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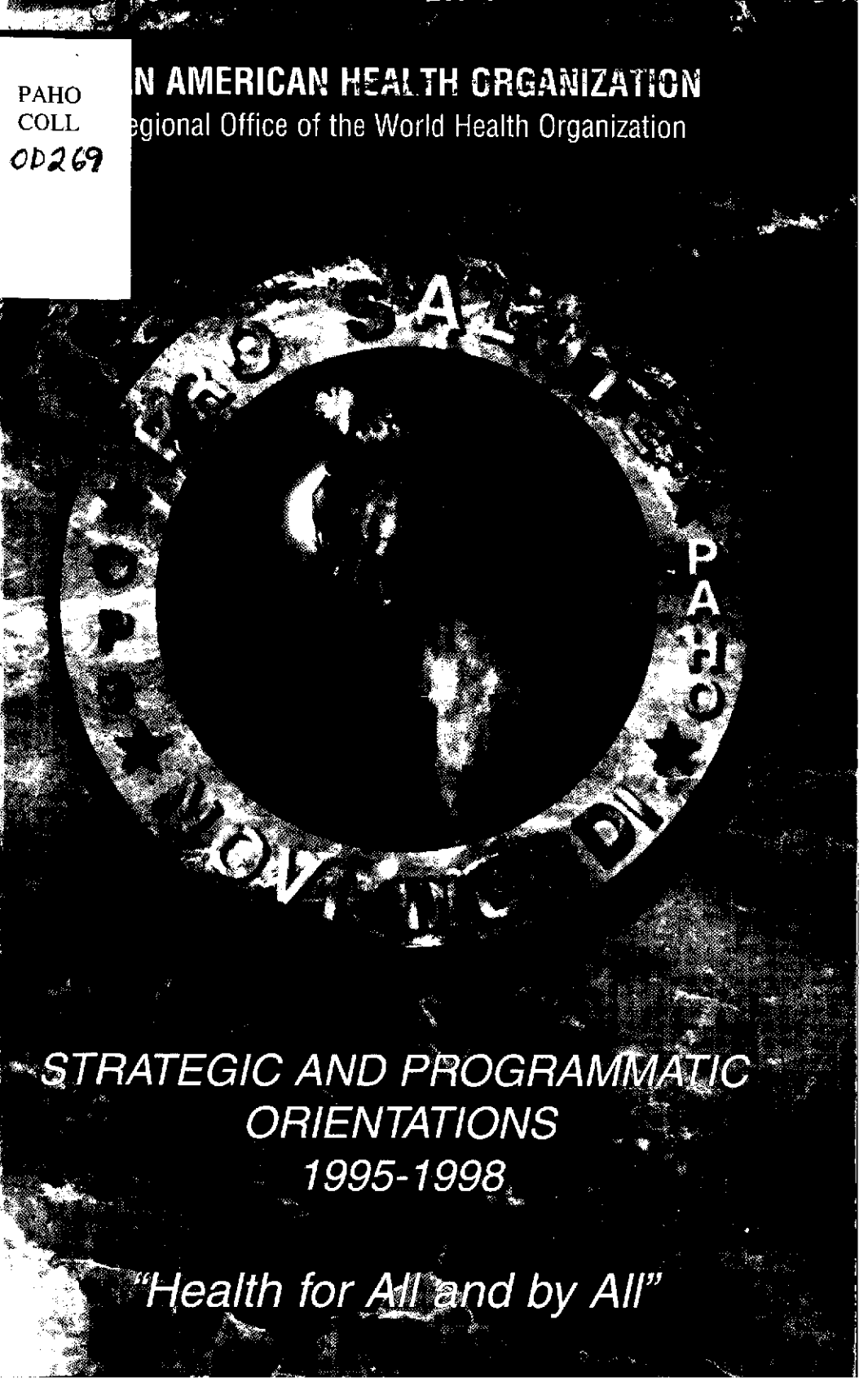

STRATEGIC AND PROGRAMMATIC ORIENTATIONS 1995-1998

"Health for All and by All"

MISSION OF THE PAN AMERICAN SANITARY BUREAU

The Pan American Sanitary Bureau is the Secretariat of the Pan American Health Organization (PAHO), an international agency specializing in health. Its mission is to cooperate technically with the Member Countries and to stimulate cooperation among them in order that, while maintaining a healthy environment and charting a course to sustainable human development, the peoples of the Americas may achieve Health for All and by All.

STRATEGIC AND PROGRAMMATIC ORIENTATIONS 1995–1998

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MESSAGE FROM THE DIRECTOR

The Constitution of the Pan American Health Organization (PAHO) uses clear and elegant language to articulate PAHO's purpose, one that is as relevant and timeless today as when it was written. But even with a definitive statement of purpose, more specificity is called for to explain what the various parts of the Organization will do and how they will act. This document puts forth both the mission of the Secretariat and the Strategic and Programmatic Orientations that the XXIV Pan American Sanitary Conference of 1994 established as the guidelines for the work of the Organization as a whole—countries and Secretariat—for 1995–1998.

As in any organization that respects and encourages participation, the statement of our mission was crafted through a broad process of consultation within the Secretariat. It represents our commitment and states concisely what we stand for. The Secretariat is proud of its service to the Member States.

Our Region is conscious of its traditions and of the achievements in health that have resulted from a combination of focused political will, committed and dedicated action by a large number of often-unsung health workers, and the wise and judicious application of technologies that influence health. Our Region, however, is less proud of its reputation for gross social inequity, and increasing numbers of regional leaders are turning their attention to a reduction of that inequity. While there will be some economic relief in the days ahead, of greater concern to us in PAHO are the investments in the health sector that will be required to reduce inequities by reorganizing our health systems and services so that they can provide fair and equal access for all.

This document is intended to provide every citizen interested in the health of the individual, the community, or the nation with information about the health direction chosen by the countries of the Americas and the role of the Pan American Sanitary Bureau. Our goal is deceptively simple—that the principles underlying Health for All should be made a reality. Health for All, of course, has never been meant to be a programmatic ideal; it is an expression of a social desideratum, a shorthand, as it were, for the effort to reduce the social inequity to which I have referred.

If the challenge and underlying goals contained in the Strategic and Programmatic Orientations are followed and acted upon by the Organization as a whole, our Region will undoubtedly move forward. The

five strategic orientations have been designed and developed with a clear understanding of the major determinants of health. While most attention is properly given to the responsibility of the health sector, full attention is also directed to the critical inputs from other important sectors.

This quest for equity and the need to monitor health conditions to judge progress in combating inequities should not blind us to the need to promote those activities that enhance health and reduce pain and suffering.

The document on Strategic and Programmatic Orientations delineates what Member States should do and those actions for which the Secretariat will assume responsibility. It sets out succinctly not only what the Secretariat stands for, but also what it will do to cooperate technically with countries and to stimulate cooperation among them. The Secretariat will undertake to demonstrate transparency and accountability not only in fiscal terms, but also in relation to the programs it carries out in partnership with our Member States.

