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PROGRESS REPORT ON FAMILY AND HEALTH

As requested in Resolution CD44.R12 of the 44th Directing Council, the Family and Community Health Area (FCH), in consultation with technical units and country offices, has prepared the present report for the consideration of the 46th Directing Council.

Background and Preliminary Activities

1. The PAHO Secretariat was requested by the Directing Council to develop an organization-wide, comprehensive health strategy centered on families, which would contribute to the advancement of existing strategies and at the same time be supported by them.
2. The Area of Family and Community Health (FCH) led the development of the strategy and coordinated a series of internal consultations beginning with the last quarter of 2003 up to early 2005. The terms of reference for these consultations included:
 - (a) Develop a conceptual framework on the relevance of a family-centered health strategy, its potential impact on national and regional health indicators, and its role in positioning a revitalized primary health care approach.
 - (b) Identify the necessary actions to ascertain the risks of illness, injury, disability, and death to which families and their individual members might be exposed throughout their life cycle with a view to identifying and/or developing appropriate prevention and comprehensive care interventions for improving their quality of life.
 - (c) Elaborate a reference document for dissemination among Member States and Partners about the rationale and proposed strategies for developing an approach centered on families.
 - (d) Prepare a regional plan of work for increasing the capacities of families to manage risks and hazards, prevent diseases and recognize their onset, and appropriately use health services for prevention and cure throughout the life span of the family members.
3. A working group, comprised of staff from across PAHO management areas and technical units, developed the conceptual framework and defined expected outcomes. This involved the identification of critical technical issues and the analysis of the organizational context as reference points for this work.

Technical Issues

4. In order to develop a conceptual framework, it was important to:
 - (a) Establish priority actions and interventions on the basis of the results of situation analyses (e.g. maternal and child mortality still at unreasonable high levels in several localities; the severity of the HIV epidemic and limited access to existing

- lifesaving treatments; the alarming spread of gender-based and family violence), considering the five priority countries and programs as defined in the PAHO Strategic Plan 2003-2007 for the Pan American Sanitary Bureau, and the challenges of the Millennium Development Goals.
- (b) Identify feasible, cost-effective interventions that can have a positive impact on the health and quality of life of families and their individual members (e.g. prevention of mother-to-child transmission of HIV; vaccination against rubella of young women and men before they conceive children; tetanus vaccination; assisted care in delivery; prevention of HIV and STI among youth; control and eventual elimination of congenital syphilis; and nutritional interventions during critical development stages).
 - (c) Respond to the health needs of individuals in the continuum of the life cycle.
 - (d) Adapt a crosscutting approach that integrates the work of several technical areas in PAHO.
 - (e) Identify the nature of the work of the PAHO Secretariat in the areas of its technical excellence, namely: (i) policy development and implementation; (ii) strengthening of health systems and services; (iii) dissemination of evidence-based interventions; (iv) improvement of information, surveillance, and evaluation systems; and (v) human resource development.

Organizational Context

5. While conducting a series of internal consultations, the Family and Community Health Area emphasized the importance of the term *synergy*, which was mentioned in Resolution CD44.R12. Thus, the analysis of the organizational context was deemed essential to:

- (a) Identify ongoing programs and initiatives, as well as crosscutting themes (e.g. renewal of primary health care, equity, gender and ethnicity, health promotion, and sexual and reproductive health), which could be strengthened through a family-centered strategy.
- (b) Ensure that the family-centered strategy contributes to the advancement of PAHO's core organizational principles, such as equity and Pan Americanism, access to health, technical cooperation among countries, and community involvement. In reference to the latter, special emphasis was placed on highlighting health promotion, disease prevention, and reduction of risks through the empowerment of families and individuals, and community participation.

