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

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

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

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

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

The Executive Committee in its 105th Meeting (June 1990) conducted a detailed analysis of the document, in light of the paramount importance it has for the life of the Organization over the next four years, and formulated guidance and recommendations on the subject which have been incorporated in the present version, so that it can be submitted to the consideration of the XXIII Pan American Sanitary Conference.

Based on those discussions, the Executive Committee approved Resolution IV, urging favorable consideration by the Pan American Sanitary Conference of the revised document. Resolution IV reads as follows:

THE 105th MEETING OF THE EXECUTIVE COMMITTEE,

Having examined Document CE105/24 related to the strategic orientations and program priorities for PAHO during the 1991-1994 quadrennium;

Recognizing that the Pan American Sanitary Conference is the supreme governing authority of the Organization, and that its functions include determining the general policies of the Organization; and

Recognizing the need for Member Governments and for the Secretariat to concentrate their efforts and resources on areas which will strengthen national health systems and thereby improve the health of the people of the Region,

RESOLVES:

1. To thank the Subcommittee on Planning and Programming and the Director for having proposed a series of strategic orientations and program priorities for PAHO during the 1991-1994 quadrennium.

2. To request the Director to revise Document CE105/24, "Strategic Orientations and Program Priorities for the Pan American Health Organization during the Quadrennium 1991-1994," taking into account the comments expressed during the 105th Meeting of the Executive Committee, in particular those related to the organization of the document and to the need for direct linkages between the strategic orientations and program priorities, and to transmit the revised document to the XXIII Pan American Sanitary Conference.

3. To suggest to the XXIII Pan American Sanitary Conference the adoption of a resolution along the following lines:

THE XXIII PAN AMERICAN SANITARY CONFERENCE,

Having examined Document CSP23/14, "Strategic Orientations and Program Priorities for the Pan American Health Organization during the Quadrennium 1991-1994," which includes the revisions suggested by the 105th Meeting of the Executive Committee;

Taking into account the constitutional function of the Pan American Sanitary Conference in terms of establishing the general policies of the Organization; and

Recognizing the need for Member Governments and for the Secretariat to concentrate their efforts and resources on areas which will strengthen national health systems and thereby improve the health of the people of the Region,

RESOLVES:

1. To approve the document "Strategic Orientations and Program Priorities for the Pan American Health Organization during the Quadrennium 1991-1994," presented by the Director to the XXIII Pan American Sanitary Conference.

2. To request the Director:

- a) To apply the strategic orientations and program priorities contained therein in formulating biennial programs and annual operating programs budgets throughout the quadrennium 1991-1994;
- b) To ensure that the structure and operations of the Secretariat reflect the "Strategic Orientations and Program Priorities for the Pan American Health Organization during the Quadrennium 1991-1994";
- c) To disseminate among Member Governments the Document "Strategic Orientations and Program Priorities for the Pan American Health Organization during the Quadrennium 1991-1994";

- d) To transmit the document to the Director-General of WHO for his consideration;
- e) To transmit the document to multilateral organizations and to donor-country cooperation agencies which are involved in health sector activities in Member Governments.

3. To request Member Governments to take into account the strategic orientations and program priorities for the Organization during the quadrennium 1991-1994 in the development of their national health policies.

Annex

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

JULY 1990

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

I. INTRODUCTION

In 1986 the XXII Pan American Sanitary Conference, in Resolution XXI, approved the document "Orientation and Program Priorities for PAHO during the Quadrennium 1987-1990." This document established guidelines for the Organization's work during the four years now coming to an end, based on the premise that PAHO must concentrate its efforts on certain priority areas that will have the greatest possible impact on national health development.

It was an explicit collective mandate from the Pan American Sanitary Conference, which set up a framework for policy making and health activities in the Member Countries, and for streamlining the Secretariat's technical cooperation activities.

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

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

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

Later in the course of the quadrennium the strategy of strengthening and developing local health systems was added, which tied together the orientations and program priorities already established.

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

It is important to note, as a summary, that during the 1987-1990 quadrennium there was increasing recognition in the Region of a need to transform the national health systems in order to respond adequately to the population's health problems. Likewise, an increasingly clear awareness developed that it does not suffice to increase existing service networks, even if resources to expand health systems were available. Rather, it is necessary to rethink the sector's forms of organization and intervention, as well as means of intersectoral action, to have a greater impact on the population's health status and be able to guarantee equal access to services.

In an effort to develop the health services infrastructure with emphasis in primary care, Resolution XXI of the XXII Pan American Sanitary Conference was adopted in 1986, approving the Orientations and Program Priorities for the Quadrennium 1987-1990. Since then the Organization has been making progress in consolidating one of the components best able bolstering the reorganization of the sector and transformation of national health systems: the development and strengthening of local health systems.

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

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

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

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

It has been just two years since Resolution XV of the XXXIII Meeting of the Directing Council was adopted. However, an assessment of the accomplishments made and difficulties faced in strengthening and developing the local health systems of the Hemisphere, reveals that they will continue to be important during the 1991-1994 quadrennium, as a fundamental axis for the transformation of the national health systems.

Regarding attention to priority health problems among vulnerable human groups, it bears noting that, during the 1987-1990 quadrennium, efforts were redoubled in the fight to eradicate the transmission of wild poliovirus, control urban rabies, and eradicate foot and mouth disease. Meanwhile progress was made at incorporating the following areas into the regular activity of the health services: prevention and control of communicable diseases, food and nutritional deficiencies, noncommunicable chronic diseases, mental problems, environmental effects on health, occupational diseases, and perinatal health problems.

However, the extent of these problems and the prevalence of the principal risks associated with them, show that the Organization must, over the next four years, continue to emphasize the development of programs aimed at reducing the priority problems present in high risk groups.

