitation.

#	Indicators	Status	Comments
1	Increase in the coverage of drinking water supplied through household connections for 2% of the population.	4	Increase estimated at 3%. At the end of the 1990s, the figures for urban and rural connections are 87% and 38%, respectively. The greatest deficiencies are found in rural areas: 39% of the population has no access and 23% has access to drinking water but no household connection.
2	Increase in sewerage coverage or <i>in situ</i> solutions for 5% of the population, and in wastewater treatment for 10% of the population with household sewerage connections.	2	13% increase in sewerage coverage in LAC in the past decade. Poorer access (50%) to this service in rural areas. Only 14% of sewerage system effluents (covering 49% of the population) receive some sort of treatment.
3	Directives established for the organization of solid waste collection services and the formulation of legal frameworks and national plans in four countries.	4	Sectoral organization processes concluded in Peru and Venezuela, under way in Panama and Paraguay, and initiated in Ecuador and the Dominican Rep. Through sectoral analyses. A new legal framework has been established in Peru.
4	Health in housing diagnoses. Review of position paper on health in housing policies and of project with centers.	4	Diagnosis conducted in seven countries of the Region. Initiated in four more. Policy document reviewed. Multicenter project on health in housing presented. Action taken to promote interprogrammatic projects.

Workers' Health

Purpose:

Ensure that the institutions involved in improving work environments and working conditions have strengthened their institutional capacity in terms of disease prevention, health promotion, and health care for workers, including working children.

#	Indicators	Status	Comments
1	Existence of multipartite boards/committees to coordinate the execution of national, subregional, and regional plans.	5	During the biennium, 10 countries and 2 subregions (CA-CARICOM) created such entities.
2	Preparation and publication of a	4	Documents: " <i>La higiene ocupacional en</i>

	multisectoral document on progress in the control of occupational risks.		<i>America Latina, Salud de los trabajadores para el desarrollo en las Américas: Un plan para los próximos diez años, and Estrategia de promoción de salud de los trabajadores.</i>
3	Three countries will have an information system for analyzing the workers' health situation.	4	Chile, Colombia, and Cuba have developed systems for the analysis of sentinel events. A Workers' Health Network was created, with 700 professionals from 29 countries in the Region.

Environmental Health Risks and Chemical Safety

Purpose:

Strengthen the institutional capacity of the Ministries of Health and health departments of institutions in other areas (labor and environment) to promote chemical safety and environmental surveillance for health by identifying and assessing risks, setting criteria and standards, and conducting studies and epidemiological surveillance.

#	Indicators	Status	Comments
1	At least 10 countries have established air and water quality standards.	4	Programs for the monitoring and control of water quality in five countries. Brazil set up an information system. Twelve LAC countries have air quality standards. The Clean Air Initiative with the World Bank supported air quality programs in four countries.
2	Studies of health situation as it relates to the environment in four countries, with broad participation by other sectors.	4	Studies on DDT use and malaria were conducted in the seven CA countries and Mexico. Studies on the health impact of pesticides were conducted in nine Latin American countries. Studies on the impact of lead on health were conducted in 18 countries of the Region.
3	Development of networks and instruments for information exchange in 22 countries of the Region.	4	Networks for information exchange in the areas of toxicology (300 professionals/22 countries), air quality (124 professionals/22 countries), waste (200 professionals/9 countries). National toxicology networks have been set up or strengthened in Argentina, Brazil, Chile, Mexico, and Venezuela. Toxicology Centers were created in El Salvador, Mexico, and Paraguay. Virtual Health and Environment Library (VHEL) is available, and national VHELs are being created in four countries.

Incorporation of Health Aspects into Environmental Management**Purpose:**

Strengthen national capacity to act in an intersectoral manner with social participation in the areas of health and environment.

#	Indicators	Status	Comments
1	At the local level, specific projects for community participation in solving environmental health problems implemented in 10 countries.	4	Argentina set up the Pan American School of Ecoclubs. Primary Environmental Care strategy implemented in 12 countries.
2	The health sector participates in the regional forums of environmental health units and preparing to participate in the formulation of the plan for national implementation of Agenda 21.	4	In 2000, two Regional Forums were held in Barbados and Chile, respectively. In 2001 the meeting was held in Brazil and included the regional contribution for the Rio+10 meeting and the Meeting of Ministers of Health and Environment in Ottawa, Canada in March 2002 (with the Government of Canada and with UNEP). Nine countries have processes in place for the institutional development of their Environmental Health Bureaus.

HEALTH SYSTEMS AND SERVICES DEVELOPMENT PROJECTS

Support for Sectoral Reform Processes and Institutional Organization of the Health Systems.

Purpose:

Provide technical cooperation to the Organization's member countries for the design, implementation, and evaluation of their sectoral reforms and to support their efforts to develop and set up organizational and operational models in their health systems, employing an intersectoral approach and ensuring efficiency, quality, and effective social participation to reduce inequities in access to services and improve the health of their populations.

#	Indicator	Status	Comments
1	Sectoral organization models geared to the search for equity, efficiency, quality, and social participation up and running or undergoing alteration in at least eight countries of the Region at the end of the biennium.	5	The key objectives of most sectoral reform processes in the Region of the Americas are equity, quality, efficiency, and social participation. HSP/HSO monitors the reform processes in more than 15 countries, and health sector profiles have been prepared in more than 23.
2	Health systems characterized by a rethinking of the steering role, organization, and management to reduce inequity and improve quality and productivity in at least eight countries at the end of the biennium.	5	Activities to strengthen regulatory principles have been carried out in more than eight countries. There is heterogeneity in the strategies, but their common feature is more equitable access by the population to basic health services.

Organization of Health Service Delivery

Purpose:

Work with the PAHO member countries to reorient and reorganize health service delivery and develop managerial capacity, adhering to the criteria of equity, efficiency, and quality in health care delivery.

#	Indicator	Status	Comments
1	Health services systems with improved operating and problem-solving capacity, with a view to increasing coverage with equity, efficiency, effectiveness, and quality in areas such as oral health, eye health, ethnic groups, and rehabilitation, with better coverage in at least 10 countries of the Region at the end of the biennium.	4	The countries have made significant efforts to improve the operating capacity of the health services and expand coverage, particularly for the rural population. These efforts have involved different modalities, the most visible being that of the basic package of services. Programs have also been developed in oral health, eye health, and the health of indigenous populations in more than 10 countries; programs for rehabilitation of the disabled have been strengthened in 15 countries, as have those for the prevention, treatment, and rehabilitation of disabilities caused by land mines in Central America.

Financing and Resource allocation, Expenditure Analysis, and Investment Development

Purpose:

Develop the methodologies necessary for allocating resources through the design and management of investments and the analysis and orientation of financing and expenditure.

#	Indicator	Status	Comments
1	Document on criteria for allocating health care resources with an equity perspective.	3	Instrument for measuring inequity in financing completed.
2	Guidelines for the design and management of investments.	4	Guidelines for the preparation of master plans for health investment completed.
3	Guidelines for the analysis and orientation of financing and expenditure.	3	Document in preparation.

Essential Drugs and Health Technology

Purpose:

Work with the countries of the Region to improve the quality and efficiency of the inputs of specialized health services with respect to drugs, medical equipment and facilities, laboratories, blood banks, diagnostic imaging, radiation therapy, physical infrastructure of the health services, and information systems.

#	Indicator	Status	Comments
1	Guiding legislation and standards in specific areas of HSE formulated in 10 countries.	5	The areas are: drugs, laboratories, blood banks, radiation protection, medical equipment, and information technology. The countries: ARG, BRA, CHI, COL, COR, CUB, DOR, ECU, ELS, HON, JAM, MEX, NIC, TRT
2	Regulatory entities with restructuring proposals in four countries.	5	There are proposals for restructuring regulatory entities in the areas of drugs, medical equipment, and radiation protection. The countries: BRA, COL, COR, DOR, MEX, PAN
3	Pharmacy, laboratory, nuclear medicine, engineering, and information services with proposals to improve performance in eight countries.	5	The proposed improvements encompass all the support services covered by HSE and virtually all the countries of the Region. The countries: ARG, BOL, COL, COR, CUB, ECU, ELS, HON, GUT, HAI, MEX, NIC, PAN, PAR, PER, TRT
4	Proposals for quality control programs formulated in 12 countries.	5	Quality control programs have been formulated for drugs, laboratories, blood banks, diagnostic imaging, and radiation therapy. The countries: ARG, BAR, BRA, BOL, CHI, COL, COR, CUB, DOM, DOR, ECU, ELS, GUT, GUY, GRE, HAI, HON, JAM, MEX, NIC, PAN, PAR, PER, SUR, TRT, SCN, SAL.
5	Institutional certification models distributed at the regional level.	2	Standards have been developed and future auditors are being trained to certify blood banks and laboratories.

Program on Human Resources Development

Purpose:

Promote and participate in human resources development for health, within the framework of sectoral reform, with a view to improving equity, effectiveness, productivity and quality in meeting the needs of the population in the countries of the Region.

#	Indicator	Status	Comments
1	Comprehensive national plans for human resources development in health, adopted as a basic component of the sectoral reform process, in place in 10 countries. Innovation and change in human resources development in service and training institutions and the participation of social actors in response to the sectoral reform processes, in 15 countries.	5	Significant progress has been made in giving priority to human resource policies in the sectoral reform process. This is reflected in the establishment of the Observatory of Human Resources in 15 countries and in the Governing Bodies' mandate to build national capacity in human resources policy, regulation, and management.

Disaster Preparedness and Mitigation

Purpose:

The health sector disaster institutions in the Region are strengthened: they manage the health consequences of natural and man-made disasters more efficiently and effectively, their collective disaster management capabilities increase, they formulate and implement guidelines and standards on disaster reduction that decrease the physical and functional vulnerability of health institutions and water systems.

#	Indicators	Status	Comments
1	There is an increase in the availability and accessibility of training material.	4	Not only has the scope of the Program's training material and other information products broadened substantially, but new and improved distribution channels have made this material much more widely available, more quickly, and at a reduced cost.
2	Regional and subregional networks promote the discussion of relevant topics in disaster mitigation and reduction.	3	Although membership in electronic disaster information networks continues to grow, there has been no discernible increase in the quality or quantity of traffic (messages, queries, etc.) on topics related to disaster management -- the result, perhaps, of information overload?
3	Training improves the national disaster coordinators' response to emergencies at the national level and networks improve the regional and subregional response.	4	In addition to routine training activities, regional disaster managers have been exposed to a wide variety of specialized topics that improve their capacity to respond to and manage disasters -- including the LIDERES course and training in preparedness for chemical accidents

4	Disaster mitigation and response guidelines are developed and implemented throughout the Region.	4	Regional and subregional agencies and professionals from the Ministries of Health have collaborated in the preparation of guidelines and norms and will review their progress and status.
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Humanitarian Assistance and Disaster Relief Coordination

Purpose:

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.

#	Indicators	Status	Comments
1	Better needs assessment, which results in more appropriate material and technical support.	4	Disaster-stricken countries have become quite proficient not only in collecting information and data, but just as important, in distributing information through information technology. This has had a positive impact on the mobilization of financial resources for disaster response.
2	Improved coordination among key stakeholders.	4	This was true at all levels: global, regional and national. The expansion of the SUMA project beyond the Americas—Global SUMA—is the result of coordination among five international agencies and builds on the strength of local coordination efforts in the countries of the Region.

DISEASE PREVENTION AND CONTROL PROJECTS

AIDS/STD Prevention and Control Program

Purpose:

Member Countries will have effective intersectoral programs to reduce the transmission and impact of HIV infection and sexually transmitted diseases.

#	Indicators	Status	Comments
1	No. of countries using appropriate health policy and program management standards in the formulation and implementation of sectoral and/or intersectoral projects and plans (end 1999 vs end 2001).	4	During 2000-2001, HCA provided direct technical cooperation to 25 countries (Pan-Caribbean Plan, HAI, BEL, COL, COR, ELS, GUT, HON, NIC, GUY, PAN, PER, SUR) for the development of sectoral and intersectoral plans and projects, in collaboration with several agencies (IDB, World Bank, CIDA, SIDA, NORAD, AECI/MSC, FHI, UNAIDS, NAMRID, PASCA, USMBHA, among others). HCA used and developed tools to help countries in their planning and policy-development activities, (e.g., "Building Blocks", Recommendations on ARV Therapy, Strategies to Promote Sexual Health, etc.).
2	No. of countries generating, using and providing useful information on AIDS cases, HIV surveillance, and selected STDs on a regular and timely basis (end 1999 vs end 2001)	4	The information on HIV/AIDS was regularly reported by all countries (except Haiti) and disseminated periodically throughout the Region. Information on STDs is not as yet satisfactory. The new guidelines on STI surveillance have been disseminated and presented to all countries to improve this situation.
3	No. of countries conducting well-designed and well-targeted STD control activities (end 1999 vs end 2001)	3	Seventy percent of countries in the Region are using STI prevention strategies. Specific STI projects are being implemented in Argentina, Uruguay, El Salvador, Honduras and Paraguay. Increased demands placed on the staff to respond to newer HIV/AIDS issues (e.g. ARVs, Bank missions, etc.) restricted work on STI. Additional staff will be needed to have more countries involved.
4	No. of countries using best practice models to prevent the sexual, blood-borne and perinatal transmission of HIV.	4	Strategies promoted by PAHO to promote sexual health were adopted and implemented in six countries (MEX, HON, ELS, GUT, BOL and PER). These same strategies have served as a reference for a consultation convened by the U.S. Surgeon

			General and another by WHO/HQ to adapt them at the global level. Regional standards for the prevention of MTCT will require revision and updating since the options between AZT and nevirapine have complicated this issue. Transmission among IDU requires targeted actions supported by political commitment and additional resources.
5	No. of countries implementing models of care based on recommended protocols (end 1999 vs. end 2001).	3	All the countries in Latin America participated in a Regional Workshop, and six countries will start implementing the Building Blocks model in 2002.

Noncommunicable Diseases

Purpose:

Member countries will adopt feasible and cost-effective policies, strategies, and programs for the prevention and control of NCDs

#	Indicators	Status	Comments
1	Countries have provided financial mechanisms to incorporate prevention and control activities for at least 3 NCDs.	5	
2	Eight countries are monitoring outcome/equity of NCD interventions by 2001.	5	

Elimination of Diseases

Purpose:

Interrupt the vector-borne transmission of *T. cruzi* and diseases transmitted through blood transfusions or blood products; and eliminate leprosy, onchocerciasis, and filariasis.

#	Indicators	Status	Comments
1	<i>T. cruzi</i> transmission was interrupted in five of the six countries of the Southern Cone.	3	Achieved in Chile and Uruguay, partially achieved in Brazil, and only to a limited extent in Argentina
2	Serological screening of donors throughout the Americas is 100%.	3	
3	Leprosy is not a public health problem in 97% of the countries of the Region.	4	
4	One hundred percent of the detected cases of onchocerciasis in COL, ECU, GUT, MEX and VEN; and 80% of the detected cases of bancroftian filariasis in BRA, DOR, GUY, and HAI receive treatment.	3	

Surveillance, Prevention, and Control of Emerging Infectious Diseases

Purpose:

Improve surveillance systems designed to take appropriate steps for prevention and control and rapidly identify outbreaks/epidemics of communicable diseases.

#	Indicators	Status	Comments
1	All the countries have policies and plans for the prevention and control of emerging and reemerging diseases.	4	Surveillance systems for the prevention and control of emerging infectious diseases (EID), the detection of resistance to antibiotics, and rapid response to outbreaks were strengthened during the biennium 2000/2001. The national plans of all the countries give high priority to identifying and responding to outbreaks of emerging acute infectious diseases as an essential public health function. The actual implementation of the response varies from country to country, depending on the availability of health services infrastructure.
2	80% of countries in Latin America and the Caribbean have systems in place for rapid response to outbreaks.	3	The integrated training activities for laboratory, epidemiology, administrative, and clinical staff in 15 countries to respond to outbreaks have been key to the progress made.
3	All the countries have begun a review of their tuberculosis control strategies.	4	At the end of the biennium, all the countries have reviewed their TB control strategies and have begun or continued application of the DOTS/TAES strategy with different levels of coverage.

Integrated Management of Childhood Illness - IMCI

Purpose:

Reduce the infant mortality rate (IMR) by 20% in the Region of the Americas.

#	Indicator	Status	Comments
1	Six of the 12 priority countries in the Americas will have an infant mortality rate of less than 40/1,000 live births.	5	Only Bolivia and Haiti, with infant mortality rates of 67.0 and 80.3 per 1,000 live births in 1998 and 2000, respectively, will have an IMR of more than 40 per 1,000 births at the end of 2001.
2	Five countries cut their infant mortality rate to less than 20/1,000 live births.	5	Five countries cut their IMR to less than 20 per 1,000 births (Anguilla, Colombia, Mexico, Paraguay and Venezuela) and three more countries (Belize, Guyana, and the Dominican Republic) will have attained an IMR < 20 per 1,000 by the end of 2001.

Tropical Disease Control**Purpose:**

Implementation of integrated tropical disease control by the countries of the Region

#	Indicator	Status	Comments
1	Areas potentially at risk for the transmission of tropical diseases identified in 10 countries.	5	Individually and in joint activities, 14 countries of the Region identified their potential risk areas for the transmission of malaria and dengue. The countries continue to consolidate their activities by sharing experiences and developing plans to ensure that they strengthen their capacity to prevent, diagnose, and manage cases of the most prevalent tropical diseases while improving mass communication and promoting community participation.
2	Twelve countries have integrated control measures under way in response to routine surveillance activities.	3	Ten countries instituted integrated malaria control measures. Meetings have been held and joint activities planned in the 8 member countries of the Amazon Cooperation Treaty and in the 10 countries of the Meso-American Region. Furthermore, joint plans have been developed with the countries of the Caribbean Basin to control endemic diseases and prevent the reintroduction of vector-borne diseases.

Food Protection**Purpose:**

Improve the technical and administrative capacity of the member countries to guarantee food safety.

#	Indicator	Status	Comments
1	80% of the countries have integrated food protection programs.	3	Twenty-one percent (8/38) of the countries organized integrated programs. The creation of the Pan American Commission for Food Safety (COPAIA) during the last Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (XII RIMSA) will strengthen political will and coordination between the public and private sectors with respect to food safety.
2	A functional Inter-American Network of Food Analysis Laboratories.	4	In coordination with INPPAZ, support was provided for the preparation of a plan of action 2002-2003 for INFAL. In the next biennium technical cooperation will be provided to the Member States for integrating the laboratories for

			epidemiological surveillance of FBD; strengthening them through intersectoral training courses and the preparation of HACCP and risk analysis projects.
3	Number of countries with national networks in operation.	3	All the countries have national bromatology laboratories. However only 8 countries (Argentina, Barbados, Bolivia, Jamaica, Mexico, Uruguay, Venezuela, and Trinidad and Tobago) have made progress in developing national networks and integrating laboratories into the epidemiological surveillance system for FBDs.
4	Number of countries utilizing the HACCP methodology.	4	INPPAZ conducted courses and prepared training materials, which were distributed to all the countries. There will be further technical cooperation to develop HACCP and risk analysis models for selected foods of importance for public health in the countries.
5	Number of countries with national information systems and surveillance of FBDs.	3	Twenty-two countries in the Region continue to send quarterly reports on outbreaks of FBDs to the Regional Information and Epidemiological Surveillance System for FBDs (SIRVETA). The system was modified and training materials were prepared.
6	Number of countries with integrated programs for street vendors.	3	The capitals of 10 countries in the Region were selected for the implementation of projects targeting street vendors; and the mobilization of resources is being negotiated.

Zoonoses, Foot-and-mouth Disease, and Biomedical Models

Purpose:

The member countries will have improved their programs for the prevention, control, eradication/elimination of zoonoses of importance to public health, including foot-and-mouth disease.

#	Indicator	Status	Comments
1	Elimination of human rabies transmitted by dogs.	4	62% (18/29) of the member countries have reported no human cases during the biennium, reducing the annual number of cases of human rabies transmitted by dogs to less than 50 regionwide. Rabies surveillance in other animal species was strengthened.
2	Epidemiological surveillance programs for equine encephalitis in operation.	3	The equine encephalitis surveillance system in Central America has been launched in conjunction with the International Regional Organization for

			Plant Protection and Animal Health, OIRSA. The cases reported are isolated; there have been no epidemic outbreaks. Laboratory diagnosis should be improved.
3	Surveillance and control programs for brucellosis and tuberculosis in operation.	4	Situation analysis concluded. Plans of action of the Southern Cone, Andean Area, and Central America reviewed.
4	Plans for disease surveillance and prevention in operation.	3	Consultation on BSE held and recommendations sent to the countries. The Americas continue to be free of BSE. Training in diagnosis began. Programs for the control/elimination of hydatidosis in the Southern Cone, Bolivia and Peru were reviewed. Dissemination of information on leptospirosis.
5	Programs for the eradication of foot-and-mouth disease expanded to the countries of the Andean Area.	4	Intensified eradication programs. The emerging situation has been controlled in the Southern Cone, Uruguay and the State of Rio Grande do Sul, Brazil--areas that reacquired their status as disease-free with vaccination. 70% of the cattle in South America are located in the area free of foot-and-mouth disease. The northern coast of Colombia and the Southern, Southeastern, Central-western regions, and the state of Bahia in Brazil are certified as disease-free with vaccination. North America, Central America, and the Caribbean maintain their foot-and-mouth disease-free status.

Foot-and-mouth Disease

Purpose:

The countries' official health services have maintained and expanded the areas free of foot-and-mouth disease, within the framework of the regional strategies of the Hemispheric Program for the Eradication of Foot-and-mouth Disease.

#	Indicator	Status	Comments
1	The North American, Central American, and Caribbean countries remain free of foot-and-mouth disease.	4	
2	In the Andean subregion, the Atlantic Coast of Colombia was recognized by the IOE as free of foot-and-mouth disease with vaccination. The Southern zone of Peru remains free of foot-and-mouth disease without international recognition, as do the departments of Arequipa, Moquegua and Tacna.	4	
3	In the Southern Cone, the reintroduction	3	No cases have been reported in the

	of foot-and-mouth disease in Argentina, Uruguay, and the Southern region, states of Rio Grande do Sul, and Santa Catarina in Brazil, has resulted in the temporary loss of these countries' and areas' status as disease-free.		Southern region of Brazil since July and in Uruguay since August 2001.
4	In the Amazon Basin, the Cooperative Republic of Guyana was recognized by the IOE as a disease-free country without vaccination. In Non-Amazon Brazil the livestock areas of the East and Center-west were recognized as disease-free with vaccination; these areas account for 16 of the 20 federative units.	4	

Brucellosis and Tuberculosis

Purpose:

Formulation and realization of brucellosis and tuberculosis control programs by the countries' health services.

#	Indicator	Status	Comments
1	Tuberculosis surveillance system developed and made available to 20 countries.	4	
2	Epidemiological surveillance system for brucellosis formulated for 20 countries. Pending in four countries: Bolivia, Costa Rica, Nicaragua, and Ecuador.	4	
3	Projects and strategies of action for the surveillance and control of brucellosis available in 22 countries of the Americas.	5	
4	Tuberculosis surveillance systems in slaughterhouses promoted in eight countries: six in the Southern Cone, Bolivia, and Panama. OIRSA cooperation foreseen for the Central American countries.	3	

Rabies

Purpose:

Within the framework of the Program for the Elimination of Rabies in the Americas, support to the countries for the elimination of cases of human rabies transmitted by dogs.

#	Indicator	Status	Comments
1	The Regional Program for the Elimination of Rabies in the Americas	5	

	has achieved a human incidence rate of less than 0.01 per 100,000 population.		
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Other Zoonoses

Purpose:

Improve the countries' capacity to control emerging and reemerging zoonoses and other diseases that affect animal health.

#	Indicator	Status	Comments
1	Technical Cooperation Plan for the Program for the Elimination of Hydatidosis (cystic equinococcus) for the Southern Cone countries revised and in execution.	4	

Technical Cooperation in Food Safety

Purpose:

Develop national food protection programs in the countries to prevent the contamination of products for domestic consumption and export and help to diminish outbreaks of foodborne disease.

#	Indicator	Status	Comments
1	No. of countries that have integrated food protection programs.	3	This is an activity that can never be considered 100% executed, since government structures in the countries vary with the different political scenarios, and this issue is not always accorded the political priority considered necessary.
2	Operation of an Inter-American Network for Food Protection and No. of countries with laboratory networks.	3	The Laboratory Network was consolidated during the INFAL Assembly, with the participation of the countries of the Region.
3	No. of countries with national networks in operation.	4	National laboratory networks established in 2 countries of the Region
4	No. of countries utilizing the HACCP methodology.	3	
5	No. of countries with National Information and epidemiological surveillance systems for FBDs	3	All the countries of the Region participated in the III Regional Meeting of this system, where training was provided in the use of the SIRVETA regional system and the development of national systems.
6	No. of countries with integrated programs for street vendors.	4	

Prevention and Control of STD/HIV/AIDS

Purpose:

Strengthen the capacity of CMCs to manage and provide sustainable services for prevention, control, and care to persons infected and affected in their communities.