I trust this document will be read by citizens both within and outside the traditional health sector. Those within the sector may obtain a clear indication of what the Pan American Health Organization seeks to do to enhance regional health. Those outside may be able to identify with and appreciate the goal of the Organization and the mission of its Secretariat—the value we put on the health of every citizen of the Americas.

I hope you are pleased or at least intrigued by this document. We in the Pan American Health Organization will act upon it.

George A. O. Alleyne
Director

1. Introduction

The enjoyment by all peoples of the highest possible level of health is the stated objective of the World Health Organization, and the fundamental purpose of the Pan American Health Organization is to promote and coordinate efforts of the countries of the Western Hemisphere to combat disease, lengthen life, and promote the physical and mental health of the people. The attainment of these noble goals is facilitated through the development of policies and strategies that guide the practices of the two organizations.

The framework for global health policy and the work of the World Health Organization have always been expressed in general programs of work. Since 1978 these general programs have been designed specifically to guide the world health community toward achieving health for all through implementation of the primary health care strategy.

In the Region of the Americas, the Pan American Sanitary Conference, as the supreme governing authority of the Pan American Health Organization, sets the general policy guidelines that orient the work of the Organization. For the last two quadrennia, these guidelines have been cast as strategic orientations and program priorities (SOPP). While the latter have focused closely on health problems and approaches of particular importance for the Americas, they have also been crafted to reflect the global orientations found in the general programs of work.

In the strategic orientations and program priorities approved by the XXII Pan American Sanitary Conference in 1986, emphasis was placed on three priority areas:

- development of health services infrastructure;
- responses to priority health problems of vulnerable groups;

- management of knowledge required to advance in the above two areas.

The experience gained in implementing these strategies was used in formulating the strategic orientations and program priorities approved by the XXIII Pan American Sanitary Conference in 1990. At that time it was agreed that in order to address the major health challenges in the Region and bring about a transformation of the sector in the 1990s it was essential to ensure that the importance of health be recognized in the formulation of social policy and in the development process. It was also considered necessary, *inter alia*, to develop policies and programs that sought equity in health and concentrated resources on interventions that would be effective against the most pressing health problems. The Conference decided that the transformation of the health sector would require a series of strategic orientations to underpin the implementation of programs for the development of health services infrastructure as well as programs targeting priority health problems.

The orientations adopted for the next quadrennium must reflect some continuity vis-à-vis the strategies adopted previously. However, the regional agenda for 1995–1998 will be determined mainly on the basis of careful analysis of the current regional situation and acceptance of the global validity of the Ninth General Program of Work (GPW), which will guide the efforts of all the countries of the world during the period 1996–2001. The Strategic and Programmatic Orientations (SPO) for PAHO during the 1995–1998 quadrennium will therefore embrace the general principles and directions of the Ninth GPW, but will also reflect regional realities and differences, where they exist.

The purposes of the current document are to present the major orientations that will guide the work of the Organization for the quadrennium 1995–1998 and to give some indication of how they will find expression in the Pan American Sanitary Bureau's technical cooperation with the Member States. The document describes the broad approaches that will be taken to ensure that such cooperation is pertinent and efficient.

The strategic and programmatic orientations presented here indicate those health outcomes to which the Organization as a whole—the Member States and Bureau alike—is firmly committed, and the major directions to be followed. At the same time, they make clear those activities for which the Bureau, as part of its technical cooperation, accepts managerial responsibility. The transformation of these orien-

tations into specific plans and activities will be a later step that should take place in the Member States themselves as well as in the Bureau.

This policy document of the Organization must be considered together with other important presentations made to the Pan American Sanitary Conference. These include *Health Conditions in the Americas, 1994 Edition*, and the *Report of the Director, Quadrennial 1990–1993, Annual 1993*. The former sets out in graphic detail much of the information that is summarized here in order to give context and coherence to this document on strategic and programmatic orientations.

2. Regional Situation and Prospects

2.1 SOCIAL AND ECONOMIC ISSUES

2.1.1 Political Trends

In the majority of the countries of the Region, democracy—in the form of civilian governments elected by popular vote—has prevailed. In a number of cases the population has moved away from traditional political parties and figures and has opted for leaders who represent new or renewed parties, thus sending a clear message of its desire for fresh solutions to old and new problems relating to living conditions and overall development.

The increased stability of democracy in the Americas has been associated with growing citizen participation and control over the actions of those in power, which in some cases has led to the removal of officials who have failed to demonstrate integrity and respect for the law and ethical standards.

The ability to govern in the Region has been determined by the capacity of governments to satisfy the basic needs of their populations and adopt economic measures that catalyze economic growth without severely eroding the income level of the citizenry in the short term. In this context, the suitability of various development models has been debated and a broad consensus has emerged, according to which the sole purpose of the development process should be to enhance the well-being of the population. This view has been espoused officially and openly by regional financing institutions.

In the next quadrennium it is expected that the pluralistic democratic culture will expand, and it will be increasingly possible to resolve conflicts through dialogue, negotiation, and consensus building, as has already occurred in some countries of the Region that in the past were the scene of bitter armed conflict. In addition, govern-

ments are expected to rely increasingly on plebiscites and other forms of consultation with the population—and this, too, is already happening—in making decisions that are crucial to the future of their nations.

The trend toward participatory democracy will be further supported by constitutional reforms, which are already under way in some countries of the Region. These reforms include the introduction of constitutional provisions ensuring greater protection of citizens' rights, respect for humans rights, regional autonomy through decentralization, streamlining of the structure and functioning of the government apparatus, and establishment of controls on public administration. The aim is to reform institutions and processes that are considered obsolete and to ensure that the State fulfills its obligations in the most efficient, cost-effective, and appropriate way.

2.1.2 Economic Issues

In general terms, a trend toward interdependence of countries and globalization of the world economy is being noted. The expressions of this trend include the establishment of new trade relations and the flow of capital between countries, as well as multinational and subregional initiatives for the formation of economic or trading blocs. In addition, the incorporation of the results of scientific and technological progress into worldwide productive activity is changing traditional management styles and ways of working.

The Region as a whole is emerging from the crisis of the 1980s and entering a new stage characterized by greater hope for the future of the countries. During the 1980s drastic economic adjustment measures were imposed to control inflation, reduce fiscal deficits, and reestablish favorable conditions for the stimulation of investment. As a result, the per capita gross domestic product (GDP) fell 8.9% between 1981 and 1990. However, between 1991 and 1993 the countries of Latin America and the Caribbean saw growth in their economies, and per capita GDP rose 4.3%. Nevertheless, the countries of Latin America and the Caribbean still face an accumulated debt of approximately US$ 500 billion, the repayment of which continues to be a burden on their economies.

