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

In April 1991 a preliminary draft of the appended document was presented to the Subcommittee on Planning and Programming. This document responds to the mandate contained in Resolution XIII of the XXIII Pan American Sanitary Conference to continue efforts to clarify the content and scope of the basic frame of reference for planning undertaken by the Organization during the quadrennium 1991-1994 as contained in the document "Strategic Orientations and Program Priorities for the Pan American Health Organization during the Quadrennium 1991-1994" which was approved by that Conference in September 1990.

The present document attempts to advance in the definition of criteria for implementing the Strategic Orientations and Program Priorities, establishing for this purpose a series of four-year targets--indicative targets for action by the countries, and normative targets for action by the secretariat--which define the situations it is hoped to achieve within four years and the processes that need to be activated in order to arrive at these goals. In addition, the document considers some of the actions that need to be taken by the secretariat in order to prepare it to respond to the recommendations for implementation of the SOPP/1991-1994.

The document incorporates the views and suggestions formulated by the Subcommittee on Planning and Programming, and it is being submitted to the Executive Committee at this time for consideration. It is requested that the Committee review the content of this document and approve it.

Annex

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

May 1991

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I. INTRODUCTION

In September 1990 the XXIII Pan American Sanitary Conference, in its Resolution XIII, approved the document "Strategic Orientations and Program Priorities for the Pan American Health Organization during the 1991-1994 Quadrennium," (SOPPs 1991-1994), as a basic frame of reference for the strategic planning of the Organization.

On that same occasion, the Pan American Sanitary Conference requested that the Member Governments take into account the SOPPs 1991-1994 in the formulation of their national health policies.

Likewise, it requested the Director of the Pan American Sanitary Bureau:

- (a) to continue his efforts to improve and clarify the content and scope of the document, in consultation with the Governing Bodies;
- (b) to implement the strategic orientations and program priorities through the operating program budgets to be drawn up throughout the 1991-1994 quadrennium;
- (c) to ensure that the structure and operations of the Secretariat reflect the evolving nature of the strategic orientations and program priorities of the Organization; and
- (d) to disseminate the document to the Member Governments and transmit it to the Director-General of WHO, multilateral organizations, and donor-country cooperation agencies which are involved in health sector activities in Member Governments.

As part of the efforts to clarify the content and scope of the basic frame of reference for the strategic planning of the Organization, work has been underway since September to define a series of criteria for the implementation of the 1991-1994 SOPPs. These were submitted to the Subcommittee on Planning and Programming in April 1991, and are now before the Executive Committee in order to receive the members' points of view, suggestions, and recommendations on them.

The logic behind the definition of the criteria for implementation can be summarized as follows. After approval of a theoretical framework for the Organization's activities, which poses the need to concentrate interventions on areas that can have a high impact on the development of health in the countries of the Region, it is imperative to specifically define the instrumental activities that should be brought into practice during the 1991-1994 period. This should be an operational definition, making it possible to have quadrennial frames of reference, suggest activities for the countries, and set policy for the activities of the

Secretariat, consisting of a definition of where we want to be at the end of four years, and the processes that must be activated in order to get there. In this way it will also be possible to construct quadrennial evaluation mechanisms, that have an explicit reference point against which one can measure what is actually accomplished by the end of the four years in question.

In view of the above, some considerations are presented below on: (a) how the strategic orientations which the Organization will apply during the 1991-1994 quadrennium will be tied together, and the relationship between the regional challenges for the transformation of the sector in the nineties, the strategic orientations, and the program priorities approved for the quadrennium (Section II); (b) definition of a series of regional quadrennial targets that describe where we hope to be in 1994 through the SOPPs, along with identification of what processes will have to be implemented in order to get there (Section III); and (c) proposed actions that the Secretariat must undertake to meet the requirements of implementing the SOPPs during the 1991-1994 quadrennium (Section IV).

II. LINKAGE BETWEEN THE STRATEGIC ORIENTATIONS OF THE PAN AMERICAN HEALTH ORGANIZATION FOR THE 1991-1994 QUADRENNIUM, AND RELATIONSHIP BETWEEN REGIONAL CHALLENGES, STRATEGIC ORIENTATIONS, AND PROGRAM PRIORITIES

A. LINKAGE BETWEEN THE STRATEGIC ORIENTATIONS

The nine strategic orientations approved by the XXIII Pan American Sanitary Conference to be implemented by the Organization during the 1991-1994 quadrennium, are diverse in nature. Some of them are essentially theoretical, or they refer to substantive processes, while others are predominantly instrumental. In both cases they are guidelines that must be adopted by the processes to improve or transform the national health systems in order to make effective progress towards the goal of Health for All by the Year 2000.

Consequently, they should be viewed as converging lines that empower each other and that, from different points of origin, head in a common direction: confronting the main challenges to health and the transformation of the sector during the 1990s.

Figure No. 1 is an attempt to depict the convergence of the nine strategic orientations in a common direction, under the all-encompassing framework of the first orientation: Health in Development.

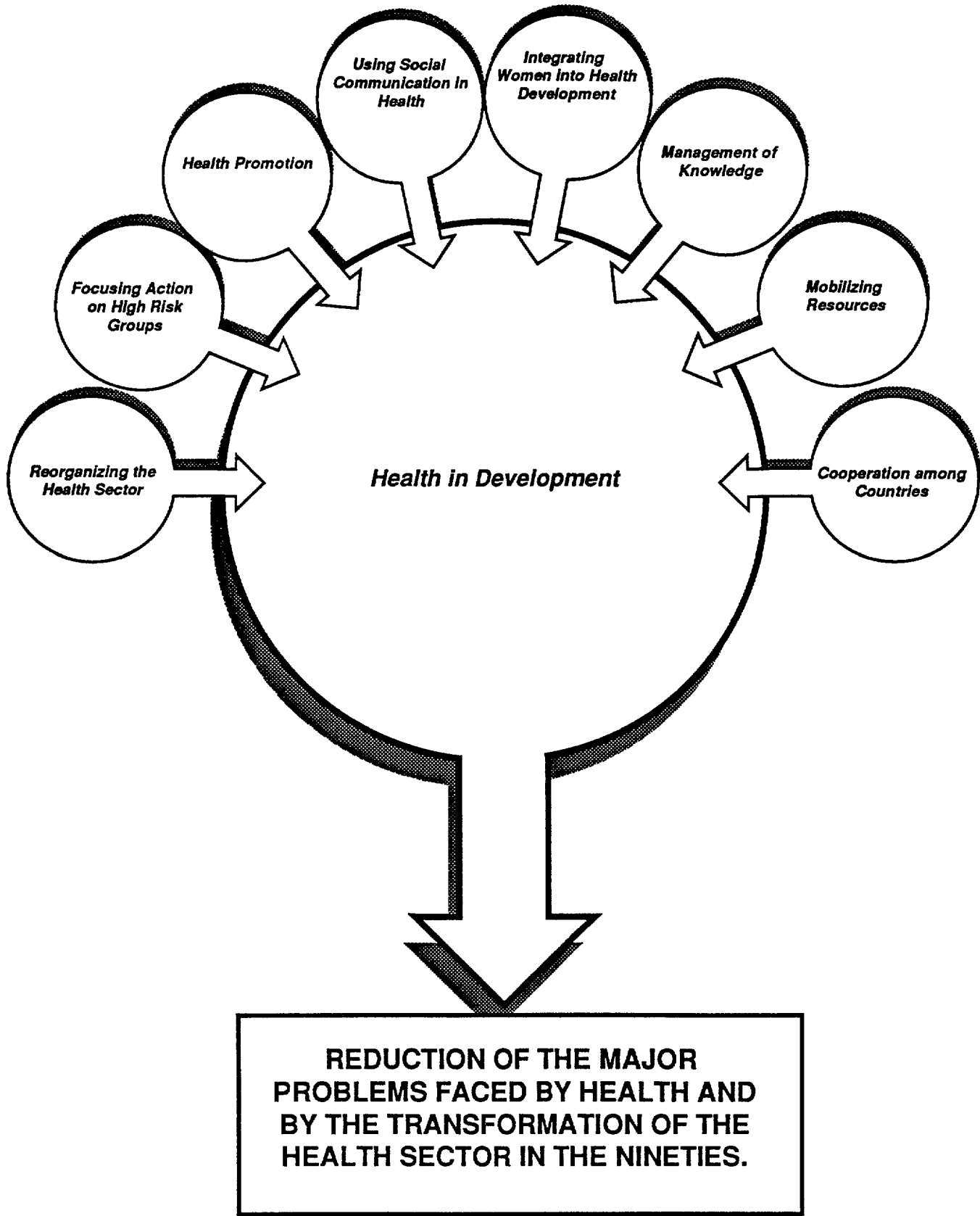
The process of sustainable development necessarily implies improving the living and health conditions of the population. The economic and social development of these characteristics consequently supposes a better distribution of both income and access to basic social services (education, health, etc.). It does not suffice to ensure the economic growth of a country or a region in order for there to be real, sustainable development.