#	Indicators	Status	Comments
1	At least 80% of the CMCs will be using policies, protocols and guidelines to implement HIV/AIDS/STD activities by 12/2001.	3	All CMCs are using the following guidelines or manuals to implement HIV/AIDS/STD activities: PMTCT Guidelines, Blood Safety Guidelines, Laboratory QA Manuals, Strategic Planning Guidelines, Guidelines for Clinical Management of HIV Disease. Policies for PMTCT implemented.

Prevention & Control of Food and Waterborne Diseases

Purpose:

Program for control and prevention of food and waterborne illnesses improved in CMCs

#	Indicators	Status	Comments
1	By the end of 2001 at least five (5) countries will implement surveillance and outbreak notification protocols.	3	The Center had several activities in food and waterborne disease prevention (surveillance; outbreak investigation; research; PHLIS lab network; reference labwork, e.g., serotyping and resistance testing; food safety standards development and training, in the tourism and health area). In 2002-03, the plan is to bring these into a more coordinated program, with an initial emphasis on surveillance (especially outbreak surveillance) in collaboration with INPPAZ, and on strengthening laboratory capacity at CAREC and in the countries.
2	By the end of 2001 five (5) countries will use surveillance data to control FBI.	3	

Prevention and Control of Vector-borne Diseases (VBDs)

Purpose:

To support the strengthening of surveillance and control of VBD's in CMCs

#	Indicators	Status	Comments
	No indicators developed for this project purpose		Much support was provided to member states in the surveillance, laboratory diagnosis, and response to dengue and malaria, and intersectoral, community-based interventions were evaluated. Information support was provided to develop and distribute environmental

			management checklists, and criteria were developed for the certification of filiarasis elimination.
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Surveillance of Chronic Noncommunicable Diseases & Injury-goal: Morbidity, Mortality & Disability due to CNCDS reduced

Purpose:

CAREC Member Countries' ability to maintain surveillance of Chronic Noncommunicable Diseases and Injuries is strengthened.

#	Indicators	Status	Comments
1	By 2001, at least five CMCs would be conducting some form of surveillance of CNCDS, either through behavioral risk factor surveys, maintenance of records, or the generation of information from primary health care services.	3	NCD Task Force and NCD working group established and functional. NCD capacity assessed by questionnaire, whose results will be analyzed by year end, and a field evaluation of NCD capacity will be conducted in two territories by year end (Guyana and Tobago).

Information, Communication, and Marketing Support

Purpose:

Increased availability and more effective use of information and information technology in support of health promotion and disease prevention

#	Indicators	Status	Comments
1	By EOP 25% increase in member country parliamentarians who believe that health--and public health in particular--are of high value to sustainable regional development, and resource allocation to cost-effective public health technologies increased	3	Advocacy to cabinets of 5 countries was conducted, as well as advocacy to the Prime Ministers of 6 countries and the ministers of health of 15 others on the subject of HIV/AIDS. Developing a system to track this indicator will be important in the new biennium.
2	Expanded range of publications reach key technical audiences in a timely manner	3	CAREC and TRVL Histories and 25 th Anniversary Annual report; Standards for Caribbean Blood Banks and for the Hospitality industry; and increased Website www.carec.org information products reflect the expanded range of publications of ongoing thrust to expand information and communication support to CCH-2
3	General population better informed about important health and disease problems and actions to prevent and control them	3	Partnerships with media at national and Caribbean regional level saw a doubling of coverage on HIV/AIDS. Many media have also begun specialized health supplements/pages, which contain good quality practical guidance on disease prevention and control. Programs that improve healthy behavior skills and create

			a more supportive environment necessary to realize the full impact of information dissemination.
4	50% increase in the number of staff who share a common vision of organizational purpose and understand their role in it - up from baseline HR/EAP survey of 1997	3	Quarterly general staff meetings and regular CAREC-Info publication have improved organizational coherence, and Strategic Planning exercises have involved a wide range of staff in developing shared vision and Unit and personal work plans. Repeat Staff survey to be conducted.
5	Financial partners and donors receive information on project operations in such a way that maximizes time spent delivering technical cooperation.	4	MOU signed with 6 partners in support of HIV/AIDS prevention, which includes single reporting format for the program.

Travel and Health Program

Purpose:

To improve the quality and competitiveness of the tourism industry by establishing standards-based systems and registrations designed to ensure healthy, safe and environmentally conscious products and services for guests and staff.

#	Indicators	Status	Comments
1	All required components in place for successful implementation of standards-based systems and registrations.	3	Health and Environment Standards developed for Caribbean tourism industry; training modules developed; integrated "clean and green" audits tested; marketing of new standards commenced and new partners gained; all paving the way for successful program implementation.

Public Health Capacity Building

Purpose:

Improve the competency and skill of all levels of public health staff to translate epidemiologic knowledge into the management of public health problems

#	Indicators	Status	Comments
1	Competency and skill-based epidemiology training programs implemented for different categories of public health staff	3	Much training in epidemiology, laboratory and related disciplines was conducted in the countries. While the goal of having a Subregional program of Applied Public Health Training and Field Epidemiology Training is not yet fully realized, two (2) pilot courses for this program (Applied Epidemiology and Surveillance) were conducted with funds from the Forgyarty International Center

Laboratory Strengthening/Quality Assurance Program**Purpose:**

To build a committed, networked human resource pool within the public and private sectors of the Caribbean region, outputting reliable and relevant laboratory information and supported by Governments advocating for and supporting quality of health services

#	Indicators	Status	Comments
1	Improved quality of laboratory services as evidenced by % error reduction, increase in customer satisfaction, turnaround time met, improvement in proficiency reports, decrease in equipment downtime and procurement lag time. Regional accreditation and monitoring body established and operational.	2	The financing agreement for this 4-year, \$7 million, project was signed by the representatives of the European Development Fund (EDF) Committee and CARIFORUM in August 2000. The start-up work program was signed between PAHO and CARIFORUM in September 2001, and the hiring of project staff commenced.

Research Promotion and Coordination in Support of Disease Prevention and Control**Purpose:**

To establish a research and development program in support of the Center's priority programs

#	Indicators	Status	Comments
1		3	Research promotion collaboration and policy document developed and endorsed by SAC. Research incorporated into new grant proposals. Research conducted in support of food safety, HIV/AIDS, EPI, and NCDs. 30 peer-reviewed articles and abstracts published.

Laboratory Operations in Support of Disease Prevention and Control**Purpose:**

Improved laboratory support provided to disease surveillance and control programs in CMCs

#	Indicators	Status	Comments
1	By end 2001, at least 10 CMCs routinely utilize laboratory data in-country to support disease surveillance and control programs adhering to guidelines and protocols prescribed by CAREC	4	Through CAREC support for implementation of the Public Health Laboratory Information system (PHLIS) in 10 CMCs, laboratories have systems for providing data to Epidemiology for enteric diseases, and modules for HIV and dengue have been added. Evaluations of all 10 countries have been completed. There is a need for CAREC to provide further guidance and evaluation data in the future to countries for the selection and operation of appropriate testing algorithms.

Epidemiology, Biostatistics, Surveillance, and Response

Purpose:

CAREC Member Countries' capacity to maintain epidemiological surveillance strengthened.

#	Indicators	Status	Comments
1	At least 80% of CMCs will have policies and guidelines in place for maintaining effective epidemiological surveillance.	3	The CAREC public health surveillance manual was successful in standardizing definitions and protocols in the subregion. Training in-country and a training video helped build country capacity. And 2 new surveillance systems have added to the range of data available to countries for surveillance.

Research

Purpose:

To conduct research on the epidemiology of the retrovirus HTLV-1 and its associated diseases, adult T-cell leukemia (TL++ATL) and tropical spastic paraparesis (TSP), in Trinidad & Tobago to better understand their impact on populations and utilize the results to influence public health policy

#	Indicators	Status	Comments
	No indicators developed for this project purpose		This Project was completed and has provided new information to Trinidad and Tobago to better understand and guide policy development on HTLVI prevention and control.

COUNTRY PROGRAMS

ANTIGUA PROJECTS

Environmental Health

Purpose:

Environmental Health conditions improved.

#	Indicators	Status	Comments
1	Reduction in the number of untrained PHI by half of that in 1998 by 12/2001.	3	Indicator 1 was partially achieved. During the biennium, one person has completed training, while another is still in training at the present time. Since there were only four untrained PHI in 1998, the indicator was well on its way to being achieved by 06/2002.
2	The number of cases of foodborne disease reported decreased by 12/2001 (based on 1999 data).		It was not possible to measure the success of this indicator, since the data was not available. There is still a need to strengthen the disease reporting and surveillance system to tabulate the number of cases of food borne disease reported.
3	Evidence of <i>Aedes aegypti</i> household index reduced from the 9.2% reported in 1999.	4	

Maintenance of Healthy Lifestyle

Purpose:

Capacity to carry out activities of daily living increased.

#	Indicators	Status	Comments
1	Number of days lost due to reported illness among government established employees in the age group 20-59 reduced by at least 10% over the biennium 2000-2001 (baseline 1998 data).		Although national counterparts reported that the data are collected and expected to be available sometime early in the new year, they were not yet available at the time this report was completed.
2	Admissions to hospital for hypertension and diabetes decreased by 5% over the biennium (using 1998 as baseline).		Although national counterparts reported that the data are collected and expected to be available sometime early in the new year, they were not yet available at the time this report was completed.

Organization and Management of Health Services

Purpose:

Better managed health care system.

#	Indicators	Status	Comments
1	Preventive maintenance reports	3	Partially achieved but continuing into next

Purpose:			
Better managed health care system.			
#	Indicators	Status	Comments
	available monthly on all critical and necessary hospital and community services equipment by June 2001.		biennium. Data still being entered.
2	Evidence of action taken to change mix of staff in one service area by end 2001.	2	Not achieved and will continue into next biennium.
3	Percentage of non-urgent attendances in Accident and Emergency Department of main referral hospital reduced by 20% between March 1998 and March 2001.	2	Not achieved. At the evaluation meeting November 15 th , it was reported that in fact the numbers have increased, although the cause was unclear and thought to relate to the hours during which the supporting clinics are open.
4	Two additional administrative reports available to managers on a monthly basis by June 2001 as compared to December 2000.	2	No information available.

ARGENTINA**PROJECTS****Planning and Coordination of Cooperation****Purpose:**

Strengthened institutional capacity of the Ministry of Health in terms of steering role and policy implementation.

#	Indicator	Status	Comments
1	Health planning process established.	4	Argentina currently has a new government. It has been suggested that the new authorities strengthen the planning process based on the achievements obtained.

Development of the Institutional Response to Health Problems**Purpose:**

Support to the Ministry of Health in developing a Proposal for the Organization and Management of Health Systems and Services

#	Indicator	Status	Comments
1	The Ministry of Health will have developed and begun implementation of a proposal for the organization and management of the regional and local Health Services system.	4	

Analysis, Prevention, and Control of Health Problems**Purpose:**

Strengthen institutional capacity for epidemiological analysis and the development of programs for the prevention and control of prevalent health problems

#	Indicator	Status	Comments
1	The Ministry of Health will have improved its capacity for situation analysis and the planning, execution. And evaluation of programs for health promotion and the prevention of health problems.	3	This project was without an international consultant for approximately a year and a half and was restructured when the new consultant arrived.

Human Resources and Health Promotion**Purpose:**

Strengthen the capacity of the Ministry of Health to get processes under way for the planning and regulation of human resources for health and implement proposals for healthy public policies.

#	Indicator	Status	Comments
1	Up-to-date databases and plans for	4	

	regulating different levels of human resources. Consensus-based plans on healthy public policies and lower maternal and child mortality.		
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Health and Environment

Purpose:

Strengthen national capacity to evaluate, prevent, identify, and control environmental conditions harmful to human health; promote intersectoral action and community participation to improve environmental quality and deal with emergencies and disasters.

#	Indicator	Status	Comments
1	Activities involving intersectoral participation. Regulatory and organizational instruments published for the regulation, management, and control of environmental health risks. At least 3 provinces will have commenced activities to improve environmental quality.	4	

BAHAMAS PROJECTS

Health Infrastructure Strengthening

Purpose:

To strengthen health care delivery in the areas of both clinical and preventive services, with particular attention to quality care at both hospital and community levels.

#	Indicators	Status	Comments
1	At least four LHS fully functional in terms of resources and strategic plans by the end of 2001	2	Not much progress was made in the area of Local Health Systems. Even though one workshop was held in one Family Island, local health plans were not finalized. However, the activities conducted improved cooperation and coordination between the Ministry of Health and local government and some Family Islands have functional health committees.
2	Clinical protocols available for the major health programs by the end of 2001.	2	Quality improvement program was not implemented.
3	Client complaints at the main hospital reduced by 75% by the end of 2001.	2	Quality Improvement Program was not implemented.

Control of Non-Communicable Diseases

Purpose:

To put systems in place to reduce morbidity and mortality from selected chronic noncommunicable diseases, particularly those that are nutrition- and injury-related, and disabilities.

#	Indicators	Status	Comments
1	National Noncommunicable Chronic Disease program identifying health promotion strategies, protocols, staff training needs, developed by the end of 2000	3	An NCD Committee was established. However, financial and human resources were not assigned for the operation of the NCD program, and the organizational structure has not been defined.
2	At least three Fis have a fully operational CBR program with plans and adequately trained personnel by the end of 2001.	3	CBR is not as yet an integral part of the Public Health Department.

Family Health

Purpose:

To have programs in place that address the needs of vulnerable family members

#	Indicators	Status	Comments
1	Early childhood initiative program developed and implementation begun	3	Activities are conducted through the regular Child Health Program.
2	Early youth initiative program developed and initiated.	3	Activities are conducted within the Adolescent Health Program.

3	Program for the care of older persons developed.	3	Financial and human resources were not identified. Organizational structure and infrastructure for program implementation not identified.
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Information System Strengthening

Purpose:

To strengthen the health information system of the Ministry of Health

#	Indicators	Status	Comments
1	Rapid Assessment conducted and recommendations provided by end of 2000.	5	
2	Technical options presented for the implementation of recommendations to strengthen Health Information Systems by the end of 2001.	5	In addition to technical options, a strategic plan and operational action plan for the Department of Public Health Information System were developed.

Environmental Protection and Development

Purpose:

To strengthen national capacity to control, regulate, monitor and protect natural resources and man-made environments.

#	Indicators	Status	Comments
	Indicators at the purpose level were not defined for this project.		

Control of Communicable Diseases

Purpose:

To strengthen national capacity for communicable disease surveillance and control.

#	Indicators	Status	Comments
	95% of known cases of specific infectious diseases are reported to PHD according to the following schedule: TB, malaria, hepatitis, within 24 hours; food poisoning and STDs, within one week; ringworms, scabies, influenza, within one month. 100% field investigations of cases such as TB, malaria and hepatitis begin with 24 hours of notification.	3	There is still a gap in the notification of diseases by health providers. Case definitions and protocols for notification of certain conditions need to be standardized.

Technical Cooperation among Countries**Purpose:**

To strengthen the skills of Nationals in areas identified.

#	Indicators	Status	Comments
	No indicators were defined for this project at the purpose level.		

HIV/AIDS/STI**Purpose:**

To reduce the incidence of HIV/STI infection caused by sexual transmission among the Bahamian population

#	Indicators	Status	Comments
	No indicators were defined in this project at the purpose level.		

BARBADOS**PROJECTS****Environment Health****Purpose:**

Environmental health conditions improved.

#	Indicators	Status	Comments
1	<i>Aedes aegypti</i> household index reduced by 50% by end of 2001 with respect to 1997 figure.	3	Target not attained, but increased efforts have been made to educate both the field staff and the community in the detection and reduction of mosquito breeding sites.
2	90% of itinerant food vendors practice food safety techniques by end of 2001	2	The program was developed but commencement of its implementation was delayed due to circumstances at the Ministry of Health.
3	All pollutants in ground water and air identified and recommendations made for improvement by end of 2001.	2	Government has not completed the process as yet – PAHO/WHO technical cooperation was given to assist a staff member with acquiring the requisite skills.
4	EIA instituted for major development projects by end of 2001.	4	

Health Sector Reform**Purpose:**

Improved capacity of MOH to manage integrated health care services.

#	Indicators	Status	Comments
1	MIS reports available quarterly and used for decision-making by end 2001.	2	PAHO technical cooperation resulted in the development of strategies and guidelines for introducing information systems; the project has been delayed due to certain circumstances within the Ministry.
2	Our reports quarterly reviewed by designated committee by end of 2001.	2	The Steering Committee has not been able to meet and function optimally.

Health Promotion and Lifestyles**Purpose:**

Utilization of health promotion strategies in the prevention and control of CNCDS; mental health; and promotion of well-being of selected at-risk groups strengthened.

#	Indicators	Status	Comments
1	At least 3 strategies from the Caribbean Charter for Health Promotion used in the National Health Plan for 2001-2005.	4	

Family Health**Purpose:**

Health Services improved in selected areas.

#	Indicators	Status	Comments
	At least three priorities from CCH II included in Ministry of Health plans for biennium 2000/01, and implementation initiated for at least one CCH II objective in each priority by end 2001.	3	Family health, quality care, mental health and chronic disease management remain priority areas of intervention for the Ministry of Health. Plans are in place to conduct an evaluation of the Family and Reproductive Health Services; there is also a joint strategy with Ministry of Education to do assessments of disabilities and improve adolescent health services.

BELIZE
PROJECTS

Health Services and Human Development**Purpose:**

To support the Government of Belize, particularly the Ministry of Health, in directing and conducting the Health Sector Reform Process.

#	Indicators	Status	Comments
1	Approved Guidelines to monitor the impact of Health Sector Reform measures on Health equity implemented by the end of the year 2001.	3	Draft document needs to be updated. Technical support will be given to the Planning Unit Ministry of Health
2	Comprehensive models of health care on priority areas (reproductive health, school health and domestic violence) documented and being implemented by the end of the year 2000.	3	School health and domestic violence models documented and are being implemented; Reproductive Health policy awaiting Cabinet approval.
3	Norms and protocols for service delivery in defined priority areas (reproductive health, school health and domestic violence) implemented during the biennium.	3	Priority areas have been identified. Norms and protocols have been developed for four areas and are being implemented in the NHI pilot project. TCC to be developed for this area in the next biennium, as this is a priority area for the MOH
4	Norms and protocols for institutional care developed and implemented by December 2001 in the following areas: internal medicine, pediatrics, gynecology/obstetrics, surgery, and emergency care.	2	Still to be developed To be addressed in the next biennium as part of the Quality Program
5	Manual of Perinatal Care implemented by December 2000 and evaluation of its implementation conducted by December 2001.	3	Evaluation was not done and is scheduled for 2002
1	Comprehensive National Health Information System, including the MIS, being implemented during 2000-2001.	4	NHIS implemented but MIS still pending
1	Comprehensive Epidemiological Surveillance System utilizing GIS technology being implemented by December 2001.	2	
1	National Health Information Network consolidated by the end of the year 2001.	3	Needs further work to avoid duplication. Analysis of data with feedback is still not done by the Regions
1	Comprehensive National Emergency Management System established and functioning by the December 2001.	5	Exceeded. This was tested by Hurricanes Keith and Iris. Excellent response by the health sector.

1 5	SUMA Plan of Action approved and being implemented by the end of the biennium.	4	Fully achieved. SUMA training conducted and national SUMA team established. System successfully implemented for post-hurricane Keith and Iris.
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Health Promotion and Protection

Purpose:

To promote and provide comprehensive, equitable, and accessible health services in the area of family life education, STDs, domestic violence, and nutrition.

#	Indicators	Status	Comments
1	Healthy lifestyle projects operating in 50% of schools targeted for new curricula by the end of 2001, and curricula reflecting environmental risk reduction awareness.	3	
2	100% percent of pregnant women attending antenatal clinics, receiving comprehensive services and reduction of anemia among pregnant women attending antenatal clinics by 50% percent.	3	
3	Comprehensive family planning services provided through all health facilities by the end of the year 2001.	3	
4	Domestic violence model of attention operating in all six districts by mid-2000, and 100% of district health facilities registering domestic violence by the end of 2001.	4	
6	Belize-Mexico joint health week celebrated at least once in each year of the biennium.	5	
7	Active EPI surveillance conducted throughout the biennium.	4	
8	Baby-Friendly Hospital Initiative Accreditation maintained in all hospitals and evaluated by mid-2000.	1	
9	National Policy on Older Persons developed by mid-2000, and programs to support the elderly being implemented by the year 2001.	4	
10	Healthy Cities initiative adopted by at least two districts by the end of 2000	4	

Environmental Health**Purpose:**

To contribute to the development and maintenance of a clean, safe, and healthy environment.

#	Indicators	Status	Comments
1	Project proposal utilizing the global strategy for malaria control developed by June 2000 and submitted for funding by December of same year.	1	Was not a priority for MOH.
2	Plan of action for strengthening the water quality laboratory developed by end of year 2000 and its implementation supported during the year 2001.	5	National Water Quality lab better equipped and National Drinking Water Standards prepared.
3	Enhanced capacity of the water quality laboratory to conduct water quality control testing by end of year 2000, through human resource development.	4	National Water analyst and Public health personnel trained and equipped with portable water labs.
4	District pilot project to introduce GIS in rabies control developed by December 2000 and its implementation supported during the year 2001.	3	Rabies TCC Project Belize-Guatemala developed and implementation begun. Activities reprogrammed for 2002 due to Hurricane Iris.
5	Plan of action for the vaccination of targeted animal population developed by May 2000 and its implementation supported during 2000 and 2001.	4	Canine anti-rabies campaigns conducted countrywide, with main emphasis on high-risk areas.
6	Evaluation of the Rabies control TCC project conducted by March 2000.	4	Very good coordination with the Guatemalan Health authorities. New project proposal developed and implementation initiated.
7	Consolidation of the National Health Information System (NHIS) supported during the year 2000.	4	The NHIS is operational countrywide. The National Health Information and Surveillance Unit established and staffed by MOH.
8	Plan of action for the introduction of the Environmental Risk Factor Reduction project into the Belize and Cayo Districts developed by December 2000.	4	Successful implementation due to increased coordination between the Public Health Bureau, Department of the Environment, Local Government and Environmental NGOs.
9	Comprehensive Action Program to Phase Out DDT and Reduce the Long-Term Effects of Exposure developed and consolidated; to be implemented by June 2000.	4	

Healthy Communities South Side Belize

Purpose:

To support the development and implementation of comprehensive, effective and accessible priority health programs in the South Side Area of the Belize District, according to National Priorities, with intersectoral collaboration.

#	Indicators	Status	Comments
1	100% of health facilities detecting and reporting domestic violence cases and providing comprehensive management by the end of 2001.	4	
2	Reproductive health services provided to 40% of high-risk villages every six weeks through mobile units.	2	
3	90% of targeted villages with improved knowledge regarding priority problems in the communities by the end of 2001.	3	
4	50% increase in the number of primary schools targeted for healthy lifestyle projects by the end of 2001.	3	
5	50% increase in coverage of prenatal care in mother's first trimester by the end of 2001.	4	
6	100% of pregnant women attending clinics receiving comprehensive care.	4	
7	Immunization coverage increased from % to % by the year 2001.	3	
8	Mother-to-Child Transmission of HIV/AIDS decreased by 10% by the end of 2001.	3	

Local Health Systems Cayo

Purpose:

To support the delivery of comprehensive, efficient, effective, and accessible health services to address priority problems in the Cayo District with intersectoral cooperation.

#	Indicators	Status	Comments
1	50% increase in the number of Primary Schools targeted for healthy lifestyle projects by the end of 2001.	3	Limitations in funding did not allow full implementation of the healthy school initiative.
2	100% of sources of water for human consumption are tested at least once a year to monitor quality, as determined by WHO standards, during the years 2000-2001.	5	Samples were taken and tested on at least a quarterly basis, and since the public health bureau is better equipped, it was done on a monthly basis for high-risk communities.
3	50% reduction in canine rabies achieved (using 1998 as baseline data) and no human cases reported during the biennium.	5	Although significant effort was placed into the control and eradication activities one canine case was reported in 2001. This was mainly due to the presence of wild rabies in the district. No human cases have been detected since 1989.

4	70% reduction in pesticide intoxication by the end of year 2001 (baseline information, 2000)	3	Since the surveillance has increased this indicator cannot be measured due to the absence of an accurate baseline. Activities reprogrammed for 2002.
5	100% of health facilities are detecting, reporting domestic violence cases and providing comprehensive management by end of year 2001.	4	Domestic violence surveillance is one of the best-established and well-coordinated among key stakeholders and competent authorities.
6	80% of farmers in the Cayo District are trained and certified in the safe and rational use of pesticides, and the pesticide intoxication surveillance system is consolidated by end of year 2000.	4	The national training and certification program is being fully implemented, not only in the Cayo District but countrywide. The surveillance of acute pesticide intoxication is more active and is part of the national health information and surveillance system.
7	60% increase in coverage of prenatal care in mother's first trimester by end of year 2001.	4	The Maternal-Child Health program is one of the best programs within the Ministry of Health and in all districts.