The trend toward economic discipline and efficiency can be expected to continue, generating greater global investment and internal savings, which should result in greater availability of resources for investment in the social sector. Income derived from

employment is also expected to increase, as is overall family income due to the participation of more family members in the work force. The fact that the Region has a relatively large working-age population should also be to its advantage from an economic standpoint.

Globalization of the economy is expected to continue to be the dominant trend in the Region. The formation of free trade areas today may eventually lead to the establishment of a single area encompassing the entire Region.

2.1.3 Demographic Patterns

The Region has seen the total population growth rate fall as fertility has declined and a pattern of moderate growth has been established. However, it is estimated that at the current rate of growth, the regional population will rise from 774 million in 1995 to 1,062 million by the year 2025. This will imply additional demands for health services and possibly futher widening of the health care gaps that now exist.

The age structure of the population has also changed, as the proportions of working-age persons and those over the age of 55 have increased. Reductions in mortality, both general and age-specific among the youngest groups, have led to a relative increase in the size of the economically active population, which in turn has reduced dependency rates. By 1995, it was projected that 47.7% of the population of Latin America and the Caribbean would be between 15 and 44 years of age. Life expectancy at birth in the Region has increased from an average of 57.5 years for both sexes between 1950 and 1955 to 70.3 years for the period 1990–1995, although there are significant variations among and within the countries.

The population has tended to concentrate in urban areas—including not just large capital cities but medium-sized cities as well—which has placed tremendous pressure on local authorities to deliver services and has also created high demand for new sources of employment. At present, more than 40% of the population in the majority of the countries of the Region is urban, and in some the proportion of urban population is as high as 80%. It has been forecast that 74.2% of the population of Latin America and the Caribbean will be living in urban centers in 1995 and that 91% of the population increase projected for the rest of the century will take place in cities.

2.1.4 Social Problems

During the first half of the 1980s unemployment rose considerably, reaching the highest levels ever in the Region (6.0% overall and 10.1% urban). The rate began to decline in 1986, leveling off at 4.5% overall and 7.8% in urban areas. The fact that the Region's population is heavily concentrated in urban areas means that unemployment is higher in those areas, and, despite economic recovery, employment rates in the cities remain below the levels of 1980. In addition, most of the economically active population in urban areas is being absorbed by the service, commerce, and informal sectors, to the detriment of manufacturing and other industrial activities.

Whereas individual incomes have declined, total family incomes have risen as a result of the entry of more family members into the work force. Women, in particular, have joined the labor force in unprecedented numbers over the last decade, but they continue to earn salaries that are less than those of similarly qualified men, regardless of educational level. Children are also contributing to family earnings. Some 20% of the population aged 10–14 in the Region works, and in some geographic areas persons in this age group make up 12% of the economically active population.

The reduction in personal income, coupled with the increase in poorly paid employment in the informal, commercial, and service sectors, has meant that more people have slipped below the poverty line. The relative proportion of poor people is greater in rural areas, but in terms of absolute numbers of people affected, poverty is more prevalent in urban areas. From the standpoint of individuals, the crisis of the 1980s might be described as a crisis of income.

There are huge social inequalities between and within the countries of the Region, and in many cases the gap between the rich and the poor is widening. The ranks of the poor, especially in urban areas, have continued to swell, now reaching more than 200 million in the countries of Latin America and the Caribbean (more than 46% of the total population). At least 100 million people in these countries (22.9% of the total) have no access to either public or private basic health services.

There is tremendous optimism in the Region's economic sector stemming from the global recovery and the resumption of productive activity. However, social conditions appear less favorable. While increasing numbers of workers have been pushed into poverty, those in the upper-income strata have used the mechanisms at their disposal to shield themselves from the effects of recession and crisis. The result

is that the situation of inequity in the Region has become more acute than ever before. As the earnings of low- and middle-income groups have eroded, income has become increasingly heavily concentrated among the wealthiest segments, and in some countries the richest 20% of the population now receives between 40% and 67.5% of total income, whereas the poorest 20% earns no more than 7.5%. Unless the governments take prompt structural action to alter the distribution of income, the successes achieved in the Region in restoring macroeconomic balance are not likely to translate into benefits for the population, which is the very purpose of development.

In regard to education, levels of schooling have continued to rise as a result of substantial and sustained increases in enrollment rates, as well as maintenance of the ratio between the numbers of available teachers and enrolled students. Enrollment rates of the primary-school-age population have climbed to between 80% and 100%. The level is between 40% and 80% at the secondary level, but below 35% at the post-secondary level. However, in only 50% of the countries are female enrollment rates equal to those of males. In addition, there has been a notable deterioration in the quality of education, which has had repercussions in the labor market, where there are sizable discrepancies between workers' level and type of education and the fields in which they eventually find jobs.

Information available on the quantity and quality of housing in the Region is limited. The Economic Commission for Latin America and the Caribbean (ECLAC) has estimated that between 20% and 30% of the children in Latin American and Caribbean countries live in conditions of overcrowding (three or more people per bedroom), a phenomenon that is closely associated with poor school performance.

2.2 HEALTH ISSUES

2.2.1 Health Conditions

The regional health profile reflects the myriad complex processes that are influencing the living conditions of the people in the Americas.

Significant gains have been made in the Region. The infant mortality rate, which for the period 1965–1970 was 91 per 1,000 live births, has been estimated at 47 per 1,000 for 1990–1995. Life expectancy at birth for the latter period is 68 years in Latin America and the Caribbean and 76.1 in the United States of America and Canada. Nevertheless, in most of the countries, during recent five-year periods specific mortal-

ity rates have decreased at a slower pace in almost all age groups under the age of 65, and in many cases the reducible gaps in mortality have either not declined at all or have increased. According to estimates published in the 1994 edition of *Health Conditions in the Americas*, around 1990 these gaps represented 45.5% (ranging from 5% to 71%) of the deaths in Latin America and the Caribbean, whereas in the United States and Canada this figure was between 1.6% and 7.1%. This means that each year the deaths of 1.5 million persons under 65 in the Region could be avoided. These gaps are highest in the countries with the greatest social inequities and the lowest levels of social development. They also vary with the age structure of the population.

In the poorest and least socially developed countries, more than 70% of all avoidable deaths occur in the under-15 age group. In countries with intermediate levels of social development, 40% of all avoidable deaths are of persons under the age of 15, and between 25% and 30% are of persons aged 15–44. In the countries with the best living conditions, more than 60% of all avoidable deaths occur among the population aged 45–64.

The mortality differentials within countries are extremely large in some cases, reflecting substantial social differences. In Mexico City, for example, the infant mortality rate ranges from 13.4 per 1,000 live births in the most affluent districts to 109.76 in the poorest areas. There are also sizable differences between geographic regions within the countries. In Venezuela the infant mortality rate in the poorest areas in the country (31.2 per 1,000 live births) is twice the rate in areas with better living conditions, and in Ecuador the prevalence of malnutrition among children under 5 ranges from 8% to 42.6%, depending on the socioeconomic level of the region.

