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ANALYSIS OF PAHO'S HEALTH POLICIES PROGRAM (HDD) AND CONSIDERATION OF THE PLAN FOR THE IMPLEMENTATION OF THE JOINT ECLAC/PAHO PROPOSAL ON HEALTH AND CHANGING PRODUCTION PATTERNS WITH SOCIAL EQUITY

In compliance with the decision of the Executive Committee, this document contains two parts. The first presents an evaluation of PAHO's activities since 1986, within the framework of the Regional Health Policies Program. The second contains a Plan for the Implementation of the Joint ECLAC/PAHO Proposal on Health and Changing Production Patterns with Social Equity (HCPPSE), which has sectoral reform as its central element. The purpose of this plan is to trigger an analytical and discussion process in both the Secretariat and the Region to create a consensus on the problem areas involved and facilitate a more effective process of technical cooperation with the sectoral reform initiatives of the countries.

The Subcommittee on Planning and Programming is requested to assess the progress and results of the Health Policies Program and of the relevance of the plan to implement HCPPSE within the framework of the policies that will govern the life of the Organization in the next quadrennium. The Subcommittee is especially requested to make recommendations regarding the aspects of the plan that the Secretariat should emphasize during the implementation of the HCPPSE proposal.

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PART I: EVALUATION OF THE HEALTH POLICIES PROGRAM

1. Background and Most Relevant Policy Guidelines

Among the measures included in the restructuring of the PAHO Secretariat in 1986 was the creation of the Health Policies Program (HSP), within the Technical Area of Health Systems Infrastructure (HSI). The projects assigned initially to HSP included Planning and Economics, Essential Drugs, and Health Technology Development, whose description corresponded to the programming structure of the Biennial Program Budget, 1986/1987. The HSP team was comprised of personnel from the Health Services, Health Systems, and Health Technology programs, as well as the Coordination of Strategic Planning.

In the following year, the project on Essential Drugs was moved to the program on Health Services Development and the project on Institutional Organization of the Health Systems, devoted to cooperation with the social security institutions, was moved to the Program on Policy Development. The component of Health Legislation was also incorporated into the Program. In 1991, the project on Health Technology Development was transferred to the Program for the Coordination of Science and Technology and, in 1992, the Project on Democracy and Health was included in the Program. In 1994, the Project on Institutional Organization was changed to Sectoral Reform and that of Planning to Health and Equity.

With the restructuring at Headquarters in 1993, the Program came to be called Health Policies (HDD) under the Division of Health and Development (HDP), and its responsibilities were expanded to include the Workers' Health Program.

The mandates for the Program appear initially in the Strategic Orientations and Program Priorities (SOPPs) for PAHO for the Quadrennium 1987-1990 and then in the Biennial Program Budgets for 1988-1989 and 1990-1991. In addition, the Directing Council issued a resolution on the economic crisis and health (1988) and on cooperation with the social security institutions (1989), which refer specifically to two of the Program's projects.

The SOPPs for the Quadrennium 1991-1994, the Biennial Program Budgets for 1992-1993 and 1994-1995, and the resolution of the Directing Council on workers' health have provided the framework for Program operations for the past 4 years.

In addition to the mandates emanating directly from the Governing Bodies of PAHO, the Program has oriented its operations on the basis of those issued by the World Health Assembly. Among the most relevant are WHO's Seventh and Eighth General Programmes of Work (1984-1989 and 1990-1995) and specific resolutions on

intersectoral action in health and economic support to the national strategies of HFA/2000.

As a result of the aforementioned instructions and administrative measures, the Program is currently organized into the following projects, whose objectives, activities, and results are detailed in the annex:

- Democracy and Health;
- Sectoral Reform in Health;
- Health, Equity, and Productive Transformation;
- Health Legislation;
- Health Economics and Financing;
- Workers' Health.

With the approval by the XXIV Pan American Sanitary Conference of the Strategic and Programmatic Orientations for PAHO for the Quadrennium 1995-1998 and the joint ECLAC/PAHO proposal on Health and Changing Production Patterns with Social Equity, the Program's mandates have again been modified. Similarly, in anticipation of the programming structure that will issue from WHO's Ninth General Programme of Work for 1996-2001, beginning next year the Program will concentrate its activities on two projects: Sectoral Reform in Health and Policies on Workers' Health.

The present evaluation considers more closely the objective sought, the activities carried out, and the results achieved by the Program during the period 1991-1994.

2. Program Objectives

According to PAHO's Biennial Program Budget for 1990-1991, the general objective of the Program was to ensure that the countries and the Secretariat improved their ability to formulate, implement, and evaluate health policies in their various modalities (i.e., plans, programs, projects, and other interventions aimed at the attainment of the goal of HFA/2000), through a better understanding and more suitable management of the relationships between health and development. Specifically[1], this objective was divided into a search for:

- A higher level of participation in the sectoral political process and a greater degree of consensus with regard to priorities in health;

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[1] The objective associated with technological development, a project which ceased to be part of the Program in 1991, is not included in this description.

- A greater ability to manage the health sector and heightened intersectoral collaboration around the goal of HFA/2000;

- More effective systems, approaches, and tools for planning, implementing, and evaluating health policies;

- A better understanding of the relationship between health and the economy, in addition to more equitable and efficient economic and financial management of the health sector;

- A mechanism that permits analysis and updating of health legislation to adapt to contemporary realities and the challenges of the future.

During the biennium 1992-1993, the Program's general objective was to cooperate with the countries in developing policies geared toward achieving HFA/2000—policies that take into account the mutually favorable interactions between health and socioeconomic, political, and technological development. Specifically, this objective was expressed in the following biennial goals:

- To achieve a greater degree of consensus with regard to health priorities and assign them higher priority among the goals of development in all the countries and in the Region;

- To promote a unification of efforts between state health agencies, social security, other sectors, community organizations, and private producers of health goods and services, in order to promote the attainment of HFA/2000;

- To increase the capacity of the countries to analyze the health sector, its resources, and its operation, as well as to plan, implement, and evaluate health and social development policies, programs, and projects.

- To develop the health legislation of every country with respect to the rights and responsibilities of citizens, private institutions, and the State with regard to the promotion, protection, and recovery of health;

- To increase national capacity to monitor the impact of the [economic] crisis and the adjustment policies on health and to improve equity and efficiency in the economic and financial management of the health sector.

In the Biennial Program Budget 1994-1995, the specific objectives of the Program came to be formulated as follows:

- To achieve greater consensus with respect to health priorities in addition to a more privileged position among the development goals in each country and in the

Region; this objective should be fulfilled through the promotion of regional, subregional and national agendas among the legislative bodies of the Region, supporting their participation and collaboration with the executive powers in the development of sectoral policies;

- To improve coordination among governmental agencies, social security institutions, community organizations, other public agencies, and the private sector in order to extend the coverage of health programs. Support for the sectoral reform processes in the Region now appeared as the purpose of the respective project;

- To increase the countries' ability to analyze the health sector and to formulate, implement, and evaluate health policies and projects; the respective project addressed the development of health policies and projects articulated with the programs to combat poverty;

- To develop national legislation that permits the effective exercise of the rights and responsibilities of citizens, the State, and private institutions with regard to health. The respective project emphasized the development of legislation particularly linked with sectoral reform, the incidence of private initiative on health, and regional integration;

- To enhance the national capacity to monitor the impact of development on health and of macroeconomic policies on the production and consumption of health goods and services, as well as the capacity to analyze and formulate alternatives for sectoral financing and improvement of the economic and financial management of the sector in relation to social equity and efficiency;

- To promote and support the formulation and implementation of the National Workers' Health Plans to promote the collective interest and political will to extend the coverage of occupational health programs and support a review of national policies in this field, in order to promote health care for labor groups, as well as workers in the informal sector, who are the least protected and most vulnerable workers.