Local Health Systems Corozal

Purpose:

To support the delivery of comprehensive, efficient, effective, accessible, and equitable health services to address priority problems in the Corozal district.

#	Indicators	Status	Comments
1	100% of health facilities detecting and reporting domestic violence cases and providing comprehensive management by the end of 2000.	4	
3	50% increase in coverage of prenatal care in mother's first trimester by the end of 2001.	3	
4	Health Week Border activities conducted with Mexico throughout the biennium.	4	
5	50% increase in the number of primary schools targeted for healthy lifestyle projects by the end of 2001.	5	
6	100% of pregnant women attending clinics receiving comprehensive care.	4	

Local Health Systems Orange Walk

Purpose:

To support the delivery of comprehensive, efficient, effective, equitable, and accessible health services to address priority problems in the Orange Walk District.

#	Indicators	Status	Comments
1	100% of health facilities detecting and reporting domestic violence cases and providing comprehensive management by the end of 2000.	3	
3	50% increase in the number of primary schools targeted for healthy lifestyle	3	

	projects by the end of 2001.		
4	100% of pregnant women attending clinics receiving comprehensive care.	4	
5	Health week border activities conducted with Mexico throughout the biennium.	4	
7	Pesticide control project introduced into the Orange Walk district by the end of 2000.	2	
8	50% increase in number of functioning Village Health Committees by the end of 2000.	4	
9	90% of targeted villages with improved knowledge regarding priority problems in their communities by the end of 2000.	4	
10	Health town concept adopted by the end of the biennium.	4	
11	50% increase in coverage of prenatal care in mother's first trimester by the end of 2001.	3	

Local Health Systems Stann Creek

Purpose:

To support the delivery of comprehensive, efficient, effective, and accessible health services to address priority problems in the Stann Creek District with intersectoral cooperation.

#	Indicators	Status	Comments
1	50% reduction in the incidence of malaria during 2000-2001.	4	Although the district was severely impacted by Hurricane Iris, no outbreaks were detected.
2	At least two major industries in Stann Creek District have adopted and are implementing environmental risk factor reductions in the workplace	3	Only the citrus industry became interested and is implementing a successful worker's health and environmental management plan.
5	100% of health facilities detecting and reporting domestic violence cases and providing comprehensive management by the end of 2001.	4	One of the best-established programs.
6	50% of primary schools with healthy lifestyle projects by the end of 2001	3	Mainly due to budget constraints.
7	50% increase in coverage of prenatal care in mother's first trimester by the end of 1999.	4	Maternal Child Health is one of the best programs of the MOH.
8	100% high-risk pregnant women attending clinics receiving comprehensive care by the year 2001.	4	
9	Reproductive health services provided to 40% of remote rural communities every six weeks through mobile units by the end of 2001.	3	
10	90% of water sources undergoing regular water quality assessment by the year 2001.	5	Samples taken and tested on a quarterly basis and monthly in high-risk areas

Local Health Systems Toledo**Purpose:**

To support the delivery of comprehensive, efficient, effective, and equitable health services to address priority problems in the Toledo District with intersectoral cooperation.

#	Indicators	Status	Comments
1	Comprehensive models of health care on priority areas (including reproductive health, school health and domestic violence), utilizing norms and protocols for service delivery, being implemented by end of 2001.	5	
2	Comprehensive local health information system being implemented during the biennium.	3	
3	Implementation of plans of actions to maintain clean, safe, and healthy environment supported during the biennium.	4	
4	Comprehensive reproductive health services provided through health facilities by end of year 2001.	4	

Humanitarian Assistance, Mitigation Phase "Keith"**Purpose:**

To reduce the effects of Hurricane Keith on the health of the population of Belize.

#	Indicators	Status	Comments
1	Improved environmental health conditions (water quality, food safety and sanitation) and strengthened public health bureau capacity to monitor water quality, food safety, and improved sanitary facilities.	4	Ensuring safe drinking water was a priority. The national water quality and the public health bureau were better equipped to monitor water quality and food safety. Sanitary facilities were built in affected communities.
2	Intensified vector control activities after the hurricane and strengthened vector control program.	4	Immediate response was effective in preventing outbreaks. The vector control program was strengthened with better equipment and training.
3	Restored health facilities, especially the central medical laboratory, medical supplies and equipment.	4	The central medical lab suffered major losses and damage. The facility was refurbished, and new equipment and reagents were acquired.
4	Increased public awareness on post-hurricane health issues.	4	Public awareness and education was vital in preventing major outbreaks of communicable diseases.
5	Increased disaster response capacity at national level based upon lessons learned from Hurricane Keith.	4	The health sector response was evaluated and with lessons learned, training was conducted the health sector disaster plan was reviewed and updated.

Humanitarian Assistance, Mitigation Phase "Iris"**Purpose:**

To reduce the effects of Hurricane Iris on the health of the population of Belize.

#	Indicators	Status	Comments
1	Restored and improved environmental health conditions such as water, sanitation, vector control and food safety.	3	The provision of safe drinking water, intensified vector control activities, monitoring food safety, and installation of temporary sanitary facilities immediately post- hurricane were vital in preventing health problems. Recovery activities programmed for completion by June 2002.
2	Restored and improved health services, facilities and emergency response capability.	3	Immediate response included mobile health services and restoration of critical health centers. The refurbishment of health facilities scheduled for completion by June 2002.
3	Increased public awareness on immediate post hurricane health issues	4	Significant impact; as a result, no outbreaks of communicable diseases were reported.
4	Post-hurricane disaster, epidemiological surveillance of communicable diseases implemented and increased capability the Ministry of Health to respond to communicable disease outbreaks.	5	Mobile health teams mobilized to affected communities. Proper and efficient post-hurricane surveillance was conducted, and no outbreaks were reported.
5	Reduction of post-traumatic stress syndrome due to Hurricane Iris among the affected population.	4	Stress management teams mobilized to affected areas to assist relief workers and affected population.
6	Increased national disaster response capacity	4	The weak areas of the health sector's emergency/disaster response have been strengthened. Training in conducting effective health damage and needs assessment, and post-disaster surveillance were conducted countrywide.

BOLIVIA

PROJECTS

Health System and Health Policy Development

Purpose:

Contribute to the construction of the Bolivian Health System, within the framework of sectoral reform.

#	Indicator	Status	Comments
1	At the end of the biennium, the proposal for the new Bolivian Health System (including the social security subsystem) will have been drafted, in keeping with the vision defined in the sectoral reform plan.	3	Progress was made in preparing the draft legislation for universal health insurance. On instructions from the senior health authorities, the entire process was postponed until the next Government takes office in 2002-2007.

Communicable Disease Prevention and Control

Purpose:

Contribute to the organization of the Bolivian health system, mainly the Epidemiological Shield and veterinary public health component for dealing with the country's prevalent, emerging, reemerging, and chronic diseases, within the framework of health sector reform.

#	Indicator	Status	Comments
1	Epidemiological shield and veterinary public health strategy under implementation in 9 departments of the country by November 2001.	4	The epidemiological shield strategy is being implemented at the national level. Veterinary public health activities are being modified by SENASAG-MSPS, which will affect future cooperation.

Health Promotion and Protection

Purpose:

Improve knowledge and practices of the population and ensure its active participation with the institutions to foster environments and behaviors that promote health and prevent risks.

#	Indicator	Status	Comments
1	Have a critical mass of at least 5,000 human resources--institutional and community--systematically engaged in health promotion activities, in keeping with the national plan.	2	This was only partially achieved. Health promotion activities have focused on specific municipalities. Less priority was given to health promotion by the MSPS in the period 2000-2001.
2	60 healthy municipalities with growing resource allocation and systematic activities to improve the health of the population.	2	The Healthy Municipalities Strategy was not duly supported by the national authorities.
3	Achieve more and better utilization of health services, mainly the benefits of basic insurance and the epidemiological shield with:	4	The achievements of the Basic Health Insurance, based on the aforementioned indicators, are significant.

	<ul style="list-style-type: none"> - More pregnant women seen in the services and a higher proportion of pregnant women with 4 prenatal check-ups. - Increase in institutional births and deliveries attended by trained personnel. - Increase in pneumonia detection in children under 5 seen in the services. - Increase in coverage with the third dose of DPT. - Percentage of children under 5 seropositive for Chagas' treatable with drugs. - Community participation in health activities at least in 60 municipalities, with promotion projects at the local level. 		
4	Intersectoral work and social participation in ___ national, 9 departmental, and 60 municipal health commissions functioning regularly.	4	Intersectoral coordination achieved in all departments. Intersectoral coordination was achieved in only 10 municipalities of the country.
5	Bolivia part of regional healthy municipalities and health-promoting schools networks.	4	It joined the healthy municipalities and health-promoting schools network, although its actual participation is still weak.

Basic Sanitation and Environmental Quality

Purpose:

Develop the capacity of national institutions to administer, protect, and conserve the quality of the country's natural resources from a human health perspective.

#	Indicator	Status	Comments
1	The Ministries of SPS, VSB, and DSP have adopted policies that preserve human health and put human beings at the center of development.	4	National policies have been formulated that provide articulation between health and environment.

Technical Cooperation among Countries

Purpose:

Develop the managerial capacity of the Ministry of Health to mobilize resources for technical, scientific, methodological, and process exchange with other countries

#	Indicator	Status	Comments
1	At least 6 TCC proposals in health have been prepared.	5	7 proposals were prepared, some concluded, and others are in execution.

Access to Scientific and Technical Information**Purpose:**

Contribute to decision-making and research in the field of health, promoting the implementation and use of technologies in the country to improve the strategic utilization of scientific and technical information through the Internet.

#	Indicator	Status	Comments
1	Six information and documentation centers in departmental SEDES.	5	7 centers were established, exceeding the goal.
2	Six information and documentation centers of the departmental SEDES utilizing LILACS methodologies and integrated into the Bolivian Health Information Network, REBICS.	5	
3	Web page of the VHL of Bolivia on a national server.	5	
4	Databases of the Representative Office's documentation center online through the Representative Office's web page.	5	

Essential Drugs Program**Purpose:**

Improve and increase universal access to essential quality drugs for the population, especially the most disadvantaged sectors, and promote rational use of the drugs within the framework of a policy of sustainability.

#	Indicator	Status	Comments
1	In 2001, the Central Supply Warehouse (CEASS), will have provided 100% of the essential drugs covered under the Basic Health Insurance on a timely basis at accessible prices.	3	Progress has been made in building the institutional capacity of the CEASS. Great strides have been made since 1999.
2	At the end of 2001, a Comprehensive System for the Sanitary Regulation of Drugs will have been set up that includes the Sanitary Registry, Control, Monitoring, and the Rational Use of Drugs.	3	Scheduled for conclusion at mid-year 2002

Expanded Program on Immunization**Purpose:**

Reduction of infant mortality from vaccine-preventable diseases through the implementation of strategies to expand vaccination coverage and maintain an adequate epidemiological surveillance system for these diseases.

#	Indicator	Status	Comments
1	Inclusion of the Pentavalent and MMR vaccines in the country's regular vaccination series beginning April 2000.	5	The new vaccines were introduced in all municipalities in the country in June 2000.
2	Greater than 95% coverage with MMR vaccine, 80% with polio, BCG, and	5	Vaccination coverage 97% for MMR, 86% for polio, 94% for BCG, and 86% for

	tetanus toxoid vaccines, and 70% with Pentavalent vaccine by 31 December 2001.		pentavalent.
3	Global training workshops on EPI and epidemiological surveillance for 100% of the operations staff at the different levels of care by 31 December 2000.	5	
4	Design and dissemination of a permanent mass communication and community education strategy for the program by 31 December 2001.	3	Strategy designed. Funds were not enough for dissemination. Dissemination will be accomplished by mid-2002.
5	80% fulfillment of the basic indicators of the quality of epidemiological surveillance of AFP and measles.	4	All indicators fulfilled except for one, related to the samples from measles cases that should reach the laboratory in less than 5 days.
6	Preparation and dissemination of guides on the surveillance of vaccine-preventable diseases, the control of outbreaks, and information system to 100% of health facilities at all levels by the end of December 2000.	5	

Tuberculosis and STI Control (DFID)

Purpose:

Reduce the incidence of tuberculosis and STI in the general population.

#	Indicator	Status	Comments
1	15% of reduction in the annual risk of tuberculosis infection at project's end.	3	Progress has been made. The indicator will be fulfilled at the end of the project in 2003.
2	HIV seroprevalence rate (new cases) below 5% among sex workers in border areas of Bolivia.	5	
3	Gonorrhoea cases have not increased to more than 70 per 100,000 population	5	

Epidemiological Shield/IDB Project

Purpose:

Provide technical cooperation for execution of the components for the control, prevention, and treatment Chagas' disease and for strengthening the epidemiological surveillance system under the Epidemiological Shield program financed by the IDB

#	Indicator	Status	Comments
1	100% of the inputs requested for the control, prevention, and treatment of Chagas' procured in a timely manner with quality assurance.	4	
2	Human resources from PAHO and consultants hired have provided 100% of the technical assistance requested in planning, training, research, monitoring, and Program evaluation in a timely manner.	5	All programmed consultancies for the project have been carried out.

BRAZIL

PROJECTS

Development of Public Health Policies

Purpose:

Coordinate national institutions trained in the formulation of strategic actions.

#	Indicator	Status	Comments
1	Models for articulation and mobilization of institutional resources set up or consolidated in three strategic areas by the end of the biennium.	4	Three institutional mobilization models were implemented in coordination with the National Health Council in the areas of workers' health, drug policies, and information for health.

Health and Environment

Purpose:

Prepare programs in the areas of basic sanitation; environmental management and quality; emergency preparedness and disaster relief; and the promotion of social participation that, working with other cooperation areas, strengthen public, private, and civil society institutions and public organizations to promote health and the environment, seeking equity and the sustainable development of the country.

#	Indicator	Status	Comments
1	Have at least 4 work agreements for 2000-2001 with key institutions and organizations working in environmental health.	5	

Health Promotion and Protection

Purpose:

Reorient health programs within the context of health promotion, healthy spaces, health and nutrition, and the health of women, children, older adults, workers, adolescents, and families, applying population-based and personal health strategies that are decentralized, intersectoral, and participatory.

#	Indicator	Status	Comments
1	Health promotion strategies applied in 100% of the states	3	Diverse health promotion activities have been generated in virtually all the states. These activities are still limited in terms of intersectoral participation and geographical coverage.

Human Resources Development for the SUS

Purpose:

Boost the political-technical operating capacity of the managing institutions of the Unified Health System (SUS) in (i) regulating work and professional practice in the health services and (ii) training human resources in a joint effort with academic institutions, with emphasis on strengthening the family health strategy and health promotion approach.

#	Indicator	Status	Comments
1	Implementation of new directives, standards, or procedures in the SUS for managing work and professional education in health.	5	Good advantage taken of political opportunities and strict adherence of the Project to the priorities of SUS managers, particularly from the MS, which contributed financial resources through the Terms of Cooperation (US\$ 2,222,457.00 in the biennium). This made it possible to exceed the goals (39) set in the indicators (23). In addition an Internet website was launched - www.opas.org.br/rh , maximizing the Project's TC process.

Disease Prevention and Control

Purpose:

Strengthen activities aimed at reducing inequities in surveillance; prevent and control communicable diseases; eliminate diseases (Hansen's disease, *T. infestans*, transfusion-transmitted Chagas' disease, filariasis, onchocerciasis, congenital syphilis, and rabies), including zoonoses, foodborne diseases, and vaccine-preventable diseases; and promote the surveillance and control of noncommunicable diseases, providing an effective, quality response to the epidemiological profile, social processes in health, and the life cycle.

#	Indicator	Status	Comments
1	Sustainable intersectoral, participatory surveillance, prevention, control, and elimination of diseases under way in the States.	3	Strategies and instruments have been developed that have strengthened epidemiological surveillance by the MS.

Health Systems and Services Development

Purpose:

Contribute to a change in the SUS model of care by increasing equity in access to health services, optimizing the use of resources, and providing quality assurance in outpatient, emergency, and hospital networks.

#	Indicator	Status	Comments
1	At least 2 states in 2000 and another 3 in 2001 will have adopted the new models and proposals for the administration and management of service networks. In these states, coordination among municipalities will have been strengthened through consortia, intermunicipal associations, pacts (PPI), and other means.	5	The Ministry of Health (through NOAS2001) regulated the regionalization of the health services network, exceeding the results of the pilot experiences facilitated by the MS and PAHO/WHO. Regional Development Plans (PDR) and Integrated Pact Plans (PPI) are moving forward in different states. PAHO orients its CTD to 5 states.

Development and Assessment of Essential Drugs and Technologies

Purpose:

Coordination among the three spheres of government for approval and assessment of health technologies and their rational use; consolidation of the National Sanitary Surveillance System for Drugs and Related Products, and decentralization of activities related to pharmaceutical care.

#	Indicator	Status	Comments
1	All states will cover basic pharmaceutical care	4	
2	Sanitary surveillance of drugs and similar products will have been conducted in a coordinated manner at the three levels of government in at least 70% of the states.	3	ANVISA met 100% of its financing commitments to the states. At the present time 12 states (44%) are advancing in the decentralization of intermediate and highly complex sanitary surveillance, a process that will continue next year.

Research and Methodology

Purpose:

Support the S&T areas of MS institutions to develop priority lines of research that will contribute to an improvement in the health status of the population and in health programs and projects.

#	Indicator	Status	Comments
1	Priority lines of research defined jointly with the Ministry of Health.	2	The TC priorities for health research are part of the health research priorities of the MS that have not yet been defined. The MS is drafting its policies, and identifying priorities in health research is one of its strategies.

Information and Communicating for Health

Purpose:

Develop coordinated institutional capacities to make relevant information available for the decision-making process in health.

#	Indicator	Status	Comments
1	Institutional models for the mobilization of resources set up or consolidated in three strategic areas by the end of the biennium.	4	Models developed and implemented: operationalization of the interagency health information network--RIPSA; availability of core data and basic indicators in the "health situation room" for local managers; monitoring of inequalities in health through utilization of the available data in the national databases.

CANADA
PROJECTS

Regional Cooperation Activities

Purpose:

To mobilize Canadian expertise to respond to cooperation requests on various issues, and to facilitate bilateral cooperation activities utilizing PAHO expertise

#	Indicators	Status	Comments
1	Execution of multiple tasks toward this purpose	4	Multiple projects were successfully supported and executed, all mobilizing Canadian expertise to address priority issues in Latin America and the Caribbean.

Canadian Awareness of and Involvement in PAHO

Purpose:

To obtain a greater degree of involvement on the part of professional, institutional, and financial resources of Canada in the programs of PAHO, while simultaneously increasing Canadian awareness about PAHO and its activities.

#	Indicators	Status	Comments
1	Noticeable and, where appropriate, measurable progress in terms of Canadian awareness of and contribution to PAHO activities	4	Human and financial resources were mobilized in Canada to support PAHO programs and to increase Canadian awareness of and commitment to those programs.

CARIBBEAN PROJECTS

Strengthening of Health Systems

Purpose:

Increased efficiency and quality of health services demonstrated.

#	Indicators	Status	Comments
1	Down time for repair of life-support equipment decreased by 50% in four eastern Caribbean countries between mid-1999 and end 2002.	3	Maintenance software installed in 5 countries, but the reports have not been used regularly to effect an improvement in management. Hence, the baseline data is not available to report
2	Emergencies, as defined by regional emergency service protocol, treated within 30 minutes of arrival at the referral hospitals in at least three eastern Caribbean countries by end 2002	2	Regional protocols not yet defined. Information not available. To be addressed in BPB 2002-03
3	Quality improvement initiatives implemented in at least six countries by end of 2001.	2	Activity conducted in only one country. Efforts to secure extrabudgetary funds to expand the program were unsuccessful.
4	Disaster preparedness and mitigation capacity of the health sector improved in 4 countries by the end of 2001.	5	An active program exists in the Caribbean, both with the national authorities and the Ministry of Health. During the BPB, particular efforts were made to strengthen the programs
5	MOHs in at least two eastern Caribbean countries monitoring unit costs of health services delivered by the end of 2001.	3	Methodology and spreadsheet software developed and will be piloted in two countries in 2002
6	Adequate and appropriate human resources available to support the health sector in two countries by end of 2001.	2	This is a work in progress, and the countries are experiencing considerable challenges, particularly in meeting the staffing needs in nursing and selected allied health disciplines. In the interim, PAHO is providing support to contribute to improved planning, production, and management of human resources.

Community and Family Health

Purpose:

Management of selected health issues in the population improved.

#	Indicators	Status	Comments
1	Plans and/or policies and/or programs addressing at least three (3) health-related issues in the population formulated and/or implemented by Ministries of Health in at least three (3)	4	However, given the subregional nature of the project, the results could not be achieved by this project alone. Technical cooperation delivered through the country BPBs and other CAR projects, as well as

	countries, by end 2001.		national action taken outside of the PAHO technical cooperation program; all contributed to achievement of the purpose.
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Environmental Health and Sustainable Tourism Development

Purpose:

Environmental health conditions improved in the Caribbean

#	Indicators	Status	Comments
2	Safe food practices are evident in 60% of all major food establishments (restaurants, hotels) inspected in the Caribbean.	2	Resources in this project were not able to meet this ambitious goal. However it is expected that through joint interagency collaboration currently ongoing in the Caribbean, it will be met and possibly exceeded in the next BPB.
3	Vector densities in all countries reduced by 50% of 1998 level by 2001.	2	Information not available. However, the reemergence of dengue and the presence of all types in virtually all the countries now makes meeting this goal more urgent. Countries are therefore taking more aggressive action.
4	Safe excreta disposal is evident in 70% of urban sanitary facilities in all countries by 2001.	3	There is evidence of improvement in wastewater disposal in the countries served by the CPC Office: Barbados, Dominica, St. Vincent, Grenada. Many of these countries have projects and/or interventions designed to improve the excreta disposal situation. CPC has funded related activities in Dominica and St. Vincent.
5	At least 50% of countries applying the new protocol for recreation water monitoring by end of 2001.	3	There is evidence that countries of the CPC have become more sensitive to the pollution of beaches and swimming pools. Most of the countries exercise some kind of monitoring of recreational waters. However, during the biennium, PAHO supported training, review and update of the new protocol for monitoring recreational water in four countries: Grenada, St Lucia, St. Vincent and the Grenadines, and BVI, Montserrat, and Anguilla.
6	In 3 selected countries, health indicators monitored by surveillance system reduced between 1998 and end 2001.	2	The baseline data for evaluating this indicator was not defined. However, as an example, there is evidence of reduced infant morbidity from diarrhea in St Kitts during the period. It is not the same for other health indicators, such as the number of dengue cases. There has been no reduction in the number of dengue cases in the CPC countries. In addition, number of cases of respiratory ailments like asthma is increasing.

Information and Communication for Better Health**Purpose:**

Increased use of IS/IT and communication strategies in health promotion and health programs demonstrated.

#	Indicators	Status	Comments
1	At least 50% of Permanent Secretaries and Chief Medical Officers report using the Internet to obtain referenced data and other purposes by end of 2001.	3	The exact percentage is not known. However, more Chief Medical Officers and Permanent Secretaries have access to the Internet to obtain information on best practices and guidelines related to their work. Additionally, Barbados' National Virtual Health Library has been implemented, making it possible for all countries to obtain bibliographic references.
2	At least three countries incorporate communication strategies and technologies into new or revised health programs or projects by 2001.	3	Discussion commenced with Antigua and Dominica on proposals for incorporating social communication strategies into proposed health plans. The momentum to meet this indicator is growing. Direct technical support has been given to increase the in-country capacity. Efforts to improve the planning framework for information usage in selected countries are on track.
4	Space or time devoted to health matters in the media increased by 25% between 1998 and end of 2001.	3	Preliminary feedback indicates that the media have increasingly provided additional space and time for covering health stories. Building partnerships with the media and communities continues to be given emphasis. Health journalists representing 10 countries received training in health journalism at the close of the biennium, with the support of CD-ROM technology developed for this purpose, aimed at improving the quality and quantity of health information coverage in the countries. Effort is ongoing to mount an analysis of media content to support existing anecdotal information of increased coverage.
6	IS/IT management and support included in the budget allocation for at least 2 MOH by end of 2000.	3	Considerable effort has been made to create the enabling environment for Ministries of Health to include or expand their budget allocation for automated information systems and technology.
7	At least 2 MOHs are implementing IS/IT projects as a result of information systems plans developed by end of 2001.	3	Hospital Information Systems Plans have recently been developed in two countries and presented to the Ministry of Health for approval.

CHILE

PROJECTS

Institutional Health System Development

Purpose:

Progress will have been made in differentiating and strengthening the roles of the various components of the health system at its different levels, strengthening coordination and dialogue among them within the framework of sectoral reform.

#	Indicator	Status	Comments
1	Roles of the different levels of the health services structure explicitly defined.	3	Essential public health functions and national health accounts were introduced, as was the use of health technology assessment and the regulation of drugs and medical devices.
2	Human resource and financial resource policies explicitly defined..	3	A training initiative for senior management personnel (with the Oswaldo Cruz Foundation) and a distance learning initiative on decentralized human resources management are under way.