Consequently, the strategic orientation of Health in Development means assigning priority to efforts aimed at guaranteeing a higher degree of equity in the conditions of life and health of the inhabitants of the Hemisphere, and in the population's access to basic health services.

The health sector tends to have little influence on the formulation of economic policies aimed at promoting growth, or in the taking of decisions to guarantee a more equitable distribution of income. On the other hand, it does have significant potential for increasing equity in its sphere of influence. This, however, will require improving opportunities for access to health promotion measures, and to personal and nonpersonal health services, as well as comprehensive, intersectoral actions aimed at changing the living and health conditions of the population, which are concentrated in the most affected social sectors.

FIGURE 1

RELATIONSHIP BETWEEN THE STRATEGIC ORIENTATIONS FOR PAHO DURING THE QUADRENNIUM 1991-1994



It naturally follows, then, that the strategic orientation of Health in Development should be of prime importance within the set of strategic orientations for PAHO approved by the XXIII Pan American Sanitary Conference for the 1991-1994 quadrennium. It is also essential to point out that Health in Development necessarily implies minimizing social inequalities vis-a-vis health, reducing the impact of the crisis on the most destitute, establishing comprehensive social welfare programs, improving the living and health conditions of the great majorities (particularly the most dispossessed), and transforming the health systems through greater emphasis on population-based health promotion activities and the prevention and control of health outcomes and risks, as well as more organized citizens' participation.

This has implications for the definition of the health sector, the reorganization of the services for individualized and population-based care, and activities regarding living conditions. But above all, it has important implications for the redefinition of relations between the health services and social welfare activities, as well as relations between central government offices, peripheral government offices, and civilian organizations.

Thus PAHO's strategic orientations for the 1991-1994 quadrennium will revolve around the axis of health in development, in order to promote greater equity in health, the improvement of living conditions, and reducing risks and health outcomes through both sectoral and intersectoral, effective and efficient interventions.

Converging in this will be the strategic orientations that imply the gradual activation of substantive processes, such as the case of Reorganizing the Health Sector, Focusing Action on High Risk Groups, Health Promotion, Management of Knowledge, and Integrating Women into Health and Development; and the strategic orientations comprised of instrumental components, such as Using Social Communication, Mobilizing Resources, and Cooperation among Countries.

B. RELATIONSHIP BETWEEN REGIONAL CHALLENGES, STRATEGIC ORIENTATIONS, AND PROGRAM PRIORITIES

As is shown in Table No. 1, there are multiple relationships among the challenges for health and for the transformation of the sector which the Region will have to face in the 1990s, the strategic orientations that PAHO will implement during the quadrennium, and the program priorities that will be stressed within the institution's activities during the 1991-1994 period.

As can be seen, there is no one-to-one ratio between the challenges and strategic orientations, nor between the latter and the program priorities. On the contrary, there is a relationship of complementarity between the program priorities and the strategic orientations, insofar as both encompass lines of action aimed at reducing the problems posed by the great challenges to health the Region faces during this decade.

B. RELATION BETWEEN REGIONAL CHALLENGES, STRATEGIC ORIENTATIONS, AND PROGRAM PRIORITIES

TABLE NO. 1

REGIONAL CHALLENGES	STRATEGIC ORIENTATIONS	PRIORITIES FOR THE DEVELOPMENT OF THE HEALTH SERVICES INFRASTRUCTURE	PRIORITIES FOR THE DEVELOPMENT OF HEALTH PROGRAMS
Attribute greater importance to health in social policy and in the development process	<ul style="list-style-type: none"> - Health in Development - Health Promotion - Using Social Communication - Integrating Women into Health and Development - Mobilizing Resources 	<ul style="list-style-type: none"> - Sectoral and Resource Allocation - Sectoral Financing 	<ul style="list-style-type: none"> - Health and the Environment - Food and Nutrition
Improve the capacity for carrying out situation analysis and for identifying high-risk groups	<ul style="list-style-type: none"> - Reorganizing the Health Sector - Focusing Action on High Risk Groups 	<ul style="list-style-type: none"> - Sector and Resource Allocation Analysis - Management of Local Health Systems and Local Programming - Development of Human Resources 	<ul style="list-style-type: none"> - Lifestyles and Risk Factors - Control and/or Elimination of Preventable Diseases
Formulate policies and programs that seek equity in health and reduce the widening gap in health services coverage	<ul style="list-style-type: none"> - Health in Development - Reorganizing the Health Sector - Focusing Action on High Risk Groups - Mobilizing Resources 	<ul style="list-style-type: none"> - Sector and Resources Allocation Analysis - Sectoral Financing - Management of Local Health Systems and Local Programming - Development of Human Resources 	<ul style="list-style-type: none"> - Health and Environment - Food and Nutrition - Lifestyles and Risk Factors - Control and/or Elimination of Preventable Diseases - Maternal and Child Health - Workers' Health - Drug Addiction - AIDS
Concentrate resources on effective interventions against health outcomes and risks	<ul style="list-style-type: none"> - Focusing Action on High Groups - Health Promotion - Using Social Communication 	<ul style="list-style-type: none"> - Sector and Resource Allocation Analysis - Sectoral Financing - Management of Local Health Systems and Local Programming 	<ul style="list-style-type: none"> - Health and Environment - Food and nutrition - Lifestyles and Risk Factors - Control and/or Elimination of Preventable Diseases - Maternal and Child Health - Workers' Health - Drug Addiction - AIDS
Make the sector more efficient	<ul style="list-style-type: none"> - Reorganizing the Health Sector - Mobilizing Resources 	<ul style="list-style-type: none"> - Sector and Resource Allocation Analysis - Sectoral Financing - Management of Local Health Systems and Local Programming - Development of Human Resources 	
Redefine how the sector is led and organized	<ul style="list-style-type: none"> - Reorganizing the Health Sector - Mobilizing Resources - Using Social Communications - Health Promotion 	<ul style="list-style-type: none"> - Sector and Resource Allocation Analysis - Sectoral Financing - Management of Local Health Systems and Local Programming - Technological Development - Development of Human Resources 	
Overcome discrepancies between the work force and needs of the services	<ul style="list-style-type: none"> - Reorganizing the Health Sector - Mobilizing Resources 	<ul style="list-style-type: none"> - Management of Local Human Resources and Local Programming - Development of Human Resources - Technological Development 	

III. REGIONAL QUADRENNIAL TARGETS FOR THE 1991-1994 SOPPs, AND IMPLEMENTATION PLANS FOR REACHING THEM

The Organization's response to the challenges arising during the 1991-1994 quadrennium must be characterized by stark realism in the types of action it proposes, stemming from full awareness of both the worsening adverse circumstances faced by the health sector, and the limited resources with which it will have to cope with them.

That is why the collective mandate contained in the 1991-1994 SOPPs establishes a set of commitments and generates a series of implications, both for the health activities of the Member Countries, and for the technical cooperation to be provided by the Secretariat.

In view of the above, it is particularly relevant to formulate regional quadrennial targets for the strategic orientations and program priorities of the period 1991-1994. These targets are the first step towards the operational implementation of the quadrennial policies adopted by the Governing Bodies, because they pinpoint where the Region hopes to be at the end of four years. This should go hand in hand with defining the processes that must be activated in order to reach those targets.

This is why regional quadrennial targets are proposed along with the implementation plans to attain them. One is listed below for each of the strategic orientations and program priorities that were approved. Above all, they represent frames of reference that have a mobilizing influence, which will make it possible to evaluate courses of action and the results obtained both by the countries and through the Secretariat's cooperation.

The regional quadrennial targets ought to be a basic formula for the implementation of the SOPPs during the period 1991-1994, which ultimately will allow progress to be made in improving the health of the peoples of the Americas, will help guarantee fulfillment of the accumulated and emerging needs of broad segments of the population, and will help overcome the problems of the sector in the Region. They will also be intermediate stages in the long-term process of reaching the target of Health for All by the Year 2000.