Finally, on the subject of management of knowledge, during the 1987-1990 period the Organization has sought to spur a cycle including the production, gathering, critical analysis and application of the knowledge necessary to uphold the necessary transformation of the health systems. There has been progress in encouraging health research and the dissemination of scientific and technical information. However, the efforts yet to be made are so great that the need to strengthen the process of management of knowledge continues to be quite applicable in the upcoming quadrennium.

An analysis of the above indicates that the strategic orientations and program priorities of the Organization for the 1991-1994 quadrennium, will essentially express a renewed commitment to the task assigned to the institution four years ago, within the framework of the WHO's Eighth General Program of Work for the 1990-1995 period.

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

The above implies improving the ability of service rendering institutions to respond adequately to health problems. It also means creating a favorable climate in political spheres and amongst the public, for the necessary transformation of health systems and to reconsider the sector's forms of organization and coordination in the countries.

II. THE REGION OF THE AMERICAS AT THE BEGINNING OF THE 1990'S

A. Past Trends and Future Prospects

1. General Situation

The Region of the Americas is beginning the 1990's in conditions of far-reaching economic and social decline in most of its countries. The 1980's was a period in which economic growth stagnated or even regressed. The drop in the average standard of living of the inhabitants of Latin America and the Caribbean has increased the magnitude of unmet social needs.

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

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

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

Fortunately the economic and social problems that many of the countries of the Region have been facing, have not obstructed progress in the democratic transition processes that have made authoritarian regimes vanish from the Hemisphere's political makeup. This has allowed new pluralistic and participatory national accords to develop, making way for a reconsideration of the social responsibilities of democratic, law-abiding States.

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

2. The Question of Development in the Americas

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

In many countries of the Region efforts have been made for decades to develop production, create domestic markets, and implement protectionist industrialization and import substitution. But they have been according to unsuitable models for social development, whose shortcomings are self-evident.

This fact is sufficiently proven by a look around the Hemisphere at the disparities in the distribution of wealth, the fact that a substantial part of the population is not integrated into the most elementary aspects of social welfare, the heavy concentration of national markets, the millions of inhabitants that still merely subsist in the economy, and the growing technological and educational gap between the developing countries and the advanced societies of the East and West.

The economic situation of most countries in the Region is deteriorating. Their ability to recover and take a satisfactory place for themselves in world circuits of productive and commercial interdependence is hindered by major problems. Furthermore, the repercussions of the economy on the social sphere have meant even more painful setbacks while deep-rooted inequalities persist.

With this outlook, the question of development, its meaning, significance and possibilities, increasingly becomes the great historic concern of the peoples and governments of many countries in the Americas.

Development, while difficult to attain, is urgently needed. It is a challenge that will require decisive action to overcome great structural obstacles, compounded by current difficulties.

Therefore, the issue of development implies for many countries of the Region, defining, in their own terms, a project of humanistic modernism, which entails:

- a) *An increasing democratization of the political lives of nations, not only in representative terms, but also participatory ones.*
- b) *The activation of structures and forms of production that satisfy the basic material needs of the population are harmonious with the availability of natural and financial resources, do not disturb the ecological balance, lead to an advantageous position in the increasingly interdependent world economy, and broaden national and subregional markets by expanding the "internal borders" represented by the informal sector and subsistence economies.*
- c) *The gradual reduction of internal structural obstacles to sustained human development. This involves: fighting inequality; coordination of heterogeneous sectors for the common goal of social and cultural progress; more timely adoption of scientific progress and rational technology; priority attention to essential human needs, including health; and the all-out fight against extreme poverty.*

The above are fully in line with the proposals that the United Nations General Assembly made as the basic agenda to prepare an international strategy for development in the 1990's. Its central purpose is the well-being of all citizens of an interdependent world, based on solidarity and international cooperation for sustained world development.

B. THE REGIONAL HEALTH AGENDA

1. The Development Process and Its Implications for the Health Field

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

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

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

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

Second, according to studies conducted by the Inter-American Development Bank (IDB) and PAHO during the early years of the crisis,¹ the health sector was hard hit by cutbacks in government spending, particularly since virtually all new investment has been eliminated in many countries. The most immediate impact was in the form of restrictions on imports of essential supplies due to shortages of foreign exchange in virtually all countries of the Region.

Third, as unemployment rises, causing income and insurance coverage to drop, the demand for public health care services increases.

Finally, the combined effect of all of these factors has been negative for the health of the population. Yet available information on this aspect of the crisis continues to be scant and based on a few isolated case studies.

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

¹ Pan American Health Organization, Economic Crisis and Health, The Experience of Five Latin American Countries in the 1980's, Washington, D.C., November 1988

2. The Main Features of the Health Situation in the Hemisphere

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

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

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

The population of the Region, particularly in Latin America, continues to grow, although at a slower rate. It is estimated that it will reach 528 million by the year 2000. This population is predominantly young, but a progressively larger percentage is over 65 years old. Additionally, these changes in the age structure represent an increase in the absolute number of the elderly, which has direct consequences on the patterns of demand for health services.

On the other hand, an ever growing concentration of population in dense urban conglomerates is seen, with growing pressure on urban infrastructure and social services. The housing shortage has led to urban overcrowding and segregation, which has yielded a proliferation of urban shantytowns with limited access to health and welfare services in many of the Hemisphere's large cities.

During the past 35 years there has been a considerable reduction of mortality in all the subregions of the Hemisphere, but starting from very different levels which still remain today. The Latin American countries have gained 15 years in life expectancy at birth, going from a value of 51.8 years between 1950 and 1955, to 66.6 today (with national variations between 53 and 75 years). The non-Latin Caribbean has made progress similar to that of Latin America, with the difference that in 1950-1955 its life expectancy was five years longer. In North America the average lifespan was already 69 years in 1950-1955, and between 1985-1990 it reached 76.6 years.