3. Summary of the Principal Program Activities

Below is a summary of the principal activities carried out by the projects of the Program to achieve the above-mentioned goals. Each of these projects, whose title appears below in its most recent version, has the input of the various experts of the Program. Within each project, the activities are broken down according to the following cooperation strategies:

(a) *promotion of health policies in development*: activities focusing on topics and/or relevant issues for the Region or groups of countries, usually of an innovative nature, and whose approach requires concerted intersectoral and multidisciplinary action;

(b) *health situation analysis*: effort of the Program to characterize and analyze the most important regional problems within the scope of the project;

(c) *direct cooperation*: support to the countries in policy formulation, implementation, and evaluation, in collaboration with the respective Representative Offices and, in many cases, other PAHO programs;

(d) *training*: promotion and support for the training of national personnel in charge of formulating, implementing and/or evaluating the above-mentioned policies;

(e) *research*: promotion and support for research proposals on the scope of the project in order to assist in policy formulation and implementation;

(f) *information dissemination*: publication, recovery, processing, and dissemination of technical information in support of the policies promoted by the Program;

(g) *mobilization of resources*: political, technical, and financial support for the policies promoted by the Program.

3.1 *Project Democracy and Health*

Project implementation began in 1990 with the promotion, jointly with the OAS, of four subregional meetings of lawmakers on the national parliaments' participation in the area of health. The reports of the meetings, which were held in Caracas, Kingston, Santiago, and Tegucigalpa, with nearly 120 lawmakers of different political persuasions in attendance, have been included in the joint PAHO/OAS publication *Democracy and Health: Meeting of Legislators from Latin America and the Caribbean*. A report on the project Democracy and Health was submitted to the Executive Committee of PAHO in 1992.

Cooperation agreements are being implemented with 23 national parliaments[2], with support from the respective Representative's Offices, participation in regional activities, and access to PAHO publications. Cooperation agreements have also been signed with the Latin American Parliament, the Andean Parliament, and the Central

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[2] Argentina, Barbados, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Lucia, Trinidad and Tobago, Uruguay, and Venezuela.

American Parliament. These agreements include the promotion of parliamentary health agendas at the subregional level, in accordance with the priorities of the Organization in the respective areas. In 1994, the International Organization of Medical Parliamentarians, which has the backing of WHO, was incorporated as a project counterpart.

Cooperation with the Latin American Parliament, through its Commission on Health, Labor, and Social Security, focused on reform of the health system, the environment and health, drugs, workers' health, and maternal and child health, involving the respective regional programs. At its November 1994 meeting, the Commission should consider a new agenda proposal, based on the Strategic and Programmatic Orientations for PAHO during the Quadrennium 1995-1998.

Cooperation with the Andean Parliament, which is coordinated with the Hipólito Unanue Agreement, covers an agenda based on the priorities defined by the Meeting of Ministers of Health of the Andean Area: maternal and child health, disaster preparedness, communicable diseases, environmental health, and sectoral reform. The project, moreover, functions as the technical health secretariat for the PARLATINO and the Andean Parliament. Negotiations are under way with the PARLACEN to determine both the respective agenda, based on the third phase of the Central American Health Initiative, and the eventual technical secretariat for its health-related activities.

The work of the national parliaments with respect to health is being analyzed together with changes in the composition of the executive and legislative branches, as a contribution to the development of sectoral policies. In addition, in collaboration with IDB, the program has provided the legislatures with computer facilities to permit access to the databases produced and disseminated by PAHO through the BIREME's CD-ROMs and connect them to an electronic bulletin board network. The newsletter *Parliament and Health* is being distributed through this network.

In collaboration with the PARLATINO and the PAHO Representative's Office in Brazil, a workshop was held in Sao Paulo to update legislators on health-related topics. Together with the OAS, the Andean Parliament, and the PAHO Representative's Office in Ecuador, another workshop was held to bolster the capacity of the Andean legislatures to develop their national health budgets.

Comparative studies were promoted in the Region in the areas of health and redemocratization, health and the legislature, and the implications of privatizing health care. This latter study, which focused on the cases of Argentina, Brazil, Chile, Costa Rica, Jamaica, Mexico, Uruguay, and Venezuela, confirmed the trend toward redefining the responsibilities of the public and private sectors in the provision and financing of health services. The economic crisis of the 1980s and the adjustment programs appear to have dampened the response capacity of the public sector, while fostering a vertiginous

growth of the private sector that has resulted in a change in the public/private mix of services in each country.

Through a joint initiative with the Health Science and Technology Program and the Latin American Council of Social Sciences, a competitive bidding for awarding grants or contracts for research on the topic of the State and Health is being promoted. This activity, which takes on special importance given the current situation in the Region, seeks to select and support a portfolio of studies on this topic, to be carried out by prominent social scientists. It is a contribution by the Organization to the debate and to the formulation of policies concerning the relationship between the State and society with regard to health in the Region.

In coordination with the Human Resources Development Program, the Union of Universities of Latin America and the University of Campinas, Brazil, held an International Meeting on the State, the Economy, and Health, within the framework of the program "Universities and Health for All in Latin America in the XXI Century." There was also collaboration in activities related to health in development with Argentina, Brazil, Cuba, Chile, Mexico, Paraguay, Peru, Uruguay, and Venezuela.

3.2 *Project Health Sector Reform*

The redefinition of the role of the State and the private sector in the financing and organization of health systems, as well as the impact of this redefinition on the efficiency and equity of the services, were dealt with in a seminar the Public-private Mix in Health, conducted in 1992 in San José, Costa Rica. Organized in collaboration with the Economic Development Institute (EDI) of the World Bank , the seminar was attended by representatives of the ministries of health and planning, the social security institutions, the private sector, and the legislative bodies of Argentina, Brazil, Colombia, Costa Rica, Mexico, Uruguay, and Venezuela.

In 1993, collaboration with EDI, the Regional Seminar on the Reform of the Health Sector in Latin America was held in Buenos Aires, Argentina, with the participation of some 60 officials from the ministries of health, the social security institutions, the private sector, the legislative bodies, and the ministries of finance of Argentina, Chile, Colombia, Costa Rica, Mexico, Paraguay, Peru, Uruguay, and Venezuela. This seminar analyzed conceptual aspects and the social and financial implications of the reforms, as well as the experiences of countries of both the Region and the OECD in this area.

Two workshops on sectoral reform are scheduled for 1995 for high-level officials from the health and economics sectors, the social security institutions, and lawmakers

from Central America and the Caribbean, through a joint effort by PAHO, EDI, and the IDB.

In 1990, the PAHO Director's Advisory Committee on Health and Social Security was established to help take advantage of the potential of the social security institutions in the transformation and expansion of health system coverage. Coordination was maintained, moreover, with various organizations linked with the social security systems, such as AISS, ILO, CISS, and CIESS, whose human resources development programs in the social security systems are supported by the project.

At the request of the social security institutions of the Andean Area and Central America, PAHO serves as Technical Secretariat for the respective meetings. In that capacity, it issued a report on *Social Security in the Countries of the Andean Region* and an annotated bibliography on social security, with a book entitled *Social Security in Central America* about to go to press. In 1994, two subregional seminars were also held, one in Bolivia and the other in Panama, to analyze the Canadian health care model vis-à-vis the current models in both subregions.

Jointly with ILO, the Subregional Social Security Development Project was prepared for the second stage of the Plan on Priority Health Needs in Central America. In addition, the creation of the Central American Council of Social Security Institutions (COCISS) was promoted and approved at the XIII Summit of Central American Presidents in Panama in 1992, for the purpose of supporting the health programs of the social security institutions and coordinating them with the ministries of health, through the Meeting of the Health Sector of Central America. There was also cooperation in sectoral reform and the reorganization of health systems, the evaluation of health care programs and models, institutional coordination mechanisms, extension of coverage, and health information systems in the social security systems of Costa Rica, El Salvador, Honduras, Guatemala, Nicaragua, and Panama. The project also supports the implementation of the Central American Scientific and Technical Information Network in Health and Social Security. This network will link the health institutions of the subregion with the National Library of Health and Social Security (BINASS) of the Costa Rican Social Security Fund and the principal international scientific information networks.