It should be noted that both the targets proposed below, and the implementation plans for their attainment, come within the context of the 9th General Program of Work of the WHO, the Resolutions on the subjects at hand that have been passed by the Governing Bodies of PAHO, and the Regional Strategies for reaching the general goal of Health for All by the Year 2000.

Finally, it is important to reiterate that the targets and implementation plans listed below are merely offered as suggestions for the development of health plans and policies in the Member Countries, while they establish policy for the provision of technical cooperation by the Secretariat.

A) REGIONAL QUADRENNIAL TARGETS FOR THE STRATEGIC ORIENTATIONS

1. HEALTH IN DEVELOPMENT

Target: To incorporate elements for improving health into the objectives of the economic and social development policies of the Member Countries, including actions to fight poverty and social welfare programs, in order to reduce the inequalities in the health status and access to services among the social groups within the countries.

Target: To improve the relative position of health on the political agendas in all the countries of the Region, and in decisions made on resource allocation.

Implementation Plan:

In order to attain the targets described above, it will be necessary to launch an intensive campaign for health advocacy in the countries of the Region. This will go hand in hand with instrumental activities aimed at strengthening the formulation and implementation of social policies to improve coverage of basic needs, including those of health, for the most vulnerable sectors of the population.

To this end, priority must be assigned to the task of regaining health's visibility and social and political prominence in society, and in the activities of the governments of the Member States. For this reason it will be extremely important to bring the discussion on health in development to the highest decision-making political forums, such as regional or subregional summits of Heads of State or Government, national and local legislatures, and the councils of the national, regional, and municipal governments.

So that health can take on the role of promoting and stimulating sustainable development, there should be a redoubling of efforts in all of the countries aimed at:

- documenting the nature and magnitude of the risks and health outcomes that can be avoided, and which are surmountable health problems if some activities within and outside the sector are intensified, if the living conditions of the social groups most affected by them are changed, and if the coverage of health services is expanded to reach the entire population;
- drawing up proposals to transform the national health systems, in view of the need to reduce the inequalities in health status, guarantee access to services, and ensure adequate quality of health care to the entire population of each country in the Region;

- converting the proposal for transformation into broadly agreed upon operative policies and programs, geared to gradually face the great mass of unmet health needs among the most vulnerable population groups; and
- linking the policies and program for the transformation of the health system with the process of restructuring the State, particularly in terms of the social responsibilities that the latter must take up; this includes activities to fight poverty and the implementation of social welfare projects.

In view of the above, it is imperative for health to establish a sphere of influence in the offices for analysis and decision-making in the area of social and economic planning of the Member Governments, in order to thereby contribute elements with a human dimension to the model of development adopted by the countries of the Hemisphere.

2. REORGANIZING THE HEALTH SECTOR

Target: By the end of 1994 the deficit in health services coverage in the Region that existed at the beginning of the quadrennium will be reduced by 30%.

Target: For all of the Member Countries to make progress in drawing up strategies and operational national plans to strengthen and develop the local health systems by strengthening sectoral and intersectoral coordination and population-based comprehensive health actions, preferably aimed at the most affected social sectors.

Target: To expand the activities of the Social Security institutions in the Member States, both in terms of expanding their coverage of the vulnerable population groups, and by expanding the health and social welfare services they offer, and to improve their coordination with the Ministries of Health.

Target: For at least ten countries in the Region, to mobilize, during 1994, reimbursable sectoral, financial cooperation into projects aimed at making progress in the reorganization of the health sector in the Member Countries in question.

Implementation Plan:

The ultimate objective in reorganizing the sector, is for all the countries of the Region to have fully implemented the process of strengthening and developing the local health systems by the end of the quadrennium. This will imply important accomplishments both in terms of equal access and service delivery, and in terms of increasing the coverage of the forgotten social sectors that are subject to greater risks

due to their health and living conditions. Likewise, social participation must be consolidated in the leadership and management of the local health systems, and sectoral and intersectoral coordination must be strengthened, along with population-based activities aimed at improving living and health conditions.

The reason that the processes to reorganize the health sector exist is the need to enhance the efficiency and effectiveness of the services, and to make this possible by reducing the inequalities in health and living conditions.

An intermediate step in that direction would be to reduce by 30% in 1994, the deficit in the coverage of the services, with a view to reaching the regional target by the year 2000 of ensuring to all the inhabitants of each country, access to adequate levels of health services.

To accomplish this it will be necessary, among other things, to increase the productivity of the existing services; analyze the needs and potential for expansion of the installed capacity; make better use of the resources currently available to the sector; develop ways to organize programs and service delivery that will manage to reach the most forgotten and impoverished population groups; and bring together all potential public and private "partners," around the common enterprise of transforming the national health systems.

A fundamental element in the reorientation of the sector will be to encourage the processes of decentralization and deconcentration, along with the strengthening and development of the local health systems, as a formula to adjust the planning and implementation of programs and services to the health needs of the populations in certain geographic areas.

In the area of the local health systems, it will be necessary to intensify the development of mechanisms for intersectoral coordination, social participation, and coordination of different actors, in order to fulfill common purposes regarding health care.

In conjunction with the above, mobilizing the potential of Social Security will be of singular importance. Therefore it will be crucial to activate the execution of studies and drawing up of strategic proposals in the Member Countries, aimed at identifying the possibilities and instrumentation mechanisms to expand the health care coverage offered by the Social Security institutions.

Equally important will be the intensification of efforts to produce analyses of the health sector in the countries. This will make it possible to establish, on the basis of identifying the needs for reorganization of the sector, a framework in which to draw up investment projects and loan proposals for sectoral adjustment.

3. FOCUSING ACTION ON HIGH RISK GROUPS

Target: To develop standing methodologies and techniques to evaluate the living and health conditions of different population groups that may be susceptible to registering short- and long-term changes in the economic conditions that affect the population of the countries of the Region.

Target: To strengthen the institutional capacity to analyze the health situation at the regional, subregional, national, and local levels, so that the most affected groups can be identified and health action can be geared towards them on a priority basis, and later the impact of these interventions can be assessed.

Target: To make progress in reorganizing the health services, concentrating resources on effective interventions aimed at changing the living conditions and reducing or eliminating the risk factors and health outcomes that constitute public health problems. Thus premature mortality will be reduced by the end of the quadrennium, so that in 1994 all the countries of the Region can reach the target in life expectancy at birth of at least 68 years.

Implementation Plan:

It will be necessary to make simultaneous progress during the quadrennium on actions aimed at reaching the targets listed above. Consequently it will be necessary to promote the development of methodologies and techniques and conduct studies at the level of the population, which make it possible to characterize the most affected social groups in terms of health and living conditions. With the information gleaned, it will be necessary to take steps for the reorganization of the services based on criteria of the effectiveness of the interventions and increasing functional coverage.

The work on developing methodologies and techniques for analyzing the health status of the population, will enhance the chances--which so far have been relatively scarce--of documenting the impact of the crisis on the living and health conditions of different sectors of the population. Most of the evaluations performed to date reveal that in the context of the crisis the inequalities between the different social sectors and groups tend to be accentuated. However, the ability to assess the impact of the crisis on the health situation is still seriously limited.

There are also limitations on gaining practical knowledge of the health problems that most greatly exacerbate the inequalities in health in the countries of the Region. An assessment of the inequalities and their trends would be extremely relevant for learning about the impact of the transitory changes and long-term trends in the living and health conditions of the different population groups.

In order to promote development of the capacity to evaluate the health situation and living conditions of different population groups, the development of epidemiology should be strengthened at the country level. The formation of interdisciplinary and intersectoral teams should be promoted to prioritize this issue and bolster the search for more effective and efficient intervention strategies. Likewise, there should be greater dissemination of scientific information with emphasis on methodological and technical knowledge and experiences in health and well-being.

PAHO will prepare periodic reports on the health situation and living conditions, which will serve as the basis for the preparation of "Health Conditions in the Americas," and will cooperate in the development of a continuous process in the countries to evaluate health conditions.

The principle lines along which the services should be reorganized in order to focus actions on high risk groups, should include better care for the health needs of the population through comprehensive action programs, as well as follow-up and evaluation of the longer-term trends in the indicators for health outcomes and risks that constitute public health problems.

Activation of the processes described above will be a step in the direction of fighting effectively against premature mortality. This will make it possible to reach a life expectancy of at least 68 years in all the countries of the Region by 1994, which is an intermediate step towards the regional goal set for the year 2000 of at least 70 years of life expectancy for all the countries of the Region.