In spite of the progress made, it is estimated that an extraordinary effort is needed to reach the goal of health for all, which proposes that by the year 2000 there be a life expectancy of 70 years in 80% of the countries of the Region. It is significant that in 15 of the 20 Latin American countries the average increase in life expectancy for five-year periods was less the 1970/1975 and 1985/1990 periods than in the previous 20 years, and the same occurred in the Caribbean countries. In Canada and the United States, however, and in spite of the low level of mortality already attained in the two countries, that increase was greater in the most recent period. If current trends continue, the countries of Latin America, considered as a whole, will not even reach by the year 2025 the life expectancy that the developed countries of the Americas enjoy today.

The contrasts in mortality among population groups within a single country are often much greater than the differences between countries. There also continue to be great geographic differences in all of the countries, including the most developed ones, regarding mortality, morbidity, and access to basic health services.

There are two great profiles of mortality and morbidity in the Region with overlapping trends, which make up a diverse and complex epidemiological mosaic.

On the one hand, in the lower income countries and among the disadvantaged sectors of the population in the medium and high income countries, the main causes of disease and death continue to be the traditional diseases of underdevelopment--largely preventable ones. Diarrheal diseases, acute respiratory infections and diseases preventable by immunization still register high rates of incidence and mortality, particularly in childhood. Added to this is an upsurge in endemic and parasitic infections, such as malaria and dengue, which have tenaciously crept back over the Hemisphere.

Intimately linked to the above is the structure of mortality according to cause: in countries with high mortality and a young population, mortality of children younger than five years of age, and particularly infant mortality, continue to be an important problem. Likewise, communicable diseases continue to predominate in those countries, representing almost 50% of deaths at all ages.

On the other hand, demographic changes, reduced infant mortality, and growing urbanization and industrialization, among other factors, are bringing about lifestyle and environmental changes which yield new health risks. Thus it is that cardiovascular diseases, cancer, accidents and the consequences of violence, along with perinatal disorders, are coming into the lead as causes of death in many countries. Meanwhile, chronic degenerative diseases,

mental disorders, and alcohol and drug addiction are causing more and more disabilities and morbidity.

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

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

Health resources tend to be concentrated in large urban areas and be available to those who can afford them or have privileged access. This leaves large segments of the population uncovered. The use of high cost technologies creates greater inequalities in the distribution of and access to services. This is compounded by inefficient use of existing resources. The net effect is a situation whereby, in most countries of the Region, health services are not handling problems adequately and their responses are insufficient or deficient in terms of quantity, quality and coverage.

3. Challenges for Health and the Transformation of the Sector in the Nineties

While new problems have come up in the field of health making it necessary to activate additional solutions, other risks and damages to health that have been accumulating over years remain intact, along with several inadequacies in the sector.

CHALLENGES FOR HEALTH AND FOR THE TRANSFORMATION OF THE SECTOR IN THE NINETIES

- *Attribute greater importance to health in social policy and in the development process*
- *Improve the capacity for carrying out situation analysis and for identifying high-risk groups*
- *Formulate policies and programs that seek equity in health and reduce the widening gap in health services coverage*
- *Concentrate resources on effective interventions against health outcomes and risks*
- *Make the sector more efficient*
- *Redefine how the sector is led and organized*
- *Overcome discrepancies between the work force and needs of the services*

Based on an analysis of the progress made and difficulties faced during the 1987-1990 quadrennium, it can be concluded that the need for the countries of the Region to overhaul their national health systems remains current, in order to bridge the health gap in the Hemisphere.

In order to follow this path it will be necessary to completely overcome a series of problems that are real challenges to health, and to the transformation of the sector in the countries of the Americas.

The main challenges as we enter the nineties can be summed up as follows:

- a) *It is necessary to assign health greater relative importance within the formulation and implementation of social policy. It should receive greater attention as a fundamental ingredient of the process of sustained human development. In this, coordination of the various public and private protagonists who can potentially improve health care, should play an important role.*

- b) *The capacity to perform situation analysis and to identify the most needy and high-risk population groups must be improved, in order to better respond to their health care needs. This implies developing the sectoral capacity of applying the epidemiologic approach to the analysis of the health situation of the population. This will allow for the definitions of priority health problems, at the local level, not only in terms of final outcomes but also in terms of risk factors. In this regard, the definition of functional coverage of the services and the identification of high risk groups becomes essential in order to be able to narrow-down sectoral activities.*
- c) *There is a pressing need to formulate and implement policies and programs to achieve equity in health; that is, policies which can reduce disparities in the health status of different social groups and guarantee access to health care for all citizens. The growing deficit in health services coverage must be overcome. Out of the 440 million inhabitants of Latin America and the Caribbean, it is estimated that at least one-third or 140 million, do not have regular access to health care. Furthermore, it is estimated that around 37 million inhabitants of the other countries of the Region are not covered by insurance systems that allow continuous access to health services. The population of Latin America and the Caribbean is expected to increase by 110 million by the year 2000. Health services currently reach 300 million people in Latin America and the Caribbean. In order for the Region to meet its commitment to provide universal access to health care to the entire population of the Americas by the year 2000, an effort must be made to expand health services enough to cover 250 million more people, the 140 million currently not covered and the 110 million new inhabitants to be added over the next decade--a colossal, but essential, task.*
- d) *There is an imperative need to concentrate the sector's programming on effective interventions aimed at the elimination of risks, and the prevention and control of health outcomes that are public health problems. This will entail making adjustments to health care models and practices in such a way that they are brought closer to the population, as well as reforms in health spending, so that resources can be reallocated to those activities that are most effective in terms of reducing risks, preventing and controlling health outcomes, adding years to life, and improving the quality of life.*
- e) *There is an urgent need to make the sector more efficient, particularly in view of the marked contraction of resources channeled into health. This implies quantitative and qualitative changes in the patterns of delivery of services that will lead to increased productivity, maximize care provided per resource unit expended, and improve management skills to tackle the serious problems of duplication of installed capacity and lack of institutional coordination.*
- f) *It will be necessary to review how the sector is organized, how its activities are carried out, and how its operations are financed.*