Urban-rural differentials exist as well. In Brazil, for example, a rural inhabitant in the northeast can expect to live 20 years less than a medium- to high-income city dweller in the south. In Peru, the infant mortality rate in Lima was 50 per 1,000 live births, while in some rural areas it was over 140. The rates also vary considerably by ethnic origin. In Panama, the risk of dying for an indigenous child under the age of 1 is 3.5 times higher than for a nonindigenous child, and although the indigenous population makes up only around 8.3% of the country's total population, it accounts for close to 30% of total mortality in the under-1 age group.

In order to begin to reduce avoidable mortality at the same rate as in the past, the huge social inequities in the countries of the Region must be recognized and addressed, and living conditions must be improved for the most deprived and vulnerable groups.

Infectious diseases continue to be a significant cause of morbidity and mortality in most of the countries. The most important ones are acute diarrheal diseases, acute respiratory infections and tuberculosis, zoonoses, vector-borne diseases, and AIDS and sexually transmitted diseases.

The cholera epidemic that began in January 1991 has affected almost all the countries in the Hemisphere. By late 1994 more than one million cases had been reported, and the disease is showing a tendency to become endemic in areas in which basic sanitation is deficient and the educational level of the population is low. Although the incidence of acute diarrheal disease has diminished somewhat, this illness continues to be a significant cause of avoidable death in most of the countries, especially among the poorest segments of the population.

After many years of general sustained decline in the incidence of and mortality from tuberculosis, incidence rates have shown a rising trend in Bolivia, Ecuador, Panama, and the United States. It is quite probable that the incidence is increasing in a number of other countries as well.

Around 40% of the population of the Americas lives in places in which conditions are ecologically propitious for the transmission of malaria, and more than 200 million people live in malaria transmission areas. The number of cases increased considerably in the affected countries between 1974 and 1991 and then began to decline again.

Dengue has become endemic, with periodic epidemic outbreaks in most of the countries located in tropical zones, providing evidence of high rates of *Aedes aegypti* infestation. Outbreaks of dengue hemorrhagic fever have occurred, and there is a continuing risk of major epidemics of this form of the disease.

Chagas' disease persists as a problem, mainly in rural areas of tropical or subtropical zones. The disease is associated with low socioeconomic levels and poor quality housing. It is estimated that at least 16–18 million people in the Region live in dwellings infested with *Triatoma infestans* or other household vectors of Chagas' disease.

The increase in immunization coverage among children under the age of 5 has been one of the most important successes achieved in the Americas in recent years. The transmission of wild poliovirus has been interrupted in the Region, and there has been a marked decline in the frequency of measles, diphtheria, and whooping cough. The occurrence of neonatal tetanus has decreased dramatically, and cases continue to occur in only a small number of areas in 16 countries of Latin America.

In 1992 only four countries in Latin America reported human cases of rabies, and there was a substantial decline in the number of canine rabies cases in urban areas.

The problems of over- and undernutrition continue to plague all countries to varying degrees. Infant malnutrition, where it occurs, is linked to poverty and low levels of education among women.

The upward trend of sexually transmitted diseases continues. AIDS has now spread to all the countries of the Region and, although the characteristics of the epidemic vary from country to country, in general, heterosexual transmission is becoming increasingly prevalent. The risk of transmission tends to be higher among poor populations. By March 1994 a cumulative total of 445,000 AIDS cases had been reported in the Americas, and 250,000 of those affected had died. It is estimated that at least 3 million people in the Region have been infected with HIV.

Violence, especially domestic violence and other intentionally inflicted injury, has become one of the most serious public health problems in the large cities of the Region. In Colombia, for example, homicide is now the leading cause of death in the general population. Between 1987 and 1992 the total number of violent deaths in that country surpassed the total number of AIDS deaths in the entire Region during the same period.

As mortality from communicable diseases in the early years of life has declined, there has been a proportional increase in chronic and degenerative diseases, although the incidence and prevalence of such diseases have not increased and in some cases have fallen.

Cancer currently accounts for more than 10% of all deaths in all the countries, and in some it accounts for as much as 20%. The fact that mortality from lung cancer is increasing and death rates from cervical, breast, and stomach cancer remain very high is particularly noteworthy, considering that a large proportion of these deaths could be avoided.

There are few countries of the Region in which cardiovascular diseases account for less than 20% of all deaths, and in many countries such diseases are responsible for over 30% of deaths. Although most of the countries have shown reductions in age-specific rates for both sexes, especially among the population over the age of 45, in many cases these rates could still be reduced substantially.

Mental health problems are an increasingly important component of the regional health profile, particularly those problems that are associated with habits and behaviors—alcoholism, smoking, and drug addiction. An estimated 30% of adults in large cities suffer from some

kind of mental disorder, including depression and various forms of anxiety. It is estimated that at least 12% can be considered excessive or habitual drinkers. The prevalence of smoking in the Region has been estimated at around 37% in the male population and 20% in the female population. The rate has tended to decrease in the more developed countries but has remained constant or increased in the less developed countries and in the lower socioeconomic strata of the population. In recent years there has been an increase in the use of drugs and psychoactive substances, particularly cocaine and heroin.

Finally, although little information is available, the growing importance of occupational accidents and diseases should be noted, as should the increasing frequency of health problems associated with air pollution in urban areas.

2.2.2 Health Sector Development

Health care infrastructure in the Region has not expanded and there are obvious signs that, in fact, it has deteriorated, mainly as a result of reductions in public spending on health. There has, however, been considerable growth in the private health care sector, not only in infrastructure but also in terms of the incorporation of new technology and the modernization of its organization.

In the public health care sector, emphasis has been placed on decentralization and local development in the context of processes aimed at modernizing the State. In this regard, decentralization is seen as one of the ways in which the public sector can be made more effective. The greatest strides in this area have been made in providing appropriate legislation, in training personnel to meet the challenges posed by decentralization, and in establishing the conditions necessary for modernizing the management and development of health care systems.

The coverage of social security systems has not expanded, and in some cases it has decreased. This is partly because social security coverage is offered only to workers in the formal sector, and the largest increase in jobs has been in the informal sector. At the same time, the functional integration of social security services with the direct health care services provided by the State—something which has been recommended and promoted—has failed to become a reality except in a very few cases. On the contrary, social security institutions have been weakened by increasing competition from private insurers and plans, which in some countries have been proposed as means of

increasing coverage. The limitation of social security coverage to a select group of workers, while excluding rural workers and the huge numbers of people who work in the informal sector, is one of the factors that has exacerbated the profound inequities in the health sector.