In the Andean Area, four meetings of directors of social security institutions were supported, leading to the signing of the Andean Agreement on Social Security, promotion of the Andean Social Security Card, and participation by the directors of the social security institutions at the meetings of ministers of health of the Andean Area. There was also cooperation in the reform and reorganization of the health systems of Bolivia, Colombia, Ecuador, Peru, and Venezuela. Chile and Colombia, moreover, they are receiving support in defining their health care packages, as a tool for implementing the

respective health reforms. Health care programs and models have been evaluated, as have mechanisms for institutional coordination, extension of coverage, and health information systems in the social security systems of Bolivia, Colombia, and Peru.

In conjunction with the International Social Security Association, the State University of New York at Stony Brook, the Pew Charitable Trust, and PAHEF, the Organization studied the role of social security in the financing of health care in Saint Lucia, Grenada, and Dominica; these findings were disclosed in a joint publication with the above-mentioned university.

There has also been cooperation in a series of activities involving the evaluation of health care programs and models, institutional coordination mechanisms, extension of coverage, and health information systems in the social security systems of Argentina, the Dominican Republic, Mexico, Paraguay, and Uruguay.

3.3 *Project Health and Equity*

In 1994, preparation was completed of the joint ECLAC/PAHO proposal on Health and Changing Production Patterns with Social Equity, which seeks to insert health into ECLAC's development agenda. Dozens of experts from both agencies participated in the preparation of this proposal, together with ECLAC's Social Development Division, and it was the project's responsibility to coordinate the respective working group. The proposal, whose preliminary version was presented to the Summit of Heads of State and Government in Salvador, Brazil, in 1993, was approved in 1994 by the XXV Session of ECLAC in Guadalajara, Mexico, and the XXIV Pan American Sanitary Conference.

In collaboration with the United Nations Conference on Trade and Development (UNCTAD) and Columbia University, a pioneer study was conducted at the global level on the implications of foreign trade for health services. The cases of Colombia, Costa Rica, Cuba, Jamaica, Mexico, and the United States of America, were examined, revealing the large volume of services that are exported and imported and the implications of these processes for the efficiency and equity of the health systems of the respective countries. The study report was submitted to the legislature of the State of New Mexico, at the LI Meeting on Health of the U.S./Mexico Border Area, and to the UNCTAD Commission on the Trade of Services in Geneva. A follow-up to this activity, which includes a meeting of ministries of health and foreign trade, is being negotiated with UNCTAD, with the participation of several PAHO programs.

A study was conducted on the role of health policies and education in the national strategies for alleviating critical poverty, in cooperation with the University of the West Indies. The study reviews the experiences of the Dominican Republic, Guyana, Jamaica, and Trinidad and Tobago with respect to the strategies employed to combat to poverty. Its findings will be presented to a meeting of Caribbean health and social development

officials, scheduled for 1995 in Port-of-Spain, Trinidad, and promoted jointly by PAHO, UWI, the World Bank, the CDB, the IDB, and CARICOM.

Since 1987, an intense effort to provide training in the development and evaluation of investment projects in health has been underway. This effort has involved the preparation of 17 teaching modules and a supporting bibliography that have been utilized in 10 courses[3] for staff members of the ministries of health, planning, and economics, the social security institutions, and the universities. This experience has also been shared with the Human Resources Development Program, in order to support the training of personnel for the implementation of the Regional Plan for Investment in Environment and Health (PIAS).

In addition, a guide on sectoral analysis was developed that includes contributions from the social sciences and the field of health, as well as strategic planning, and is grounded in the experience acquired in this area by PAHO/WHO and other organizations over the past 16 years. Using this guide, a pilot study was conducted in Ecuador, and all the available material on the topic was passed on to the Executive Secretariat of PIAS for its review and adaptation as a tool for the sectoral analyses that will be carried out within the context of the Plan.

With the Inter-American Center for Social Development of the OAS (CIDES), two courses, the Inter-American Course on Programs to Combat Poverty and the VIII Inter-American Course on Social Policy with Emphasis on Health, were promoted. The Latin American and Caribbean Institute for Economic and Social Planning (ILPES) and the OAS were also supported in the preparation of the second edition in Spanish and the first in English and Portuguese of the book, *Evaluation of Social Projects*.

In collaboration with EDI of the World Bank, seminars on Planning and Evaluation of Social Sectors (1989) and on Food Policy (1991) were held in Brazil. In addition, a Seminar on Targeting Health and Nutrition Programs toward Low-Income Mothers and Children was organized with EDI, the Program of Nutrition in Health, and INCAP, with participants from several countries and institutions.[4] The seminar reviewed experiences in targeting health and nutrition policy, as well as community participation, the role of NGOs, and the management of public expenditure in the social sector.

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[3] These courses were offered in Brasilia, Buenos Aires, La Paz, Lima, Medellin, Mexico City, Montevideo, Quito, and Washington.

[4] Chile, Costa Rica, Bolivia, Colombia, Ecuador, El Salvador, Peru, and Venezuela; moreover, delegates from FICONG, PMA, UNDP, and UNICEF.

A book on the targeting of health and nutrition programs is being published based on the materials from the seminar, and a bibliography consisting of nearly 900 titles on health policy and planning was incorporated into BIREME's ISIS system. Books on *policy, planning, and government*, *promoting equity using a health sector approach*, *health policies in Latin America*, and *establishing prevention priorities* have been published, as well as a special issue of *Revista Integración Latinoamericana*, published by INTAL/IDB, on *health in development*.

A study was concluded on the curricula for disciplines related to health policy analysis and development in the schools of public health of the United States of America. In addition, there was cooperation with Argentina, Brazil, Chile, Costa Rica, Cuba, Ecuador, Guatemala, Nicaragua, Trinidad and Tobago, and Venezuela, in strengthening health policy and planning systems.

Through the project, PAHO participated in the interagency support network for social policies, consisting of ECLAC, FAO, the Board of the Cartagena Agreement, OAS, ILO, UNDP, UNESCO, and UNICEF, as well as in the Network of Future Health Scenarios. The project, moreover, has collaborated with the regional meetings promoted by the journal *Social Sciences and Medicine*, with the Latin American Association of Social Medicine and with Canada's CIDA and IDRC in areas related to the access of women to health services and health promotion for children.

3.4 *Project Health Economics and Financing*

The project studied the feasibility of converting the external debt into a source of investment in the environment and health in 14 countries of the Region, finding that the countries with the greatest potential for this type of operation are Bolivia, Costa Rica, Ecuador, Honduras, and Jamaica. Despite support for some initiatives in this field, the potential for such initiatives determined in this study has yet to be confirmed. Information on the respective experiences was provided as a contribution to the Executive Secretariat of PIAS.

In cooperation with EDI, four international seminars on health economics and financing[5] were held for staff members of the ministries of health, planning, and finance, the social security institutions, and universities from the four subregions. A textbook with the bibliography compiled for these seminars and published by both institutions will be published soon. In 1992, a round table on training and research in health economics and financing was also organized with EDI in Washington D.C.; this activity marked the beginning of the Inter-American Network on Health Economics and Financing

[5] Held in Brasilia (1987), Bridgetown (1989), San Jose (1990), and Cuernavaca (1991).

(REDEFS). Supported by the World Bank, PAHO, and CIESS, REDEFS includes health economics institutions and/or associations from Argentina, Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, Honduras, Mexico, and Peru. In 1994, REDEFS has promoted one seminar on financing alternatives (Kingston) and another on training and research (Mexico).

The project has explored the use of national household surveys to develop new indicators that will make it possible to monitor the impact of the economic crisis and structural adjustment policies on health and the health services and to measure utilization of health services and health expenditure by households. In addition, a study was conducted on the costs of the goals adopted by the World Summit for Children, as a contribution to the IDB-IBRD-PAHO/WHO-UNDP-UNICEF Interagency Committee; this study calculates the annual costs that will have to be incurred up to the turn of the century to bridge the gaps in coverage for a basic package of health and sanitation services. A major achievement for PAHO/WHO has been the development of software that will permit an updating of the estimates at both the central and the country level, since the Organization is the first institution to possess a tool of this nature.