g) The discrepancies between the labor force and the needs for services must be overcome, including the virtual non-existence of equipment, and the fact that professional training is inappropriate for the health situation and delivery of services.

In order to provide an organized response to the challenges raised in the preceding paragraphs, it will be necessary for the Member Countries of the Organization to take decisive steps down the path to modernization and revamping of the health sector. In so doing they will improve the health of the peoples of the Americas.

III. THE RESPONSE OF THE PAN AMERICAN HEALTH ORGANIZATION

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

This current time of crisis and change demands that PAHO, the great health community of the countries of the Americas, respond along two great axes that complement each other, interact, and empower each other. Such a response, depicted in FIGURE 1, is aimed at offering solutions to the great health challenges facing the Region on the threshold of the 1990's.

On the one hand, strategic orientations must be activated. They ought to integrate the main trends necessary for an effective improvement or transformation of the national health systems, the key to reaching the Organization's goal of health for all.

On the other, it is imperative to define program priorities which indicate the lines of action that must be prioritized within the Organization's program structure, in order to adequately respond to both new problems and those that have been accumulating over the years.

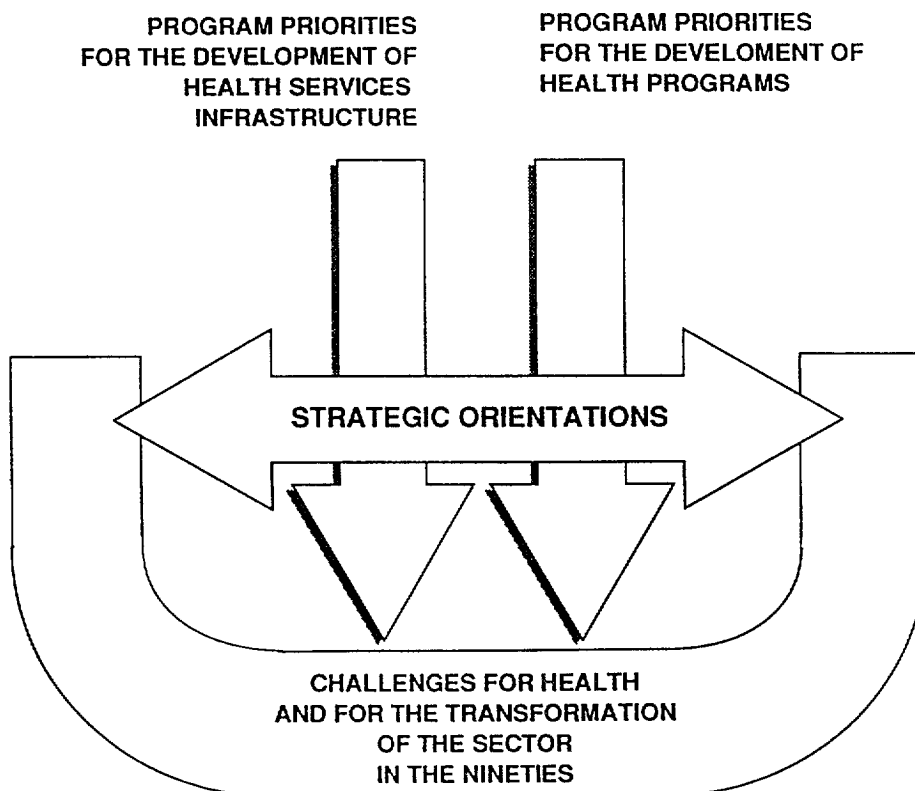
The strategic orientations are neither isolated nor mutually exclusive. Rather, they are interrelated, reinforce each other, and are general in nature, influencing several specific programs. They go beyond the concept of operational activities, delineating major trends. Therefore, they constitute the paths the Organization must follow during the next quadrennium in order to attain its objectives.

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

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

FIGURE 1

**THE RESPONSE OF THE
PAN AMERICAN HEALTH ORGANIZATION
FOR THE QUADRENNIUM
1991 - 1994**



A. Strategic Orientations

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

STRATEGIC ORIENTATIONS OF PAHO FOR THE 1991-1994 QUADRENNIUM

- *Health in Development*
- *Reorganizing the Health Sector*
 - *Strengthening and Developing the Local Health Systems*
 - *Incorporating the Full Potential of Social Security*
 - *Orienting External Financing into the Reorganization of the Sector*
- *Focusing Action on High Risk Groups*
- *Health Promotion*
- *Using Social Communication*
- *Integrating Women into Health and Development*
- *Management of Knowledge*
- *Mobilizing Resources*
- *Cooperation among Countries*

1. Health in Development

In light of the facts described in the previous section, which have brought health to a crossroads in the Hemisphere, there is an urgent need to redraw the lines of thinking and activity in this field, both regarding the contribution that health can make to social progress for the peoples of the Americas over the coming decades, and regarding the deep rooted interdependence between health and sustained human development.

That is why it is important to implement a strategic orientation that will enhance the role of health, in order to thus contribute, from the health field, to the formation of a new perception and approach to the development process in the countries of the Americas.