For the lowest-income segments of the population and for those who work in the informal sector, health services offered directly by the State are the only health care option available. These groups are placed at a particular disadvantage by the fact that the current coverage capacity of public health care systems is not sufficient to ensure total access by everyone who requires it.

Progress has been made toward a comprehensive conception of the health sector, in which the actions of the various subsectors are coordinated and complementary—not only in the area of personal health care but also in environmental protection—and in which activities relating to health promotion, disease prevention, and recovery are interconnected. There has not been much success, however, in translating this conceptual progress into practice.

2.2.3 Health Financing

Total spending on health in the Region is estimated at 5.7% of GDP, the equivalent of US$ 122 per person per year (1988 US dollars). Per capita spending on health in the lowest-income countries is one-sixth of per capita spending of the highest-income countries. Direct household expenditure on health was greater than public sector spending in Latin America and the Caribbean. Between 1980 and 1990 central government spending on health in Latin America and the Caribbean increased from 1.1% to 1.5% of GDP although there was considerable variation among countries and, in some, government expenditure actually fell. The data show uneven distribution of health spending among the different income groups in the countries, which is another indication of the inequities that exist in the sector.

3. The Challenge for the Quadrennium

The primary challenge facing the health sector is overcoming inequity, as manifested in differences in access to and coverage of health services and in health conditions, which in turn are reflections of the prevailing social and economic inequities in the Region at present. All the resources of the sector, and of society in general, should be directed toward meeting this challenge.

Inequity is not manifested in the same way in all countries or population groups. It is therefore essential to approach the differences in health conditions and health care coverage taking into account the features that distinguish the various groups, including gender, ethnicity, income, place of residence, and educational level. In each country, it will be necessary to establish the profile and characteristics of inequity in different population groups and geographic areas in order to determine what action should be taken to eliminate it.

4. The Regional Response

The Organization's efforts over the next quadrennium should be directed toward addressing the situations described above. Through intensive discussions within the Secretariat and informal consultations with the national authorities in the countries of the Americas, five major strategic orientations have been identified to guide those efforts. These orientations must find expression in the planning and programming of the work of the Organization as a whole and, to the extent that form follows function, must also be reflected in the manner in which the Bureau is structured. As their name implies, they represent those considerations that must guide the Organization in developing the broad strategies to address the major health problems previously described. They represent directions to be followed in the medium and long term and are of such consequence and amplitude as to merit the designation strategic. They are intended not only to guide the work of the Bureau but also to suggest priority areas of action for the Member States.

The five strategic orientations are:

- Health in Human Development.
- Health Systems and Services Development.
- Health Promotion and Protection.
- Environmental Protection and Development.
- Disease Prevention and Control.

These orientations are essentially identical to the policy orientations described in the Ninth General Program of Work, except that environmental protection is highlighted in recognition of the crucial importance of the environment and bearing in mind the commitments made under Agenda 21, adopted at the United Nations Conference on Environment and Development (UNCED), and in similar documents.

4.1 REGIONAL GOALS

The following goals represent those objectives to which the Organization as a whole should be committed. They are based on the goals in the WHO Ninth General Program of Work but modified to take account of the health situation of the Americas and the possibility for the countries and the international community to address it. Specific targets will be developed by country or subregion within the framework of detailed planning that must include indicators that are specific in terms of quantity, quality, and time.

The goals are:

(a) to increase the span of healthy life for all people in such a way that health disparities between social groups are reduced;
(b) to ensure universal access to an agreed-upon set of basic health services of acceptable quality, emphasizing the essential elements of primary health care;
(c) to ensure survival and healthy development of children and adolescents;
(d) to improve the health and well-being of target priority population groups;
(e) to ensure healthy population development;
(f) to eradicate, eliminate, or control major diseases constituting regional health problems;
(g) to enable universal access to safe and healthy environments and living conditions;
(h) to enable all people to adopt and maintain healthy lifestyles and behavior.

4.2 STRATEGIC ORIENTATIONS

4.2.1 Health in Human Development

Health is an essential objective and at the same time a key indicator of human development, and it is now generally accepted that economic growth, important though it is, is not the only purpose or measure of development. In recent years there have been instances in which a narrow focus on economic growth has had adverse effects on the health status and living conditions of the population, particularly the most vulnerable groups, such as women, the elderly, the unemployed, and children. Health, economic growth, the environment, and

a whole range of personal freedoms are inextricably linked together in their contribution to human development.

The health sector unquestionably makes a tremendous contribution to countries' economies. A major employer and producer of goods and services, the sector generates considerable economic activity, a contribution which is often overlooked.

Expenditures on health and education are investments in a nation's human capital: health enhances people's ability to contribute to economic production. However, improving the population's health cannot be viewed only as a means of attaining a more productive society. The alleviation of suffering and enhancement of the quality of life are important objectives in themselves.

The ethics of the development process must also be considered. In the health sector, bioethics has steadily gained ground as a field of study and practice. Initially, bioethics was concerned mainly with decisions in clinical medicine and research, but it has now come to embrace such issues as resource allocation, delivery of health care, and use of environmental resources. In recognition of the growing importance of the field, the Governing Bodies approved the establishment of a Regional Program in Bioethics that will not only provide a forum for discussion but will provide technical cooperation to the Member States.

It is necessary to strengthen the countries' ability to analyze and formulate health policies and plans that are part of and consistent with national strategies for human development. This endeavor will involve contact and work with many other sectors.

The reform of the health sector is essential for establishing and maintaining a role for the sector in the process of national development. Sectoral reform should take place in the context of institutional and sectoral pluralism, which applies not just to the organization of the sector but also to the provision of goods and services and the financing of sector development and expansion. The role of the State in the reform process is critical. It has inalienable governing and regulatory functions to discharge in addition to ensuring availability of health services for the poor and indigent. It is important to involve legislators and policy makers in each country, as well as the regional and subregional parliaments, in order to bring health concerns into the political arena more often.

Any proposal for health sector reform must be based on the principle of equity and must seek to ensure universal coverage for the population by guaranteeing access to health care for population groups that currently lack it, without jeopardizing the essential health

care that other groups currently enjoy. The achievement of greater equity with respect to health risks and access to health services is the goal of the proposal on health, social equity, and changing production patterns developed jointly by PAHO and the Economic Commission for Latin America and the Caribbean (ECLAC). The attainment of this goal will require that priorities for resource allocation be set, that more efficient and effective health interventions be provided, and that greater attention be paid to the financing of health care. Because they are particularly vulnerable and face specific risks, marginalized groups, the poor, indigenous populations, women, and mothers and children are considered priority groups and have been recognized as such by the Governing Bodies of the Organization. Various resolutions have established that the Organization should give priority to these groups and should carry out specific activities targeting them.