Integrated Control of Risks and Threats to People and the Environment

Purpose:

Improve national and local capacity in the health sector for integrated control of risks and threats to people and the environment, utilizing epidemiology as tool for decision-making.

#	Indicator	Status	Comments
1	Modern public health surveillance systems implemented in the health services, Ministry of Health, and related institutions.	4	
2	Programs of action will have been executed in the health services, based on local priorities and scientific evidence.	4	

Health Promotion and Protection

Purpose:

Implement National Plan by promoting an intersectoral approach, healthy lifestyles, greater knowledge, and individual and collective capacities to protect health and strengthen the regulatory role of the State with respect to the health determinants of the population, with special attention to the most vulnerable groups.

#	Indicator	Status	Comments
1	The National Health Council (VIDA CHILE) participates in the preparation of the plan.	4	

2	Human resources training programs implemented.	3	
3	National and regional public awareness campaigns conducted.	5	
4	Program for citizen participation formulated. Support provided for national networks.	5	Work has been consolidated with PVVIH organizations, NGOs (the most significant work in the fields of AIDS, mental health, adolescence, aging, and sexual and reproductive health). Especially important are the efforts to consolidate and strengthen the Assembly of NGOs working with AIDS, as well as the work with the Chilean Epilepsy League.

Strengthening the Health Sector's Role in the Environment

Purpose:

Develop environmental health at the central, regional, and local levels of the health sector, promoting decentralized, intersectoral work with citizen participation.

#	Indicator	Status	Comments
1	Effective support provided to modernize environmental health in Chile, using a decentralized, intersectoral, and participatory approach in 25% of the country's health services and 5% of municipalities.	4	

Development of Healthy Public Policies and Support for Health Sector Reform

Purpose;

Promote the sustainable development of healthy public policies, within a framework of decentralization, the intersectoral approach, and social participation.

#	Indicator	Status	Comments
1	Proposals available on at least two healthy public policy goals.	5	

Equity, Gender, and Health Reform.

Purpose:

Include consideration of gender inequities in the formulation, implementation and monitoring of the health sector reform process.

#	Indicator	Status	Comments
1	Increase in the available information on gender inequities in health	4	
2	Preparation of proposals with gender content	4	

COLOMBIA**PROJECTS****Support for the Public Health Actions****Purpose:**

Provide technical assistance and support for operationalizing the activities of the Public Health Bureau within the general framework of the Social Security Health System (SGSSS).

#	Indicator	Status	Comments
1	Technical assistance for the development of the PAB and health promotion activities in 15 departments and 5 cities, coordinated with national counterparts.	4	During the biennium, technical assistance was provided for development of the PAB within the general framework of the SGSSS.

Environmental and Occupational Health**Purpose:**

Provide technical assistance to improve water quality and water supply, expand waste and excreta disposal systems; improve environmental quality and occupational health

#	Indicator	Status	Comments
1	At least 90% of the technical cooperation activities agreed upon have been carried out satisfactorily.	4	The stated purpose remains in effect, and cooperation continues to be provided in this regard.

Health Systems and Services Development**Purpose:**

Meet the goals set by the Social Security Health System concerning access to health services for the entire Colombian population in the year 2001.

#	Indicator	Status	Comments
1	Mechanisms for evaluating and monitoring fulfillment of the goals set in 2000.	4	The goals of the SGSSS continue to be monitored and evaluated. The targets for universal coverage were not met, and it will be necessary to continuously monitor the performance of the health system, especially in the current political context of a change in government.

Technical Cooperation Among Countries

Purpose:

Ensure that participating countries develop a Healthy Municipalities network and strengthen epidemiological surveillance in border areas, expanding the Colombian experience in social security reform and incorporating others of importance for the country, taking advantage of other countries' progress.

#	Indicator	Status	Comments
1	Healthy borders strategy operational along the border with Venezuela, Peru, Ecuador, Brazil, and Panama. Epidemiological surveillance systems with community participation operational in all border areas.	3	Efforts to promote TCC will continue: Colombia-Brazil and Colombia-Cuba. Moreover, the Colombian-Peruvian Agreement for the care of patients in border areas will continue, as will efforts to establish TCC with regard to IMCI.

COSTA RICA**PROJECTS****Monitoring of Health****Purpose:**

Strengthen national capacity for health analysis and monitoring for decision-making.

#	Indicator	Status	Comments
1	Integrated health situation analysis (ASIS) available at the national and regional level.	4	National and regional ASIS emphasizing inequities are available. Integration into the PLANS 1999-2000 (MS) and the PASP (CCSS) 2001-2006.

Leadership and Management**Purpose:**

Strengthen Ministry of Health capacity to orient, coordinate, and build consensus on the development of health in Costa Rica

#	Indicator	Status	Comments
1	Consensus-building and coordination processes	3	
2	Policies to promote the social production of health documented at the end of the biennium.	4	

Personal Health Care Services**Purpose:**

Modify and implement the comprehensive personal health services model at the different levels of care in public institutions, employing the gender approach and the principles of equity, quality, efficiency, and financial sustainability.

#	Indicator	Status	Comments
1	Comprehensive personal health services model reformulated during the first year and in implementation in public health services institutions by the end of the biennium.	4	
2	Basic plans of action in personal and public health care for promotion, prevention, treatment, and rehabilitation designed during the first year and in implementation in the public health services institutions of the sector at the end of biennium.	4	
3	System for referral and counter-referral among the different levels of care designed and in implementation at the end of the biennium.	4	

Regulation of the Health Sector

Purpose:

Develop the country's capacity to integrate and take intra- and intersectoral action for health promotion and sanitary regulation.

#	Indicator	Status	Comments
1	Health promotion through actions and projects involving civil society participation, based on the principles of equity and quality.	4	
2	National entity for health promotion operating with an approved program	3	Health promotion projects are participatory and concentrate on promoting healthy spaces. Special mention should be made of the healthy municipalities project, which provided a number of incentives, the most important of which were the PAHO Award and the promotion of healthy lifestyles, with the development of policies to discourage smoking and promote physical activity and an adequate diet. The Food and Nutrition Security Project (SAN), implemented at the local level, promoted the participation of civil society, local governments, and institutions in activities to improve the health and nutrition of marginalized populations with equity and quality.

Environmental Protection and Development

Purpose:

Contribute to the development of a sustainable, efficient, integrated system for environmental protection and development and the promotion of healthy spaces.

#	Indicator	Status	Comments
1	Maintenance of drinking water coverage levels and expansion sanitation and wastewater disposal coverage.	4	
2	Increases in water quality control to provide safe water to 57% of the population by the end of 2000 and 60% by the end of 2001.	4	Activities promoted to upgrade water quality control standards. Technical commissions assisted in the evaluation of surface water pollution in bodies of water used as sources of drinking water. Quality control of drinking water in urban systems is high--over 97%. Nevertheless, in rural areas it was under 60% at the end of the biennium, for a national average of 75%. Even though the indicator has been met, technical cooperation needs to be strengthened in this sector, for which the authorities allocate minimal resources.
3	Improvement in the parameters	4	

	established for environmental protection and development in Costa Rica: emissions standards established to facilitate improvements in air quality; pesticide regulations disseminated; improved solid waste treatment through the creation of sanitary landfills, preferably regional.		
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Improvements in the Health Services (Post-Mitch)

Purpose:

Improve local capacity for health analysis and disease control and prevention interventions, with emphasis on areas with migrant populations.

#	Indicator	Status	Comments
1	Improved health care for people in project areas.	4	
2	Public health activities strengthened.	3	Vector control campaigns were conducted in five regions with a higher incidence of malaria and dengue; introduction of clean solid waste recycling technologies at the primary school level; sewerage disposal systems in 461 border schools; vaccination of mothers and children; local equipment and strengthening of vehicle fleet. Completion of basic sanitation works and remodeling of local physical spaces pending.
3	Health information systems functioning.	4	

CUBA
PROJECTS

Municipal Development

Purpose:

Help strengthen local development processes through decentralization, promoting intersectoral action and social and community participation.

#	Indicator	Status	Comments
1	Satisfactory evaluation of 90% of the 50 local development projects implemented.	5	100% of the municipalities were evaluated, and the number of participating municipalities increased to 53.
2	Improvement and strengthening of the provincial level and extension of the positive experiences of municipalities to other parts of the country.	5	Provincial programs in health education, surveillance, statistics, and nursing were strengthened.

Strengthening of the National Health System

Purpose:

Continue improving the SNS in its search for greater efficiency and effectiveness, taking the decentralization process, intersectoral actions, and social participation into account to secure the health and well-being of the population.

#	Indicator	Status	Comments
1	Training provided to 70% of national groups working in matters related to legislation, regulation, and the evaluation of services.	5	The senior staff of all central entities of the MINSAP were trained in the areas stipulated in the Semiannual Work Plans.

DOMINICA

PROJECTS

Environmental Health and Sustainable Tourism Development

Purpose:

Environmental health conditions and protection enhanced

#	Indicator	Status	Comments
1	A minimum of 55% of sewage and industrial effluent and solid waste (in the West Coast) monitored and assessed according to Regional Guidelines/standard, with 60% compliance by end 2001.		Data not yet available.
2	A minimum of 55% of sewage and industrial effluent and solid waste (in the West Coast) monitored and assessed according to Regional Guidelines/standard, with 60% compliance by end 2001.		Data not yet available.
3	Forty percent (40%) of restaurants and hotels will have introduced the hazard analysis critical control points system by end 2001.		Data not yet available.
4	National <i>Aedes aegypti</i> household index will be reduced 5% by end 2001.		Data not yet available. However, this is unlikely to have been fully achieved, due to the transfer of the Vector Control Coordinator and related difficulties in executing the plan of action.

Health Promotion and Disease Prevention

Purpose:

Adoption of healthy lifestyles.

#	Indicator	Status	Comments
1	Thirty percent (30%) increase in the number of women over 35 accessing Pap smear program at recommended times by 2001.		Data not yet available.
2	Use of fluoridated salt increased by 10% between end of 1999 and December 2001.	2	Postponed; to be conducted using a Technical Cooperation among Countries (TCC) approach.

Health Systems & Services**Purpose:**

Improve health systems.

#	Indicators	Status	Comments
1	Annual Ministry of Health Report launched publicly within seven months of the end of the year of review and 500 copies distributed widely.	2	The many changes across the senior level of the Ministry of Health and absence of a full-time CMO made this difficult.
2	Quality of hospital care monitored in at least one area by end of 2001. Management of healthy communities approach piloted in two areas by 2001.	4	1

DOMINICAN REPUBLIC

Projects

Development and Implementation of Health Sector Reform and Modernization at the National Level

Purpose:

Reform and modernize the health sector, with special emphasis on implementation of the primary care strategy, to permit a reduction in social inequities.

#	Indicator	Status	Comments
1	By the end of 2001 the entire country will have model of care of the reform in operation, and the restructuring and decentralization of SESPAS will be completed.	3	The model of care is being implemented and, due to the change in Government and the adoption of a new legal framework to regulate the sector, the indicator was not fully met.
2	SESPAS has set the standards and developed procedures for all its priority programs, and they are applied at the provincial level by the end of the biennium.	3	The standards were drafted, published, and are fully in place. More time is required for their application at the regional and decentralized provincial levels, as well as in facilities.
3	At the end of the biennium, at least 50% of the levels of care and classification of facilities and services network is consistent with the new model of care being implemented.	3	With the change in regulatory frameworks, the proposal for regional provider networks is in the process of approval, given the new legal framework adopted in May 2002.

Implementation of Health Sector Reform in the Decentralized Provinces.

Purpose:

Development of managerial capacity within the context of health sector reform, focusing on priority programs.

#	Indicator	Status	Comments
1	100% of provincial and municipal health bureaus operating in a decentralized manner at the end the biennium	3	The model of care is being implemented and, due to the change in Government and the adoption of a new legal framework to regulate the sector, the indicator was not fully met.
2	All provincial and health municipal units will have priority decentralized programs in operation at the end of the biennium.	3	The standards were prepared, published, and are fully in place. More time is required for their application at the regional and decentralized provincial levels, as well as in facilities.
3	At least 50% of provincial bureaus will have the new model of care operational at the first level, articulating with provincial care networks at the end of the bienniums.	3	The first level of care made progress in adapting to the model. With the change in regulatory frameworks and the advent of new laws, the proposal for regional supplier networks is in the approval process.
4	At the end the biennium, 100% of the services will be operating with quality of care standards in place.	3	Implementation of the quality standards should be considered a long-term process with intermediate achievements.

Technical Cooperation among Countries to Promote Shared Responsibility for Healthy Borders

Purpose:

Establish transborder cooperation projects and projects with other countries of the Region in the DOR's priority areas of need.

#		Status	Comments
1	At least 2 projects with countries of the Region (except Haiti) functioning at the end of the biennium	3	A TCC project between DOR/COR on social security, which has made excellent contributions, and a project with Cuba to support the development of healthy municipalities is under review.
2	At least one transborder project with the Republic of Haiti at the end of the biennium.	4	The rabies project was very successful in 2000; however the execution of the 2001 project advanced at a slower rate due to the change in the national authorities. New projects are being developed.

EASTERN CARIBBEAN**PROJECTS****Environmental Health****Purpose:**

Environmental Health conditions improved.

#	Indicators	Status	Comments
1	50% of reported foodborne diseases fully investigated (including recommendations for control).	4	Fully achieved in Anguilla and BVI.
2	50% of all hazardous and toxic waste are accounted for and controlled.	3	BVI not really under control; needs an agency with the technical capacity for implementation. Partially complete (50%) in Anguilla.
3	No health district has an <i>Aedes aegypti</i> household index of greater than 7% (BVI 4%) by end of 2001).	2	BVI, despite an index of <7 in several individual districts and an overall national index of 2.5, is currently experiencing a dengue outbreak. Still using temophos and fogging but needs to get individuals to take responsibility for eradicating breeding sites. Anguilla is still having a problem, despite fogging and a change in strategy, but the latter may have been initiated too close to the start of the rainy season for the difference to be noted.

Health Promotion and Disease Prevention**Purpose:**

Management of programs for the prevention and control of selected CNCDs and other selected disorders made more effective.

#	Indicators	Status	Comments
1	Annual reports on the achievement of defined program objectives received from program managers in at least one of the following areas during the biennium: STD/HIV/AIDS. The Elderly, Adolescents, CNCDs, Perinatal Care, Asthma, Mental Health, Injuries, Nutrition and Oral Health.	4	BVI has reports for most of the above areas except oral health. ANU has for dental, nutrition, STD and AIDS.

Health Services Development**Purpose:**

Management of Health Services improved.

#	Indicators	Status	Comments
1	Health Information reports produced in	3	Both Anguilla & BVI are currently preparing

	accordance with polices in a timely manner and reviewed by planning decision-makers on a regular basis.		reports of CMOs. Annual report of Glendon Hospital produced for 1999 and 2000.
2	Selected quality indicators achieved by 2001.		Information is not yet available for Anguilla BVI, or Montserrat.

Montserrat Technical Assistance Project PAHO/DFID Grant #140034

Purpose:

To improve the effectiveness and quality of health services for the people of Montserrat.

#	Indicators	Status	Comments
1	Rational approach to sustainable health services development as guided by Health Strategy & Plan.	3	Plan in place. Senior managers aware of indicators in plan.
2	Evidence of the use of selected local data for decision-making in planning and management of health (hospital) services.	3	Hospital information system plan developed. Implementation delayed. Some use of manually collected data used in planning.
3	Increased capacity of the Ministry to incorporate health promotion strategies and approaches.	3	Health promotion w/s held. Strategies used to develop mental health program. Nutrition group developed and revised nutrition policy.
4	Adequately trained persons available to replace 100% of vacancies in nursing anticipated through retirement in the 12-month period following end of project.	3	Nurses in training (to be completed in June 2002 to replace PNO who retires end 2002); in psychiatry, and in midwifery to be completed in Sept 2002)
5	Evidence of improved clinical management of selected conditions (as measured by predetermined indicators).	3	Baseline data for diabetes and hypertension collected and analyzed. Protocols developed for their management. Implementation to be phased in during 2002.
6	Evidence of improved clinical management of selected conditions (as measured by predetermined indicators).	2	Not for year 1 of the project

ECUADOR

PROJECTS

Health Promotion for Human Development

Purpose:

Health promotion plans and projects with intersectoral and community participation under way, with emphasis on healthy spaces and lifestyles and the reduction of inequities.

#	Indicator	Status	Comments
1	National planning and mass communication processes under way at the end of the biennium.	1	This indicator was not achieved due to political changes and the lack of financial resources.
2	Nine local health promotion experiences under way at the end of the biennium.	4	

Development and Strengthening of the National Health System

Purpose:

Support strengthening of the MPH's managerial capacity and sectoral steering role and the development of health services delivery marked by quality, efficiency (MPH, IESS, SSC, SOLCA, FFAA, others) and a comprehensive approach, promoting the integration of networks of services.

#	Indicator	Status	Comments
1	Health National system structured and organized	3	There is a constitutional mandate to create the SNS, and significant progress has been made in terms of its general characteristics and definitions, with support from several health sector institutions and other national institutions and actors. The National Health Council has prepared a draft law, which is pending discussion and approval by the National Congress

Personal Health Care

Purpose:

Develop activities for the prevention, control, and surveillance of diseases and biological, occupational, and psychosocial risks that affect the health of specific population groups, with special emphasis on emerging and reemerging diseases, as well as the epidemiological situations created by El Niño and other natural disasters.

#	Indicator	Status	Comments
1	The Ministry of Public Health leads promotion, surveillance, prevention, and control activities, integrating the other health institutions.	3	The MPH coordinates several successful programs such as the EPI and IMCI, but needs to strengthen its leadership in others, such as tuberculosis and rabies.

Development of Healthy Environments

Purpose:

Improve the authorities' capacity to evaluate and control environmental health risks and improve water and sanitation services.

#	Indicator	Status	Comments
1	Number of municipalities and institutions applying pollution control laws	3	Efforts are under way with the Ministries of Public Health, Environment, and Urban Development and Housing to establish regulations on air, water, and soil pollution.
2	Drinking water and sanitation service coverage increased by 5%.	3	Although ongoing efforts have been made to increase the Government of Ecuador's investments in drinking water and sanitation, the economic crisis has profoundly affected social investment budgets and sector institutions. In addition, the housing and population census is currently under way, and there will be real data on increases or decreases in coverage at the end of 2002.

Healthy Spaces Development Project in Loja Province

Purpose:

Strengthen local capacity to develop: a new vision of the health-disease process; public policies and local application of healthy actions consistent with that vision, moving toward the creation of cantons as healthy spaces.

#	Indicator	Status	Comments
1	Cantons of Loja Province (Calvas, Espíndola, Macará, Puyango, Zapotillo and Loja) in a position to apply healthy actions, promoting local management.	4	Execution has been successful, and the Embassy of the Netherlands has extended its cooperation until August 2002.

EL SALVADOR

PROJECTS

Health in Development and Health Systems

Purpose:

Support health sector modernization and the Ministry of Health to develop a new model for the organization, management, and delivery of services through the development and strengthening of the Ministry's steering role, the separation of steering functions, the procurement and delivery of services, and the consolidation of self-managed, self-sustaining health systems, with the participation of public and private providers in all departments.

#	Indicator	Status	Comments
1	The Ministry of Health fully exercises its steering role.	3	A sectoral reform proposal was successfully developed, and the steering role of the MSPAS is recognized. However, the operational mechanisms for its exercise have not been established.
2	There is a new comprehensive health care model at the national level.	4	A proposal for the restructuring of the MSPAS has been formulated and put in place. It has a new management model, with management units (SIBASI) responsible for implementing a new comprehensive health care model, and a regulatory support structure.
3	Technical, administrative, and managerial capacity has been developed and strengthened at the central, departmental, and local level.	3	15 out of 27 SIBASI have skilled management teams, and WINSIG has been implemented at the national level. However, the administrative areas of budget and human resources have not yet been decentralized.
4	Society participates in the management and control of health services	3	There has been a clearly proactive shift toward citizen participation and community control from the policy-making level to the local area, with successful experiences in 7 SIBASI, that require medium-term [MISSING].

Health Promotion and Protection

Purpose:

Increase the coverage and quality of care in the health services and food and nutrition to the population, especially for children, adolescents, and adult women, with emphasis on health promotion, protection, and self-care in vulnerable groups and at-risk areas.

#	Indicator	Status	Comments
1	Strategies to expand coverage selected and disseminated during the biennium.	3	With the support of the Regional Initiative for the Reduction of Maternal Mortality and in interprogrammatic coordination with reproductive health services, improvements were made in the areas of regulation,

			quality in care, obstetrical training, the setting of standards, the production of manuals, the development of instruments, and research.
2	Quality of care criteria established for each level.	3	Support continued for the national food fortification programs, generating and disseminating information on fortified food situation (salt with iodine, sugar with vitamin A, and wheat flour with iron and vitamin B complex). A National Commission on Fortified Foods (CONAF) has been established; this commission has support from the public and private sectors, academia, and cooperation agencies, which also participate.
3	Micronutrient food fortification technologies in the process of transfer.	3	Information generation and dissemination increased significantly, with emphasis on support for the different cooperation processes.
4	At least five foods with better nutritional value produced in the two-year period.	3	Health Promotion was placed on the regional (COMISCA), national, and local agenda as a commitment of the 262 municipalities of El Salvador. Work began on the drafting of the National Plan for Health Promotion.

Environmental Protection and Development

Purpose:

Promote, coordinate, and support the activities of national institutions in the prevention, identification, and control of environmental conditions harmful to human health.

#	Indicator	Status	Comments
1	Increased national capacity in drinking water, sanitation, adequate refuse collection and disposal, safe water, and the control of other environmental factors.	3	

Health Promotion, Disease Prevention and Control

Purpose:

Strengthen the diagnostic and response capacity (health promotion, disease prevention and control) of health workers, especially at the local and departmental level, through adequate use of in-service epidemiology to plan, execute, and evaluate health programs and plans, conduct epidemiological surveillance, and combat epidemics; in addition to training personnel for these needs in the master's program in public health at the University of El Salvador.

#	Indicator	Status	Comments
1	At the close of the biennium, 100% of the 18 departments and more than 70% of the 28 health systems will have staff trained in epidemiology and will be applying that knowledge in the	3	

	formulation of situational diagnoses and intervention measures through health promotion and disease prevention and control based on their own needs and priorities.		
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FRENCH GUIANA**PROJECTS****Development of Health Services****Purpose:**

Improve the quality of selected health services and systems in French Departments and neighboring states.

#	Indicators	Status	Comments
1	Substance abuse counselors available in clinics in FRG and diabetic management protocol enforced in all three departments. Equipment in SAL and DOM has less downtime in 2001. More radiological and diagnostic tests by professionals in Dominica and Saint Lucia and other selected countries in 2000.	2	The original project indicators, as identified, were found to be unrealistic in the timeframe, based on the programs in place, the resources available, and the planning processes in Dominica and St. Lucia. Much of the activity was therefore conducted through bilateral government-to-government arrangements.
2	French Guyana is an active participant in the Roll-Back-Malaria program; response to detection of vaccine-preventable diseases, particularly in the border regions, improved; alliances with Haiti in emergency medicine, sustained.	3	After a review mission in November 2000 – it was decided to concentrate PAHO technical cooperation to enhance PAHO's support for the exchange of regional strategies in the management of vector-borne and vaccine-preventable diseases and disaster management. French Guyana was the major beneficiary.

GRENADA PROJECTS

Environmental Health

Purpose:

Environmental health and protection improved.

#	Indicators	Status	Comments
1	No health district with household index of <i>Aedes aegypti</i> greater than 5% and other mosquitoes breeding sites reduced by 50% by end 2001 (using 1999 as baseline).	2	Not achieved. National counterparts noted that this was an over-ambitious indicator; however, while the average for 1999 was 17% during the biennium, this was lowered to 14% and it was noted that complaints fell.
2	At least 60% of the food establishments registered will have introduced the hazard analysis critical control points (HACCP) approach to food safety by end 2001	3	Partially achieved. The HACCP approach has been introduced in all major establishments (all hotels and restaurants'; however, further action is needed to expand the adoption into the many groceries in Grenada.
3	Commercial and industrial effluents monitored according to national standards by end 2001.	3	Partially achieved. The Bureau of Standards has adopted draft standards, and a consultative process is currently under way. The monitoring program will use these standards

Health Promotion and Disease Prevention

Purpose:

Personal health management improved.

#	Indicators	Status	Comments
1	Selected indices improved. Admission for complications of selected NCDs decreased by 10% over 1998 baseline; appropriate case management of selected mental health problems increased by 25% by end 2001 using 1998 as a baseline.		Data not yet available. National counterparts reported problems with data collection, as no system exists to coordinate hospital data in the Ministry of Health.

Health Sector Reform

Purpose:

Efficiency of Health Service System improved.

#	Indicators	Status	Comments
1	Plan to introduce National Health Insurance approved and implemented.	2	National counterparts reported that the responsibility for this lies outside of the Ministry of Health. More assistance will be needed in the next biennium.