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

- a) *Contribute to the search for peace and reduction of violence, because of the high esteem the field enjoys as the defender of human life and creator of the conditions making life possible;*
- b) *Promote, from its area, formulas and mechanisms for increased regional and subregional integration, as well as plans for cooperation among countries;*
- c) *Foster programs to get the population involved and share responsibility in efforts to generate greater social well-being;*
- d) *Encourage the State, in the definition and implementation of economic, political and social policies for development, to be concerned with ensuring fulfillment of its responsibility to assure the provision of adequate health services to the entire population, particularly low-income people; prevent the effects of the economic crisis from falling on the most vulnerable sectors; and make development compatible with the necessary care of the environment and natural resources;*
- e) *Promote a favorable climate in political circles and among the public to assign priority attention and stable, if not increased, resources to the necessary transformation of health systems, as a way to most effectively respond to the population's growing and ever changing health care needs;*

- f) Propitiate a reassessment of the sector's forms of organization and operation, in order to cope with the transformations brought on by development in the majority of the countries in the Region;*
- g) Bring together the good intentions, abilities and resources of the various public and private figures who have a role to play in improving the role of the population, thus stepping up the process of sectoral and intersectoral coordination; and*
- h) Contribute to the social stability and peace, to the appreciation and strengthening of democracy and to the increase of productivity, by meeting basic social needs.*

The foregoing constitute the keystones of this new emphasis on the values of health in establishing development. Making progress in this direction during the 1990's in the countries of the Americas will mean laying the foundations for a redefinition of the social role of the modern State. This is not at odds with the trends underway, which seek to reestablish the dimensions of the State's role regarding direct economic intervention.

2. Reorganizing the Health Sector

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

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

Three major components of this strategic orientation that bear mentioning are listed below.

2.1 Strengthening and Developing the Local Health Systems

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

- a) *The local health systems must continue to assert their role as facilitator of coordination of the public sector, social security, the private sector, and non-governmental organizations (NGO's), in attaining common goals for the health care of the population in specific geographic areas.*
- b) *The creative search for mechanisms to make the process of strengthening and developing local health systems compatible with the trends towards decentralizing the State and transferring public administration responsibilities from the central level to intermediate and local levels, should continue.*
- c) *There must be continued exploration of formulas and mechanisms to increase the population's involvement and promote shared responsibility for managing local health systems.*
- d) *Efforts to incorporate the contents of the prevention and control programs into the management of local health systems through local programming, should be intensified.*
- e) *As part of the new organizational models that the local health systems adopt in the various countries of the Region, it will be necessary to progress in the development of the components of regulation and sanitary surveillance of non-personal health services.*
- f) *Progress must be made in the design and operation of mechanisms for intersectoral action at the local level to reinforce interventions, within the sphere of the local health systems, aimed at reorganizing the sector.*

2.2 Incorporating the Full Potential of Social Security

In the context of the restrictions imposed by reduced public spending and the general effects of the adjustment processes on the social sectors, it is urgent to find new ways to organize and use health resources, making it possible to maintain, and even strengthen, the role of the State as guarantor of the social and health needs of the lower income population groups.

In this sense, it is imperative to define the role that social security is to play in the transformation of the health services, taking into account its enormous potential to help extend coverage of comprehensive health care, to provide mechanisms to finance sectoral activity, and to develop human resources.

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

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

In this context it is indispensable that there be an innovative reassessment of social security systems so as to correct the imbalances and the privileged status that some groups enjoy with respect to others. Progress must be made towards extending basic protection to the entire population in light of the fundamental social risks. We must move from the limited concept of social security funds to the consolidation and expansion of social health and welfare programs and activities brought in line with the new demands deriving from the social and economic conditions the countries of the Region are experiencing.

2.3 Channeling External Financing into the Reorganization of the Sector

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

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

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

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

3. Focusing Action on High Risk Groups

Improvement of the health conditions of the population of the Americas, which is the ultimate goal of the sector's activities in the Member Countries and of the Organization's endeavours, requires qualitative changes in specific services that are delivered.

The sector's health care models must go beyond a mere passive response to the demand for services once health outcomes occur.

Progress must be made in the process of incorporating the specific contents of disease prevention and control programs into the regular activities conducted by the services.

This makes even more sense as it becomes increasingly possible to target high risk groups, among which the priority health problems are found.

The sector's activities may thus become more comprehensive and go beyond the stage of vertical interventions carried out in parallel to the delivery of services, often times in an uncoordinated manner which yields a duplication of resources and efforts.

When more emphasis is placed on targeting high risk human groups and concentrating resources on effective interventions aimed at removing or fighting highly prevalent social, environmental, occupational and behavioral risk factors, and reducing, controlling or eliminating health outcomes that are public health problems, there will be better functional coverage, the sector's activity will be less disperse, and the inequities in the health situation and access to services will be diminished.

4. Health Promotion

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

The revamped concept of health promotion, set forth in the Ottawa Letter in 1986, was a milestone for modern public health. This declaration recognized peace, education, housing, food, income, a stable ecosystem, resource conservation, social justice and equality as fundamental requirements for health.

Health promotion is a positive concept that views health as a source of wealth in everyday life. Given that the concept of health as well-being transcends healthy lifestyles, health promotion is not the exclusive concern of the health sector, but becomes an intersectoral task.