4.2.2 Health Systems and Services Development

Meeting the challenge of equity by providing universal access to health services while maintaining quality and efficiency is the principal aim of the development of health systems and services. Because the number and variety of actors involved in the generation of goods and services in the health sector is so great (ministries of health, social security institutions, nongovernmental organizations, private providers), it is essential to define more clearly the role of each one in order to ensure that their activities reinforce and complement each other, make the sector more effective, and extend coverage to the entire population. The participation of other agencies in the provision of health care—under clearly defined rules and regulations, with the necessary guarantees of adequate performance, and in a framework of common objectives—will help to extend coverage and increase access.

Each country, through a democratic process of consultation, should establish a basic set (package) of health services to which all citizens will be guaranteed access, and these services should be of equal quality for all, regardless of income level. The package's content will depend not only on existing needs but on available resources, the response capacity of the health system, and the level of technological development that has been achieved. Autonomy for allocation and management of resources at the local level will insure proper adaptation of the basic package of services to the needs of specific population groups in well-defined geographic areas, and thus extend coverage.

Decentralization and local health system development can provide the impetus for institutional development at the local level and can also shape the changes occurring throughout the health sector. As part of the decentralization process, hospitals, health centers, and other health care providers, both public and private, will undertake to form networks of services at the national, provincial, or municipal levels.

Health services research will build knowledge about experiences under way in the creation of decentralized units, the analysis of equity and quality, costs, productivity, and technological development. Such research can yield valuable information for decision-making at both the general and operational levels of the health care system.

The training, use, distribution, and management of health personnel are of paramount importance in the reorganization of the health system. There is growing interest in the countries in the development of training activities linked with practice as one means of fostering the development of leadership and teamwork.

Development must also include strengthening further the capacity of the health sector in regard to disaster management. The Region has matured since the 1970s, when disaster response was the major concern, to the current full appreciation of the need for disaster preparedness, prevention, and mitigation. The activities of the International Decade for Natural Disaster Reduction have also stressed the intersectoral nature of disaster management and emphasized that post-disaster development programs and activities also deserve specific planning. The expertise gained by the health sector in disaster management can be applied to emergencies of various types, and the sector will be involved increasingly in responding to the growing need for humanitarian assistance in man-made disasters.

In recent years a lack of financial resources has hampered the capacity of the health sector to respond adequately to the demands that have been made. In order to reestablish the flow of investment in the health and environment sectors, reorient capital expenditures on health services, drinking water supply, and basic sanitation, and enhance the process of sectoral investment through mobilization of resources, PAHO has formulated the Regional Plan for Investment in the Environment and Health. The aim of the Region Plan is to coordinate the efforts of the Latin American and Caribbean countries to generate US$ 217 billion in investment over the next 12 years.

This effort implies yearly investments of about 1.2% of the GDP of Latin American and Caribbean countries, as well as expansion, rehabilitation, and improvement of the performance of sanitation and

health services in order to reduce existing deficits. The Regional Plan has received support at the highest political levels and was endorsed by the Ibero-American Summit of Heads of State and Government and the Conference of Heads of State of the Caribbean Community, held in 1992 and 1993, respectively.

The countries of the Region are the key players in this process inasmuch as it is at the national level where the various investment plans and projects will be implemented and the bulk of the resources needed will be mobilized. However, bilateral and multilateral cooperation agencies also have an important role to play by providing political, technical, and financial support to complement national efforts.

4.2.3 Health Promotion and Protection

Many of the factors associated directly or indirectly with the problems described have to do with lifestyles, cultural concepts, and attitudes toward health and disease. They can best be addressed through the vigorous development of health promotion activities that encourage healthy attitudes and practices.

Promotion of healthy development of adolescents must receive special attention within the health promotion agenda. Efforts will emphasize promoting healthy and safe sexual practices to address problems such as HIV/AIDS and adolescent pregnancies, as well as developing school educational interventions and activities for youth to ensure prevention and control of highly risky behaviors that lead to drug addiction, tobacco and alcohol consumption, violence, accidents, and injuries.

This approach will require the development of broad-based information and education programs designed to disseminate knowledge about health to the population, with emphasis on issues relating specifically to local and national health profiles. Attention to population and reproductive health issues must be included.

An effort should be made to promote a culture of health at the local level, employing strategies such as the promotion of healthy cities or communities, in order to mobilize the broadest possible support for the attainment of health goals, with the participation of both governmental institutions and community organizations. The processes involved in establishing healthy cities/municipalities will strengthen the decentralization process and enhance the role of the citizens in health development.

Reference has been made above to the fact that the countries of the Region must deal with problems associated with poverty, such as malnutrition, and those associated with risks generated by demographic changes, rapid urbanization, and industrialization. Health impairments and injuries caused by violence or abuse of harmful substances, and the rising incidence of noncommunicable diseases associated with unhealthy habits and behaviors, among others, are part of the new epidemiological profiles in the Region. The heavy concentration of population in urban areas, together with the inability of impoverished segments to satisfy their basic needs, failure by policy makers to agree on a solution to the problem of poverty, and the growing prevalence of highly lucrative criminal activities, have generated a sustained rise in rates of violence in the Region. Indeed, violence has become one of the most pressing problems that will have to be addressed in coming years. Specific national plans are needed that are comprehensive and intersectoral and provide for broad social participation in order to reduce or eliminate violence.

4.2.4 Environmental Protection and Development

In response to global commitments to preserve, protect, and restore the environment in order to safeguard people's well-being and not allow development to compromise the future, national environmental agendas will need to be established to address issues relating to the general environment, the work environment, and housing, with priority attention to the neediest groups and the most urgent problems. Given the magnitude of environmental degradation in some countries and the needs of their citizens, it will be essential to obtain the broadest possible participation in this effort by a variety of institutions and sectors and the population, under the leadership of the State as the regulator and facilitator of action.

Environmental policy issues have taken on singular importance in the Region, as evidenced by the concerns expressed in relation to the North American Free Trade Agreement (NAFTA) and the Southern Common Market (MERCOSUR). In both cases the issues raised have had to do with the macroenvironment as well as work environments. Environmental initiatives involving several countries are also taking shape in the Region. One example is the Central American Commission on Environment and Development (CCAD). Environmental protection is also an important issue at the international level, as demonstrated by the United Nations Conference on Environment and Development

(UNCED), held in Rio de Janeiro in 1992, the United Nations Global Conference on the Sustainable Development of Small Island Developing States, held in Barbados in 1994, and the Basel Convention on hazardous waste, among other occurrences. At the local level, a number of conservationist or environmental protection groups have been created and are attracting community participation. In the political arena, ecology-oriented or "green" parties have emerged, and traditional political parties are attaching increasing importance to the environment in their platforms. Concern for the environment is also being manifested at the legislative level through the creation of specialized commissions within national legislatures, subregional parliaments, and the Latin American Parliament.