Another study was devoted to the experiences of the social compensation funds and programs in Bolivia, Costa Rica, Guatemala, Honduras, Jamaica, Nicaragua, and Peru. These programs have been utilized as a social policy alternative to cushion the impact of the stabilization and structural adjustment programs. The results of the study were presented in a seminar on macroeconomics and health sponsored by WHO in Geneva, and a book entitled *Social Compensation Funds and Programs: Experiences in Latin America and the Caribbean* was published.

Finally, in 1994, another study conducted by the project focused on the expenditures and financing of health services in the Americas, including data on state, social security, and household expenditures. Although the main findings of the study were published in the 1994 edition of *Health Conditions in the Americas*, a publication is being prepared with the complete report on the study, including its methodological annexes. At the same time, the database compiled from the research will be maintained, periodically updated, and included in the PAHO Technical Information System. The Technical Information System now includes other databases on socioeconomic indicators and household surveys produced by the World Bank, IDB, TAWSE, ECLAC, CELADE, and ILO.

Owing to discrepancies between the findings of this study and World Bank's World Development Report, PAHO and the World Bank, as well as the IDB, agreed to launch a study in 1995 covering all the countries of the Region and based on a protocol drawn up by the three institutions. The findings of the study will be fed into a database on health expenditures and financing, articulated with the OECD database.

Finally, support was offered to Brazil, Chile, Costa Rica, Cuba, Ecuador, Guatemala, Mexico, Nicaragua, Peru, Trinidad and Tobago, and Uruguay in several areas related to health economics and financing.

3.5 *Project Health Legislation*

The project was devoted to harmonizing legislation, in light of the integration processes under way in the Region. Several studies on comparative legislation were conducted and proposals on regulatory frameworks were formulated; these were discussed in working meetings at the subregional level. The most significant of these studies were on the standardization of food in Latin America[6]; food, drugs, the environment, and professional practice in MERCOSUR[7] and the Amazon Pact[8]; malaria control, blood banks and the quality of blood in Central America and the Andean area[9]; access to health within the framework of NAFTA; food and drugs in the English-speaking Caribbean [10]; natural disasters; and regulation of medical devices [11]. Finally, in the area of mental health and psychosocial child development, the segment on legislation for the basic document of the interagency meeting on this matter was prepared, and the discussions were supported from the legal standpoint[12].

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6 FAO/PAHO Workshop on Regulation and Standardization of Food in Latin America, Mexico, 20-25 April 1989. In cooperation with HCV.

7 First Meeting of Lawmakers of the Southern Cone, Brasilia, Brazil, 29-30 July 1991.

8 Meeting to Update the Legislation on Malaria Control in the Latin American Member Countries of the Amazon Pact and Guatemala, Bogota, Colombia, 25-26 May 1993. In cooperation with HPC/HCT.

9 First Central American Meeting on Safe Blood, San Salvador, El Salvador, 22-23 July 1994, and Andean Meeting on Blood Quality and Serology, Lima, Peru, 15-16 September 1994. In cooperation with HPC/HCT.

10 FAO/PAHO/WHO Workshop on Food Legislation in the English-Speaking Caribbean Countries, 5-8 October 1993. In cooperation with HCP/HCV.

11 Pan American Integration: Health without Borders, EXPOSAUDE '93, Brazilian Exposition of the Medical, Odontological, Hospital, and Laboratory Products and Equipment Industry, Brazilian Association of the Medical and Odontological Products and Equipment Industry (ABIMO), Sao Paulo, Brazil, 3-6 August 1993. In cooperation with the Latin American Economic System (LAES) and HDP/HDR.

12 Meeting on Childhood Mental Health and Psychosocial Health, Solis, Uruguay, 5-7 October 1994. In cooperation with HPM and HPP/HPN and an interagency group made up of the OAS, the Inter-American Children's Institute (ICI), the Latin American Pediatrics Association (ALAPE), the World Organization of Pre-school Education (OMEP), ECLAC, UNICEF, and UNESCO.

As part of the follow-up of the integration processes, the Organization has participated in the Meeting of the Thematic Committee 5, Subworking Group 11 of the Southern Common Market Group, which addressed the harmonization of legislation on occupational health. In addition, it began a study on the regulation of professional practice and the coverage of interborder health under the North American Free Trade Agreement.

The project continued to improve and expand the LEYES database, developed in collaboration with BIREME and the PAHO Headquarters Library, the United States of America Library of Congress, the Law Faculty of the University of the West Indies, and the Health Law Research Center of the Faculty of Public Health of the University of Sao Paulo. LEYES has acquired over 5,000 entries on Latin American and Caribbean health legislation promulgated since 1978, in addition to other laws relevant to health.

Its use has been encouraged in the legislatures, ministries, and academic institutions in the countries and at the subregional and regional levels. To this end, personnel were trained in the use of the MicroISIS technology, and printed materials were produced to make LEYES known to those without direct access to the computerized information network. To link the LEYES network with other sources of information in this field, contacts were established with WHO's Health Legislation Program, the United Nations Environment Program (UNEP), and other international organizations and institutions in the Region.

In cooperation with the Program on the Health and the Environment, BIREME, and UNEP, the Organization supported the MASICA initiative, with a view to defining a methodology for compiling and classifying environmental legislation in Central America, based on the LEYES methodology.

In accordance with the priorities set by the Latin American Parliament under the Democracy and Health project, studies were prepared and presented in several countries of the Region on legislation related to workers' health, women, children and adolescents, environmental health, and drugs. Reports were also written on the implications of MERCOSUR for health, the harmonization of Central American legislation on health technology, and the characteristics of the regulatory framework of environmental health in the context of the United Nations Conference on Environment and Development, as they relate to events involving the legislatures of the Southern Cone, Central America, and Latin America, respectively.

Studies were carried out to examine the legislation that touched on subjects related to the various programs of the Organization, such as pesticides and hazardous materials, blood banks, malaria, smoking, the rights of the disabled, women's health, mental health, disaster prevention, and the environment. PAHO/WHO cooperated in health legislation

with governments and teaching and research centers in Brazil, Colombia, Chile, the Dominican Republic, Ecuador, Grenada, Honduras, Jamaica, Nicaragua, Panama, Paraguay, Mexico, the United States of America, and Venezuela.

In 1994, in collaboration with CIESS, the first course-workshop for legal advisers from the ministries of health and social security institutions was held in Mexico. At the same time, the development of strategies for advocacy in health is being promoted with Columbia University and the University of Sao Paulo.

Finally, the project has published 18 technical reports and incorporated nearly 450 titles on health legislation into the Program's bibliographic database. Most of this work is being carried out in conjunction with the International Network on Legislative Information, in which PAHO participates through the project.

3.6 *Project Workers' Health*

With its transfer to the Health Policies Program beginning in 1993, the profile of this project has been adjusted toward a more comprehensive orientation, emphasizing the formulation and implementation of health policies and national health plans for workers. At the same time, the mobilization of domestic and external resources has intensified in order to support the countries in areas not covered by the Program.

Subregional meetings have been held with multipartite national delegations consisting of representatives from the health, business, social security, legislative, labor, and public enterprise sectors in order to review or promote the preparation of the respective PLANSAT. These meetings were held in Guatemala (1992), Porto Alegre (1993), and Santa Cruz de la Sierra (1994), respectively, for Central America, the Southern Cone, and the Andean Area. A meeting with the Caribbean countries is scheduled for 1995. Such events, as well as preparatory activities in the participating countries, consolidated the participatory approach required to promote workers' health—an approach in which an assessment is made of the role played by the State, workers, and employers in identifying workers' health problems and in making concerted efforts to solve them.

In many countries, the program has collaborated, together with the Division of Environment and Health and the PAHO/WHO Representative's Offices, with national authorities and multipartite committees in the formulation of the respective PLANSATs. These plans are oriented chiefly toward the progressive expansion of workers' health coverage, with special attention to the least protected and most vulnerable labor groups. The plans employ various organizational alternatives, such as the incorporation of occupational health in primary health care under the local health systems and the reorientation of occupational health programs in the social security systems.