2	Human Resource Development Plan operational by December 2001.	3	The Ministry completed an inventory of HR.
3	Preventive Maintenance Plan developed and operational by end of 2001.	3	National counterparts reported some difficulties with the COMEQ maintenance software system.
4	Approved functional Disaster Plan by end of 2000.	3	National counterparts reported that the many changes in ministry personnel have affected the draft plan, which now needs to be revitalized and completed.
5	Quality Improvement plans for selected areas developed by end of 2001.	3	The area of laboratory quality improvement was selected, but the indicator was not achieved due to human resource constraints.
6	Management of acute hospital services decentralized by end of 2000.	3	Technical cooperation in obtaining funding for the hospital management development proposal contributed greatly to the fulfillment of this indicator
7	National Health Plan developed by end of 2000.	2	Efforts were spent on team building, to engender a more participatory approach to strategic planning.

GUATEMALA

PROJECTS

Health and Environment

Purpose:

Contribute to the National Economic and Social Development Plan and to fulfillment of the Peace Accords and Peace Portfolio through support to consolidate the reorganization of the water and sanitation and solid waste sectors and to strengthen environmental management capacity, with a view to expanding and improving basic sanitation services and controlling air, water, and soil pollution within the framework of the sustainable human development strategy.

#	Indicator	Status	Comments
1	Sectoral reforms prepared in the areas of water and sanitation, solid waste management, and the control of air, water, and soil pollution, with PAHO support for their implementation, consolidation, and monitoring, by the end of 2001.	3	A national commission for reorganization of the water and sanitation sector was created, which has initiated the sectoral reform process; this will continue, however, in the next biennium.

Health Promotion and Protection

Purpose:

Strengthen the managerial capacity of governmental, nongovernmental, and population groups to develop a culture of health promotion by creating healthy environments, behaviors, and lifestyles, with a view to securing a commitment by individuals, families, and communities to the sustainable human development of Guatemalans, with equity and quality, employing an ethnic and gender approach.

#	Indicator	Status	Comments
2	Managerial capacity for monitoring the determinants of well-being (macro determinants; biological, social, and historical, and health service risk factors) strengthened by end 2001.	3	In general, efforts were made to strengthen public health management capacity in the epidemiological surveillance and information analysis systems by creating the Department of Epidemiology and strengthening the analytical capacity of epidemiologists, local managers, and the health programs.
3	Number of healthy environment activities (schools, municipalities, homes, work) promoted by end 2001.	3	Support was provided for the creation of the Ministry of Health's Department of Health Promotion and the implementation of the healthy municipalities and healthy schools strategy during the biennium.

Disease Prevention and Control

Purpose:

Support to strengthen the Ministry of Public Health and Social Welfare and civil society in the strategic activities of surveillance, prevention and control of morbidity and mortality from cholera, ARI/ADD, vector-borne diseases, tuberculosis, rabies, emerging zoonoses, foodborne diseases, pesticide poisoning, and vaccine-preventable diseases and improve the surveillance system for the prevention and control of cervical cancer and STD-AIDS, within the framework of the health policies and Peace Accords.

#	Indicator	Status	Comments
1	Measles and neonatal tetanus eliminated by the year 2000.	3	
2	Management of the PNI functioning at the end of the 2000-2001 biennium.	4	
3	30% reduction in cases of canine and human rabies over the 1998-1999 biennium.	4	
4	20% of health and community workers in the departments of Jutiapa, San Marcos, Totonicapán, Alta Verapaz, Zacapa, Quiché, and Izabal engaging in activities for disease prevention and the control of communicable and noncommunicable diseases prevalent in the country at the end of the 2000-2001 biennium.	4	

Health Policies and Health Systems

Purpose:

Contribute to health sector reform, developing the SIAS by strengthening administrative capacity at the different levels of care and promoting technical and administrative decentralization of the MSPAS. This will facilitate the equitable delivery of services, making it possible to improve the health conditions of the most neglected populations.

#	Indicator	Status	Comments
1	Ministry of Health structure includes specific activities to manage services in the health sector by the end of 2001.	3	Partially achieved. Will continue in the next biennium. The process for authorizing, adjudicating, and certifying the PSS/ASS has been applied to the 78 NGOs that are providing services. The accreditation process is pending.
2	Projects financed to support sectoral reform and fulfillment of the Peace Accords at the end of 200[last digit missing]	3	Partially achieved. Will continue in the next biennium. Two projects to support the expansion of coverage and improvements in services at the first and second level of care, both components of the sectoral reform.
4	50% of migrant workers and their families benefiting from social security at the end of 2001.	3	Partially achieved and will continue in the next biennium. Constant turnover of managers and assistant managers in the social security system affected the determination of eligibility. 50,000 migrant agricultural workers subscribed.

Technical Cooperation Among Countries

Purpose:

Strengthen national health priorities by linking the country to the Central American economic, political, and technical integration processes and with other regional blocs, entering into bi- and multilateral agreements to establish healthy borders and supporting the Peace Accords.

#	Indicator	Status	Comments
1	Effective participation of Guatemala in COMISCA, SIS, COSIS, RESSCA, and in ISCA during the biennium.	4	
2	Joint agreements and operating plans for border areas with ELS and HON at the end of the biennium.	4	
3	Preparation and dissemination on GUT-MEX agreements and joint plans during the biennium.	4	
4	Preparation and dissemination of agreements and joint plans for the MEX-GUT-BEL border areas	4	
5	Preparation and dissemination of agreements and joint operating plans with other countries of the Region during the biennium.	4	<p>TCC carried out:</p> <ul style="list-style-type: none"> ▪ Prevention and control of rabies, Belize-Guatemala ▪ Strengthening of Blood Banks, Guatemala-El Salvador ▪ Water and Sanitation in indigenous populations, Panama-Guatemala-El Salvador. <p>TCC projects prepared:</p> <ul style="list-style-type: none"> ▪ Technical cooperation among EPI countries, with emphasis on vaccination and epidemiological surveillance, within the framework of polio and measles eradication in border municipalities Guatemala-El Salvador-Honduras <p>TCC Negotiated:</p> <ul style="list-style-type: none"> ▪ Portfolio of projects 2002 (14 projects) negotiated in 2001, with Central American countries, Belize, Colombia, and Ecuador.

Decentralized Technical Cooperation - Ixcán

Purpose

Support the health sector of the municipality of Ixcán through decentralized technical cooperation, with a view to increasing coverage and improving the quality of care provided by the basic health services through the implementation of the SIAS.

#	Indicator	Status	Comments
1	Participatory local planning in convergence centers and health posts is just beginning; it has begun in the "mesa de salud" and is programmed to	2	The high staff turnover in the Ixcán health area has prevented this process from concluding definitively; there are changes in staffing at the operational and management

	continue in the next biennium.		levels. Follow-up of the training provided to staff continues and is expected to continue next year.
2	The information system has been consolidated; this is happening in all areas, from the convergence centers up to the area Administration office.	2	The management information system is becoming better known; every day more health services are reporting to the new information system--the unified health information system (suis). The area Administration office has tried to arrange for the system to be implemented in all its services and ensure that it will be used in decision-making. Efforts will continue next year.
3	The transborder surveillance system is being implemented to cover all transborder communities. It involves bilateral agreements between Guatemala and Mexico. Efforts have begun to draw up agreements with neighboring health areas and to keep common problems at the forefront.	2	The transborder surveillance system is active but needs to be consolidated. There has been staff turnover in Mexico and Guatemala. Some agreements have been renewed, and one is still needed on malaria vectors in Mexico.

Decentralized Technical Cooperation - Quiché

Purpose:

Support the health sector of the department of Quiché through decentralized technical cooperation to facilitate greater coverage and improve the quality of care in the services; the support should include mobilization of the necessary financial resources.

#	Indicator	Status	Comments
1	By 2001 80% of the population has access to basic health services.	4	
2	By 2001 the 5 priority municipalities of Quiché have implemented the SIAS.	4	

Decentralized Technical Cooperation - Alta Verapaz

Purpose:

Support the health sector of the department of Alta Verapaz through decentralized technical cooperation, to facilitate greater coverage and improve the quality of care in the basic health services by implementing the SIAS.

#	Indicator	Status	Comments
1	By 2001, 80% of the population has access to basic health services.	5	In the Municipal Health Districts, cooperation ensured that 100% of the population has access to health services expanded coverage.
2	By 2001 the department of Alta Verapaz has implemented the SIAS.	4	

Decentralized Technical Cooperation - PETEN**Purpose:**

Support the health sector of El Petén through decentralized technical cooperation to facilitate greater coverage and improve the quality of care in the basic health services by implementing the SIAS.

#	Indicator	Status	Comments
1	By 2001, 80% of the population has access to basic health services.	5	At the end the biennium, 90% of the population in rural areas of the 6 municipalities of North Petén has access to basic health services.
3	By 2001 the 3 priority municipalities of El Petén have implemented the SIAS.	5	Supporting the DASPEN, 1 PSS, and Cuban Cooperation made it possible to extend coverage of the SIAS to rural areas in the 6 municipalities of North Petén.

Decentralized Technical Cooperation - IZABAL**Purpose:**

Support the health sector of the department of Izabal through decentralized technical cooperation facilitate greater coverage and improve the quality of care of the basic health services by implementing the SIAS

#	Indicator	Status	Comments
1	By 2001 the 5 municipalities of Izabal have implemented the SIAS.	3	In 2001 financing was not available for expanding coverage. Basic institutional services were provided (B. Cubana).
2	By 2001, 80% of the population has access to the basic health services.	3	For lack of financing (FCI and MSPAS) the expansion of coverage has not been possible. It has been accomplished partially and institutionally.

Decentralized Technical Cooperation - ZACAPA**Purpose:**

Support the health sector of the department of Zacapa through decentralized technical cooperation to facilitate greater coverage and improve the quality of care in the basic health services by implementing the SIAS.

#	Indicator	Status	Comments
1	By 2001, 80% of the population has access to basic health services	3	The support was geared to developing the managerial capacity of the personnel in charge of the services. The MSPAS allocated Q.989,000.00 for next year and began the delivery of basic health services to the priority communities.
2	By 2001 the four priority municipalities of Zacapa have implemented the SIAS	3	The four priority municipalities are trained for implementation of the SIAS at the first and second level of care

Decentralized Technical Cooperation - HUEHUETENANGO**Purpose:**

Support the Huehuetenango health sector through decentralized technical cooperation to facilitate greater coverage and improve the quality of care in the basic health services by implementing the SIAS

#	Indicator	Status	Comments
1	By 2001, 80% of the population has access to health services.	5	By 2001 81% of the population has access to health services in the priority districts.
2	By 2001 the priority municipalities of Huehuetenango have implemented the SIAS	4	

Decentralized Technical Cooperation - NORTHERN METROPOLITAN AREA**Purpose:**

Support the health sector of the Northern Metropolitan Area through decentralized technical cooperation to facilitate greater coverage and improve the quality of care in the basic health services by implementing the SIAS.

#	Indicator	Status	Comments
1	By 2001 80% of the population has access to basic health services	2	
2	By 2001 the priority municipalities of the Northern Metropolitan Area have implemented the SIAS	2	

Decentralized Technical Cooperation - SOUTHERN METROPOLITAN AREA**Purpose:**

Support the health sector of the Southern Metropolitan Area through decentralized technical cooperation to facilitate greater coverage and improve the quality of care in the basic health services by implementing the SIAS

#	Indicator	Status	Comments
1	By 2001 the priority municipalities of the Southern Metropolitan Area have implemented the SIAS		
2	By 2001, 80% of the population has access to basic health services.		

GUYANA

PROJECTS

Communicable and Noncommunicable Diseases

Purpose:

Prevention and control of communicable and noncommunicable diseases improved.

#	Indicators	Status	Comments
1	Reduction of morbidity and mortality from communicable and noncommunicable diseases by end of 2001 at least in 5%.	3	The indicator of the project purpose was partially achieved. There was reduction of morbidity in several of the communicable diseases, including malaria. However, it is more difficult to determine the reduction in morbidity from chronic noncommunicable diseases.

Environmental Protection and Development

Purpose:

Environmental health and occupational health services delivered on a sustainable basis.

#	Indicators	Status	Comments
1	By December 2001, staff numbers in both services have increased.	3	Staff numbers in one service (OSHD) have increased
2	By 31 December 2001, staff of both services are appropriately trained.	4	Training of OSOs was curtailed due to the destruction of their office by fire mid-year.
3	By 31 December 2001, staff are executing assigned duties.	3	Implementation of the system was not achieved.

Health Systems and Services Development

Purpose:

To increase efficiency in the health care system

#	Indicators	Status	Comments
1			
2	% of budget allocated to PHC	4	The level of spending on PHC has increased. However, increases should continue into next biennium.
3	Client satisfaction levels increased	2	Several activities to improve client satisfaction were conducted. However no surveys were conducted.

Health in Human Development

Purpose: A comprehensive and efficient health information system developed

#	Indicators	Status	Comments
1	Improvement in collection of core data	2	Improvement has been made in the collection of mortality data.

Health Promotion**Purpose:**

Capacity of individuals, families, and communities for improving health enhanced.

#	Indicators	Status	Comments
1	Improvement in knowledge, attitudes, and skills related to child care and nurturing, healthy eating, physical activity, alcohol and tobacco use.		Degree of achievement: Cannot be assessed due to lack of relevant data
2	Increase in no. of community-based initiatives for improving health by Dec. 2001.	3	

Acquired Immunodeficiency Syndrome**Purpose:**

The effectiveness of the response to the HIV/AIDS will have been increased.

#	Indicators	Status	Comments
		4	Fully executed through UNAIDS

TCC Speech Therapy Training**Purpose:**

To increase capacity of the Ministry of Health to provide speech therapy services

#	Indicators	Status	Comments
1	At least 5% increase in health professionals trained as rehabilitation assistants with skills to assist persons with common speech impediments	2	Still awaiting agreements from counterpart Governments.
2	At least a 10% increase in the number of clients with speech impediments benefiting from service.		

HAITI

PROJECTS

Health Systems and Services Development (UAH, DSE, EDV, EHA)

Purpose:

Strengthen the capacity of the MOH to carry out the health sector reform.

#	Indicators	Status	Comments
1	Decentralization process of the MOH concluded and norms and procedures established by the end 2001	2	There was no international professional in charge of the program from December 1999 through December 2001. Therefore, the corresponding resources were transferred to support the MOH's Strategic Plan.
2	By the end of 2001 the Essential Drugs management will be effective in the MOH's central and department level	3	Limitations in the MOH impeded the full achievement of this goal. ED study being awaited from the European Community

Family/Community Health and Population Issues

Purpose:

Adequate the coverage of integrated child and women's health services, immunization, and implementation of the program to strengthen essential obstetric care, including emergency management.

#	Indicators	Status	Comments
1	By the end of 2001, MOH will have implemented IMCI in all nine-health departments, with coverage attaining at least 40% health institutions.	5	Seven of 9 health departments were covered. The two others were not because of the important, extensive immunization campaign against measles and poliomyelitis that was conducted, involving all staff at the national level.
2	By the end of the year 2001, all maternity wards (3 in the metropolitan area and 3 in the health departments) will have norms and procedures available and will improve their obstetric services for better management of obstetric care	4	
3	By the end of year 2001, well-trained personnel will be available for the delivery of Human Resources services including midwife auxiliaries and midwives in at least 4 departments	3	Training sessions have dealt with midwifery and the prevention of infection. Training of midwives is still ongoing.
4	By the end of the year 2001, a national entity for Adolescent and Youth Health will be launched and the norms and procedures for the management of adolescent problems will be formulated.	3	The national policy has been drafted and is awaiting approval of the MOH. Meanwhile, a project for the Comprehensive Health and Development of Adolescents and Youth has been developed; it is used for resource mobilization

Epidemiology/Disease and Control**Purpose:**

Contribute to a reduction in morbidity and mortality from communicable and noncommunicable diseases by strengthening epidemiological surveillance, prevention, and control of these diseases.

#	Indicators	Status	Comments
1	By the end of 2001, a national and regional laboratory network will be developed through the implementation of a national quality assurance program	2	The new national laboratory was accepted but is not yet functional.
2	By the end of 2001, 75% of the cases of diseases under active surveillance will be investigated according to norms and standards	3	The MOH requested priority for the strategic plan for epidemiology development as well as the training of new 25 health workers in basic epidemiology
3	At the end of the year 2000, a new version of Health Situation Analysis (HAS) in Haiti will be published, consisting of an analysis by department	4	
4	At the beginning of 2001, the Strategic Plan for the prevention and control of HIV/AIDS and STD will be revised	4	
5	At the end of 2001, manuals of norms and procedures to control VBD and zoonoses will be available in all health departments	2	For rabies we have not obtained full participation of the ministries of agriculture and health in all departments
6	At the end of 2001, for vector-borne diseases (filariasis), protocols will be designed, studies implemented, results disseminated, and drug resistance monitored.	3	The filariasis map is done with the ICT CARD TEST and we are in the process of implementing the national plan for the elimination of filariasis; no chloroquine-resistance notified.
7	By the end of 2001, MOH health professionals will be trained in vector-borne disease and rabies diagnosis and management.	4	
8	By the end of 2001, a manual of national norms and standards for the prevention and control of noncommunicable diseases (hypertension and diabetes) will be produced and evaluated	4	

Health Promotion and Protection**Purpose:**

Support local and national mobilization for the improvement of individual and community health.

#	Indicators	Status	Comments
1	By the end of the year 2001, five municipalities of the 100% of sanitary departments apply at least 3 components of the national charter for health promotion	2	The components used are violence and gender, mental health, tobacco control, community participation; The political situation and the institutional weakness of the MOH to carry out program activities are the two factors that impeded the successful execution of this project

Environmental Health, Water and Sanitation

Purpose:

To increase efficiency/effectiveness of drinking water, basic sanitation (D.W.S.) and environmental health protection systems.

#	Indicators	Status	Comments
1	Water and Sanitation Monitoring System (WASAMS) data updated by the end of each year.	4	
2	Drinking Water Reform (DWR) process completed and implemented by the end of December 2001.	3	The DWR process implementation has been delayed due to the continuing political crisis, which the country has been experiencing since June 1997.
3	Water Supply and Global Sanitation of the Capital City, 6 secondary cities and 4 main hospitals studied with PAHO contribution, by the end of December 2001.	3	The Global Sanitation of the State University Hospital (HUEH) project, costing up to US\$ 1,200,000, jointly funded by PAHO (design) and IDB (execution) has been completed in June 2000.
4	A least 250 water and sanitation technicians trained locally and 30 professionals trained abroad with CEPIS, CEHI, and CPC assistance.	4	The Water Supply and Global Sanitation of the Capital City and the 6 secondary cities projects have not been executed, due to lack of international funds frozen as a consequence of the Haitian political crisis.

Human Resources for Health

Purpose:

To strengthen the human resources of the Ministry of Health at central and departmental level.

#	Indicators	Status	Comments
1	At the end of the year 2001 a tool for standardizing and regulating health personnel training (national nurse curriculum) will be available.	3	The methodological approach and first year of the new nursing curriculum were validated by D.D.R.H. in December 2001. The national team, with technical support from consultants, is preparing a testing period.
2	At the end of 2001, Departmental managerial capacity for continuing training will be reinforced.	3	Trainers of trainers have been trained for the department of Artibonite only. The activities programmed in the West Department were cancelled due to the unavailability of personnel.

HONDURAS**PROJECTS****Disease Prevention and Control****Purpose:**

To cooperate with national institutions to promote capacity-building in the country in the following areas: consistent and timely administration and maintenance of a national epidemiological surveillance system with the analytical capacity and operational responses at each level of the health system (local, departmental, and central). To cooperate in the design and execution of sustainable plans of activities for the management, prevention, and control of communicable diseases--plans that contain specific semiannual or annual activities and include protocols for individual and community management, to reduce the incidence of the country's principal communicable diseases.

#	Indicator	Status	Comments
1	<p>An epidemiological surveillance system for collecting, tabulating, analyzing, and disseminating basic data (time, place, and person) about the characteristics of the primary communicable diseases). This surveillance system should be simple enough to permit:</p> <p>a) A delay of not more than 48 hours in transmitting information about diseases and/or a delay of not more than 5 days for diseases reported on a weekly basis;</p> <p>b) Capture of the information generated in 80% of the UPS, located in 298 municipalities of the country; and</p> <p>c) Final information at each level to feed into decision-making and the planning of regular and/or emergency health activities.</p>	4	Epidemiological surveillance system with 5 out of 9 regions reporting on a timely basis, with an 82% rate of reporting.
2	<p>Identification of appropriate strategies to address efficiently the communicable diseases that most affect the country. This should be reflected in:</p> <p>a) Semiannual or annual work plans for each disease (tuberculosis, dengue, malaria, diarrheal diseases, etc.), including a description of the intervention activities used;</p> <p>b) Epidemiological, clinical, and laboratory information needed to analyze each priority communicable disease, identification of risk factors, alternative strategies for addressing diseases, estimates, and projections of the incidence and prevalence (by disease and specific area geographical), and operating costs.</p>	3	Strategies that address malaria, dengue, cholera, Chagas' disease, rabies, leprosy, tuberculosis, and HIV/AIDS.

Food and Nutrition

Purpose:

To help improve food and nutrition by supporting the country in the design and execution of strategies, policies, and actions in the areas of: food and nutrition education for the population, human resources education, micronutrients, healthy and safe food consumption, and consumption of nutritionally fortified food.

#	Indicator	Status	Comments
1	Design and execution by the country of a national food and nutrition plan.	3	The magnitude of the problem demands greater continuity; the plan was partially executed.

Health Promotion and Protection

Purpose:

To formulate, implement, and evaluate policies, plans, programs, standards, and instruments on health promotion and the adoption of healthy public policies.

#	Indicator	Status	Comments
1	A document setting forth health policy prioritizing health promotion by the end of the biennium.	4	Health promotion was incorporated as one of the 5 core policies of the health sector.
2	At least a 50% increase in the budget allocated by the Ministry of Health to the areas of health promotion and education by the end of the biennium.	2	The budget was drafted following the past examples of previous government administrations, where health promotion was not incorporated.
3	At the end of the biennium the health secretary will have plans, programs, standards, and instruments for health promotion.	3	Organizing 3 departments and 3 general health directorates with little coordination among themselves made it difficult to move forward sufficiently.
4	Evaluation of health promotion programs, standards, and instruments at least once a year.	2	The previous observation about the lack of coordination at the technical political level applies.

Development of Health Systems and Services

Purpose:

To develop the capacity of the health sector to achieve maximum coverage with quality and efficiency through a sustainable participatory planning model.

#	Indicator	Status	Comments
1	Standards and policies issued by the Ministry of Health assumed by the entire health sector.	3	Standards were issued by the Ministry of Health, but the Sanitary Code was held up in Congress.
2	Civil society and local authorities involved in participatory planning.	3	Open councils and management agreements are common practice in municipal fellowships.
3	Implementation of a national quality improvement program.	4	All of the cooperation agencies took part in the national quality improvement program, and movement was made towards developing protocols for hospital medical care.

Strengthening of the Pharmaceutical Sector**Purpose:**

To execute concrete programs aimed at supporting the Ministry of Health to ensure access, quality, and the rational use of drugs, and to regulate national pharmaceutical policy.

#	Indicator	Status	Comments
1	A plan to regulate the national drug policy prepared and implemented in the year 2000, with participation of the health, economy, and education sectors and organized civil society.	3	The regulatory plan is being prepared with a technical group from the Ministry of Health prior to consensus-building and analysis by the Multisectoral Committee.
2	A system for institutional drug supply regulated and executed in keeping with the standards of the national health services network at the end of 2001.	3	The standardization of the national drug supply system is being fully implemented [missing] have been reviewed.
3	Program for developing pharmaceutical services in execution in 2 hospitals of the national health services network.	3	Support has been provided to pharmaceutical services through the dissemination of scientific information on drugs in the Social Security Department; the Drug Information System (DIS) has been implemented in the pharmaceutical services of different clinics in Tegucigalpa.
4	Institutional implementation of a program on rational drug use.	3	Pharmacy and treatment committees are being reactivated in the hospital network as a basic strategy to implement a program for rational use at the institutional level.
5	Plan for sanitary surveillance of drugs in place and being executed in at least 25% of the pharmaceutical establishments that produce and market drugs in the country.	3	Actions are being carried out to support training and the design of a national manual on the GMP, expecting greater progress in 2001.

Health in Human Development**Purpose:**

To help improve the health and living conditions of the population and reduce inequalities among population groups, the two genders, and ethnic groups.

#	Indicator	Status	Comments
1	At least one document on national policy and another on sectoral policy (social sector) concerning priority health care for marginalized population groups by the end of the biennium.	4	
2	At least a 10% reduction in households with three (3) or more unmet basic needs in rural areas and marginalized urban communities by the end of the biennium.	3	Investment in the social sector was insufficient to improve the living conditions of neglected groups.
3	A health situation analysis (prepared with community participation and updated annually) for at least 60% of the most neglected communities in the	4	

	country (as defined in government reports).		
4	A health plan to provide special care for neglected population groups, such as indigenous people, women, the rural population, and marginalized urban populations by the end of the biennium.	4	
5	Start of at least two special health care projects for neglected population groups, taking the criteria of access, quality, and efficiency into account.	4	

Environmental Protection and Development

Purpose:

Within the framework of a new health agenda, to promote and execute activities aimed at preventing, modifying, and controlling all variables and risk factors susceptible to intervention and thus reduce environmental health problems; to promote and/or strengthen the active participation of civil society and the adoption of habits and behaviors that improve individual and collective health and well-being.