4. HEALTH PROMOTION

Target: To promote the full development and comprehensive use of human abilities through the strengthening of positive health among the inhabitants of the Member States.

Target: To promote the development of intersectoral health action plans and strengthen the social support systems in favor of health in order to improve the living conditions of the most affected groups.

Implementation Plan:

In order to reach the above targets it will be necessary to induce the formulation and implementation of policies and programs for health promotion, both on a national and local scale, and to encourage the development of pilot projects to facilitate the implementation of said programs.

The institutional strengthening of the sector in order to carry out promotional and preventive activities, is fundamental. For this it will be very important to assemble networks that incorporate the already formed centers and groups that are working in the field of health promotion.

It will be necessary to promote the development of techniques and methodologies that facilitate the adoption of health behavior and habits, as well as environments that are favorable to health, and to train human resources from within and outside the health sector in these areas.

The process of joining resources from the health sector and other sectors should be intensified. This will make it possible to develop operational models for health promotion that express public policies.

5. USING SOCIAL COMMUNICATION

Target: To encourage the use, on a larger scale and with better technology, of social communication in order to increase the health knowledge of the general public and special groups involved in making decisions that affect health.

Target: To increase the informational content on health of basic educational programs.

Implementation Plan:

In order to reach these targets, activities for the selective dissemination of information must be conducted, to reach different population groups.

Also, the national or subregional center producing education and informational material on health should be strengthened or developed. At the same time activities should be promoted for training in the use of the mass media to inform the public on health risks and the necessary interventions to avoid them.

A special effort will be made to approach and collaborate with the media in order to identify and utilize all opportunities of information to the public.

Public information will also be strengthened at the community level in close coordination with relevant organizations both governmental and non-governmental.

The Secretariat will continue its work aimed at developing and executing the program "Communication for Health" for which the support of the "Development Committee", comprised by public and entrepreneurial personalities is of great importance.

6. INTEGRATING WOMEN INTO HEALTH AND DEVELOPMENT

Target: To strengthen the institutional capacity to mobilize national and international resources for the promotion and development of women and their health.

Target: To facilitate the formulation and evaluation of policies, programs, and health services from the gender perspective. Also, to revise and reform the legal instruments that either directly or indirectly affect women's health and their access to certain services.

Implementation Plan:

It will be necessary to intensify the promotion of women and their health through advocacy of their rights, including civil rights, and of more egalitarian relations between the sexes as a contribution to health in the processes of development. This will favor a positive image leading to a reassessment of the productive and reproductive roles of women in the different stages of life.

Data collection and the capacity to analyze the situation of health and its trends must improve, incorporating the dimensions of gender, ethnic group, and class into the social and geographic spaces. It will be necessary to promote and support the epidemiological stratification and utilization of the cultural, social, and anthropological dimension of gender into the criteria of the risk approach.

There must be a strengthening of the institutional capacity of the sector in order to develop policies and programs for the comprehensive care of women in the framework of the local health systems. It must incorporate institutional intervention modalities based on participatory research-action, and fully mobilize the real and potential resources of civilian society.

It will be necessary to strengthen the leadership abilities of women, and to share involvement and management between the sexes, for individual, family, and collective health; to facilitate the ability to resolve health problems at the household level; and to promote processes of self-management and self-care for the promotion and protection of women's health and that of family members.

The development of strategies to mobilize, organize, and get groups of women involved should be promoted and supported. They can become catalyzing nuclei and multipliers of innovative actions in the field of women's health.

7. MANAGEMENT OF KNOWLEDGE

Target: By the end of 1994, for all the countries of the Region to have formulated health research policies and strategies, whose frame of reference is the need to improve the application and expansion of knowledge to support national developments in the area of health.

Target: By the end of 1994, for all of the countries to have formulated strategies to guarantee a higher degree of utilization of the knowledge produced by the health services.

Implementation Plan:

Work must be done during the quadrennium in the three fundamental areas that pose the greatest challenges for reaching the proposed targets.

The first area involves coordination between the production and utilization of knowledge. To this end, operational strategies and mechanisms will be used to allow the integrated development of the two aspects. This integration is imperative in view of the great challenges the sector will face, and the potential help science can provide.

In view of the schism that exists between the production of knowledge and the production of health services and inputs, the main problem to be faced in the management of knowledge will be to gradually overcome the following barriers:

- * The prevailing rationale in the definition of research policies and priorities is limited. To promote the supply of knowledge without taking into account the demands for it, is to waste the existing potential and diminish the social legitimacy of the research;
- * There are communication and time gaps between investigators and professionals in the sector, particularly in research on health systems where responses must be timely and through channels and in languages that are intelligible to both;
- * The mechanism for the gathering and dissemination of scientific and technical information is weak;
- * There are no administrative channels to permit joint work agreements between research institutions and institutions that deliver services and produce health inputs. Some of the mechanisms that could allow these channels of exchange to open are, for example, technological parks that could be created by associating business with universities, and management and technology transfer centers that could be created.

A second dimension of management of knowledge should be an attempt to integrate research efforts in order to overcome problems that are common to several countries in the Region. Surmounting the problems that the majority of the countries of the Americas face requires a joint effort by the institutions of the Region. Such problems as technological independence in strategic areas, the carrying out of multicenter research projects on points of common interest, and others, can be addressed through an understanding of management of knowledge at the regional level. To this end some barriers must be overcome, particularly:

- * The lack of clarity on the "rules of the game" regarding copyrights and patent rights, quality standards, etc. Know-how in this area could facilitate more exchanges among joint enterprises for the development and production of strategic inputs; and
- * There is a lack of participation by the principal actors involved--the scientific community, health professionals, businessmen, government agencies, etc.--in the drafting of cooperation agreements. Their absence makes it impossible to lay the basis for a consensus to carry out projects and develop the priority areas which require the joint efforts of these actors.

Finally, the management of knowledge should have a political dimension, which consists of mobilizing various social sectors so that scientific policies can become public policies, subject to social debate and recognized as an essential component of development policies.

8. MOBILIZING RESOURCES

Target: To increase mobilization of the human, technical, and financial resources that exist in the countries, coordinating efforts of the various sectors of the economy and society to benefit the health of the most vulnerable groups.

Target: To increase awareness of the mechanisms and complementary potential of external financing for health; to strengthen the ability of the Ministries of Health and other entities in the sector to negotiate external assistance; and to increase the available supply of current information on the trends in Official Development Assistance (ODA), so as to increase the flow of external financing for priority health projects in the countries.

Implementation Plan:

In order to reach the above targets, it will be necessary to use all the mechanisms available in the countries, joining the efforts of the various sectors, and public and private activities, to work in an intersectoral fashion on meeting the needs of the highest risk groups.

Additionally, it will be necessary to enhance the health sector's capacity to get health to be considered a priority in the national development of the countries. This implies the strengthening of interministerial relations (particularly with the ministries of planning, economics and finance, and foreign affairs), and the inclusion of health projects in technical and financial negotiations for external assistance.

The availability and timeliness of information on potential donors should improve, by producing and disseminating material on them, emphasizing the geographic and subject matter interests of the various donors, and bolstering relations with the local representatives of governments and institutions that finance health projects.

Initiatives aimed at promoting the visibility of health actions in the Member Countries will be developed in the international community, and meetings with the donors will be encouraged to inform them of the priorities of the Member Countries.

Activities should be carried out to train national personnel on intersectoral action, the mobilization of external resources, and the preparation, execution, and evaluation of projects.

9. COOPERATION AMONG COUNTRIES

Target: By the end of 1994 the volume of technical cooperation activities for health between countries will have increased, as will the number of solutions of scale to common health problems on the subregional level, as a complement to multilateral technical cooperation for health.

Implementation Plan:

In order to reach these targets, it will be necessary to stimulate analysis and dialogue on the capacities and needs for cooperation in health among the countries. This should cause joint enterprises, complementary actions, and reciprocal exchanges to take shape through agreements or plans of action that institutionalize this cooperation formula, making it permanent.

By the same token, the formula of working with subregional initiatives should be taken further, in order to maximize external contributions and cooperation between countries through joint systems for solving the common problems of the countries.