- (c) Ensure a consistent response to mandates and agreements at global and regional levels (e.g. Millennium Development Goals, the WHO “3 by 5” initiative, the Nuevo Leon Declaration at the Monterrey Summit) as well as effective mechanisms to secure access to health, technical cooperation, and community involvement.
- (d) In 2005, two decisions were made to integrate organizational components for the further provision of comprehensive technical cooperation. These decisions are expected to strengthen the family-centered health strategy and are the following:
 - Integrate nutrition functions into relevant technical units (to instill the regional strategy and plan of action for PAHO’s technical cooperation in nutrition into already existing programs, especially those related to child and adolescent health, and chronic diseases).
 - Decentralize the Women and Maternal Health Unit to the Latin American Center for Perinatology and Human Development (CLAP). (The merging of the expertise of the Center and the Unit should strengthen PAHO’s regional technical cooperation in perinatology, the health of women, and sexual and reproductive health.)

Progress to Date

6. The position paper, “Family and Health,” was prepared in collaboration with the Department of Health and Human Services of the United States of America. This document, which includes Resolution CD44.R12 as part of its background, gives an overall view of the proposed family-centered strategy—“PAHO proposes using a combination of health promotion strategies, including the generation and dissemination of scientific knowledge and experiences, development of local models for health and education focused on the family including community empowerment and participation in family health, as well as providing support to caregivers of persons with disabilities. PAHO will also advocate for and support healthy public policies and the development of legislation that will guarantee that essential support and services are provided to the community.” The document was widely disseminated among the health authorities of Member States, WHO relevant staff, other international agencies, international and regional nongovernmental organizations, and PAHO staff at all levels. It provided the framework for the preparation of the Family and Community Health Area program of work and also raised awareness about families and health on the occasion of the Tenth Anniversary of the International Year of the Family (2004). However, it is important to note that the final development of a strong strategy will require additional critical steps, such as ensuring that it actually reflects the shared views of Member States, outside experts, partners, and other stakeholders. A regional consultation is scheduled for early

2007 as an important milestone in the process of building a comprehensive and well-articulated strategy.

7. An Internet page on Family and Community Health was created at the PAHO website (www.paho.org/English/AD/FCH/FCH_index.htm) to post and ensure easy access to relevant information. The page describes the overall functions of the Area, provides information on the technical units within the Area, as well as a relevant bibliography and events in the Region.

8. A focal point on FCH was appointed in 25 PAHO country offices. Their responsibilities are to support the implementation at the country level of activities contemplated in the FCH Area's program of work, and to assist Member States in the planning and implementation of activities relevant to the attainment of select Millennium Development Goals.

9. Three joint missions were conducted in Guyana and Nicaragua, both priority countries, and in Peru by representatives of various technical units working in an integrated manner. The main purpose of the missions was to collaborate on the strengthening of links between families and health care services. It was evident that antenatal care, delivery care, and infant and child health care are important bastions in advancing promotion of health-seeking and protection of their own health by all family members. These joint missions also helped by listening to country needs that required integrated responses. An important lesson learned is that joint missions by interprogram teams can be more effective than isolated visits to countries.

10. A subregional consultation in Central America to evaluate the progress of national projects on masculinity and health was carried out in collaboration with other partners (the German Technical Cooperation Agency (GTZ); United Nations Population Fund (UNFPA); Global Fund to Fight AIDS, Tuberculosis and Malaria; EngerHealth). The national projects were aimed at increasing men's utilization of reproductive health services, fostering positive changes in violent and abusive behaviors frequently associated with masculine roles, increasing self-care, and overall protective and health-seeking behaviors among men.

11. The Women, Families, and Communities component of the maternal mortality reduction initiative was developed. It seeks to operationalize a conceptual model aimed at empowering women, families, and communities to reduce maternal mortality and improve the health of mothers and children. This model has the potential to make a significant contribution to reducing maternal mortality rates and improving infant and child health, thus contributing to the achievement of two of the Millennium Development Goals.

12. The community component of the Integrated Management of Childhood Illness (IMCI) has incorporated specific actions to promote key family practices for the prevention of common childhood illness to change behaviors at the family and community levels. This program is being implemented with the strong support of faith-based organizations (Caritas, Health Pastoral), the Red Cross, and academic institutions particularly Catholic universities recognized for their expertise in linking families with health care services.