#	Indicator	Status	Comments
1	10% increase in drinking water, adequate excreta disposal, and solid waste coverage; 50% reduction in current air pollution levels; and strengthening of civil society in 50% of municipalities.	3	This indicator is very independent of national efforts; work will continue in this biennium to limit the results to those attributable to our cooperation.

Family and Community Health

Purpose;

The country will have achieved a greater degree of quality and timeliness in the care provided in health services in the areas of: reproductive health, particularly prenatal and puerperium care, delivery, and a referral system, and in the design and development of programs aimed at reducing maternal and child mortality.

#	Indicator	Status	Comments
1	Reduced maternal and perinatal mortality.	3	The lack of a department head in the Ministry of Health's Maternal and Child Department for nearly a year made this indicator difficult to achieve.

Women, Health, and Development

Purpose:

To help develop policies that contribute to the elimination of gender inequities in the health sector, incorporating analysis of the impact of reform processes and a health situation analysis by sex and age; to implement programs and projects that support the resolution of specific gender and health problems with efficiency, quality, and sensitivity.

#	Indicator	Status	Comments
1	By the end of the biennium, formulation of a national health policy that	2	Health sector reform is just beginning; efforts have been made to introduce the

	incorporates the gender and life cycle approaches within the context of health reform; this policy will have been reviewed and approved and will be in the process of implementation through operational plans.		gender approach in mental health and certain elements in sexual and reproductive health policies.
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PLAGSALUD

Purpose:

To help reduce pesticide-related illnesses and support the implementation of sustainable agricultural alternatives in Central America within the framework of the partnership for sustainable development.

#	Indicator	Status	Comments
1	50% reduction of acute pesticide poisoning based on the project reference figure by the end of the project.	3	The national epidemiological surveillance system has added acute pesticide poisoning to the list of ailments monitored in order to measure its impact by the end of the project.
2	At the end of the project each country will have at least 1 clinical program for monitoring chronic effects.	3	Progress has been made; there are 6 comprehensive care units for patients with poisoning.
3	At the end of the project, 20% of the major agricultural producers registered with the project have adjusted the doses and types of products to levels compatible with lower-risk pesticide use.	3	5% of the major agricultural producers taking part in the project have been trained in the application of less risky alternatives.
4	At the end of the project, 30% of small and medium farmers registered by the project have adopted lower-risk practices in pesticide handling.	3	20% of small and medium farmers have been trained in 10 of the areas where the PLAGSALUD project is implemented.
5	At the end of the project, 40% of the entities supporting the Partnership for Sustainable Development have added the health component to their programs to promote sustainable agriculture.	3	Support for the efforts of the Partnership for Sustainable Development continues.

Prevention and Control of HIV/AIDS (SIDA) Strengthening the National Program for the Prevention and Control of HIV/AIDS

Purpose:

To contribute to the efforts of the Ministry of Health, through the National Program for the Control of STD/HIV/AIDS and TB, in its struggle against these diseases by supporting four specific areas:

1) epidemiological surveillance; 2) reduction of the social and economic impact on the population; 3) the IEC Plan; and 4) management and administration.

#	Indicator	Status	Comments
1	Contribution to national efforts to reduce the prevalence of HIV/AIDS by strengthening 4 specific areas: 1) epidemiological surveillance; 2) reduction of the social and economic impact on the population; 3) the IEC Plan; and 4) management and administration.	4	A bridging project was approved for an additional year (2002).

Extension, Consolidation, and Improvement of National Access to Health Care

Purpose:

To develop feasible, viable, and sustainable reforms of the health system suited to political, socioeconomic, cultural, historical, epidemiological, and demographic factors and to the development of health services in Honduras.

#	Indicator	Status	Comments
1	Health system reform has been debated, negotiated, and is under way.	3	The country still has not reached a consensus on health sector reform.

DFIF Project: Epidemiology and Vector Control

Purpose:

To reduce the magnitude and incidence of vector-borne diseases (malaria and dengue) in Honduras, and to improve operational abilities to detect, investigate, control, and prevent outbreaks of these and other communicable diseases.

#	Indicator	Status	Comments
1	In terms of epidemiological surveillance: a 20% reduction (over years 1 and 2 of the project) in reported cases of communicable diseases as a measure of effective control; a 30% reduction in the number of malaria cases reported over years 1 and 2 of the project, and a 50% decrease in reported cases of <i>Plasmodium falciparum</i> malaria; and a 40% reduction in the incidence of dengue (classical and hemorrhagic) cases, compared with the project baseline.	3	A project is under way and a mid-term evaluation has recently been conducted.

The CDC/USAID/PAHO Post-Hurricane Mitch Reconstruction Project

Purpose:

To have a comprehensive health information system that enables the Ministry of Health to make timely decisions at different management levels for the timely management, control, and prevention of the priority diseases affecting the country, using health-disease surveillance as the principal strategy.

#	Indicator	Status	Comments
	This project does not have any indicators because it is a specific component of a subregional project (CDC-Post Hurricanes).	3	The project ends in September 2002.

Educational and Social Support/Improvement in the Quality of Health Care and Services**Purpose:**

To assist children under 15 and families affected by HIV/AIDS in Honduras by strengthening and systematizing a comprehensive approach for children affected by the epidemic and their families, with broad multisectoral participation, concentrating the work on SPS.

#	Indicator	Status	Comments
1	Counselor's Manual reviewed and adapted by the end of 2002. At the national level, 100% of counselors [incomplete sentence in original] A document on technical standards for the supervision, monitoring, and evaluation of the activities of the STI/HIV/AIDS/TB Department prepared, validated, and implemented by the end of 2002. 5 staff members of the Department trained in the latest scientific developments in STI/HIV/AIDS by the end of 2002. Supervisory visits to oversee STI/HIV/AIDS prevention and treatment activities in every health area of the 7 regions selected by the end of 2002. Revision and updating of operational guidelines for in-service supervision of the STI/HIV/AIDS activities at the end of the project.	2	Project in final execution phase (Duration: 18 months)

JAMAICA

PROJECTS

Environmental Health

Purpose:

To improve the knowledge and capacity of the personnel in the ECD and Inspection Services of the Ministry of Health and Regional Health Authorities in the exercise of Planning, Programming and monitoring of water quality, solid waste, sewage and excreta disposal, and workers' health.

#	Indicators	Status	Comments
1	By the end of 2002 all environmental Health Managers will be trained in the area of Data Management, Planning Programming, and Project Monitoring, and Evaluation of Environmental conditions in the regions and at central levels.	3	The development of an information system is ongoing, including environmental variables. Training has been provided in data management, planning, programming, monitoring and evaluation at the central level. It is ongoing at the regional level.

CCD (Control of Communicable Diseases)

Purpose:

Strengthening the capacity of the Ministry of Health in the control and prevention of communicable diseases, including vaccine-preventable diseases.

#	Indicators	Status	Comments
1	By the end of 2001, immunization coverage in children under 1 year will be 100%.	3	The Ministry has achieved 85% coverage. The program continues to be strengthened.
2	By the end of 2001, 100% sentinel sites will be reporting in a timely manner and the reports will be available.	3	Sentinel sites are reporting. Reports are available.
3	By the end of 2001, laboratory viral surveillance program developed.	3	The Ministry of Health and CAREC are working together to develop a laboratory viral surveillance program.

Health Systems and Services Development

Purpose:

To provide knowledge, skills, techniques and tools to improve health services in terms of: quality, financial sustainability, effectiveness, efficiency, equity and access.

#	Indicators	Status	Comments
1	Quality assurance program	3	
2	Operational efficiency and productivity data.	3	
3	Operational efficiency and productivity data.	3	
4	Use of statistics	3	

Health Promotion and Protection**Purpose:**

Promote the adoption of health lifestyles and strengthen methodologies in health promotion to mobilize communities to effect responsible health behavior.

#	Indicators	Status	Comments
	Technical working group meetings conducted involving Pan American Health Organization (PAHO) and Ministry of Health (MOH) and related stakeholders to develop strategies.	4	All Technical working group meetings were successful. A surveillance system on violence and its prevention was developed.

FOS Food Safety**Purpose:**

Comprehensive food protection and priority zoonoses program developed, reviewed, and implemented in collaboration with relevant Government agencies and NGOs

#	Indicators	Status	Comments
1	Comprehensive food protection programs developed and implemented at the national level and in at least 50% of parishes by 2001.	3	Food protection plans are implemented islandwide. HACCP have been expanded to fish and poultry.
2	Bovine tuberculosis- and brucellosis-free status obtained by 2002; morbidity from leptospirosis reduced in a selected high-risk group, and maintenance of the FDM- and rabies-free status.	3	Bovine tuberculosis-, brucellosis-, rabies-free; leptospirosis status unknown.

Noncommunicable Diseases**Purpose:**

Reduction in morbidity and mortality from chronic noncommunicable diseases

#	Indicators	Status	Comments
1	Surveillance system for chronic disease and cancer registry are able to generate timely reports by 2001	4	The Ministry of Health generates timely reports
2	Surveillance system for salt fluoridation program	2	

Mental Health**Purpose:**

Promote Mental Health Wellness and improve the delivery of Mental Health Services

#	Indicators	Status	Comments
1	Programs for destigmatization of mental illness in place by December, 2000.	3	The effects of campaign not yet evaluated
2	Community Mental Health integrated into the Primary Health Care Services by December, 2002	3	Process is on going. UWI participating.

Emergency and Humanitarian Action

Purpose:

Strengthen capacity of national officials and PAHO Representative Office to prepare for and respond to health emergencies and disasters.

#	Indicators	Status	Comments
1	Incident Command Systems Training	5	
2	SUMA V Training	4	
3	Mass Casualty Management Training	4	A workshop was held on stress management and implemented with participants from all the Caribbean Islands.
4	Acquisition of equipment and supplies to support PED training and emergency response.	4	APC done and other equipment acquired.

MEXICO

PROJECTS

Environmental Health

Purpose:

To increase Mexico's capacity for environmental management associated with protecting human health.

#	Indicator	Status	Comments
1	National authorities define indicators within the framework of their policies, plans, and programs.	3	The capacities of national authorities have increased in terms of surveillance, standardization, and environmental management, although some of the programmed activities were not carried out due to a transitional period in the government.

Health Promotion and Protection

Purpose:

To increase the adoption and use of health promotion strategies, methodologies, and actions in the institutions of the health sector and other related sectors.

#	Indicator	Status	Comments
1	To increase the adoption and use of health promotion strategies, methodologies, and actions within the institutions of the health sector and other related sectors.	5	The number of healthy communities rose from 749 to 1399 by the close of the biennium, and there were 900 health-promoting schools.
2	10% increase with respect to the 98 healthy spaces: communities; schools; workplaces.	4	All healthy communities have incorporated social participation and multisectoral interventions as a central element of health promotion.
3	Incorporation of social participation by the end of the biennium in 100% of the healthy community projects.	5	Advocacy projects were carried out in programs for adolescents, active aging, mental health, and addiction and smoking.
4	Evaluations conducted in 100% of healthy community projects by the end of the biennium.	3	Although progress has been made in state projects with a multisectoral approach, and some of them have been used as pilot projects, an evaluation component has still not been comprehensively included.
5	Inclusion of health advocacy in at least one annual project.	5	Education and communication have been included in the substantive programs of the Ministry of Health and in the priority strategic lines, as well as the projects headed by the General Bureau of Health Promotion. Progress has been made in consolidating the national health promotion strategy and the national programs of different institutions such as the Ministry of Health

			and the IMSS, and the expected project results have been achieved to a large extent. The consolidated strategies have been reflected in the new 2001-2006 six-year program of the Ministry of Health. Health promotion is one of the main priorities of this program, especially as it relates healthy communities and school education.
6	At least two projects to prevent multicausal risks in execution by the end of the biennium.	2	The diabetes prevention project has been developed.
7	Education and communication included in at least 20% of health promotion projects by the end of the biennium.	3	Although progress has been made in state projects with a multisectoral approach, and some of them have been used as pilot projects, education and communication components have still not been comprehensively included.

Technical Cooperation among Countries

Purpose:

To increase the sharing of experiences among countries in the Region with regard to the execution of health programs.

#	Indicator	Status	Comments
1	No fewer than 3 TCC projects with the support of PAHO initiated in the biennium.	5	TCC projects have been defined and finalized with Brazil (environment), Venezuela (zoonoses), and Canada/USA (aging).

Development of Health Systems and Services

Purpose:

To generate knowledge and information that support the development of health systems and services in Mexico.

#	Indicator	Status	Comments
1	Impact indicators used by the states, where the results are disseminated annually.	4	Measurement of results and impact assessment in the states have developed significantly, and PAHO has contributed to training and the dissemination of indicators and standards, particularly those related to coverage of the health services package established by the Ministry of Health. Efforts have been incorporated in support of the Ministry of Health initiative on the National Campaign for Quality Health Care.
2	Publication by PAHO of a consolidated report verifying universal coverage of the basic package of health services for the general population in the year 2001.	5	In addition to the publication of the methodology, the results of applying it have been presented in state, national, and international scientific courses and events, and a process evaluation was carried out.

3	Subheadquarters of the Regional Disaster Information Center in operation.	1	The Civil Defense and the Ministry of Health have not maintained their interest in the subheadquarters of the Regional Disaster Information Center. Instead, they have expanded cooperation in training and instruction.
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Zoonoses

Purpose:

To put control programs in place for endemic zoonoses in priority areas and to operate early warning and immediate response systems in the health and agriculture sectors to deal with any epidemiological emergency caused by this type of disease.

#	Indicator	Status	Comments
1	Analysis of the absolute and relative incidence in animals by disease.	4	The frequency of cases and deaths from zoonotic diseases have been analyzed, and PAHO has helped organize meetings for analysis, the training of technicians, and the dissemination of scientific information.
2	Preparation of information on morbidity and mortality rates from zoonoses.	4	PAHO has assisted in the creation of intersectoral forums and in the dissemination of information on national trends in international forums.
3	Annual detection and control of emerging diseases common to humans and animals.	4	Surveillance systems are operating in the country; PAHO's greatest contribution has been in updating the training of epidemiologists and laboratory technicians, applied research, and information exchange, particularly with bordering countries.

Sanitary Protection of Food

Purpose:

To prevent, control, and reduce foodborne diseases, and to prevent the rejection of food exports due to issues related to their sanitary quality.

#	Indicator	Status	Comments
1	List of laws and standards prepared, revised, and promulgated annually.	4	PAHO has collaborated in the content analysis and has provided direct technical assistance for several of the standards drafted.
2	Morbidity and mortality rates for FBDs (outbreaks and cases).	4	The Ministry of Health and SAGAR have monitored the morbidity and mortality from FBDs, and PAHO has cooperated in this task by supporting the training of technicians and applied research.
3	The number of laboratories that analyze food and water.	4	The country has increased the number of laboratories that analyze food and water, and PAHO has contributed to training and information dissemination and has supported scientific and technical exchanges.

4	Number of food shipments rejected.	3	Information is not available, and PAHO has concentrated on supporting better interaction between the regulatory and surveillance agencies, which correspond to two different technical areas in the Ministry of Health.
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Communicable Disease Prevention and Control

Purpose:

To provide interventions to address the greatest risk factors, associated with the appearance and spread of diseases, and to increase coordination quantitatively and qualitatively within and among sectors and at the international level.

#	Indicator	Status	Comments
1	List of selected risk factors by priority program.	3	Basic indicators have been identified for the majority of priority programs. Strengthening of surveillance of noncommunicable diseases remains pending for the next biennium.
3	Vaccination coverage for more than 90% of children by their first birthday and an expanded vaccination strategy.	5	The goals in the proposed national indicators have been met and exceeded for certain vaccines. However, at the local level of some regions of the country, this indicator has still not been met.
4	30% reduction in mortality from ARI by the end of the biennium.	3	Even though the General Bureau of Information and Performance Evaluation at the Ministry of Health is still verifying the information from the year 2000, the raw data shows that the downward trend has been maintained at a 20% reduction of mortality from ARI.

Human Resources

Purpose:

To improve human resources management within the framework of sectoral reform and decentralization.

#	Indicator	Status	Comments
1	Modernization and operation of the National Health Network by the year 2000, with all heads of teaching programs interlinked.	4	The national teaching network has linked the state and the federation by electronic media; PAHO has provided the technical support and international exchange of experiences for this initiative.
2	SIARHE functioning with interinstitutional participation during the biennium.	5	PAHO has provided the methodology and helped create interinstitutional forums for SIARHE; it has also published the information collected.
3	Accreditation of training schools for physicians and nurses in Mexico beginning in 2000.	4	The Mexican associations of medical and nursing schools conduct accreditation, and PAHO has facilitated knowledge and the sharing of methodologies with countries in the Region.

Information Systems**Purpose:**

To collaborate in strengthening scientific and technological capacity to develop, adapt, use, and evaluate knowledge about health by supporting the development of scientific and technical information systems and networks to exchange health information.

#	Indicator	Status	Comments
1	Implementation of strategies to integrate the decentralized units under a systematic information management scheme.	4	PAHO furnished the Ministry of Health with the concept and formats for using statistical information as basic indicators, which helped the Ministry to make informed decisions at the national level and to improve training at the state, local, and international levels.

Family Health and Population**Purpose:**

To implement all the components of the comprehensive reproductive health and family planning programs.

#	Indicator	Status	Comments
1	Standards for the prevention and early diagnosis of cervical cancer disseminated throughout the country, and knowledge about program setbacks and progress in the priority states.	4	Standards for the detection, diagnosis, prevention, and treatment of cervical cancer have been prepared, discussed, and disseminated throughout the country.
2	Analysis of new strategies for reducing maternal and perinatal mortality in at least 5 priority states.	3	The determinants of maternal and perinatal mortality have been described; priority has been given to the analysis of strategies focusing on priority states; and PAHO support for the evaluation of the Equal Start in Life Program will continue.
3	Expansion of coverage and improvements in the quality of reproductive health services for marginalized and indigenous populations.	3	The expansion of coverage and improvements in the quality of health services for marginalized and indigenous populations have been undertaken only in some states.
4	Plans formulated to implement a comprehensive health services program for adolescents.	3	Implementation of the comprehensive program for adolescents is under way, and PAHO has contributed to the formulation and design of this program.

Women, Health, and Development—Health of Indigenous Peoples**Purpose:**

To generate greater sensitivity and interest in the health and socioeconomic conditions of women and indigenous peoples, and how these conditions differ.

#	Indicator	Status	Comments
1	By the end of the biennium, institutions working on women's affairs, such as the	3	The program has been restructured and, through the Women and Health Program

	National Program on Women, three general bureaus at the Ministry of Health (Reproductive Health, Health Promotion, and Statistics and Informatics) NGOs, associations and universities, will have a situational diagnosis for women in health and development.		and the Consortium on Women and Health, the situation of women in health and development is being analyzed; PAHO is part of the program's Coordinating and Technical Committee.
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Health in Human Development

Purpose:

To strengthen national capacity to analyze sectoral policies and mobilize social organizations and the communications media to engage in advocacy regarding health policies.

#	Indicator	Status	Comments
1	Up-to-date data on the health policies of Mexico in databases and publications of PAHO/WHO during the biennium.	4	PAHO has prepared a profile of the health services system, including an evaluation of health sector reform for 1995-2000, and has helped to compile basic data and economic information.
2	Participation of social organizations and communications and parliamentary media in promoting health policies and advocating information about health and human development throughout the biennium.	2	Partial progress has been made in mobilizing and creating communications and parliamentary networks in order to strengthen public policies.

NETHERLANDS ANTILLES

PROJECTS

Health and Quality of Life in the Netherlands Antilles

Purpose:

To consolidate, with the participation of all social actors, the political and technical foundations for health reform, the development of strategic and priority services, and programs for people and the environment, using efficient, effective, and equitable health service networks.

#	Indicator	Status	Comments
1	Existence and implementation of the strategies, plans, and programs needed to implement health reform and expand health services coverage in an efficient, effective, and equitable manner by the end of 2001.	3	Noteworthy progress has been made in this area. A project was signed between Netherlands Antilles and PAHO in order to strengthen essential public health functions. The country will deliver a total of US\$ 100,000 per year for four years to PAHO for administration of the project.

Health and Quality of Life in the Netherlands Antilles

Purpose:

To consolidate, with the participation of all social actors, the political and technical foundations for health reform, the development of strategic and priority services, and programs for people and the environment using efficient and effective health service networks.

#	Indicator	Status	Comments
1	Existence and implementation by the end of 2001 of the strategies, plans, and programs needed to expand health services coverage to the population in an efficient, effective, and equitable manner.	3	Aruba has based its strategy on expanding the social security system. The Netherlands Antilles has based its strategy on essential public health functions.
2	Existence of mechanisms and financial resources to ensure the availability of services to people and the environment.	3	Financial resources are increasingly scarce in Aruba and the Netherlands Antilles. Thus, both countries are reforming their health systems.
3	Access to comprehensive quality health services for 80% of the Aruban population by the end of 2001, in accordance with the country's health situation.	3	Coverage has increased, but it has not reached 80%.

NICARAGUA

PROJECTS

Disease Prevention and Control

Purpose:

To strengthen national capacity to implement comprehensive, intersectoral, and sustainable actions to prevent, control, and eliminate communicable, noncommunicable, and vaccine-preventable diseases.

#	Indicator	Status	Comments
1	100% of the Local Comprehensive Health Care Systems (SILAIS) report adequate vaccination coverage for vaccine-preventable diseases at the end of 2001	3	Preliminary results indicate that 73% of communities have coverage higher than 90%.
2	90% of the population benefits from actions to prevent and control communicable and noncommunicable diseases.	4	All the population has benefited from these activities.

Health and Environment

Purpose:

To reduce morbidity associated with poor health conditions and the improper use of pesticides by strengthening national and local capacities in environmental management.

#	Indicator	Status	Comments
1	10% reduction in morbidity and mortality from diarrhea, cholera, dengue, malaria, and pesticide poisoning by the end of 2001.	3	Incidence rates of ADD and dengue have increased. Incidence rates of cholera, malaria, and pesticide poisoning have been reduced.
2	Four national institutions participating in environmental management processes (Ministry of Health, MARENA, MITRAB AND INAA) focus on risk management in their programming efforts by the end of the 2001.	3	Ministry of Health, MARENA, and INAA have prioritized actions focusing on risk. MITRAB has limited resources for carrying out actions in this regard.
3	The health sector is an active participant in four national commissions on health and the environment by the end of 2001.	3	The Ministry of Health has actively participated in commissions on pesticides, workers' health, effluents, solid waste, and piped water.

Health in Development

Purpose:

To increase the capacity of the state and civil society in data analysis, surveillance, and sectoral and intersectoral health planning, with a view to fostering human development and promoting healthy behaviors and lifestyles, emphasizing the search for equity in health and poverty alleviation.

#	Indicator	Status	Comments
1	Existence of national and local commissions working to promote health during the 2000-2001 biennium.	4	The national political situation has prevented adequate development of these commissions.
2	Addition of health and equity to the local and national policy agendas during the 2000-2001 biennium.	3	The task has been complex due to other determinants; however, the health sector has carried out initiatives.
3	By the end of 2001 it is hoped that the health authorities will be involved in the effort to combat poverty within the framework of the long-term HFA Strategy defined by the current government.	3	Long-term strategy defined by the current government administration.

Health Systems and Services

Purpose:

To consolidate the steering role of the Ministry of Health, define the role corresponding to each of its agents, and organize their coordination and participation to help increase the coverage of services and benefits, ensuring quality and sustainability.

#	Indicator	Status	Comments
1	Finalization and development of the health sector modernization plan.	3	Established deadlines were not met for technical and political reasons.
2	Formation and regulation of the National Health Commission and Boards of Directors of SILAIS, as well as the Interagency Commission for Modernization, by the end of 2000, and of the Local Health Councils by the end of 2001.	3	This process was affected on the previous indicator.
3	20% increase in health care coverage for the most vulnerable population groups, compared with 1999.	4	The indicator was achieved in social security and in the public sector (a change in the Ministry of Health's information system prevents comparisons with past years).

Emergency Preparedness and Disasters

Purpose:

To strengthen emergency and disaster preparedness actions in the health sector to lessen the impact of disasters on human health and health infrastructures.

#	Indicator	Status	Comments
1	Preparedness and availability of trained personnel to provide timely, organized,	5	This goal was exceeded, thanks to additional financial and human resources

	and efficient care to 50% of communities in the highest-risk areas by the end of 2000, and to 50% in 8 of the highest-risk departments by the end of 2001.		from the Central American Project.
2	8 health institutions at the departmental and municipal levels in the highest-risk zones providing timely, organized care to the populations most affected by disasters: 4 in 2000 and 4 in 2001.	5	The formation of the EDAN, PESL, and SUMA teams with their institutional character made it possible to involve tens of institutions.
3	A PESL strategy for training and preparing three full-time consultants on site made it possible to work in 73 communities in 8 departments.	5	The PESL strategy and the communities selected in the Central American Project exceeded the goal.