B) QUADRENNIAL TARGETS FOR THE PROGRAM PRIORITIES

1. FOR THE DEVELOPMENT OF THE HEALTH SERVICES INFRASTRUCTURE

1.1 Sector and Resource Allocation Analysis

Target: To strengthen, in all the Member Countries, the ability of the health sector to analyze its resources and their operation, in light of the sector's needs for transformation.

Implementation Plan:

In order to increase the analytical capacity in the countries, skills training and institutional development programs should be promoted within and outside the health sector. It will be important to also develop a research program which will help support universities and other research centers at the country level, facilitating better knowledge of the health and care situation of groups out of the mainstream, and the process of formulating health policy aimed at such groups. Special emphasis will be placed on the development of human resources and research in the areas of planning, establishment, and evaluation of health policies and social development.

1.2 Sectoral Financing

Target: To increase the capacity of the Member Countries to attain more equity and efficiency in the economic and financial management of the health sector.

Implementation Plan:

It will be necessary to conduct studies on alternatives for sectoral financing and additional resources for the sector, such as the case of Social Emergency Funds/Social Investment Funds, and debt for health swaps.

Discussion seminars should be organized in the countries in order to analyze the financing alternatives of the health sector, and to draw up lines of action for the Organization in this area.

1.3 Management of Local Health Systems and Local Programming

Target: To bolster, at the local level, the capacity for epidemiological analysis and the health information systems, as the basic formula for supporting management of the local health systems.

Target: To incorporate, in all the Member Countries, the content and activities of the programs to prevent and control health outcomes and risks into the programming systems of the local health systems.

Target: To incorporate, in all the countries of the Region, conceptual and methodological developments on strategic local administration as the basic formula for improving management of the local health systems.

Implementation Plan:

The information, programming, and evaluation systems should be strengthened in the local setting, in order to thus make feasible the development of more efficient systems through which to program the health activities of the local health systems.

Efforts will have to be made to get local programming integrated into the content of health promotion and the prevention and control of certain diseases defined on an epidemiological basis. This should lay the foundation for the organization of medical care and public health actions and programs based on the needs of the population, that are aimed at certain social groups and geographic areas.

Instruments must be developed and adjusted to measure the impact that the development of the local health systems has had on the coverage and equity attained by the services.

It will be necessary to make progress in the conceptual and methodological development of the nuclei of local strategic administration in support of the national health systems; to intensively disseminate the knowledge and techniques that are generated; to train human resources; and to promote operational investigations of the health services. At the same time, all of the social groups that can effectively contribute to the attainment of the proposed targets should be mobilized.

1.4 Technological Development

Target: To promote the formulation and implementation of national policies to develop health technology based on criteria of equity, effectiveness, and efficiency, and to encourage them to favor intercountry cooperation and regional integration in that field.

Implementation Plan:

A portfolio of regional and subregional projects should be put together on technological development.

Analysis will be performed, and the development of instruments in the area of national policies for technological development in health will be encouraged.

Support will be given to research, information, and training in the various fields of technological development in health.

1.5 Development of Human Resources

Target: To increase the capacity to conduct quantitative and qualitative analyses of the process of formation of human resources in health and how they are used, in order to strengthen policy-making in this field.

Target: To attain a high degree of interinstitutional and intersectoral coordination in the planning and orientation of interventions in the field of human resources, which implies effective linkage of the training institutions and health service delivery.

Target: To see that undergraduate and graduate institutions make progress in understanding health problems and their origins, instilling a sense of criticism into their formation of professionals, so that the latter will be competent and will be in solidarity with their fellow countrymen.

Target: To expand the incorporation of continuing education into the countries, centering on the reality of the services and how they work, in order to provide more effective, higher quality health care.

Implementation Plan:

In order to reach the above targets, it will be necessary to promote a better understanding of the importance of the work force as a priority factor in the operation of the health services, stressing coordination between the formation and use of human resources. Doing so will require greater

knowledge of the processes in which human resources are trained and used. Efforts should be made to ensure that interventions in these fields are conducted with technical and scientific precision by trained personnel to match the prominence of the problem. This is even more important in the current situation of crisis and in terms of the reorganization of the sector that must prioritize meeting the health needs of the population and the integral development of the personnel in charge.

A coordination of efforts with international, bilateral, and nongovernmental agencies must be promoted for the development of human resources and to strengthen the operational systems of staff administration, in consonance with the decentralization of the services.

There must be extensive coordination with the other strategic orientations, particularly management of knowledge and cooperation among countries with emphasis on interdisciplinary efforts at the universities, international health relations, and revisions of public health theory and practice.

What stands out in all of this is the importance of a strategic approach and a renewed effort for research on productivity, social relations, and educational methodologies. Existing practices, how the services are organized, and the incorporation of technologies that affect the development of the sector should be taken into account.

2) FOR THE DEVELOPMENT OF HEALTH PROGRAMS

2.1 Health and the Environment

Target: All the countries of the Region will improve the quality of the water supplied for human consumption by the water supply systems, and will increase the efficiency and effectiveness of the existing systems.

Target: The institutional capacity in each of the countries of the Region to document and analyze the effects of the environment on health will be either created or strengthened, in order to implement activities to control environmental hazards and to formulate intervention policies and programs on environmental health.

Target: To strengthen the institutional capacity of the countries of the Region to institute comprehensive food safety programs that have a broad base for analysis, inspection, and epidemiological surveillance.

Implementation Plan:

In order to establish in the countries capacity for ongoing and systematic evaluation of environmental hazards to health, the existing institutions should be strengthened, and/or the creation of new institutions should be promoted, both within the health sector and in other sectors.

This strengthening should include the development of legal, organizational, technical and methodological, human, and technological resources. It should also facilitate the channelling of external financial resources, on a concessionary or nonconcessionary basis, into these lines of institutional strengthening.

Special attention should be given to the formation and training of human resources in the area of assessment of the impact of the environment on health and the incorporation of this type of evaluation into comprehensive regional development projects.

A fundamental element shall be the organization and maintenance of data bases that make it possible to have updated profiles of health and the environment in all the countries of the Region, and to assess the impact of environmental deterioration on different social groups.

Improving the quality of urban and rural water supply, as well as the efficiency and effectiveness of the systems, should include the mobilization of financial resources into projects and interventions that optimize the treatment processes, including disinfection and waste control; the creation and/or strengthening of mechanisms to monitor the quality of the water; and development of social communications actions to guide or motivate the community to use water more efficiently.

Food safety, for its part, should receive increasing attention both from the health sector and from other sectors because of its implications for the health of individuals, because of the increase in recent years in outbreaks of diseases transmitted through food, and the deficiencies in the sanitary control systems. In order to overcome that situation, it will be necessary to develop comprehensive food safety programs, strengthen the analytical and inspection services, intensify the surveillance and control of diseases transmitted through food, and activate systems for consumer protection.

2.2 Food and Nutrition

Target: By 1994, to get at least 85% of the children in all of the countries to have a weight for their height that comes within the percentiles established by the reference tables for the Region as indicating normal nutritional status.

Target: To make significant progress towards the elimination of hypovitaminosis A and iodine deficiency, and to reduce the prevalence of anemia caused by iron deficiency.

Target: To strengthen, in all the countries of the Region, the food and nutrition surveillance systems, and favor the use of this information in policy-making and in the planning and evaluation of food and nutrition programs, so that the interventions can be aimed at high risk groups and the poorest sectors of society.

Implementation Plan:

Intensive work must be done to formulate policies and programs aimed at improving the food and nutritional situation of the most forgotten sectors of the population, in order to bring down the indexes of undernutrition and reach the targets set for the quadrennium. This will imply strengthening the institutional capacity in the countries to develop and implement said policies and programs.

Hand in hand with the above should be the development of food and nutritional surveillance systems that make it possible to identify the highest risk social groups, so that they can be targeted by the inputs of the social programs aimed at guaranteeing food security and improving their nutritional status.

Simultaneously, operations aimed at attacking the main diseases caused by nutritional deficiencies should be implemented, which are proposed as quadrennial targets for the high risk social groups and geographical areas.

2.3 Lifestyles and Risk Factors

Target: To develop interventions at the level of the individual and of the population, aimed at changing common risk factors and lifestyles causally associated with the most prevalent chronic, noncommunicable diseases (CNCD).

Target: By 1994 all of the Member Countries should have attained significant reductions in the prevalence of smoking.

Implementation Plan:

The capacity for analysis and surveillance of the magnitude, distribution, and risk factor determinants for CNCDS should be strengthened, in order to facilitate awareness of the problem, both by the public and by the political decision-makers.