The basic thesis advanced at UNCED is that development should be aimed at increasing people's options and must be sustainable. Accordingly, economic, fiscal, commercial, energy, agricultural, industrial, and other policies must be formulated with a view to ensuring that development is sustainable from an economic, social, and ecological standpoint. This implies raising awareness of the importance of factoring environmental costs into the production of goods and services. It also means giving greater attention to the economic costs associated with cleaning up pollution in the environment and treating the diseases caused by deteriorating environmental quality.

In most of the Region's cities insufficient attention has been given to environmental management measures aimed at ensuring safe drinking water, protecting public spaces, safely eliminating waste, and preserving the quality of the air and water. Urbanization poses a difficult problem, since on the one hand it promotes a more productive economy, but on the other it creates tremendous demands for housing and health care, water, and waste disposal services, which local governments are incapable of meeting. The efforts of local authorities are often hampered by insufficient tax collection, poor financial management, lack of qualified personnel, and budget cuts that further reduce the coverage and quality of health and environmental services.

A number of the social and psychological problems prevalent in cities can be largely attributed to housing and environmental conditions. These problems include alienation, loneliness, drug addiction, family breakup, and violence. These social and psychological problems are intensified in cities in which employment is in short supply.

During the 1980s, investment in sanitation infrastructure fell to extremely low levels in many countries, which resulted in sizable gaps in coverage and deterioration of the quality of existing services. Currently, less than 10% of the wastewater generated in the Region is

being treated, and it is estimated that the countries of Latin America and the Caribbean are spending only about US$ 80 per person per year on basic sanitation, water supply, and waste disposal services. The cholera epidemic is one of the most obvious manifestations of these deficiencies. The Regional Plan for Investment in the Environment and Health was conceived as a mechanism for generating the investment needed to rehabilitate and expand environmental health infrastructure and services.

4.2.5 Disease Prevention and Control

All the countries in the Region of the Americas are experiencing changes in the profiles of their populations and the health problems they confront. They have all shown declines in infant and childhood mortality and increases in life expectancy at birth, a result primarily of the control of infectious diseases in the early years of life. As populations have aged and become concentrated in large urban areas, chronic and degenerative diseases, particularly cardiovascular disease and cancer, have grown more important as causes of morbidity and mortality. The countries that have reduced early mortality the most and have achieved the lowest birth rates show the highest incidence of chronic diseases, while at the other end of the spectrum are countries with high infant and child mortality caused primarily by infectious agents that produce diarrhea and acute respiratory illness. However, even the countries that have reduced infectious diseases must maintain programs capable of preventing their recurrence and dealing with new problems, such as HIV/AIDS, hemorrhagic fevers, and hantavirus infections. The most serious of these is AIDS, which threatens to compromise many of the gains made in health development. It is estimated that by 1999 the cost of treating all the AIDS patients in Latin America and the Caribbean will exceed US$ 2 billion.

While the control of childhood infections has resulted in part from improved living conditions and nutrition, the greatest successes in this area have been achieved through immunization programs. No cases of paralysis from wild poliovirus infection have occurred in the Americas during the last three years, and the incidence of other vaccine-preventable diseases of childhood, such as measles, has dropped dramatically. However, the maintenance of these successes will require sustained immunization programs that reach a high proportion of infants and children.

Promotion of the use of oral rehydration salts has reduced deaths from diarrhea significantly, and systematic approaches to the management of acute respiratory infections in children is likewise reducing mortality from this common cause of childhood illness. Continued success in controlling those diseases will require strong and effective programs that reach all segments of the population. In addition, it will be important to ensure that preventive measures, such as safe food-handling and water disinfection, are implemented to reduce the incidence of common infections.

Other infectious diseases continue to be significant health problems in the Americas, in spite of the existence of well-known and effective means of treatment and control. Foremost among these is malaria, the incidence of which has increased, especially in areas experiencing influxes of migrants looking for new opportunities. Another ancient scourge that has failed to yield to control efforts is tuberculosis, which poses new threats with the emergence of multi-drug resistance and because of its association with the HIV infection epidemic. Since the early 1980s, the Region has experienced numerous epidemics of dengue. Various types of hepatitis virus infections are endemic in most countries. Rabies is a continuing problem, though considerable success has been achieved in controlling rabies transmitted by dogs. Many other viral, parasitic, and bacterial diseases and zoonoses remain endemic or epidemic in the Americas.

A third group of diseases may be classified as new or resurgent. Since 1991, most countries of the Americas have been struck by epidemic cholera, with over 1,061,188 cases reported by the end of 1994. Other foodborne and waterborne infectious agents, such as *Escherichia coli* O157:H7 and *Cryptosporidium*, are new threats compounding the endemic problems caused by *Salmonella* and *Shigella*. Hemorrhagic fevers have caused illness and death in Argentina, Bolivia, and Venezuela.

4.3 PROGRAMMATIC ORIENTATIONS

This section sets out those major areas of work that should represent commitments for the Organization as a whole—Member States and the Pan American Sanitary Bureau. It also lists the main lines of action for the technical cooperation program that the Bureau will offer to the Member States.

4.3.1 Health in Human Development

Major Areas of Work for the Organization

A. The process of subregional and regional integration has great potential for accelerating progress toward the attainment of the objectives of the health sector. There are enormous challenges in terms of the need to agree on common norms and standards; an additional challenge is to analyze existing legislation in order to make it conform to the new order to be established.

B. There must be an effort to promote social policies that facilitate the development of good health policies. There is an urgent need to mobilize a variety of actors, including national and regional organizations, parliaments, social organizations, unions, and associations, that influence the formulation of these issues at the national and regional levels.

C. Economic and political organization, social structure, and cultural background, as well as demographic and macroecological processes, have to be considered in order to discern long-term trends of the health/disease process in a society. Health status is also related to individual biological and social characteristics. Age, sex, lifestyle, and genetic and immunological makeup are expressed as different susceptibilities or exposures to risk factors. Development of the capacity to establish good information systems and to analyze these various factors will allow a more precise definition of priorities, better programming, and improved monitoring and evaluation of health programs.

D. Changes in the economic, political, and social situation in Latin America have created a new context for the orientation of science and technology in the Region. There is growing demand from the governments for information about options that have proven effective in other countries and regions and about criteria, models, and instruments of demonstrated utility in promoting the development of science and technology.

The main areas of interest include: incorporation of scientific and technological progress in the health field into efforts to promote development of the societies of the Region; integration of the scientific production and distribution processes; and promotion of research in areas that are consonant with the policy orientations for the quadrennium. Special attention must be paid to enhancing the regional capacity for production of vaccines and biologicals needed to address the priority health problems.

E. One concern in the development and application of scientific and technical knowledge in general, and in the health field in particular, is the ethics of decisions and interventions that affect life. Thus, special attention should be given to expanding activities in the area of bioethics.