Until recently, health promotion was strongly supported by and exclusively identified with the dissemination of information and health education. The current concept encompasses diverse, though complementary, fields and approaches, including: education, information, social communication, legislation, policy-making, organization, population involvement, and efforts to reorient the health services. The objective of getting the population involved in health promotion is a crucial part of this, particularly when it comes to:

- a) efforts to change environmental conditions, collective lifestyles, and behavioral patterns that are harmful to health;*
- b) implementation of priority health programs in the sector aimed at fighting health risks and thereby reducing the outcomes caused by them; and*
- c) developing a feeling of shared responsibility for health services.*

During the next quadrennium the Organization should be more geared toward activities for health promotion and to foster healthy lifestyles. In so doing, it should direct its efforts at both the general population and individuals in the context of their everyday lives. This should entail encouraging public involvement in improving the circumstances and lifestyles that influence health in order to thus ultimately improve the quality of life.

5. Using Social Communication

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

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

It is crucial that the mass communications media, the content of basic education, and community discussions, feature important health information. This will enable individuals in

the population to make informed decisions on their own health and that of their families and communities.

The fundamental goals of this strategic orientation is to guarantee the existence of an increasingly informed public that will play a decisive role in the battle for health; and to reach the audiences of health workers and social and political leaders to promote their support for the improvement or transformation of national health systems.

For this reason more use must be made of the mass media and technological innovations to disseminate useful health information to the general public and specialized groups. This will increase awareness of specific aspects of individual and collective health, and of how important the health sector is in the development of nations and their peoples.

6. Integrating Women into Health and Development

The Organization's strategic orientation to integrate women into health and development is particularly important given that it addressed the need to encourage change in the unequal relations between the sexes, as an integral part of human development and the population's health as a whole.

Over the next four years the Organization must aim to raise sensitivities and create a collective consciousness and informed viewpoint on women's health throughout the different stages of life: childhood, adolescence, reproductive age, older adulthood, and old age.

"Women's advocacy" must occur in a setting of mobilized and concerted efforts among health sector institutions, women's organizations, universities, and social organizations, to carry out specific solutions to women's health problems and societal discrimination.

Violence and abuse aimed at women, and the effects of the double work day, will receive special attention in the Organization's work to improve the well-being and health care of women.

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

Thus, if the Organization activates this strategic orientation during the next quadrennium, it should strengthen all activity aimed at appreciating women and strengthening their decision-making capacity, enhancing their self-esteem and individual and collective fulfillment, protecting their rights, and preventing abuse and violence against them. It should promote policies and activities aimed at affecting change in social, political, legal and labor regulations for equal participation of the sexes in the development of the countries of the Region.

7. Management of Knowledge

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

Health services and basic inputs offer many opportunities to strengthen a scientific and technological base that develops, adapts, incorporates and evaluates knowledge and technologies in essential areas for health sector activities.

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

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

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

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

Research, as a field in which knowledge and technology are created, validated and adapted, occupies an increasingly important place in social development. In the health field the importance of research is even more apparent. It translates into new knowledge and

technological resources to facilitate the solution of health problems. Bolstering research by providing it with adequate resources, encouraging it and defining policy on the subject, are essential elements of this strategic orientation.

It will also be necessary to rethink the processes of training and updating human resources in the sector in this context of accelerated scientific and technological change. The foregoing implies interventions that, without putting aside training, more broadly involve coordination of the process of developing and using human resources, with the participation of the universities, health ministries, schools, social security, corporate bodies, and the users of services.

As a fundamental means to support the management of knowledge, importance must also be attributed to the development of scientific and technical information through the implementation of new systems to find, store and disseminate information and set up networks to exchange world health knowledge.

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

8. Mobilizing Resources

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

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

This will involve, first of all, stepping up activity to mobilize political will in favor of health and of modernizing and revamping the sector. It is imperative that in the coming years there be "health advocacy" in all decision-making and policy-making forums.

Second, efforts to identify and coordinate the potential of both national and international public and private institutional resources should be redoubled. This applies to scientific,

technical, administrative and informational areas related to health. The call to action can center around the attainment of a better health status for the inhabitants of the Member Countries of the Organization.

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

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

9. Cooperation among Countries

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

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

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

The process of transforming national health systems has unique characteristics in each country due to its specific circumstances and the sovereign nature of policies drawn up and

implemented for that purpose. However, health problems and the organizational challenges of health services have common features in many countries of the Americas.

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

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

It is a matter of finding joint solutions to common problems, be they subregional or multi-country. That is, available capabilities must be united so that better use can be made of them, which will generate shared frames of reference to mobilize external resources.

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

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

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

The productive and commercial integration of the Region will have to converge with scientific, technical, cultural and financial cooperation. Health can make important contributions to this process, giving the Organization a leading role to play in the coming years, as long as specific fields of action are identified, which may be catalyzed by the processes of regional integration, or may help stimulate joint activity in the countries of the Americas.

B. Program Priorities

Below is a summary of the program priorities that both the countries and the Secretariat need to set for the next four years in order to overcome the shortcomings they face in improving the sector's ability to respond to old and new problems. These fall within the range of programs contained in the WHO's Eighth General Program of Work (1990-1995) approved by the World Health Assembly.

1. Priorities in the Development of the Health Services Infrastructure

Within the Organization's various program activities in the field of developing health services infrastructure, special emphasis will be placed on the five areas listed below, during the coming quadrennium.

PRIORITIES FOR THE DEVELOPMENT OF THE HEALTH SERVICES INFRASTRUCTURE

- *Sector and Resource Allocation Analysis*
- *Sectoral Financing*
- *Management of Local Health Systems and Local Programming*
- *Technological Development*
- *Development of Human Resources*

1.1 Sector and Resource Allocation Analysis

The transformation of national health systems, particularly in the context of such a long economic crisis as the Region of the Americas has experienced in the past years, must be supported largely by a comprehensive analysis of the sector. This entails an examination of the status of health, the situation of the health services, the economic implications of sectoral

activity, and potential for rechanneling health expenditures to give priority in the allocation of resources to activities and programs that favor equality and are highly effective.