2.4 Control and/or Elimination of Preventable Diseases

Target: To reduce, and in some cases eliminate, the transmission of residual and preventable infectious diseases, that constitute public health problems in several countries of the Region (onchocerciasis, leprosy, yaws, pinta, tuberculosis, and Chagas disease) through well structured programs that use comprehensive measures of prevention and control based on criteria of epidemiological stratification.

Target: To expand the area of malaria-free territory and reduce the endemic in the Region by the end of 1994.

Target: To reduce the populations of *Aedes* sp. to levels compatible with the absence of dengue transmission in the affected countries of the Region.

Target: To certify the eradication of autochthonous transmission of wild poliovirus in the Region of the Americas.

Target: To obtain the virtual elimination of neonatal tetanus in all the countries of the region.

Target: To reduce morbidity from measles in the Region to 50% of 1990 levels.

Target: To wipe urban rabies out of the Hemisphere by 1992 and to maintain the necessary action to consolidate that effort.

Target: To reduce animal morbidity from foot-and-mouth disease during the quadrennium, in keeping with the efforts aimed at eliminating it from the Hemisphere by the year 2000.

Implementation Plan:

In order to reduce and/or eliminate the transmission of residual, preventable infectious diseases, and to reduce malaria and dengue, it will be necessary to conduct special studies on intervention measures, considering the epidemiological facts and particularly the criterion of stratification of risk

groups or areas. Likewise, it will be imperative to strengthen the capacity of the national laboratory networks to support epidemiological surveillance and the diagnosis of viral, bacterial, and parasitic diseases. On the other hand, it will be necessary to incorporate the activities to prevent and control the ailments in question into the local health systems, thus favoring long-term maintenance of these actions.

Certification of the Eradication of Polio in the Americas will be based on epidemiological surveillance of cases of flaccid paralysis and wild poliovirus. To this end, the weekly system of negative notification will be maintained with the participation of at least 90% of the services in the system. Surveillance of wild poliovirus in the environment will be expanded through environmental sampling and the use of biomolecular technology. This will require the strengthening of the laboratories in the diagnostic network and those responsible for environmental surveillance.

The most important instrumental strategy for the elimination of neonatal tetanus is based on the identification of the highest risk areas in each country, and on vaccinating the women of child-bearing age that live in them. Therefore, all contacts between women of child-bearing age and the health services must be used to increase vaccination coverage in that age group. Midwives should also become involved in vaccination activities and surveillance of the disease.

In order to reduce morbidity from measles, vaccination activities and epidemiological surveillance will be stepped up among the susceptible populations. The initiative to eliminate measles from the English-speaking Caribbean by 1995, will serve as a model for the development of strategies that could possibly be extended to the rest of the Hemisphere. Periodical vaccination campaigns will be indispensable for the attainment of this target.

Activities aimed at controlling canine-transmitted human rabies in urban areas, will continue. But it will also be necessary to address the problem in communities of less than 50,000 people, where the problem is currently concentrated. One must bear in mind that if there are no agile systems of epidemiological surveillance and basic control activities are not maintained, wild rabies could spread to the large cities that have been freed of canine rabies.

Regarding activities to prevent and control foot-and-mouth disease, aimed at eliminating it from the Hemisphere by the end of the decade, the eradication plan will continue that was established by the

Hemispheric Committee, comprised of the Ministers of Agriculture and representatives of cattle ranchers from the different subregions, and which has been approved by the Governing Bodies of the Organization.

2.5 Maternal and Child Health

Target: To reduce infant mortality to no more than 30 per 1,000 live births in all the countries of the Region.

Target: To reduce maternal mortality by at least 30% compared to the observed levels of 1990.

Target: To reduce mortality from diarrheal diseases by 50% with respect to the current levels.

Target: To reduce mortality from acute respiratory diseases by 30% with respect to the current levels.

Target: By 1994, to get at least 90% of infants in all the countries of the Region to have a birthweight of more than 2500 grams.

Implementation Plan:

The fundamental basis on which the above targets will be met should be: stepping up population-based activities aimed at high risk groups of mothers and children; increasing access for mothers and children (particularly in those population groups with the worst living conditions) to regular health services; and eliminating lost opportunities for good care of the mother before conception and during pregnancy.

Elimination of these lost opportunities will help increase the promotion of prevention and control measures against perinatal diseases, as well as appropriate treatment of diarrheal and acute respiratory diseases.

The above will be able to materialize to the degree that the capacity for health services delivery is strengthened at the local level, with special emphasis on the training of staff, improving the logistical systems for the distribution of biological medications and other critical inputs, and the development of information systems that allow better monitoring and evaluation of progress made towards the established targets in the area of maternal and child health.

2.6 Workers' Health

Target: To improve, in all the countries of the Region, the ability to develop effective programs to protect against occupational hazards, and the capacity of health care for workers, both in the formal and informal sectors of the economy, coordinating the different social groups and institutions that can act on the issue.

Implementation Plan:

During the quadrennium, work should intensify on developing health criteria for the protection of workers against physical, chemical, and biological occupational hazards; and measures aimed at reducing occupational hazards in the workplace should be implemented.

Health care for workers will require the concerted action of the different agencies and sectors that can play some role in this. The Ministries of Health, Social Security institutions, and Ministries of Labor, along with other public and private agencies, should gear their activities toward common objectives through coordinated, integrated policies and plans. It will be necessary to strengthen the technical capacity of institutions in this field and to accelerate the development of human resources for this purpose.

Special attention must be paid to the needs of workers in the informal sector. Likewise, special emphasis must be placed on workers' health promotion activities, within a context of primary care and by incorporating into the local health systems a standing capacity to care for the health of workers.

2.7 Drug Addiction

Target: To develop a data base in all the countries of the Region on the magnitude, type, consequences, and trends in the abuse of psychotropic substances among different social groups.

Target: To develop and strengthen services for the prevention, control, and rehabilitation of drug addiction, using the approaches of community participation and support.

Target: To strengthen the leadership and decision-making capacity of the health sector in the formulation of policies, directives, and national programs to reduce the demand for psychotropic substances.

Target: To strengthen national capacities for basic, clinical, epidemiological, and behavioral research applied to AIDS prevention and control programs.

Implementation Plan:

It will be necessary to mobilize national and international human and financial resources in order to implement a system of regional epidemiological surveillance. To this end, coordination must be increased among the specialized centers of the Region that are doing data collection and performing epidemiological studies. A component to disseminate information on the problem of drug dependency to the technical and decision-making levels should be added to that, so that informed decisions can be made on policies and programs.

Activities to train personnel in the services should be stepped up, particularly at the first level of care. Resources should be mobilized for the development of knowledge, managerial capacity, and techniques to evaluate the community participation programs linked to the local health systems. It will also be necessary to design education and social action methodologies for prevention and early intervention in the area of drug addiction.

Activities must be carried out to increase awareness at the political and managerial levels, through training and the dissemination of information. Simultaneously activities of intersectoral coordination will have to be strengthened, according to current knowledge of effective methods of intervention.

2.8 AIDS

Target: To slow down or reduce the rates of sexual transmission of human immunodeficiency virus (HIV) in the Region.

Target: To eliminate the transmission of HIV through blood transfusion and blood-related products in all the countries of the Americas.

Target: To strengthen the comprehensive care of AIDS patients and persons infected with HIV.

Implementation Plan:

In order to reach the above targets, resources will be mobilized to attain the effective and efficient operation of the national AIDS prevention programs in all the countries of the Region, according to the strategies of the World AIDS Program. To this end, it will be necessary to carry out activities in the following major areas:

- * **The establishment and continuation of effective and efficient efforts for AIDS prevention at the country level.** This will involve: (a) the firm commitment of the Member Countries to ensure intersectoral participation from the government and nongovernmental organizations in the National AIDS Prevention Program; (b) exploring mechanisms to ensure national and international (multilateral and bilateral), public and private financial support for AIDS prevention efforts; and (c) developing the national capacity to plan, execute, monitor, and evaluate the AIDS prevention activities in all the countries of the Americas; and identifying the high risk groups on which the interventions should focus.
- * **Research, appropriate transfer of technology, and the dissemination of technical and scientific information.** This will involve: (a) identifying needs and reinforcing the regional and national capacity for research, primarily applied research; (b) identifying and developing appropriate technology (for example, laboratory tests, medical and behavioral interventions, including vaccines and therapeutic tests; information systems; etc.) and (c) subregional and intercountry approaches to facilitate implementation of the above.
- * **Integration and decentralization of behavioral and public health interventions at the state, provincial, and community level.** This will involve: (a) identifying and supporting the local health systems, both formal and informal ones; (b) cooperation between AIDS programs and other prominent social and health services (for example, sexually transmitted diseases, maternal and child health program, tuberculosis, community organizations, etc.); and (c) policies and guidelines to guarantee these processes of integration and decentralization, with special emphasis on delivery of medical and social services in the long run.