In collaboration with the Pan American Center for Human Ecology and Health (ECO), project profiles were prepared on occupational and environmental aspects of exposure to pesticides as part of MASICA, the subregional project on health and the environment. In cooperation with United States of America and Canadian companies, a collaborative project is being developed to benefit workers at aluminum processing plants and the surrounding communities.

In view of the difficulties encountered in completing the chapter on workers' health in *Health Conditions in the Americas*, the project devoted time to developing options to strengthen specific information systems in the Region. The proposals will be reviewed by a group of experts, scheduled to meet in 1995 to offer recommendations to the countries and PAHO with regard to their implementation. Similarly, with the collaboration of the ILO and experts in the countries in question, the project is concluding a study based on household surveys, in order to determine the health issues that impact on the working population of several countries[13], as well as the alternatives employed by this group to satisfy its health care demands.

A research methodology guide on workers' health was prepared, with a view to strengthening local programming of occupational health activities and the development of multicentric projects. In addition, two guides on epidemiological surveillance, the epidemiology of occupational risk factors, and workers' health conditions have been prepared, and there has been direct cooperation with several countries[14]. Furthermore, a study on the changing labor market and its impact on workers' health was prepared, in addition to another on workers' health in development.

With regard to the mobilization of resources, proposals were submitted to North American and European donors. The initiative sponsored the signing of cooperation agreements between several countries (Canada, the United States of America, and Spain) and a number of universities and institutions in Latin America. The participation of the WHO Collaborating Centers in occupational health has also been promoted, and the contribution of the Universities of Alabama and Texas in the United States of America, and of the National Institute for Occupational Hygiene and Safety of Spain, deserve special mention.

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[13] Argentina, Brazil, Chile, Colombia, Costa Rica, Jamaica, Mexico, Trinidad and Tobago, Uruguay, and Venezuela.

[14] Argentina, Bolivia, Brazil, Canada, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Suriname, Uruguay, the United States, and Venezuela.

Training and postgraduate education have been promoted, as well as information dissemination, the creation of data banks, and the distribution of textbooks to universities. A project was developed to establish a network of reference centers on Workers' Health in Latin America and the Caribbean, which will begin implementation next year.

4. The Principal Results of the Program

From the outset, the Program has been devoted to two types of functions: promoting macro sectoral policies at the country level, linking health with other dimensions of the socioeconomic and political development of the Region; and providing input to the Secretariat's decision-making processes regarding the issues and fields of knowledge covered by the Program. The interaction between these functions may have helped to call the attention of the Organization—countries and Secretariat alike—to topics or issues that, despite their relevance for health, health policies, and the health systems, had still not received due consideration, either in the countries or in the international arena. Thus, in order to evaluate the Program's achievements, it is necessary to review what has been accomplished in both the countries and the Secretariat.

Moreover, cooperation occurs in an increasingly competitive context, with intervention by players whose technical and financial resources are sometimes greater than those of PAHO. The cooperation objectives of these players may or may not coincide with those of PAHO, and the degree of success in eliciting the desired participation from the national counterparts will depend on each cooperating agency. Furthermore, cooperation as a whole has a very limited role compared to other determinants of national policy—political, economic, and technological, to name a few—in a world increasingly dominated by the global exchange of products, information, ideas, and social aspirations. It may be, then, that the success of cooperation also depends on the ability to identify trends and to formulate alternatives within these trends.

For example, it would be useless to attempt to evaluate the impact of the Program—or perhaps of PAHO's cooperation in general—with regard to the sectoral reform proposals that are currently the prevailing trend in the Region. In fact, so many factors are working in favor of reform that it makes no sense to attribute any impact to one of the weakest among them. Here, it would be more worthwhile to examine the possible impact of cooperation on secondary movements within the reform process—movements that help, or impede, the main course of this process.

With these caveats in mind, some information indicative of the results of the Program is presented below that suggests the Program's possible impact on the situation at the level of both the countries and the Secretariat. To facilitate presentation, this

information is broken down by the cooperation strategies mentioned at the beginning of the previous section:

4.1 ***Promotion of Health Policies in Development***

(a) The proposal on Health and Changing Production Patterns with Social Equity, approved by the Governing Bodies of ECLAC and PAHO;

(b) Health in Development—including sectoral reform—adopted as one of the strategic orientations for PAHO in the next quadrennium;

(c) The opportunities that have been created for addressing health priorities in general, and workers' health in particular, together with the participation of extrasectoral players, such as the various ministries, the social security institutions, legislatures, unions, and enterprises.

4.2 ***Analysis of the Situation***

(a) Consolidation of the LEYES database, legislatures, and authorities of the executive branch, expenditure, and health financing;

(b) Proposals for information systems on workers' health, social security coverage;

(c) Enhancement of analytical capacity in the fields covered by the Program in *Health Conditions in the Americas*.

4.3 ***Direct Cooperation***

(a) Cooperation provided to the countries in the various projects of the Program;

(b) Reports submitted by the Program to the Governing Bodies of PAHO on: HCPPSE; the State, health and development; health in development; sectoral approaches in health; democracy and health; debt conversion through investments in health; the economic crisis and health; social security and health; workers' health;

(c) Interprogram activity of the Program in support of other PAHO units in their areas of competence.

4.4 ***Training***

(a) Courses and workshops conducted by the Program on policy-making, project planning, economics and financing, legislation, and workers' health;

(b) Networks of training institutions in economics (REDEFS), workers' health, health policy, and planning;

(c) Technical discussions and seminars on health and development held for PAHO staff on health in development, HCPPSE, the State and health, and sectoral reform in health.

4.5 *Research*

(a) Studies on policy, economics, legislation, social equity, and social security;

(b) Competitions for the awarding of research grants or contracts on the State and health (PAHO/CLACSO) and expenditure and financing (PAHO/IBRD/IDB);

(c) Tools and methodologies developed by the Program;

4.6 *Dissemination of Information*

(a) The books published by the Program;

(b) The technical reports and reproductions disseminated by the Program;

(c) The bibliographic processing system maintained by the Program, with the available references and the bibliographies produced.

4.7 *Resource Mobilization*

(a) The Program's interagency relations: IBRD, ECLAC, OAS, IDB, ILO, UNCTAD, UNICEF, UNDP, CARICOM, CDB.

(b) Relations with intergovernmental organizations: subregional parliaments, social security institutions;

(c) Professional associations in the social sciences applied to health: Social Science and Medicine. LASA, ALAMES.

5. Outlook

The experience acquired during the years of the Program's existence places a store of knowledge, institutional linkages, approaches, and instruments at PAHO's disposal that are highly useful for the implementation of the mandates of the XXIV Pan

American Sanitary Conference relative to the SPOs for 1995-1998 and to the implementation of the ECLAC/PAHO proposal.

As seen in greater detail in Part II of this document, in 1995 the Program is expected to undergo another adjustment to more effectively and efficiently fulfill its role in the implementation of the HCPPSE proposal, within the strategic and programmatic orientation of health in development.

The Program must adopt sectoral reform as its key work objective in 1995, in accordance with the proposal for the implementation of HCPPSE that is being submitted for the consideration of the Subcommittee on Planning and Programming. Furthermore, in compliance with the instructions for the APB-1995, Program activities will concentrate on two projects. The first will be devoted to the reform of the health sector as the focus for the implementation of the strategic orientation of health in development; here, the Program will fulfill its regional function and serve the Secretariat in an internal advisory capacity. The second will deal with the formulation of workers' health policies as a particular example of sectoral reform and of HCPPSE. The Program in this case will serve as focal point for the Secretariat in addition to carrying out its respective regional function.

Hence, for the rest of the biennium, the goals of the Program will be:

- To offer alternatives for implementing the sectoral reform that improve the position of health in the socioeconomic and political development process;

- To support the formulation and implementation of national workers' health policies within the context of changes in production patterns and in the health sector.