In order to perform this analysis, design proposals for structural transformations in the services system and health expenditures, and assess the effects of these changes on the health of the population, the institutional capacity of the health sector will need to be developed.

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

- a) The current and possible alternative forms of organization and coordination of the health sector in the countries;*
- b) Intersectoral action aimed at attaining health objectives; and*
- c) The operating capacity of the health sector with emphasis on management and production of services in local health systems.*

1.2 Sectoral Financing

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

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

The analysis of the structure, mechanisms and implications of financing the health services must be taken further. There must be an examination of the possibilities and difficulties involved in rethinking the system in order to achieve greater equity and to rechannel some sources of financing so that they can be used more efficiently.

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

1.3 Management of the Local Health Systems and Local Programming

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

This will imply continued methodological development of local programming instruments, incorporating the specific contents of priority programs aimed at select population groups. Efforts to train health personnel at the local, intermediate and central level on the scope and utilization of this instrument must be intensified.

Likewise, basic information systems and the epidemiologic analysis capacity used in planning programs will have to be strengthened, as part of the effort to develop the management capacity of the services.

1.4 Technological Development

The role of technology for health is becoming more and more important in terms of the investments, costs and effectiveness of the health services, due to the massive incorporation of new biotechnological products, medications, equipment and devices. This means that increasing attention must be paid to:

- a) formulating policies to incorporate technological innovations into health services;*
- b) strengthening of management capacity for its incorporation and use;*
- c) developing processes to evaluate the safety, efficiency, effectiveness and ethical and social impact of technological resources; and*
- d) assessing, in the above terms, the quality of care provided throughout the sector.*

Greater emphasis on these lines of action would make an important contribution to the development of the health services in light of the changing and overlapping epidemiologic profiles that affect most countries of the Hemisphere.

1.5 Development of Human Resources

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

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

In the field of human resources, emphasis should continue to be placed on drawing up human resources policies and planning their development with a strategic approach, bearing in mind the contributions research has made to the health work force, to correct discrepancies between the training and use of personnel.

There will be special emphasis on university involvement, so as to favor interdisciplinary approaches, as the educational component of the intersectoral development of health.

There will be support for the development of health leadership at the different levels of the system. This will demand a reconsideration of public health training, bringing it more in line with the requirements of the process of transforming the services.

Similarly, the training process will be permanently reoriented. It will focus on work, stimulating creativity and innovation, so as to respond not only to current needs but more particularly to new demographic and epidemiological profiles, scientific and technological innovations, and the reorientation of the health services.

2. Priorities in the Development of Health Programs

Among the Organization's various lines of action in the field of health program development, special emphasis will be placed on the seven areas listed below, during the next four years.

PRIORITIES FOR THE DEVELOPMENT OF HEALTH PROGRAMS

- *Health and the Environment*
- *Food and Nutrition*
- *Lifestyles and Risk Factors*
- *Control and/or Elimination of Preventable Diseases*
- *Maternal and Child Health*
- *Workers' Health*
- *Drug Addiction*
- *AIDS*

2.1 Health and the Environment

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

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

The field of environmental health, however, does not stop at knowledge of the impact of the environment on health. It also includes the design, organization and implementation

of activities to block or reverse the effects of the environment on human health. The latter has implications for the organization of services in the health sector. But it goes beyond the confines of health action, into other organized sectors of society that are somehow related to the environment, its transformation, and the possibility of turning back that transformation.

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

The development of environmental health information systems, which would increase our knowledge of potentially dangerous environmental factors and their consequences for the health of the population should be undertaken. This is an essential ingredient in improving our ability to monitor such problems, and to make progress in developing simplified techniques to assess the impact of the environment on health, and to encourage epidemiological research on environmental health.

It is of primary importance to more closely link the process of formulating environmental health policies and planning intervention programs with the information and analyses available on environmental risks and the health outcomes associated with them.

A higher level of institutional development is required for monitoring of environmental health risks. This should be tied to the implementation of intervention programs, either through the structure of health services or through the concerted action of several sectors, particularly at a local level. Efforts must be redoubled in the training of human resources in the various disciplines that make up environmental health. Greater employment opportunities should be fostered which guarantee a place for new types of professionals trained in this field.

The search for specific formulas for intersectoral action in the environmental area must continue, in order to increase chances of intervening to protect the environment and reduce the effects of environmental disturbances on human health. It is likewise imperative to stimulate a dialogue on the possibilities, responsibilities and tasks of the public and private sectors in order to arrive at coordination formulas that will enable them to work together towards the common goals of preserving the environment and reducing the harmful effects stemming from its deterioration.

2.2 Food and Nutrition

Adequate nutrition is essential for the health of the individual, collective productivity, and social well-being. However, nutritional deficiencies continue to be highly prevalent among groups at greater biological and social risk. Protein-caloric malnutrition and disorders caused by iron, iodine and vitamin A deficiencies, particularly affect the health of large sectors of the population, contributing to increased rates of general morbidity and infant mortality.

On the other hand, the prevention and control of malnutrition is not the exclusive responsibility of the health sector, since the factors that affect the availability, access and consumption of foods, reside in various aspects of economic and social development.

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

Policies and programs aimed at protecting the food security of the most vulnerable households, and improving the nutritional status of the groups with the greatest nutritional risk, must be implemented. This can be done through increasing and/or better focusing public inputs in social programs, such as incorporating food and nutrition strategies into the programs carried out by the local health systems.