IV. ACTIONS BY THE SECRETARIAT TO MEET THE REQUIREMENTS FOR IMPLEMENTATION OF THE STRATEGIC ORIENTATIONS AND PROGRAM PRIORITIES OF PAHO FOR THE QUADRENNIUM 1991-1994

When the Pan American Sanitary Conferences approved a series of strategic orientations and program priorities for the 1991-1994 quadrennium, it opened some channels of activity for the Organization which are more specifically identified in the previous section of this document. These channels of activity have implications not only for the allocation of resources through the program budgets, but also, and very importantly, for how the Secretariat will work to define the ideal structure for this, and will put together the human resources that can offer the corresponding technical cooperation for the nine areas indicated by the collective mandate of the XXIII Conference.

The organizational model that the Pan American Sanitary Bureau currently works with is based on the "Management Strategy for the Optimum Use of PAHO/WHO Resources in Direct Support of the Member Countries," and it has been useful for the implementation of an initial phase of transformations in the Secretariat between 1983 and 1990. Meanwhile, new operational situations have emerged for the mobilization of resources, interinstitutional relations, and managerial practices. These demand a review and put forth the advisability of reexamining some organizational aspects of the Bureau, both in its structural and in its functional dimensions. This must be done in light of the nine challenges and nine realities that characterize not only the emerging areas of activity, but also the traditional areas of activity in which work will continue with an approach of renewed commitment.

In the sections to follow, some considerations are raised regarding the main activities that the Secretariat has begun to carry out since September 1990, as well as those which it intends to undertake during the next four years, in order to meet the requirements for implementing the strategic orientations and program priorities for 1991-1994.

These considerations are presented clustered around four major lines, which in large measure are convergent and complementary. They are: application of the strategic orientations and program priorities in the formulation, execution, and evaluation of the technical cooperation programs through the American Region Planning, Programming, Monitoring and Evaluation System (AMPES); the necessary functional changes for the Secretariat's operation; the structural changes required; and finally, the process of dissemination of the strategic orientations and program priorities and their criteria for implementation.

A) APPLICATION OF THE 1991-1994 SOPPs IN THE FORMULATION OF TECHNICAL COOPERATION PROGRAMS THROUGH THE AMPES SYSTEM

- 1. Developing strategic quadrennial frameworks for technical cooperation in health at the level of each country.**

The analytical basis on which technical cooperation programs in health are formulated at the country level need to be improved. At the same time the analytical process should focus on the frame of reference implied by the 1991-1994 SOPPs. To this end, the development of sectoral studies will be facilitated in each country, that result in the formulation of quadrennial strategic frameworks for health cooperation.

These instruments will be for the medium-term. They will be the product of a dialogue and joint analysis with the national health authorities and the Pan American Sanitary Bureau, and will be used as the basis for drawing up the biennial and annual program budgets that will be executed in each member country, and for the PAHO-Country Joint Evaluation Meetings held during the quadrennium.

These instruments will facilitate a deeper sectoral analysis, which will be reflected in how each country approaches the suggested regional quadrennial targets and the activities proposed in the corresponding implementation plans.

- 2. Incorporation into the 1991 the annual program budget (APB) and the biennial program budgets (BPBs) for 1992-1993 and 1994-1995.**

After the Pan American Sanitary Conference approved the 1991-1994 SOPPs in September 1990, instructions were given to all the Organization's units in the field and at headquarters. In drawing up the annual program budgets (APBs) for 1991, they were to take into consideration the basic criteria set forth in the document and approved by the Governing Bodies, so that efforts would be concentrated priority areas of action that will have a high impact on the development of health in the countries of the Region.

During the internal review of the proposed APBs for 1991, which was conducted in December 1990, criteria for analysis and allocation of resources were established. They were based on the level of execution of the 1991-1994 SOPPs, according to how this was reflected in the program budgets drawn up between September and November, as an initial formula to adjust the Organization's technical cooperation to the quadrennial mandate dictated by the Governing Bodies.

Later, instructions were issued to all units in the field and at headquarters for preparation of the Biennial Program Budget (BPB) for 1992-1993. It was emphatically stated that insofar as possible, the mandates contained in the SOPPs should be taken into consideration in their analysis of the situation, dialogue on the priority needs of cooperation established with the national health authorities in each one of the Member Countries, and proposed activities for the biennium.

The proposed 1992-1993 BPB which is being presented to the Executive Committee, shows the results of the aforementioned activities.

In drafting the APBs for 1992, 1993, and 1994, as well as the BPB for 1994-1995, efforts will be intensified to adjust them to the mandates of the 1991-1994 SOPPs as much as possible. To this end, the establishment of the regional quadrennial targets and their corresponding implementation plans presented in the previous section of this document, will prove most useful.

B) THE FUNCTIONAL CHANGES NECESSARY FOR THE SECRETARIAT'S ACTIVITIES

1. Strengthening activities at the country level.

During the quadrennium, cooperation activities at the country level will be strengthened even more. For that reason it will be necessary to bolster the country offices of the Secretariat, which are the basic units for the rendering of technical cooperation by the Bureau.

There will be an effort to closely link cooperation projects at the country level with the intercountry projects of the centers and units of headquarters, and to get them to increasingly reflect the collectively agreed upon priorities of action, embodied in the 1991-1994 SOPPs.

The development of subregional initiatives, for their part, have given rise to new management requirements, that are not contemplated either structurally or functionally in the Bureau's current operation.

Certainly the requirements vary for each one of the initiatives according to the their length of existence, complexity, degree of development, and volume of mobilized resources. However, there is a common denominator for unresolved new situations, which can be summed up as follows: there is an

expansion of subregional coordination projects whose execution is deconcentrated, which cannot be assigned exclusively to the country representative offices, in view of their multicountry nature, in terms of programming, budgets, financing, and accounting.

In response to the above, the placing of small coordinating teams for each of the subregional initiatives, in the subregions themselves, will be considered. This has already begun in the case of Central America, but the appropriateness of implementing this in the medium term will be considered for the Andean Area and the Southern Cone. The necessary adjustments will be made to the management system of the subregional projects in the Caribbean Initiative, at the Caribbean Program Coordination.

2. Intensified interprogram coordination and increased linkage between regional and country programs.

In order to ensure the effective implementation of the 1991-1994 SOPPs, some of the modes of operation of the programs must be changed, for which a higher degree of interprogram coordination will be important.

It will be necessary to advance in the construction of appropriate channels for interprogram coordination at the central level of the Bureau. Thus the various programs will project in articulated fashion toward the basic units of production of technical cooperation at the country level, and all the program activities necessary to promote the strategic orientations will be accomplished. This will mean overcoming the vertical nature of some activities in the regional units, facilitating greater coordination among the units of the program area itself, and encouraging joint activities with the units of the other areas.

The concerted action of several programs should also exist at the level of the country offices, thus facilitating a multiprogram approach to meeting the priority needs for technical cooperation of the Member States. To this end, efforts will be made to expand the work format of interprogram regional missions, and to jointly formulate support activities for the country programs.

3. Increased decentralization and administrative simplification.

Reforms will be promoted to simplify procedures, decentralize administration, and reduce the bureaucratic machinery for budgets, finances, and accounting at the central level. Progress will be sought in this area for the regional technical units by delegating authority, so that once the annual operating budget is allocated by the Administration, control over the budget will be maintained locally, obligations can be entered into in a decentralized fashion, and control is maintained over finances and accounting. Naturally, this will

lead to a rescaling of the administrative units, and a redefining of their role as units to reconcile the decentralized accounts and aggregate the institutional information in the ledger books and general accounts.

This type of functional reorganization will also lead to a rethinking of the information and data processing systems required for budgetary, financial, and accounting management, so that the configuration of the new system to be implemented will take into account the existence of decentralized procedures and registries.

4. The deconcentration of some regional activities and rescaling of the centers.

There is a need to reduce operating costs, increase the degree of deconcentration of subregional activities when that becomes reasonable, and concentrate the critical masses of human resources that are spread out in regional centers and programs. To this end, consideration will be given to the possibility that some regional programs change their headquarters and merge with the relevant resources of the centers of their area of concern.