PART II: IMPLEMENTATION OF THE JOINT ECLAC/PAHO PROPOSAL ON HEALTH AND CHANGING PRODUCTION PATTERNS WITH SOCIAL EQUITY

1. Background

The joint ECLAC/PAHO document on Health, Social Equity, and Changing Production Patterns in Latin America and the Caribbean[15] was considered and approved by the XXIV Pan American Sanitary Conference in September 1994. This document had previously received the support of the XXV Session of ECLAC. Subsequent to this, PAHO's Executive Committee requested, at its 114th Meeting, that the Secretariat present a plan of action to carry out the HCPPSE proposal to the Subcommittee on Planning and Programming, at its December 1994 meeting.

The XXIV Pan American Sanitary Conference also approved the PAHO Strategic and Programmatic Orientations for the 1995-1998 quadrennium, the first of which refers to health and development, based primarily on the notions of the HCPPSE proposal, and puts special emphasis on sectoral reform as a crucial element to ensure full participation of the health sector within the context of national development.

Basically, the HCPPSE proposal contains political guidelines and general strategies aimed at giving greater attention to health and the health sector within the process of equitable development. Making this a reality within the context of each country of the Region requires realistically functional methodologies and instruments, that can be adjusted in each particular case. In addition, it would seem appropriate to develop research activities and surveillance systems which might clarify certain critical aspects and monitor the consequences of the actions undertaken. The principal elements of the HCPPSE proposal refer to:

- the intersectoral approach and health promotion;
- the basic package of health services;
- targeting health programs;
- health sector reform;
- investment in health.

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[15] Document CSP24/20, XXIV Pan American Sanitary Conference, Washington D.C., September 1994.

Sectoral reform is currently the most debated topic within the health sector of the Region, to the extent that 21 countries[16] are making significant adjustments to their health policies and health care systems or are about to do so. Sectoral reform is, therefore, the most important component of the HCPPSE proposal upon which the current development plan hinges. The HCPPSE proposal considers the following aspects of health sector reform:

- institutionality of the sector;
- decentralization;
- community participation;
- financing;
- public-private mix;
- management and provision of health services;
- regulating the sector;
- health technology research and development;
- epidemiological capabilities and information systems.

Thus, health sector reform is the central element of the HCPPSE proposal, organizing other components in a broader proposal to revise health policies and institutions. Because of its attempt to incorporate extra-sectoral determinants into health policies, the HCPPSE proposal, and more specifically sectoral reform, are key elements for implementing this specific strategic and programmatic orientation on health and development.

In turn, because of its broad nature, this reform is directly related to the implementation of the other orientations, i.e., health systems development, health promotion and protection, environmental protection and development, and disease prevention and control. In fact, the reform hinges on activities carried out within the countries and the PAHO regional programs and divisions. Likewise, technical cooperation that addresses sectoral reform cannot be the responsibility of any one unit of the Organization. Instead, it requires an interdivisional and interprogrammatic effort to orchestrate, coherently and consistently, the support provided to the countries.

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[16] These countries are the Netherlands Antilles, Argentina, Bolivia, Canada, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Nicaragua, Panama, Paraguay, Peru, Trinidad and Tobago, the United States, and Venezuela.

In keeping with the spirit of the HCPPSE proposal, all activities, studies, tools and methodologies derived from this plan of action will make up a package of options to be considered by the interested countries. This will make it possible to avoid establishing standardized prescriptions which, because of their limited flexibility, would not apply to differing national realities.

2. General and Specific Objectives

The general objective of plan of action included in the HCPPSE proposal is to provide the countries with options and instruments, via technical cooperation, to facilitate a reform which would result in health systems and policies that are more equitable, efficient, and effective than the current ones. More specifically, its purpose is to achieve:

- a concerted institutional position among the different levels of the Secretariat, as to the meaning and implications of the HCPPSE proposal in the context of the Organization's activities;

- the dissemination and discussion of the proposal among representatives of governmental agencies, legislatures, universities and the community at large, to reinforce the national commitment in favor of equity in health and development;

- the development of research, tools and methodologies that will make it possible to carry out, operationally, the strategies contained in the HCPPSE proposal;

- to set cooperation activities in motion, at the country level, organizing the various development related sectors according to national realities, yet reflecting the guidelines contained in the HCPPSE proposal.

3. Plan of Action

The plan supposes, from the outset, that PAHO needs technical and operational training in order to provide the countries with a reasonably effective cooperation, in the context of sectoral reform. From a technical standpoint, PAHO needs to be aware of the various problems that the reform raises and whose solution will require a level of expertise not easily found in the Region or even among its staff. Consequently, PAHO personnel will need to be attuned to the reform and should clearly understand it. This also requires that cooperation be organized so that the contributions of the different units are well coordinated and focused.

Likewise, it will be necessary to develop PAHO's capability, within its programs and divisions, to re-examine the respective topics, taking into account the changes

brought about by the reform within the health care systems. Most of the programs follow the paradigm in which the ministry of health is practically the sole executor of specific actions, without understanding how modernization is modifying the role of the State with respect to the health sector and its relations with the community at large. To overcome this drawback, it is important to establish frames of reference that will make it possible to utilize the expertise and define the areas of responsibility of the programs or divisions, with a sense of complementarity rather than one of competitiveness.

It is necessary to articulate the specialized cooperation activities in order to strengthen PAHO's ability to situate the various aspects of sectoral reform within a global frame of reference. It is also necessary to provide a common foundation for the concepts and methodologies utilized by the Organization's experts to augment the impact of PAHO's messages to the countries.

Finally, there is a need to intensify interagency dialogue on the reform, as a means to exchange knowledge, experiences, and strategies of the relevant agencies. Nothing can be more detrimental to the countries than interagency competition with respect to courses of actions and options of the reform. This only results in further confusion and delays to a process which is already subject to controversy and uncertainty.

Considering the foregoing, the HCPPSE plan of action contains some eight courses of action. A brief description, followed by the strategies to implement them, and the expected results, as well as participating units, will be given for each of these courses of action. A preliminary list of topics to be considered in the context of the HCPPSE proposal is given along with elements of instrumental research and development.

This plan is being submitted to PAHO's technical units for consideration, in an attempt to obtain feedback, criticism, and suggestions that would allow this plan to secure the commitment of the entire institution within the context of the sectoral reform. The activities proposed in the sections hereafter and those defined subsequently, should be referred to in the operational programming of the corresponding units.

3.1 *Internal Training at PAHO*

Beginning in 1995, workshops should be conducted, with the participation of Headquarters and Representative Office personnel, to review the HCPPSE proposal, its fundamental concepts, and its implications on cooperation. These workshops, prepared by the Secretariat with a view to implement the Strategic and Programmatic Orientations, would be aimed at the following groups:

- two to three staff members per technical program or unit of the Regional office;

- four or five staff members per Representative Office, including the Representative, for each subregion (the Caribbean, Central America, the Andean subregion, and the Southern Cone) or according to the similarity of the respective processes of sectoral reform.

The main purpose of this activity is to establish a political, technical, and operational infrastructure to provide technical cooperation in specific areas and/or to specific countries. It is expected that the workshops will also highlight areas of the HCPPSE proposal that present conceptual and methodological simultaneity (or divergence) with other agencies and institutions, which will provide a foundation (or may need to be overcome) for the development of joint cooperation efforts in favor of health, in the countries of the Region. The specific objectives of the workshops would be:

- to bring the participants up to date on the theoretical bases and methodological aspects of HCPPSE;

- to build up a consistent institutional position and to promote interagency consensus on the contents of HCPPSE, especially with respect to the sectoral reform;

- in the workshops for personnel of the Representative Offices: make an assessment of the reform process in the respective countries and of its consequences on the health conditions and sector, and on technical cooperation; adjust the programs for cooperation identifying needs for additional support;

- in the Headquarters workshop: define methodological guidelines to implement the reform and coordinate activities of the Regional Programs and Units with the implementation of HCPPSE.

3.2 *Public Information*

The HCPPSE proposal is being edited on the basis of the recommendations issued by the XXV Session of ECLAC and by the XXIV Pan American Sanitary Conference. In addition, this document will be published in the four official languages of PAHO and ECLAC and will be widely distributed to the Member Governments of both institutions. It will be addressed in the first place to heads of state; ministers (health, economics, finance, planning, social development, agriculture, education, science, and technology, etc); social security institutions; sub-national governments; national and sub-national parliaments; schools of public health, health sciences, social sciences, and universities; health, development, and social policies research centers; NGOs interested in health and development; professional associations and labor unions, among others.