NORTHERN CARIBBEAN**PROJECTS****Health Systems and Services Development Cayman****Purpose:**

To strengthen the capacity of the health services to manage their human, physical, and financial resources effectively and therefore encourage high standards for health care delivery.

#	Indicators	Status	Comments
1	Health Systems and Services Development Cayman	3	EPHI initiative development

Health Systems and Services Development Bermuda**Purpose:**

To strengthen the development of health in the delivery of health services through human resource development

#	Indicators	Status	Comments
1	Health Systems and Services Development Bermuda	3	Bermuda did not participate in the EPHI Seminar.

PANAMA

PROJECTS

Strengthening of the Steering Role

Purpose:

To support development of Ministry of Health's steering capacity.

#	Indicator	Status	Comments
1	Degree of implementation of the five strategic projects for addressing priority areas in health supervision.	2	The country has not defined the five strategic projects, and they were therefore not implemented.

Modernization of Health Services

Purpose:

To help improve the quality and efficiency of public health services by developing a health care model that includes community participation as part of the health reform and modernization process.

#	Indicator	Status	Comments
1	Development of the health care model in at least 50% of the health regions by the end of 2001.	4	As part of the reform and modernization processes the actions have made it possible to develop the health care model in 7 out of 14 regions.

Health Promotion

Purpose:

To increase social participation in health promotion and development at the national and local levels.

#	Indicator	Status	Comments
1	Participation of at least 30% of social organizations in the events listed in the health promotion plan by the end of 2001.	3	Approximately 150 institutions have been mobilized in support of health promotion activities (it has been difficult to calculate the percentage because the denominator is unknown).

Disease Prevention and Control

Purpose:

To reduce morbidity and mortality from the principal diseases affecting humans and the zoonoses affecting animals in Panama, and to prevent the introduction of new diseases into the country.

#	Indicator	Status	Comments
1	10% reduction in morbidity from the principal communicable diseases in humans and prevention of the introduction of new zoonoses.	4	The epidemiological surveillance system estimates an 11% reduction in the morbidity of tracer diseases and did not detect the presence of new zoonoses.

Environmental Protection and Development of Water and Sanitation

Purpose:

To promote, coordinate, and support the activities of national institutions working to prevent, identify, and control environmental conditions adverse to human health.

#	Indicator	Status	Comments
1	A number of regulations, standards, and other legal provisions on water and sanitation reviewed, updated, and in force during the biennium.	5	In spite of very limited financial resources, 2 standards, 1 set of regulations and 2 legal norms have been prepared.

Occupational and Environmental Aspects of Pesticide Exposure (PLAGSALUD)

Purpose:

To strengthen capacity at the national and local level to monitor and respond to the changing problems caused by pesticides.

#	Indicator	Status	Comments
1	A 30% reduction in fatalities from acute pesticide poisoning in the health services where the project is executed.	1	It is estimated that there has been a 3% reduction in fatalities from pesticide poisoning. This is because, in Panama, a high number of suicides are carried out using pesticides.
2	Local epidemiological surveillance system capturing at least 60% of acute pesticide poisoning by the end of the biennium.	3	The local surveillance system has captured approximately 30% of acute pesticide poisoning.
3	At least one local decision made annually based on information generated by the epidemiological surveillance system.	4	Local decisions and actions are made based on information generated by the epidemiological surveillance system.
4	At least two annual meetings held by the health sector with 60% attendance of the members from the Agricultural Chemicals Commission.	4	The Ministry of Health has convened more than two annual interinstitutional meetings to address problems caused by pesticide exposure, with a higher than 60% attendance rate.

Strengthening of Information Services and Promotion of the Virtual Health Library

Purpose:

To help improve scientific and technical data on health.

#	Indicator	Status	Comments
1	At least 40% of information services automated and with access to databases available on CD-ROM and via the Internet.	3	30% of the centers of the national information network have a database available on the Internet. 55% have subscribed to the LILACS CD-ROM and 100% have Internet access.

PARAGUAY**PROJECTS****Support for Health Reform, the Environment, and Political Management of the National Health System****Purpose:**

To meet the demand for technical cooperation to address public health problems.

#	Indicator	Status	Comments
1	Degree of satisfaction of the national counterparts with PAHO technical cooperation	4	National authorities and other cooperation counterparts have expressed their satisfaction.
2	90% of expected results achieved by December 2001.	4	84.2% of the 95 indicators have obtained technical cooperation results, 43 with (3), 33 with (4) and 4 with (5), meaning that expected results have been satisfactorily achieved.

Development of Health Systems and Services**Purpose:**

To improve the management and oversight capacity of the Ministry of Public Health and Social Welfare and to expand health services coverage within the framework of decentralization and health reform.

#	Indicator	Status	Comments
1	60% implementation of the health sector reform plan by the end of the biennium.	3	Progress has been made in implementing the health sector reform plan, but not everything has been accomplished, chiefly because of a lack of financing from the national budget.

Disease Prevention and Control**Purpose:**

To strengthen national capacity in surveillance, prevention, detection, and interventions for priority diseases: malaria, dengue, Chagas' disease, Hantavirus spp., rabies, vaccine-preventable diseases, tuberculosis, leprosy, AIDS, and prevalent childhood illnesses.

#	Indicator	Status	Comments
1	Reorganization and implementation of programs to control priority diseases in at least 3 health regions by the end of 2000.	3	Priority has continued to be placed on disease surveillance and control, but not on decentralization.
2	Technical standards for priority diseases prepared or revised and available in the health services by the end of the 2001.	3	The indicator has been met for the project, but the country needs to update and/or create permanent standards for other problems.
3	Development and operation of an information system for epidemiological	3	A greater commitment is needed from the technical and strategic teams of the

	surveillance of priority diseases in 3 health regions by the end of the biennium.		Ministry of Health to develop a national information system.
4	Strengthening of public health and surveillance laboratories by the end of the biennium.	3	Greater national financial resources are needed to develop a network of laboratories for epidemiological surveillance in strategic health regions.
5	Trained human resources who work in the prevention and control of priority diseases by the end of the biennium.	3	Continued efforts are needed on a plan to train human resources in priority disease surveillance and control.
6	Creation and training of rapid response teams to respond to crises, epidemics, and disasters, by the end of the biennium.	2	The Ministry of Health has had difficulty in identifying and sustaining a rapid response team.

Health Promotion

Purpose:

To develop the country's capacity in risk control through interventions in health promotion and plans, programs, and projects geared towards formulating and implementing healthy public policies.

#	Indicator	Status	Comments
1	Incorporation of health promotion into health plans, programs, and projects.	5	The Ministry of Public Health has created a General Bureau of Health Promotion, through which 22 healthy communities have been established with community participation; in addition, a network of 17 healthy schools has been established with the support of the First Lady Foundation.

Environmental Health

Purpose:

To contribute to the implementation of a national environmental health policy that increases drinking water and sanitation coverage and regulates the health sector in an equitable and effective manner through the training of human resources and the sharing of expertise and experiences.

#	Indicator	Status	Comments
1	Sensitization of authorities who are implementing standards, regulations, instructions, and other appropriate and updated mechanisms to manage environmental health in the context of sustainable human development by the end of 2001.	3	The recently created National Environmental System, SEAM, CNTOX, CEN, SENASA, CORPOSANA, communities, and Ecoclubs strengthened their management capacities. Negotiations and conflict resolution practicums in the area of solid waste and industrial pollution were carried out with the Municipality of Asunción and the national cement industry.

Situation Analysis and Monitoring of Health

Purpose:

To strengthen national capacity to interpret the country's health situation, monitor threats and risks to health, analyze the national and local health situations, and identify gaps and inequities in health, in order to guide health reform and decision-making.

#	Indicator	Status	Comments
1	Review of the epidemiological surveillance system in 2000, and strengthening of the system by the end of the biennium.	3	No progress has been observed in the Ministry of Public Health and Social Welfare in terms of its steering role in the health sector.
2	Conceptual and methodological development of health surveillance in 2000.	3	This was not a priority for national authorities.
3	Identification and articulation of national information sources, and development of a health database in 2000.	3	Greater articulation is needed among information sources to guarantee access to the database.
4	Training of at least 50 professionals in epidemiological and health surveillance at the end of the biennium.	3	The degree of completion is 3. The indicator has been met with regard to number, but has fallen short with regard to content.

Development of Human Resources

Purpose:

To improve the management capacity of the Ministry of Public Health and Social Welfare in the area of human resources, as well as the impact on the quality of services and professional development within the framework of health sector reform.

#	Indicator	Status	Comments
1	Implementation of at least 70% of the priority contents of human resources policies by the end of 2001.	3	Activities have been carried out in almost all the priority areas, highlighting the need for better knowledge and interventions in specific problems during the next biennium.

PERU

PROJECTS

Epidemiology, Disease Prevention and Control**Purpose:**

To improve national and regional capacity in health situation analysis and disease prevention and control.

#	Indicator	Status	Comments
1	The Representative Office, the Ministry of Health, and at least 50% of the Health Bureaus have a situation room.	4	
2	Development of disease prevention and control plans at the national and regional levels.	4	

Policies and Health Systems and Services**Purpose:**

To consolidate national capacity in health reform by developing models for health care and the organization of health services, mechanisms for allocating resources, regulations, and the monitoring and evaluation of health, as well as the formulation of sectoral policies based on the principles of equity and efficiency.

#	Indicator	Status	Comments
1	By the end of the biennium, operation in at least two health bureaus of a health care model and the decentralized management of health care for disadvantaged population groups, including monitoring and evaluation procedures.	4	
2	Operation of regulatory standards on the quality of national health services by the end of the biennium.	4	
3	Incorporation of the design of a financing and health care strategy for population groups with limited resources into the sectoral policies of the Ministry of Health by the end of the biennium.	4	
4	A study to measure equity in health care by the end of the biennium.	4	

Health Promotion**Purpose:**

To develop national capacity to promote and protect health from the perspective of sustainable human development.

#	Indicator	Status	Comments
1	By the end of biennium, the 5-year Strategic Plan for 2000-2005 will have incorporated the health promotion and protection approach into its policies and strategies as part of sectoral reform.	4	

Health and Environment, Disaster Prevention and Mitigation**Purpose:**

To strengthen national capacity for environmental management and for disaster prevention and mitigation.

#	Indicator	Status	Comments
1	A national plan for health and environmental surveillance at the end of 2000.	4	
2	Design and implementation of health and environmental surveillance systems in 25% of the regions by the end of the biennium.	4	
3	A national plan for risk prevention and control by the end of the biennium.	4	
4	Implementation of operating plans for the prevention and control of health and environmental risks in 25% of the regions by the end of the biennium.	4	
5	By the end of the biennium, implementation of actions to improve the quality of water, sanitation, and urban cleaning services and/or systems for food protection, chemical safety, and air quality, helping to reduce health risks among the population in 25% of the regions.	4	
6	Emergency disaster plans in at least 70% of the health facilities located in at-risk areas, and implementation of measures to decrease vulnerability in 10 hospitals.	4	

Human Resources Development

Purpose:

To strengthen the capacity of the Ministry of Health for comprehensive and decentralized regulation and placement of human resources, within the framework of the health sector reform process.

#	Indicator	Status	Comments
1	Systematization and development of decentralized comprehensive human resources management by the end of the biennium.	3	No political decision has been made to decentralize human resources.
2	Approval and application of human resource regulations in labor and education.	3	No political decision has been made to decentralize human resources.

Communicating for Health

Purpose:

To encourage the development of human resources specializing in communicating for health, to promote the adoption of healthy behaviors and place priority issues on the public and policy agenda.

#	Indicator	Status	Comments
1	At the end of the biennium, development of health communication strategies, plans, and programs with professionals from the Ministry of Health, providing professionals in the mass media of Lima and the provinces with skills and supporting human resources education at the university level.	4	

Information

Purpose:

To facilitate access to relevant health information within the framework of technical cooperation in order to strengthen the development of the human resource capacities in health.

#	Indicator	Status	Comments
1	Results of a survey on the utilization of the information disseminated, at the end biennium.	4	

Technical Cooperation among Countries—Regional and Subregional Integration in Health**Purpose:**

To strengthen integration processes among countries--particularly with bordering countries--and subregional and regional groups, promoting joint efforts and the formulation of agreements and cooperation plans for the development of public health.

#	Indicator	Status	Comments
		4	

PUERTO RICO**PROJECTS****Cooperation with Puerto Rico****Purpose:**

To support Puerto Rico in disseminating and fine-tuning health sector reform, with an emphasis on health promotion and disease prevention.

#	Indicators	Status	Comments
1	Progress made by Puerto Rico in health reform emphasizing health promotion, and the development of Puerto Rico's capacity to disseminate information among PAHO members.	4	Progress has been made in evaluating essential public health functions, health promotion, human resources training, and noncommunicable disease prevention.

SAINT KITTS AND NEVIS

PROJECTS

Environmental Health

Purpose:

Cleaner and safer environment sustained.

#	Indicators	Status	Comments
1	By the end of 2000, baseline surveys of wastewater pollution from hotels in both St. Kitts and Nevis are conducted.	2	Not achieved- No baseline survey was established.
2	No health district in St. Kitts and Nevis with an <i>Aedes aegypti</i> index greater than 7 by the end of 2001.	2	Not achieved – Insufficient resources to adequately employ the integrated vector control approach.
3	Safe food practices evident in at least 95% of food establishment inspected by the end of 2001.		Data not yet available.

Health Promotion

Purpose:

Positive lifestyles and preventive health measures adopted.

#	Indicators	Status	Comments
1	5% increase in the number of pregnant women booking appointments in the first trimester (using 1999 baseline data).		Data not yet available.
2	Evidence of positive trend for improved lifestyle in one area demonstrated by 2003.		Data not yet available.
3	Hospital admissions related to diabetes decreased by 10% between 1998 and 2001.		Data not yet available.

Health Sector Reform

Purpose:

More effective and efficient management of health projects demonstrated by Ministry of Health.

#	Indicators	Status	Comments
1	Two referral hospitals in St Kitts and Nevis, respectively, commissioned by the end of 2001.	2	Not achieved. Hospital Commissioning will be completed by July 2002 for St Kitts and April 2002 for Nevis.
2	By 2001, relevant health legislation enacted.	3	Partially achieved. The Health Institution Act completed and scheduled for first reading November 27, 2001. Nursing Act will be revised by July 27, 2002.
3	Monthly reports on equipment performance available to	3	Partially achieved. The software has been installed and data are being entered in St

	DHI/OM/Mat/MS, available from June 2001.		Kitts at present. However, Nevis is encountering problems with the software.
4	By end of 2001, human resource development plan available for continued updating.	2	The workshop to complete the Human Resource Inventory was postponed to 2002.
5	Annual Reports document improvement in quality and health status by end of 2001.	3	Fitness and dietary survey completed.
6	Revised disaster plans for two hospitals available to all personnel by December 2001	4	Disaster plan revised and scheduled for distribution second quarter of 2002.

SAINT LUCIA**PROJECTS****Environmental Health****Purpose:**

Capacity for management of environmental health program strengthened.

#	Indicators	Status	Comments
1	Protocols for monitoring food safe and wastewater operational by December 2001.	3	A protocol for monitoring waste-water pollution was completed and is being used to monitor recreational water quality.
2	First computerized report for vector control issued by December 2001	2	
3	Self-inspection system implemented in 50% of targeted food-handling establishments by December 2001.	3	

Health Promotion & Disease Prevention**Purpose:**

Improved quality of family life.

#	Indicators	Status	Comments
1	Teen pregnancies decreased by a third by December 2001 (using 1998 as baseline).	4	Achieved, however with the concurrent decrease of pregnancies among older women, teenagers account for 25% of all deliveries.

Health Systems and Services**Purpose:**

Implementation Plan for approved HSR policy in progress.

#	Indicators	Status	Comments
1	Process for review and monitoring of execution of performance budgets defined and initiated by June 2000.	3	The process was defined but has not been initiated.
2	Indicators of quality of care and/or performance of three selected programs or units defined and information system adapted to facilitate collection of necessary data by December 2001.	3	The program areas have been identified but the necessary indicators of quality have yet to be defined.
3	Two key management positions created at central level for HRD and Information Management by March 2000.	4	Positions include the Assistant Human Resource Director at the Victoria Hospital, and an Assistant Secretary in the Ministry (does not include information management position).
4	Selected components of approved HSR mechanisms in place by June 2001.	4	Six person Planning Unit is now operational.

SAINT VINCENT**PROJECTS****Environmental Health****Purpose:**

Environmental health conditions improved.

#	Indicators	Status	Comments
1	Number of complaints filed related to waste disposal reduced by 30% between 1999-2001.		Data not yet available.
2	Only 10% of analyses of recreational waters show levels higher than the acceptable concentration limit in 2001.		Data not yet available.
3	Safe food practices evident in at least 80% of food establishment surveyed by 2001.	4	
4	All work-related illness and injuries are reported to MOH by 2001.	2	National counterparts were of the opinion that this indicator was probably over-ambitious.

Health Promotion and Protection**Purpose:**

Mortality and morbidity from selected conditions reduced.

#	Indicators	Status	Comments
1	5% reduction in admission rates in 45-66 year olds for complications from diabetes by end 2001 (baseline 1996).		Not known, as data had not yet been analyzed at the time this report was completed.
2	5% reduction in admissions for complications from hypertension/stroke among 45-65 year olds by 2001 (using 1996 baseline).		Not known, as data had not yet been analyzed at the time this report was completed.
3	Reduction in perinatal mortality from over 20/1,000 births in 1995 to an average of 17/1,000 births for the biennium 2000-2001.	4	
4	Number of admissions to the Mental Health Center reduced by 5% from 1999 to 2001.	2	There has been a slight increase in the number of admissions to the Mental Health Center.

Health Systems Development**Purpose:**

Health service management and delivery improved.

#	Indicators	Status	Comments
1	Quality of hospital care improved in at least two areas between January 2000 and December 2001, as measured by predetermined indicators.	3	The two selected areas were nursing, based on the RNB's CARCOL and laboratory. Achieved in nursing but a shortage of staff has slowed progress. The status of the laboratory aspect is unsure.
2	Evidence of use of MIS data to guide planning and/or management available in official written reports by end 2001.	4	However, due to the loss of the computerized patient registration system there has been a decrease in the availability of data. Operations of the GRASP (nursing workload measurement) system were also affected by the loss of nursing personnel.
3	Supply of selected drugs rationalized by mid 2001.	4	Achieved. The Formulary committee is fully functional but protocols need to be put in place.

SURINAME**PROJECTS****Technical Cooperation Among Countries (TCC)****Purpose:**

To develop systems for cooperation between Suriname and other regional countries.

#	Indicators	Status	Comments
1	Establish plans of work with the regional countries and determine additional funding resources	4	One TCC with T&T completed on kidney dialysis; One TCC approved with T&T-Barbados-CPC on food safety; Two more submitted - on AIDS with Jamaica and on mercury with Brazil.

Nutrition, Women & Child Health, Immunization (NUT, WCH, VID)**Purpose:**

To strengthen national capacity to: a). provide ante, peri and postnatal health care; b) provide 100% coverage in immunization; and c) improve nutritional status (previous project purposes 03, 08 and 09 combined)

#	Indicators	Status	Comments
1	100 % Children 0-4 years consulting a health facility throughout the year vaccinated and 100 % used needles and syringes in these facilities throughout the year safely disposed.	3	Objectives were not realistic. Coverage around 84%. Introduction safety boxes for disposal in 2002.
2	Eradication and/or elimination of poliomyelitis, measles and rubella.	3	No yellow fever for decades; no neonatal tetanus since 1983; no measles since 1991; no poliomyelitis for many years
3	Primary care providers and institutions with optimal capacities and sufficient supplies and equipment to fully vaccinate the complete target populations of the EPI-program.	5	
5	BOG, RGD and Medical Mission with optimal capacities to find, investigate and report all possible cases of disease covered by the EPI program and other vaccine-preventable diseases.	5	
6	Population with high awareness and support of the EPI-program, and key persons in all sectors of all communities involved in the planning and execution of activities under the program	3	
7	Optimal immunization of vaccines against vaccine-preventable diseases such as Hepatitis B, <i>Haemophilus influenzae</i> infections, yellow fever, rabies and influenza.	3	<i>Haemophilus influenzae</i> is not yet part of regular vaccination program. Projected to be introduced in 2003.

8	The flow of vaccines, needles, and syringes to health facilities is 100% achieved and guaranteed for the rest of the year.	5	
9	100% adequate storage and distribution of vaccines and other supplies has been achieved at the central cold storage for vaccines. Also, other health facilities have been provided with cold chain equipment.	5	Back-up generator will be placed first half 2002.
10	Full preparations have been made to conduct mass MMR/yellow fever campaign nationwide. This will start in July 2000. 80% of Health Center Representatives will participate in workshops with special emphasis on CRS and yellow fever surveillance system.	5	.
11	National coverage of mass media A (TV, Radio and News paper)	5	As part of the national immunization program
12	The scope of the Department of Family Health is broadened beyond the traditional focus on mothers and children to include the following target groups: Senior citizens; Adult males; Middle-aged women; Teenagers and adolescents	1	The Department of Family Health was not officially established at the MOH. The existing WCH unit does not yet include these target groups.
13	Under Fives Clinics providing optimal services covering the complete target group	3	The WCH unit provided training to improve care for U5 care. The focus was on the medical doctors, not (yet) on the clinic as a whole.
14	Day Care Centers providing optimal services.	3	A series of educational meetings for staff of day care centers were held.
15	Department of Family Health with optimal internal capacities to develop and coordinate national programs.	1	The Department of Family Health was not officially established by the MOH.
17	Department of Family Health with functional cooperative links with other relevant organizations, within the Ministry of Health and in other social sectors.	1	The Department of Family Health was not officially established by the MOH.
18	Primary health care professionals and institutions providing optimal curative and preventive services for pregnant women and neonates.	4	The care for pregnant women and neonates, provided by PHC professionals and institutions, is at a satisfactory level.

Water Supply and Sanitation (CWS)**Purpose:**

To reduce the incidence of environmental health- and occupational diseases (e.g. water and excreta related, foodborne, toxic substances) and the ill health impact and damages from natural and manmade disasters.

#	Indicators	Status	Comments
1	National Health Statistics indicate lower incidence of: 1. Waterborne and excreta-related diseases 2. Foodborne diseases 3. Occupational illnesses 4. Poisoning by hazardous substances	3	Data on incidence for the year 2001 not available as yet Food safety discussions under way at national level. TCC project also developed.

Human Resources for Health (HRH)**Purpose:**

To strengthen development of human resources in all fields critical for the adequate functioning of health services.

#	Indicators	Status	Comments
1	Human resources development in nursing, midwifery and allied professions strengthened by December 2001.	3	Upgrading courses and training were executed in the area of nursing. For midwifery and allied professions this was not achieved.
2	Health Education Department with optimal capacities to develop, coordinate and support health education programs and activities at the national and the local level.	3	The Health Education Department did contribute to educational activities, e.g. health fairs and public campaigns e.g. regarding the dengue epidemic.

Health Situation and Trend Assessment (HST)**Purpose:**

To adjust and consolidate the national disease notification and information (NDNI) system.

#	Indicators	Status	Comments
	No indicators were defined in original BPB		

Universal Access to Health Care (UAH)**Purpose:**

To strengthen the national capacity to control noncommunicable diseases and impacts of disasters and emergencies.

#	Indicators	Status	Comments
1	The coverage of national prevention and control programs is extended to the entire population.	3	Dengue Contingency Plan Developed, National and Health Sector Workshops held to identify priorities Mass Casualty Workshop Held 225 First Responders trained

Communicable diseases, including HIV/AIDS (OCD/UNAIDS)**Purpose:**

To strengthen national capacity in prevention, management and control of communicable diseases. (combination of previous project 10 (OCD) and 11 (UNAIDS))

#	Indicators	Status	Comments
	No indicators defined in original BPB		

Restructuring of the Bureau of Public Health (BPH)**Purpose:**

Identify, review and analyze the main problems that impinge on the efficient functioning of the BOG and purpose alternative solutions on a short-, medium- and long-term action plan; and assist in implementing priority actions in the areas of management and epidemiology.

#	Indicators	Status	Comments
	No indicators were defined in original BPB		

Development of the Regional Health Services (RGD)**Purpose:**

Provision of basic preventive and curative services to the population of the coastal area, with special emphasis on underserved population and based on the principles of equity and universality.

#	Indicators	Status	Comments
	A financially sound, well-managed system of headquarters, health centers, and Poli/Clinics with pharmacies for basic health care in the coastal area of Suriname.	1	The project ended in September 1999. The final report was submitted in 2000, because of the need to complete the last project activities

Livestock Disease Surveillance, Monitoring and Reporting System (LDS)**Purpose:**

(A) Improve the diagnostic acumen of public and private animal health workers, (B) increase the diagnostic capacity of the veterinary laboratory in Paramaribo, (C) institutionalize the minimum disease monitoring system necessary to protect the interests of farmers and consumers and (D) improve the ability of animal health workers to respond to epidemic and endemic diseases.