An active policy to rescale the centers will be designed. It will try to merge some of the technical cooperation activities that are now carried out with the activities of the regional programs. For this there should be a redefinition of other activities that are purely subregional or basic and applied research, bringing them under one institutional framework that need not necessarily be tied to PAHO structurally.

The results of this policy will have to be expressed in the medium- and long-term. However, the process of strategic planning of the centers of the Organization will have to begin in the short-term.

5. The creation of special task-oriented groups, and the allocation of operating resources to ad-hoc projects.

This does not mean that the mechanism of operational resource allocation by organizational unit in accordance with the biennial program allocation will be abandoned. However, there will be increased allocation of operating resources for ad-hoc projects, closely related to the implementation of the strategic orientations and program priorities.

Simultaneously, greater use will be made of special task-oriented groups comprised of personnel from various units and short-term consultants, to draw up strategies and operational plans related to the aforementioned ad-hoc projects.

Mechanisms will be activated through which: (1) an organizational unit will be given the responsibility of being the focal point for the development of one or more ad-hoc projects that will lead to the implementation of a specific strategic orientation; (2) task-oriented committees or groups will be established to operationally formulate and program the ad-hoc, interprogram projects; (3) the task groups will be given the operational resources to carry out their function; and (4) systems are designed to follow-up and evaluate the ad-hoc projects related to implementation of the strategic orientations.

6. **Continuous improvement of the AMPES system and consolidation of a system of managerial information.**

The American Region Planning, Programming, Monitoring and Evaluation System (AMPES), is the backbone of the management process of the General Program. Its spectrum of coverage encompasses a subsystem of analysis, a subsystem of planning-programming-budgeting, and a subsystem of monitoring and evaluation--all for the long-, medium-, and short-term.

Consequently, it is essential to maintain a policy for the continuous improvement of the different components of AMPES, in order to attain a more fluid operational structure in the institution's daily activities.

To this end there will be further development of the situational analysis components for the formulation of technical cooperation, and follow-up and evaluation of the cooperation programs.

In connection with the above, it will be important to make progress in overcoming the deficiencies in defining specific targets for the annual cooperation projects, and the fragmentation of the technical cooperation programs. The anticipated results of the projects must be more explicitly defined, and there must be improved capacity to establish rigorous comparisons of the results obtained with the work plans and targets of the programs.

These lines of action for improving the AMPES System are closely related to the development of a comprehensive system of managerial information. In order to reinforce the monitoring and evaluation components of AMPES, it is necessary to have a data base that makes it possible to contrast the specific targets of the projects underway with the activities already carried out, the results obtained, and the budgeted and executed resources.

This will entail going from a stage of descriptive information, essentially accounts of budgetary execution, to a stage in which the necessary information is available to conduct an analysis in support of technical and administrative decisions.

The development of a comprehensive system of managerial information would make it possible to have a complete data base for all the organizational units of the Bureau. It could be compiled by adding together all the self-sufficient microsystems of information for management. This would provide a dimension of "intelligence" to the process of program management. It would shed informational light on the operation of the Organization, stemming from the functional linkage of the AMPES system with some aspects of the Financial Administration System, and with some other complementary models of information, such as the data bases to monitor the execution of technical cooperation programs.

7. The fostering of extensive delegation of authority in managerial practice, and the search for technical excellence.

Steps will be taken to further delegate responsibilities to the managers of units in the field and at headquarters, and to develop target-based management. This will assign full authority to those in charge of each organizational unit to execute the approved plans and programs. At the same time, it will increase accountability based on the results obtained and the means of handling the processes implemented to attain them.

Technical excellence in the work of the Secretariat will be sought incessantly and insistently. For this reason, the continuous updating of the staff will be favored, and special attention will be paid to performance evaluations. Their participation will be encouraged in technical and professional meetings, which will entail mechanisms for enrichment and technical and scientific improvement.

8. Transforming the profiles of staff in the field and at headquarters.

The nine strategic orientations and program priorities, the changing dynamic of the technical areas and technological developments, the evolution of national capacities in various areas of the Organization's work, and the swift evolution of international technical cooperation, oblige PAHO to consider a great need for change, modernization, and to incorporate new areas of experience and training into its human resources, particularly at the professional levels.

This should lead, in the medium-term, to a process of restructuring the professional staff of the Organization, which will have to be prepared and consolidated through the necessary short-term actions.

The fundamental principles that will guide this process are:

- * The regional and country-based professional posts for subspecialties should gradually disappear. Some could be converted into posts for epidemiologists, planners, health administrators, etc., and others could be converted into funds for hiring highly specialized consultants under short-term contracts.
- * It will be necessary to expand the permanent roster of regional or subregional consultants capable of conducting sectoral analysis and developing projects. To this end, it will be necessary to define interdisciplinary teams and to do complementary recruitment in interdependent blocks.
- * It will be necessary to try and attract professional resources in innovative technical areas, that fall within the strategic orientations and program priorities that have been established for the next quadrennium.
- * An aggressive, reinvigorated policy of developing and training existing staff should be activated, on the basis of clearly established institutional objectives.

9. **Stepping up activities to mobilize resources.**

In order to enhance the effectiveness of PAHO technical cooperation, it will be necessary to step up efforts to mobilize resources, in order to multiply the effects of activities conducted with regular budgetary allocations.

This will entail following an active policy of finding extrabudgetary funds for extrabudgetary projects, complementary to the programs of action at the country, subregional, and regional levels.

However, the mobilization of resources to be carried out during the quadrennium will not be limited to obtaining additional financial contributions. It will also be aimed at:

- * Expanding the spectrum of public and private players in implementing the technical cooperation programs of the Organization;

- * Carrying out joint and/or complementary activities with nongovernmental organizations (NGOs), official cooperation agencies for development, scientific and technical institutions, and public and private productive enterprises in order to attain the regional quadrennial targets in health.

10. Strengthening interagency coordination.

During the next quadrennium, PAHO will intensify implementation of mechanisms for coordination and joint action with other agencies in the United Nations System and the Inter-American System, multilateral financial cooperation agencies, and cooperation agencies in donor countries. It will always seek to do so with the strategic approach stemming from the political and program orientations of the institution, and the growing need for multiagency interventions in the technical cooperation plans needed by the countries.

C) THE STRUCTURAL CHANGES REQUIRED

1. Changing the program structure.

In light of the nine strategic orientations and program priorities that have been set as the Organization's mandate for the next four years, it is necessary to express the need to open new areas of activity that should come to constitute new programs, classified within the program structure of PAHO.

These new lines are:

- (a) Health Promotion; and
- (b) Women, Health, and Development.

To date there are human and budgetary resources for technical cooperation partially devoted to these lines of action within the Programming Chapters of the Organization of Health Services based on Primary Care and Adult Health. However, so that the new lines of work can be fully implemented, it is advisable to give them programming specificity, and to make them central axes around which minimal critical masses of both human and financial resources can cluster.

2. Restructuring of some organizational units at headquarters, and regrouping of the programs classified under them.

In order to better adjust the revised program structure to the nine strategic orientations and program priorities approved for the 1991-1994 quadrennium, and the needs for change in the technical and administrative management of the regional programs, it will be necessary to restructure some organizational units at headquarters, both functionally and structurally, and to relocate them within the major programming areas that are established.

D) THE PROCESS OF DISSEMINATION OF THE SOPPs AND THE CRITERIA FOR THEIR IMPLEMENTATION

As was established by Resolution XIII of the XXIII Pan American Sanitary Conference, the document "Strategic Orientations and Program Priorities of the Pan American Health Organization during the Quadrennium 1991-1994," will be widely disseminated among the Member States, multilateral organizations, donor-country cooperation agencies which are involved in health sector activities in Member Governments, and within the Secretariat itself.

It is believed that, in consonance with the spirit of Resolution XIII, said dissemination should be accompanied by the present document, because it indicates the basic criteria for the implementation of the SOPPs, and particularly it establishes a series of situational targets that will serve as a suggested quadrennial frame of reference for health in the countries of the Hemisphere.

Efforts will also be made for audiovisual and printed dissemination, and to encourage the holding of seminars and regional, subregional, and national forums aimed at publicizing the frame of reference contained in this strategic, quadrennial theoretical instrument of the Pan American Health Organization, and to foster its application in the formulation of national health policies in the Member Countries.