At the international level the document will be forwarded to Headquarters, Regional Offices, WHO Collaborating Centers, and, at the regional level, to technical cooperation agencies, bilateral and multilateral financial entities that work in the field of health and development, and associations of health professionals.

The distribution of this document will promote consideration and discussion of the HCPPSE among the beneficiaries. Their ensuing comments and recommendations will then be gathered and made available to the countries to support initiatives related to health and development or sectoral reform. PAHO will also utilize this as a contribution to develop the methodological tools and guidelines mentioned hereafter.

A summary of the document will be published in Spanish and English, in the *Bulletin of the Pan American Sanitary Bureau* and in the *Journal of ECLAC*. This synthesis—as well as the document and the resulting comments and observations—will be distributed through electronic information networks. In addition, short versions of the HCPPSE proposal will be published in the four languages, both in the form of promotional pamphlets and press releases in order to reach the public at large.

3.3 *Technical Information*

The Summit of the Americas, in Miami, will be considering a proposal that will give PAHO a pivotal role in monitoring health sector reform. The effective implementation of the reform requires that all measures be regularly monitored and that their outcome be duly assessed. This will provide feedback throughout the reform process and will document the national experiences that can support technical cooperation among countries.

The consideration of conceptual proposals, strategies, and the various elements contained in the HCPPSE proposal has generated not only a great deal of interest, debate, and controversy, but also a considerable volume of technical information. This information needs to be collected, selected on the basis of its quality, and processed bibliographically so that it may then be circulated in the respective countries.

The documents prepared by the Organization will be distributed in a series of technical reports. One of these series will be devoted exclusively to the sectoral reform, and will, thus, become the main vehicle to circulate the studies promoted or supported by PAHO on the subject. Documents published by other agencies and authors will be circulated in their original version or subsequent editions.

An electronic information network will be created to distribute bibliographic and statistical information on the sectoral reform, as well as to link discussion groups to officials, educators, students, and researchers concerned by the subject. This network

will be connected to the one set up by WHO, the World Bank and the IDRC of Canada upon a recommendation issued by the Conference of Ottawa on New Partners and the Health Reform. The Inter-American Network on Health Economics and Finance (REDEFS)—promoted and supported by PAHO and the World Bank—will become a favored vehicle for the debate on these matters. At the same time, it will be instrumental for the collection and dissemination of information on health economics and funding within the context of the sectoral reform.

3.4 *Development of Methodological Guidelines and Tools*

The HCPPSE was prepared along general political guidelines and strategies. Thus, it is necessary to conceive or adjust methodologies and tools to implement the proposed options. Likewise, the problems and health interventions will have to be reinterpreted in light of the new realities found in the countries as they experience a modernization of the State and sectoral reform.

For example, the prevailing paradigm of action in health, as seen in programs carried out directly and almost exclusively by the ministry of health, is moving further and further from reality. In fact, the profile of the ministry has evolved, giving greater emphasis to political, regulatory and funding functions. In contrast, program execution might be only exceptionally assigned to a ministry after this role has been undertaken by a sub-national government, the private sector, and the NGOs. These changes demand that strategies and technical standards of the programs be adapted to make them effective in the new operational contexts.

New methods and tools have recently been proposed by national experts and by international agencies, in some of the areas envisaged by HCPPSE. Instances of these are found in the reducible gaps of mortality, proposed by PAHO, and the years of life loss by disability, proposed by the World Bank. In addition, methods and tools on topics such as decentralization and targeting can be found in the Region—and within PAHO. This available set of tools will translate into methodological guidelines adapted to the requirements of the sectoral reform, and will be made available to the countries that need them.

However, vis-à-vis other components of the HCPPSE proposal and of the sectoral reform, regional experience—and, sometimes, world experience—is quite limited. This is the case, for example, with the definition of the basic package of health services, the selection and handling of the political context of the reform, the public-private mix, or sectoral funding. In order to overcome this, PAHO will set up working groups which will have to generate methodological guidelines and validate them in different national contexts. These will then be forwarded to the respective countries. These working groups will involve personnel of the five technical divisions, the special programs, and

other pertinent units, with the support of external experts, as required. Working groups should also be created to develop guidelines for the following components of HCPPSE and of the sectoral reform:

(a) managing the impact of macro-political variables on the health sector;

(b) managing the implications of regional integration on the health sector;

(c) options for intersectoral action at the national, provincial, and community levels;

(d) strategies for negotiating with other entities (ministries of economy, parliaments, legislatures, parties, political leaders, representatives of the community at large, academic sectors, providers of health care goods and services);

(e) definition of the basic health care package;

(f) optimization of the public/private mix and of health care models;

(g) epidemiological information and managerial systems to monitor and assess the reform;

(h) options for health care financing and for providers' remuneration;

(i) alternative approaches to health care management;

(j) legal framework and mechanisms for the regulation of the production and provision of health care goods and services;

(k) handling the economics dimensions of the health sector.

The formulation of these methodological and instrumental guidelines is closely linked to the line of research mentioned in point 3.6. In addition, monitoring the application of the proposed guidelines will make it possible to fine-tune them or replace them with others proven to be more effective and efficient.

The development of tools and methodologies in specific areas will require collaborative work with universities, cooperation agencies, and research centers. Interagency cooperation to convene meetings of experts and promote research is an option that will greatly facilitate the adoption and use of the guidelines and tools thus developed.

3.5 *Technical Cooperation for the Implementation of the HCPPSE Proposal*

Translating the HCPPSE proposal into viable and feasible policy options within the reform process implies new challenges for the Organization, both at the subregional and national levels. At the subregional level, the attempt will be to include the HCPPSE proposal in PAHO-promoted health initiatives, in the agendas of consultive and coordination forums linking national health authorities, as well as in the implementation of specific intercountry projects. To this end, measures taken to implement the HCPPSE proposal should be incorporated, as fitting, into the plans of action of the various subregional initiatives.

At the country level, the health sector reform will first need to be characterized as to its determinants, problems, objectives, projects and proposals, most relevant actors, possibilities, and limitations. This will make it possible to tailor the implementation of the HCPPSE proposal to specific national needs.

This entails a promotion effort to convince the national authorities that the HCPPSE strategies offer politically viable as well as technically and financially feasible options to deal with the problems presented by the sectoral reform. It is anticipated that the proposal will help adjust current health care programs and policies by providing a substantial support to the most relevant institutions and to the leaders of the health care sector.

The APBs prepared by the Representative Offices should provide for a broad approach to cooperation in health care sector reform that considers the various facets in need of change. Similarly, capabilities of the national authorities will need to be reinforced to efficiently manage a health care sector that is becoming an institutional puzzle.

The role of the PAHO Representative Offices in identifying and providing cooperation for the reform is crucial. The Representatives and the members of their technical team, trained in the workshops mentioned in section 3.1, should make up the basic multidisciplinary group responsible for coordinating the Organization's actions in support of the reform. As such, they will involve other staff members of their office in cooperating with the reform which, since it normally concerns all entities and programs of the health care sector, also affects all areas of cooperation.

PAHO's Representative Offices have the benefit of permanent input from experts who know the varying national realities. This means that the Representative Offices are able to cover some of the fields of expertise involved in the reform process. There will always be a need for more experts who may be transferred from other units within PAHO, recognized as the health care cooperation agency with the largest team of experts within the Region, as well as outside of it.

This fact definitely puts the Organization a step ahead of other agencies in the field of international cooperation. When they need to handle complex projects such as the reform, these agencies have to rely on ad hoc missions of a temporary nature, whose members often have little prior knowledge of the country in question.

Likewise, close coordination among the units that work on specific aspects of the reform is necessary to increase the impact that regional support may have on the reform process via the respective Representative Offices.