#	Indicators	Status	Comments
1	Strengthen Suriname's ability to diagnose, monitor, and control communicable diseases of livestock in order to improve and maintain the health and productivity of its livestock populations and to ensure a quality supply of fresh meat to domestic and future export markets.	1	Not implemented because of lack of government financial support.

Geriatric and Gerontological Training for Health Care Professionals (HEE)**Purpose:**

To improve the quality of life for the elderly in Suriname by assisting local organizations, both governmental and non-governmental, to provide appropriate training and resources to the elderly themselves and to their caregivers within the family and the community.

#	Indicators	Status	Comments
1	Support research on problems such as supporting elderly populations with special needs (e.g. elderly in the hinterland and those with disabilities).	4	Most project activities completed. Deadline for submission of final report is March, 2002.

TRINIDAD AND TOBAGO

PROJECTS

Food Safety

Purpose:

The capacity of nationals developed in foodborne disease surveillance and control, with particular emphasis on veterinary public health

#	Indicators	Status	Comments
1	An integrated Vet. Public Health Surveillance System developed and implemented by the end of 2001	4	

Disease Prevention and Control

Purpose:

The capacity of the government and non-government sectors and communities to undertake disease prevention and control programs strengthened

#	Indicators	Status	Comments
1	By the end of 2000, chronic disease programs established in at least 2 RHAs	3	This project was affected for a considerable period of time by the nurses' industrial action in the health sector and some activities had to be rescheduled for a later date. A National Policy has been designed with all stakeholders and approved by MOH to support the implementation of the integrated management approach for CNCD.
2	By the end of 2001, chronic disease programs established in 3 additional RHAs	3	Wellness programs and weight management programs were developed with three regions. Trained community instructors are in place to continue programs at local levels.

Health Promotion and Protection

Purpose:

The capacity of national agencies and communities to carry out their responsibilities to improve the health status and well-being of the population at the national and local levels strengthened.

#	Indicators	Status	Comments
1	By the end of 2000, all RHAs have at least one health promotion plan developed in collaboration with other agencies and community.	4	
2	By the end of 2001, at least 4% of agencies in the public sector develop mechanisms to assess the health impact of their plans and policies related to health promotion.	4	

Public Policy and Health

Purpose:

Increase the capacity of the public sector and NGOs to understand health impacts of public policy in several sectors.

#	Indicators	Status	Comments
1	By 2001, training provided to at least 150 persons in healthy public policy concepts; to include participants from at least 5 different sectors and units.	2	

Reproductive Health

Purpose:

Strengthen the capacity of the health sector to provide quality services in reproductive health

#	Indicators	Status	Comments
1	By the end of 2001, all RHAs monitoring quality indicators in reproductive health and initiating plans for service improvement.	3	A policy for the reorientation of the population program to a comprehensive sexual and reproductive health program was finalized with multisectoral participation. A strategic national plan of action has been completed to support the local process of reorienting and improving the quality of the services. Training was done with all regions in the areas of youths/adolescents and men's health, counselors were trained to improve the quality of care provided. Educational materials were printed and disseminated. One regional survey was conducted on sexual and reproductive risk practices among students to improve local programs.

Environmental health Risk Assessment and Management

Purpose:

Develop human and institutional capacity to assess and control health risks associated with environmental hazards and promote improvements in water and sanitation.

#	Indicators	Status	Comments
1	Human resources and institutional capacity strengthened through training and terms development	4	

Malaria and other Vector Borne Diseases

Purpose:

Strengthen surveillance and control of vector-borne diseases

#	Indicators	Status	Comments
1	At least two community-based programs conducted and training in 100% RHAs	3	Although there was close collaboration with national counterparts at the Insect Vector

	in vector surveillance and control		Control Division of the Ministry of Health, success in community-based programs has been limited, with only one school program conducted. Training is ongoing, and three programs were conducted for perifocal operators, lab staff, and for port health.
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Health Situation and Trend Assessment

Purpose:

Increase capacity of MOH and RHAs for the collection, analysis, interpretation, and dissemination of health information for disease control.

#	Indicators	Status	Comments
1	Plan and guidelines for comprehensive surveillance system published and adopted by MOH and 5 RHAs by end 2001.	3	The development of the plan was negatively affected by the absence of MoH's counterparts. Technical discussions were held, and a contract was established to produce a draft policy and plan of action for the reorganization of the system. Manuals to support the process were printed and are available.

Health Systems and Service Development

Purpose:

Strengthen human resources and basic systems development to support operationalization of the Health Sector Reform Program.

#	Indicators	Status	Comments
1	At least three (3) training programs operationalized within each of three (3) RHAs by the end of 2001	4	RHA conducted a number of workshops to improve the management skills of supervisory personnel, e.g. communications, performance measurement
2	Quality improvement systems and processes developed.	3	Policy and procedures for quality improvement were developed and are currently in the implementation stage.
3	National oral health policy supported by development of plans and procedures.	3	Evaluation of dental curriculum completed.
4	National Drug Policy plans and procedures developed to support implementation.	2	Development of plans and procedures continues.
5	Training to strengthen skills re health sector reform.	3	Training programs successfully implemented in a number of disciplines, e.g. quality assurance and risk management, program monitoring and evaluation.
6	Policy and guidelines developed for patient referral system.	2	Development of referral system guidelines still in progress.
7	Health professionals curricula reviewed.	2	A number of curricula were reviewed. e.g. medical records, health administration and radiology.
8	Review results of Evaluation of Strategic	2	Completion of Evaluation of Nursing

	Plan for Nursing, 1995-1999.		Strategic Plan delayed due to strikes and other factors beyond control of consultant.
9	Operational guidelines for health technology assessment system developed.	4	

Technical Cooperation Among Countries

Purpose:

Projects involving cooperation, partnering, and contributions between two or more countries to improve health situation

#	Indicators	Status	Comments
1	Medical Laboratory Technology training improved in Trinidad and Tobago and Suriname by the end of 2000.	2	

People Living With HIV/AIDS

Purpose:

Quality of life of PLWA improved by increasing knowledge and awareness of health workers on HIV/AIDS for provision of care and reduction of stigma.

#	Indicators	Status	Comments
1	A plan of action to address the unmet needs of PLWA completed no later than the first month of project start-up.	2	Project was incorporated in November 2001. Implementation is in its initial phase and goes on to December 2002, in keeping with the agreement signed by UNAIDS/PAHO.
2	A cadre of physicians, nurses, pharmacist, nutritionist, and social workers trained in each RHA to provide educational, medical, nutritional, and counseling care to PLWA in no later than the first three months of project start-up.		
3	100 PLWA and/or their supporting circle trained in self-care within 4 months of project start-up.		
4	At least 25 volunteers from NGOs working in HIV/AIDS trained to support PLWA in their homes and monitor compliance with medication and 25 trained to manage AIDS hotline by the end of November 2001.		
5			
6	Project evaluated no later than December 2002.		

TURKS AND CAICOS**PROJECTS****Health Services Development****Purpose:**

To put in place the systems and adequately trained human resources to ensure good quality clinical and community services.

#	Indicators	Status	Comments
1	Policies and procedures developed being utilized in the programs for which they have been developed.	2	The MOH does not have a well-established Planning Unit and monitoring system.
2	Programs are evaluated on a regular basis starting 2001	2	The MOH does not have a well-established Planning Unit and monitoring system.

Environmental Protection and Development**Purpose:**

To strengthen national capacity to control, regulate, monitor, and protect natural resources and manmade environments.

#	Indicators	Status	Comments
	No indicators were defined for this project at the purpose level.		

UNITED STATES OF AMERICA**PROJECTS****Project 3****Purpose:**

Foster U.S. participation, with an accent on equity and Pan-Americanism, in global and regional health issues, including the US-Mexico Border.

#	Indicators	Status	Comments
1	Plans, projects, and policies will have been supported in a timely manner in areas considered high priority in the context of bilateral and multilateral health efforts.	4	Resources supported projects on the US-Mexico border, in public health education and practice, health promotion, disease prevention, child and indigenous health, tobacco control, food safety, and mental health.

URUGUAY

PROJECTS

Health Promotion

Purpose:

To promote the formulation of policies, plans, programs, standards, and instruments for health promotion and the adoption of public policies in health.

#	Indicator	Status	Comments
1	The healthy communities, healthy schools, CARMEN and psychiatric care reform projects are in effect.	2	Priorities have changed, and only the psychiatric reform project remained the responsibility of the MPH.

Environmental Health

Purpose:

To develop national activities in various areas of sanitation and environmental quality control.

#	Indicator	Status	Comments
1	Improved management of at least two sanitation sectors and two environmental quality control sectors.	4	Improvements have been recorded in sanitation and environmental quality, as well as in environmental and occupational health. The MPH's role has been strengthened, standards perfected, and technical cooperation and support received in the management and operation of DARES, DINAMA/MVOTMA, communities, and other organizations in the country.

Disease Prevention and Control

Purpose:

To implement program methodologies and models and interventions to prevent damages and promote health.

#	Indicator	Status	Comments
1	Improvement of no fewer than five programs or interventions to prevent damages or promote health through the technical cooperation works carried out.	4	The various improvements as a result of cooperation works include more contributions and coverage of IMCI, optimization of surveillance of Chagas' disease, control of <i>A. aegypti</i> without the introduction of dengue, strengthening of tuberculosis and leprosy programs, support for the integrated national food safety program, development of VETA, and surveillance and control of zoonoses.

Development of Health Policies**Purpose:**

To achieve greater equity and efficiency in actions geared toward promoting and improving the health of the population.

#	Indicator	Status	Comments
1	Presentation at the end of the year 2001 of a comparative analysis between the 2000-01 and the 1998-99 bienniums on types of health services coverage and their financing according to various socioeconomic indicators.	4	

Development of Health Systems**Purpose:**

To improve the equity, effectiveness, and efficiency of the health actions of the public and private health subsectors.

#	Indicator	Status	Comments
1	Presentation at the end of the year 2001 of a comparative analysis between the 2000-01 and the 1998-99 bienniums on different equity, effectiveness, and efficiency indicators of the public and private health subsectors in Uruguay.	2	There have been difficulties in obtaining data and generating equity and efficiency indicators in the private sector.

VENEZUELA

PROJECTS

Transformation of the Health Sector, Strengthening of the Steering Role of the Ministry of Health, and Development of the National Health System

Purpose:

To consolidate the transformation of the sector, the steering role of the Ministry of Health and Social Development, and the development of a National Health System to guarantee the timely offer of comprehensive services to people, families, and communities by implementing the policy of comprehensive health services and social development.

#	Indicator	Status	Comments
1	Existence and implementation of the laws, policies, strategies, and plans needed to sustain sectoral transformation and the development of the national social health and development system by the end of 2001.	3	The new constitution has been adopted, incorporating major progress in certain aspects of health (human rights, equity, ethics, gender, solidarity, etc.). The Violence Against Women and Families Law and the Equal Opportunities Law have been enacted. The Organic Health Law is being debated in the National Assembly. The consensus needed to approve the Health Law and its regulations has not been obtained in the Assembly.
2	By the end of 2001, the complete strengthening of the steering role of the Ministry of Health and Social Development in the health sector and social development through the definition and application of the competencies established in the legal framework.	3	Since the Health Law and its regulations have not been approved, the Ministry of Health and Social Development's steering role has not been consolidated at the national level.
3	At the end of 2001, the budget allocated to the Ministry of Health and Social Development guarantees the delivery of services to people, families, and communities through the national health system within the context of comprehensive health care and social development.	3	The government has increased the budget allocated to the Ministry of Health and Social Development, making it possible to strengthen the delivery of health services to the people, incorporating gender equity as a priority in its interventions. Nevertheless, the national health system has not been created. It is hoped that approval of the legal framework will facilitate this process.
4	Implementation by the end of 2001 of a comprehensive health care policy in 100% of outpatient centers for health care and social development by the end of 2001.	3	The Ministry of Health and Social Development has promoted the development of comprehensive care, incorporating the gender perspective and special attention to violence against women and families. However, this comprehensive approach has only been applied in 50% of facilities in the country. Resistance has been encountered, and there has been a lack of consensus at the central and

			regional levels on how to make this policy operational.
5	Participation of at least 80% of provincial governments and mayor's offices in the planning, investment, execution, and evaluation of the delivery of comprehensive health and social development services to individuals, families, and communities by the end of 2001.	4	As a consequence of decentralization, more than 90% of the administrations have undertaken the planning, execution, or evaluation of the health services in the states. It is hoped that during 2002 and 2003, cooperation can be maintained to consolidate the transformation of the health sector, the steering role of the Ministry of Health and Social Development, and the development of a national health system.

Application of the Interventions of the Comprehensive Care Policy for Individuals, Families, Communities, and the Environment

Purpose:

To develop and implement a comprehensive care policy that favors actions related to the promotion, protection, restoration, and rehabilitation of health and disease prevention and which is geared toward individuals, families, communities, and the environment in an effort to achieve sustainable local development.

#	Indicator	Status	Comments
1	By the end of 2000, the updating, publication, and dissemination of a document on comprehensive strategies, plans, standards, and interventions in health promotion as part of the policy on comprehensive care and social development.	3	Health promotion has been incorporated into the comprehensive care model for the country.
4	By the end of 2001, creation and operation of the programs of the Ministry of Health and Social Development using the conceptual model establishing the policy on comprehensive care and social development.	3	Programs are becoming more integrated using the care model of the Ministry of Health and Social Development.
6	By the end of 2001, utilization by all health facilities of the existing information tools to monitor pregnancy and birth; these tools are compatible with or part of SISMAI.	4	
7	By the end of 2001, 80% of the health facilities that provide care in childbirth will have instituted committees on the surveillance of maternal and perinatal care, and these committees will be functioning.	4	
8	A 50% increase in coverage for the detection of cervical cancer by the end of 2001.	3	This indicator has reached an intermediate level of coverage; there is a need to strengthen activities to increase this coverage, getting women's organizations

			involved throughout the country. In spite of the progress made, it still cannot be reflected in mortality rates, since it was only 6 years ago that diagnosis of intraepithelial lesions was instituted.
9	By the end of 2001, 100% of the priority programs on communicable and noncommunicable disease prevention and control incorporated into the comprehensive care model, and a reduction in infant mortality and maternal mortality from cervical cancer and cardiovascular disease.	3	Communicable diseases have been integrated into the health care model; however this certain deficiencies in the implementation of the change affected its control.
10	By the end of 2001, participation of all the organized communities, in the areas of influence of the comprehensive health care centers in the planning, execution, and evaluation of the plans and projects in accordance with the comprehensive care and social development policy.	3	Work on community participation in comprehensive care has been under way for the past two years; however efforts need to be intensified in the next biennium.
11	By the end of 2001, the contents, strategies, and recommendations of health promotion and protection activities disseminated through the communication media, in accordance with the comprehensive care and social development policy.	3	Work has been done in the design and execution of the communication and health plans; this work should be continued and intensified in the next biennium.
12	By the end of 2001, strengthening of national capacity for comprehensive intersectoral evaluation and control of environmental health risks, in accordance with the comprehensive care and social development policy.	4	Activities have been carried out to lay the foundation for appropriate institutional development in environmental health; during the next biennium, achievements will be consolidated, and technical instruments will be improved. 100% of the resources allocated were implemented and supported by CEPIS and the PED project.
13	Development by the end of 2001 of comprehensive plans to prevent and control the prevalent zoonoses with the greatest impact on the country, within the context of the comprehensive care and social development policy.	3	Despite the progress made in zoonosis prevention and control, these areas did not receive the necessary attention and resources from the government. As a result, the expected results were not achieved, and the indicator did not show the expected degree of progress.
14	By the end of 2001, consolidation of the activities of the comprehensive health and social development sector in the areas of polio eradication, epidemiological surveillance of other vaccine-preventable diseases, and the introduction of new vaccines.	4	
15	By the end of 2001, the design and start of the implementation of state plans to reduce maternal and child mortality. Infant mortality reduced by 2 points, and	3	State plans have been designed and initiated to reduce maternal and child mortality, achieving 2-point reduction in infant mortality. The same has not held true

	maternal mortality by 5 points.		for maternal mortality, where it has been difficult to obtain reliable information and the reduction has been slower. However, priority is being given to this intervention to overcome these difficulties.
16	By the end of 2001, coverage for vaccine-preventable diseases as follows: BCG: 95%, POLIO: 90% DPT: 90%, MEASLES: 95% T.T: 75%, HEPATITIS B:70% HAEMOPHILUS: 70%. YELLOW FEVER: 70% AT THE NATIONAL LEVEL YELLOW FEVER: 80% IN RISK AREAS	3	Projections for December 2001 on the basis of the coverage until the month of July, at the national level, were as follows: BCG: 96% POLIO: 77% TRIPLE BACTERIAL: 68% MEASLES: 57% HEPATITIS B: 51% HAEMOPHILUS: 19% YELLOW FEVER (OVERALL COV.): 38% YELLOW FEVER IN RISK AREAS: 80%

Disasters in Venezuela

Purpose:

To recover the response capacity of the Venezuelan state and health sector by developing comprehensive and coordinated actions in epidemiological surveillance, health services environmental sanitation, mental health, mass communication and essential supplies in the states most affected by the floods.

#	Indicator	Status	Comments
1	By the end of February 2000, adjustment of the epidemiological surveillance system to the emergency in the affected areas, and specific prevention and control activities in the affected areas.	3	During the emergency phase, the epidemiological surveillance system was adjusted to the situation; however, the enthusiasm and effectiveness have decreased over time.
2	By the end of March 2000, creation of technical forums to analyze information and decision-making in the priority states in the emergency area.	3	Technical forums were created for information analysis and decision-making and functioned during the emergency phase. At present, effectiveness has decreased to 80%.
3	By the end of March 2000, creation of a unified health system in the state of Vargas and creation of a functioning health services network articulated by levels of complexity, with the participation of all the sector's institutions.	3	A unified health system has not been created in the state of Vargas for political reasons. However, the network of health services is functioning and articulated by levels of complexity, with the participation of all the sector's institutions.
4	By the end of March 2000, 25% of the affected facilities equipped and functioning.	4	This goal was achieved through the active participation of the National Civil Defense System, the Ministry of Health, and the army, with the support of PAHO/WHO.
5	By the end of March 2000, rehabilitation of water supply systems and the sanitary disposal of wastewater and waste in the affected communities.	4	Joint effort of the country with bilateral and multilateral international support.
6	By the end of March 2000, health workers working in the rescue and care of the people affected have been trained	4	The Ministry of Health spearheaded the process with the support of PAHO and UNICEF.

	in providing care and promoting social and psychological recovery; creation of specialized services for the care of these workers and the affected population.		
7	By the end of February 2000, formulation and implementation of a mass communication educational plan to complement the comprehensive care actions for different population groups: victims and the general population at risk of suffering harm.	4	The Ministry of Health met this goal with the support of PAHO/WHO.
8	By the end of February 2000, development of a system that permits efficient management of the storage and distribution of the drugs and inputs received.	4	The Ministry of Health, with the support of PAHO/WHO, instituted the SUMA system at the national level, which facilitated the control and distribution of drugs.

**FIELD OFFICE:
UNITED STATES/MEXICO BORDER
PROJECTS**

Information and Communicating for Health

Purpose:

To have the information needed at the end of 2001 to follow up on the health and environmental situation for a bilateral intervention in the areas and states along the border.

#	Indicator	Status	Comments
1	Border communities with an updated and comparable situation analysis and diagnosis of public health and the environment.	3	Mortality profiles for the sister cities were updated and published in 2000. There has been technical cooperation on bilateral projects designed to diagnose specific diseases and/or syndromes (examples: tuberculosis, febrile exanthemas). Information is available on the resources and needs of health services and the environment. In the next biennium; greater emphasis will be placed on health situation analysis.
2	Adoption of public health and environmental indicators by border communities.	4	Arrangements have been made for the adoption of basic health indicators and for their collection and publication in some communities. Criteria and concepts have been defined for collecting and managing environmental health indicators, and a document has been prepared for indicators in the border area. This process will be continued in the next biennium.

Health Partnerships in Sister Cities

Purpose:

To strengthen in the 2000-2001 biennium the technical capacity of local institutions for identifying and managing threats and risks to health in specific geographic areas and thematic areas along the border.

#	Indicator	Status	Comments
1	Identification of projects and/or organizations working on public and environmental health matters of a bilateral nature in priority areas defined by the Bilateral Forum in 26 of the communities.	4	Inventory of public health organizations and institutions was conducted to expand bilateral collaboration. Information is available in documents and on the Internet
2	Health and environment diagnosis for at least 26 border communities.	3	Technical forums have been held for detecting bilateral health and environmental problems in border communities.
3	Identification of bilateral cooperation priorities for each of the 26 border communities.	3	The participatory process used to set priorities has taken more time than estimated and required the political will of

			the mayors. Links have begun with the objectives of the Healthy Border 2010 initiative.
4	Bilateral health and environment projects in at least 50% of border communities.	3	Nine of the 23 border communities have projects within the framework of Safe and Healthy Sister Cities, implying the commitment of municipal authorities, intersectoral and interinstitutional coordination, and social participation.
5	Evaluation of at least 50% of the projects carried out in border communities in the last biennium.	2	The projects initiated within the Safe and Healthy Sister Cities initiative are still being implemented.

Harmonization of Legislation and Regulations

Purpose:

To make the legislation and regulations governing health and environment along the border between Mexico and the United States harmonious and coherent.

#	Indicator	Status	Comments
1	Shipment of laboratory samples from one country to the other carried out legally.	3	A comparative analysis of the legislation of the two countries has been conducted, identifying information sources, disparities, and legal terms in the norms, regulations, and standards. The compilation of legislation and regulations has been completed for the two countries. The corresponding publications have not been made available because of limited financial resources.
2	Compatibility of the technical standards for monitoring air, water, soil, and food contaminants in the two countries.	3	A comparative analysis of the legislation of the two countries has been conducted, identifying information sources, disparities, and legal terms in the norms, regulations, and standards. The compilation of legislation and regulations has been completed for the two countries. The corresponding publications have not been made available because of limited financial resources.
3	The transfer and monitoring of patients/personnel/equipment that require attention/monitoring accomplished without interference.	3	A comparative analysis of the legislation of the two countries has been conducted, identifying information sources, disparities, and legal terms in the norms, regulations, and standards. The compilation of legislation and regulations has been completed for the two countries. The corresponding publications have not been made available because of limited financial resources.
4	The technical standards for epidemiological surveillance of communicable diseases compatible in	2	A comparative analysis of the legislation of the two countries has been conducted, identifying information sources, disparities,

	both countries.		and legal terms in the norms, regulations, and standards. The compilation of legislation and regulations has been completed for the two countries. The corresponding publications have not been made available because of limited financial resources.
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Secretary of USMBHA

Purpose:

To strengthen and create autonomy for the United States—Mexico Border Health Association (USMBHA).

#	Indicator	Status	Comments
1	Generation by USMBHA of the resources needed to defray administrative expenditures.	4	A financial analysis was conducted for 10 years. An advisory group helped prepare and direct a 5-year plan to help make USMBHA self-financing. The process is ongoing.
2	The comptroller of USMBHA is someone other than the administrator of the PAHO field office.	5	Administrative and accounting responsibilities at USMBHA were separated, and a basic administrative group was appointed that can be financed by the Association.
3	The executive director of USMBHA is someone other than the chief of the PAHO field office.	2	USMBHA still does not have the financial resources to absorb this cost. Support is being sought for the APHA to guide USMBHA in acquiring financial resources.
4	The administrative separation of USMBHA and PAHO, including the corresponding expenditures for the management of the Association.	5	This aspect has been concluded and is operating satisfactorily.

Political Sustainability of Border Health

Purpose:

To have bilateral coordination/cooperation in border health functioning at the bilateral and local levels with set priorities.

#	Indicator	Status	Comments
1	Identification at the federal, state, and local levels of the same bilateral cooperation priorities in health and the environment.	4	Political and technical forums have been facilitated to identify bilateral collaboration priorities, and there has been a high degree of dissemination at the different state and local levels.
2	Two meetings held and institutionalized with the state chiefs of health and representatives from the federal governments, as well as five meetings to integrate border communities.	3	One of the two meetings was carried out to create a steering committee for the border. The creation of the Border Health Commission made the steering committee unnecessary.

Diabetes**Purpose:**

To learn about the prevalence of diabetes and its risk factors on the U.S.-Mexico border and to carry out 3 projects on diabetes prevention and control containing an evaluation component.

#	Indicator	Status	Comments
1	Study of the prevalence and determination of risk factors for Type II Diabetes concluded in the border zone.	4	Of the 3,984 surveys programmed, 71% have been conducted, and of the total questionnaires received, 68% included laboratory information. The study is expected to be concluded by April 2002.
2	Intervention models developed and financing requested.	4	During the course of the year a proposal on diabetes intervention and control was developed with the collaboration of multiple institutions. Since the intervention was developed and presented to the CDC for financial approval in August 2001, it is expected that the activities to implement the model and evaluation it will be carried out between October 2001 and September 2004.