13. The Integrated Management of Adolescent Needs (IMAN) model is being implemented in Bolivia, the Dominican Republic, El Salvador, Nicaragua, and Peru. The goal is to improve the health and development of adolescent boys and girls in the Americas through a comprehensive and multidisciplinary approach, integrated evidence-based interventions at multiple levels (individual, family, community, society, and health services) and a focus on the most vulnerable adolescent populations.

14. A comprehensive capacity development model, “Strong Families” (adopted from a model developed by Iowa University), is being gradually implemented in the Region with a pilot project in El Salvador, and replication in Bolivia, Chile, Ecuador, Nicaragua, and Peru. The core element of the model is the orientation of parents, guardians, or elder siblings to prevent risky behavior among very young adolescents. The implementation of “Strong Families” is supported by the Norwegian Agency for International Development (NORAD) and Swedish International Development Agency (SIDA).

15. “Soccer and health, where masculinity is in play” is a new approach to health promotion and prevention among adolescent males. This approach is based on the orientation and guidance by of coaches who in turn are expected to duplicate the effort with the support of parents and guardians. This model is implemented in partnership with NORAD and SIDA.

16. Improving information and surveillance systems to provide disaggregated data is being implemented. HIV surveillance systems include in “second-generation surveillance” some aspects relevant to the family-centered strategy, such as surveillance to ascertain risk behaviors and refining of data to identify infection rates among teenagers. The extent of the problem of sexual harassment and sexual abuse, especially of minors, as well as all types of gender-based and family abuse and violence has not been fully assessed. Some strategies were discussed at the regional consultation held at PAHO Headquarters from 4 to 6 August 2005.

17. Much effort has been devoted to those segments of the population that are target groups, such as infants, children, adolescents, and adults, of the Millennium Development Goals on reproductive health. It is important, however, not to neglect the older

population and disabled persons. Therefore, in future planning and fine-tuning of the family-centered strategy, more attention must be given to these populations.

18. In collaboration with the Regional Office of the United Nations Children's Fund (UNICEF), a consultation on state-of-the-art HIV/STI prevention among youth is scheduled for November 2005.

Recommendations and Proposed Future Activities

19. Integrate work among PAHO's country offices, technical units, and centers as a critical component of technical cooperation in FCH. Furthermore, increased action will be needed to foster horizontal technical cooperation in the Region.

20. Continue to advocate for the centrality of healthy families and communities in the attainment of sustained development at every relevant public health forum at subnational, national, and regional levels.

21. Build capacity for community participation and empowerment of families.

22. Contribute to the development of the capacity of health teams to provide integrated responses with a clear vision of the necessity to attend to the needs of families and not only of individuals. Likewise, strong emphasis should be placed on health promotion and preventive approaches, as recommended by the Working Group on Primary Health Care (draft document "Renewal of Primary Health Care in the Americas," July 2005).

23. Build the capacity of the health team to apply a family/community approach within a comprehensive and integrated response, with emphasis on health promotion and prevention.

24. Advance efforts to develop evidence-based information on cost-effective interventions and equity-producing family health policies and programs.

25. Conduct an in-depth analysis of the regional experiences in family health, using appropriate qualitative and quantitative methods. The studies will specifically assess the following areas:

- (a) Contribution of the family and the community to health and education outcomes;
- (b) Empowerment of families as key actors for better health for themselves and for their communities through community participation;

- (c) Human resource development of health personnel and reorientation of the existing human resource base in the area of family health;
- (d) Best practices and successful interventions;
- (e) Monitoring and evaluation through well-defined frameworks, indicators, and performance measures; and
- (f) Evaluation of the impact of various emerging social protection strategies aimed at two groups, namely: the poorest population, and mothers and children in the Region.

26. These assessments will guide organizational decisions to adequately promote family health across the Region.

27. Convene a regional technical consultation in early 2007 to follow up on the recommendations and requests of the Directing Council, and share inputs from Member States, experts, partners, and other stakeholders.

Action by the Directing Council

28. The Directing Council is requested to consider and make comments on this progress report.

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