3.6 *Research*

Democratization, liberalization of the economy, changes in epidemiological profiles, technological development, and the increase in the cost of health care services, among other factors, have a bearing on innovative paradigms and tools as they apply to sectoral reform in the Region. In addition, this reform is influenced by circumstantial factors germane to each country. Consequently, national experience, as concerns sectoral reform, should be systematically monitored, documented and evaluated to provide a basic knowledge that will be useful in guiding the countries and cooperation agencies involved with the reform.

The HCPPSE proposal offers strategic guidelines that are often based on economic, political and social contexts that differ in the countries of the Region. Under these circumstances, research is necessary to complete the development of reform options, support implementation, and assess results.

The development of the most relevant research in the context of this HCPPSE proposal demands an effort that entails the collaboration of the Organization's technical divisions and programs. Support from the Research Grant Program, which has already targeted sectoral reform as one of its priorities for the next quadrennium, is of particular significance. The technical teams of the Representative Offices will also play a vital role in this effort. They will identify groups of researchers, provide support for project preparation and implementation, and incorporate pertinent results into the reform process. Among the functional strategies to bolster reform-related research, the following are suggested:

- holding competitions for research projects on the most relevant subjects;
- promoting research training workshops and project improvement;
- awarding grants for post-graduate theses on HCPPSE and the reform;

- implementing joint research projects with universities and other technical cooperation agencies;

- establishing a databank of current projects on the reform.

The purpose of this research is to provide the countries with scientifically ascertained solutions to the problems they must face as they proceed with the reform of their health care policies and systems. The following are examples of such problems:

- finding options to expand coverage and to control costs of health care systems;

- defining basic health care packages;

- regulating the health care public-private mix;

- ensuring proper cooperation among the executive and the legislative powers as concerns the health sector reform;

- dealing with the consequences of regional integration on the production and consumption of health care goods and services;

- assessing the health care sector reform and its regional tendencies.

3.7 ***Leadership Development and Training***

It is suggested that awareness and training activities be conducted at the subregional level and in the countries, to cover the many aspects of HCPPSE and of the health care sector reform, involving different interest groups. This should result in a political commitment and in the technical training needed for implementing the proposal.

Likewise, meetings of prominent officials and technical experts should be held to review options for health care sector reform, generate national consensus, and foster cooperation agreements among the countries to support this reform. Two of these meetings, which would be held in 1995, are currently being discussed by PAHO, the World Bank and the IDB. One of these two meetings would target the Central American countries and other one, the Caribbean countries. Both would invite the participation of representatives of the ministries of health and finance, the social security institutions, legislatures, and the private sector.

At the same time, training workshops would be conducted on the various options in terms of available tools and methodologies applicable to the health sector reform that are of interest to technicians of the health, planning, economic and finance sectors. In

the medium and long term, the HCPPSE proposal and the tools and methodologies to implement the reform will need to be incorporated in post-graduate curricula and pedagogical materials on public health, health administration, and health-related public policies and social sciences. To that effect, PAHO will provide major support to the preparation of the curricula and pedagogical materials and to the formulation and updating of a health-related training program directory. A similar effort should be made to provide the general education sector with a curriculum and pedagogical material on health and development. The Development Program for Human Resources will have to play a prominent role in the carrying out these activities.

3.8 *Resource Mobilization and Interagency Coordination*

While implementing the HCPPSE proposal requires consulting, coordinating and collaborating with technical and financial cooperation agencies that provide support to the health care sector—such as the World Bank, the IDB, the OAS, ECLAC, UNICEF, ILO and UNDP—it also creates the opportunity to do so. Once again, the Summit of the Americas, in Miami, will consider a draft recommendation calling upon all international agencies to better articulate their actions in favor of health sector reform. This also applies to bilateral cooperation agencies, such as AID, CIDA, ODA, AECI, SIDA, and FINNIDA, whose interest in the health sector reform and the development process is increasing. The support of PAHO's Coordinator of External Relations will be vital in order to achieve the support of the multilateral and bilateral agencies to the reform process.

This exchange will make possible to provide more harmonious cooperation and maximize the comparative advantages of the various agencies thus benefitting the recipient countries to greater extent. In the field, this can translate into joint activities at the regional, subregional and country levels, for reform or research projects, training activities, creation of information networks, and publication of documents, among others.

Likewise, interagency coordination will enable the mobilization of extrabudgetary funds, allowing PAHO to strengthen and intensify its cooperation in this area. In this regard, the creation and management of a cooperation resources directory will require constant communication among the Divisions.

In addition, the implementation of HCPPSE will be enhanced by the expertise generated by various technical and financial cooperation institutions, universities, and research centers. ECLAC's participation in the scheduled activities is fundamental for the proposals to be consistent with a model of economic and social development which targets economic growth and equity simultaneously.

4. Coordination and Timetable

Considering the priority that PAHO is giving to health care sector reform and the multidisciplinary nature of the latter, cooperation towards its implementation will have to be the responsibility of the Secretariat, under the leadership and the supervision of the Director of the Organization.

In order to support the above-mentioned functions of the Director, a Coordinating Committee on Sectoral Reform will be created, with representatives of the Divisions, Special Programs, and other units directly involved with the subject. This Committee will be in charge of establishing a matrix specifying the role of each Program or technical unit in the activities contained in the plan of action.

The Annex includes a tentative timetable of activities for the 1995-1996 biennium based on the 1995 Annual Program Budget (APB) proposal for the Health Care Sector Reform Project, under the responsibility of the Health Policies Program of the Health and Development Division.

Annex

SUMMARY OF ACTIVITIES AND TENTATIVE TIMETABLE

COMPONENTS	ACTIVITIES	1995			1996		
		1st	2nd	3rd	1st	2nd	3rd
a. PAHO internal training	a.1 Meetings of consultation with PAHO technical teams at Headquarters and PWRs	X	X				
	a.2 Preparation of plans of cooperation		X	X			
b. Public information	b.1 Publication of the HCPPSE document	X					
	b.2 Publication in PAHO and ECLAC bulletins and journals		X				
	b.3 Distribution via information networks		X	X	X	X	X
	b.4 Summarized versions for distribution to the public		X				
	b.5 Formulation of material for the press		X				
c. Regular distribution of technical information	c.1 Gathering and distribution of bibliography		X	X	X	X	X
	c.2 Development of a series on "Health sector reform" technical reports, documents, and manuals		X	X	X	X	X
	c.3 Dissemination of research and meetings' conclusions			X	X	X	X
	c.4 Development of communication, and discussion groups through electronic mail		X	X	X	X	X
d. Development of tools and methodologies	d.1 Formulation of methodological guidelines with already developed components		X	X	X		
	d.2 Definition and study of various tools and methodology options		X	X			
	d.3 Joint research with universities and cooperation agencies			X	X	X	X
	d.4 Meetings of *experts*			X	X		
e. Technical cooperation for the implementation of the HCPPSE proposal	e.1 Formulation of national and subregional plans of technical cooperation within the context of HCPPSE	X	X	X	X	X	X
	e.2 Formulation and implementation of *specific projects*			X	X	X	X
	e.3 Description of national health sector reform processes	X	X				
	e.4 Development and implementation of national plans of cooperation		X	X	X	X	X
	e.5 Technical support for institutions of the sector		X	X	X	X	X
	e.6 Process monitoring and assessment	X	X	X	X	X	X

COMPONENTS	ACTIVITIES	1995			1996		
		1st	2nd	3rd	1st	2nd	3rd
f. Research	f.1 Competitive research grant	X	X				
	f.2 Development of research training workshops			X			
	f.3 Support for post-graduate theses		X	X			
	f.4 Development of current projects data banks			X	X	X	
g. Leadership development and training	g.1 Meetings of national officials on the HCPPSE proposal		X				
	g.2 Multisectoral technical meetings at the subregional and country levels	X		X			
	g.3 Support for training programs		X	X	X		
	g.4 Training program directory		X	X			
h. Resource mobilization and interagency coordination	h.1 Development of interagency joint missions		X	X	X	X	
	h.2 Research and joint publication of documents		X	X	X	X	X
	h.3 Development of information networks		X	X	X	X	X
	h.4 Mobilization of extrabudgetary funds	X	X	X	X	X	X