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

- a) Promoting and supporting structural, organizational and political reforms that will allow nutritional and food security interventions to be aimed at high-risk groups and the poorest sectors of society;*
- b) Developing food and nutrition surveillance systems making it possible to continuously monitor the situation and make decisions to readjust or reinforce food and nutrition policies and programs;*
- c) Preventing and controlling the most prevalent specific nutritional deficiencies--iron, iodine and vitamin A--through supplements or by fortifying foods with these nutrients; and*

d) Strengthening educational programs for the population on food and nutrition, including the training of human resources in the health services and other related sectors.

2.3 Lifestyles and Risk Factors

During the upcoming quadrennium, the Organization should be more committed to health promotion activities and the fostering of healthy lifestyles. The fight against environmental, social, and occupational risks, as well as those associated with individual and group behaviors, should be emphasized through interventions aimed at the general population and individuals. All of these activities should be part of ongoing activity for health throughout the life cycle, starting at an early age.

Intersectoral activity aimed at health promotion and the prevention and reduction of risks has a vital role to play in this. So does the reinforcement of the services at the local level, in order to attain greater community involvement in the day-to-day activities of maintaining individual and collective health.

Special attention must be paid to education and informing health workers and the public about the deleterious effects of such risk factors as use and abuse regarding tobacco, alcohol, drugs and other toxic substances; the need to take care of one's health and adopt healthy behavior in order to prevent exposure to environmental hazards and accident risks; the benefits of oral hygiene; prevention of permanent disabilities through early care of chronic problems; and health promotion among the elderly.

2.4 Control and/or Elimination of Preventable Diseases

The Region of the Americas still faces the existence of preventable infectious and parasitic diseases, some of which have experienced recrudescences in the last decades. Many of those diseases are confined to certain geographic foci or high-risk human groups. Meanwhile there are effective and available preventive and therapeutic measures which make it possible to contemplate their increased control and even the possible elimination of some of them from the Hemisphere. Such is the case of tuberculosis, leprosy, yaws, pinto and of the major vector-borne diseases such as malaria, dengue, Chagas disease and onchocerciasis.

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

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

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

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

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

- a) *Consolidating eradication of the wild poliovirus;*
- b) *Undertaking activities to eliminate measles and neonatal tetanus from the countries of the Region;*
- c) *Achieving the elimination of urban rabies from the Hemisphere;*
- d) *Eliminating foot-and-mouth disease from the Americas.*

2.5 Maternal and Child Health

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

The indices of low birthweight and maternal, infant and preschool mortality, continue to be high. Coverage for prenatal, perinatal, and postnatal care, and family planning, as well as monitoring of growth and development, care for morbidity and mortality due to diarrheal diseases and acute respiratory infections, as well as basic immunizations, continue to lag

considerably in many countries of the Hemisphere. They could be substantially improved if efforts to expand geographic as well as operational coverage were stepped up and the quality of services were improved. Particular emphasis, given its impact on the health of women, children and families, should be placed on reducing maternal mortality and fighting the risks factors causing it to be so widespread in many countries of the Region.

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

These programs should also help strengthen the network of regular health services and programs to get the population involved, particularly under the local health systems. Coverage should be increased and the quality of women's comprehensive health care should be improved during and outside of the reproductive stage. Closer monitoring of child and adolescent growth and development should be encouraged.

2.6 Workers' Health

Intensifying action regarding the prevention and control of occupational hazards and the organization of workers' health care is an urgent need in the Region of the Americas.

The prevalent occupational hazards in the Countries of the Hemisphere are associated to high rates of mortality, morbidity, work-related accidents and absentism.

Both occupational hazards and work-related health outcomes can be substantially reduced with the implementation of comprehensive workers' health programs that involve all productive and social sectors that may play a role.

During the next quadrennium, the Organization shall give special attention to workers' health policy formulation and program execution; to legislative and regulatory aspects on occupational safety and health; to increasing the coverage of workers' health care programs; to the concertation of the different parts that play a role in the promotion and development of workers' health and to the strengthening of epidemiologic surveillance and information systems related to occupational hazards and work-related health outcomes.

2.7 Drug Addiction

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

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

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

2.8 AIDS

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

The primary objective of this fight will continue to be prevention of the transmission of the human immunodeficiency virus (HIV). This effort shall be related to activities aimed at preventing drug addiction, providing sexual education to children and adolescents, reinforcing of laboratories and improving the quality control of blood and blood-related products in the Region. A secondary objective will also be pursued: to reduce the morbidity and mortality associated with HIV infections, all under the framework of strengthening the health services and epidemiological surveillance systems.

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

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

A. For the Member Countries

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

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

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

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

Third is the role the countries can play in the Joint Evaluation Meetings on PAHO/WHO Technical Cooperation at the country level. This instrument of periodic dialogue seeks to analyze the technical cooperation needs of a given country in light of the health situation, the socioeconomic context, overall and health policies, PAHO's basic principles of activity, and the status of the health services. It makes it possible to reorient PAHO programs in support of the country so that they are more relevant, efficient and effective.

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

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

B. For the Secretariat

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

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

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

- a) *Emphasis on cooperation at the country level as the basic unit of production for the Organization's activities;*
- b) *Adaptation and flexibility in cooperation to meet the needs and priorities of each country or subregion;*
- c) *Mobilization of national resources to meet national needs and cooperate with other countries;*

d) Selective concentration of resources for regional priority problems as defined by the Organization's Governing Bodies;

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

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

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

The organizational structure based on the program structure will need to be adjusted and revitalized with various mechanisms of effective interprogram coordination, pursuant to the strategic orientations for the quadrennium. The profiles drawn up will have to account for new work styles. The program budgets will have to reflect both structural adjustments and new institutional obligations. Administrative decentralization should also continue to be implemented.

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

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

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