F. The emergence of new technologies and the advent of the information era has changed drastically the behavior and approach to information gathering and access. There are new possibilities for the developing countries to gain access to scientific and technical knowledge. The collection and dissemination of scientific and technical information in the health field must be promoted. There is a need for a coordinated health information network, health databases, and the organization of national information centers.

G. More prominence must be given to the role of women in, and the relation of women's health to, human development. Gender should be one of the categories of analysis in the planning and programming of activities in all sectors and this focus should have repercussions for public health programs in all countries.

Lines of Action

The Bureau will orient its technical cooperation with the countries in this area so as to:

- develop the capacity for policy analysis, planning, and formulation, and for the development and management of projects in the health sector;
- develop national capabilities in epidemiological practice and encourage the development, implementation, and effective use of information systems that will make it possible to monitor changes in the population and in living and health conditions, with emphasis on health levels and inequities among the population;
- promote the participation of the health sector in integrated programs to combat poverty;
- monitor the impact of macroeconomic policies on health and analyze the economic worth of the production and consumption of health goods and services;
- enhance coordination of the activities of social security institutions, community organizations, local governments, and the private sector in the production of goods and services;

- strengthen the capacity of the parliamentary institutions to address issues in health and promote the development of national legislation that will permit effective exercise of the rights and responsibilities of citizens, the State, and private institutions with regard to health;
- monitor and analyze health research, collaborate with the national agencies engaged in formulating policies and managing health science and technology, and promote cooperation among countries in the development and use of technology;
- support the development of new and better vaccines, as well as quality control and good manufacturing practices in this field;
- identify, review, and promote the implementation of policies and programs related to bioethics;
- develop national capabilities for the organization and operation of national health information systems as an integral part of a Latin American and Caribbean health sciences information system;
- promote the development, harmonization, and use of technology (e.g., LILACS, CD-ROM) to achieve more effective indexing, processing, and retrieval of scientific and technical information;
- focus attention on the importance of women's health, the interaction among women, health, and development, and the development of gender awareness at all levels.

4.3.2 Health Systems and Services Development

Major Areas of Work for the Organization

A. The need to achieve equity and universal access to health care for the neediest population groups in the context of decentralization and local development processes means that central administrative levels must adopt a new role with regard to the formulation and development of policies, social participation, regulation and control of activities, identification and selection of financing mechanisms, and redistribution of resources. Priority must be given to the use of strategies that target specific groups, placing emphasis on social and epidemiological factors and taking into account geographic location.

B. The level defined as local by every country is the political, administrative, geographic, and financial sphere within which the health interventions aimed at specific populations are actually carried out. Local health systems and the public and private institutions at the local level must be supported in the effort to devise health care

models that give greater emphasis to health promotion, disease prevention, recuperation, and rehabilitation; the coordination of programs; and intersectoral coordination in urban and rural areas.

C. The Regional Plan for Investment in the Environment and Health provides a basis for an alliance among various agencies to address the deficits in the infrastructure in the health and environmental sectors. The Regional Plan includes a careful analysis of the sectors, determination of priority areas, and a methodology for developing project proposals aimed at facilitating mobilization of the necessary resources.

D. Work must be undertaken on the development of policies on drugs, the implementation of specific programs aimed at increasing the population's access to essential drugs, the study of legislative issues relating to drugs, and the reorganization, modernization, and financing of the network of clinical laboratory services and diagnostic imaging and radiotherapy services.

E. The approach to disaster reduction will be based on efforts to prevent and mitigate the impact of disasters. There must be political support and commitment, and attention should be given to popular participation, the strengthening of institutions, and fostering of intercountry collaboration.

F. The countries still face major problems in training and utilization of health personnel. There is constant need to review the relevance of the current systems of training health professionals, especially in relation to needs for public health practice.

Lines of Action

The Bureau will orient its technical cooperation with the countries in this area so as to:

- foster the development of leadership and managerial capacity in the Ministries of Health and other institutions of the sector and promote the development of sector analysis at the national and local levels in the context of decentralization, social participation, and intersectoral coordination for the development of local health systems;
- analyze and develop options for the organization and financing of health systems, services, and institutions, including the use of local strategic administration, the development of information systems, and the improvement of maintenance of physical facilities;

- stimulate implementation of the Regional Plan for Investment in the Environment and Health;
- promote the development of human resources in all fields critical for the efficient functioning of health services;
- promote the use of approaches that target health care toward priority population groups, especially the poor and marginalized, indigenous groups, women, and mothers and children;
- support the formulation of policies on essential drugs that deal with legislation, regulation, production, marketing, use, and financing, and promote the strengthening of pharmaceutical services, knowledge of drugs among health care personnel, and health education for the public in order to encourage the rational use of drugs;
- strengthen the development of clinical laboratory services, blood banks and transfusion services, and diagnostic imaging and radiotherapy services, especially in relation to policy formulation, quality assurance, and biosafety;
- strengthen the capacity of the health sector and other relevant sectors in the areas of disaster preparedness, prevention, and mitigation.

4.3.3 Health Promotion and Protection

Major Areas of Work for the Organization

A. Efforts should be made toward encouragement of the recognition and internalization of the concept of health as an individual and social good and as a resource for and investment in development; the formulation of sectoral and intersectoral policies at the local and national levels designed to improve living conditions; and the legislative expression of these policies at the various levels of government and their translation into intersectoral plans and programs for the development of healthy communities.

B. In the area of protection of specific population groups, preventive interventions should be oriented toward controlling the risks of illness, protecting high-risk groups, and developing social, environmental, and safety measures to reduce risks, treat and rehabilitate the sick, and help to enhance the quality of life. Action in this area should be aimed at reorganizing health services and developing more effective health care models for the management of noncommunicable diseases; mental health problems; health problems of the elderly; eye

disorders; accidents; abuse of drugs, including tobacco and alcohol; and prevention of violence.

C. The size, growth, age structure, and geographic distribution of the population are crucial issues and are important factors in determining the needs to which the health sector must respond, hence the importance the Governing Bodies of the Organization have attached to matters relating to population and reproductive health and the health of adolescents and children. Population policies will be updated in accordance with the Program of Action of the United Nations International Conference on Population and Development that was approved in 1994 in Cairo.

D. The use of information as an instrument of change should be a major area of work. The transmission of information to individuals and groups through social communication will create the knowledge that will form the basis for changes of attitude and practice. Information should be targeted to specific community groups as well, with a view to influencing policy or encouraging the adoption of health-oriented public policy, which is a key component of health promotion.

E. Action in the area of food and nutrition must be geared toward individuals and specific population groups and aimed at optimizing physical and mental development and protecting people from diseases associated with unhealthy eating habits and the nutritional deficiencies that are most prevalent in the Region. Efforts must be made to promote breast-feeding through a variety of health education and communication programs.

Lines of Action

The Bureau will orient its technical cooperation with the countries in this area so as to:

- foster social development based on the principles of equity and the right of all people to health and well-being through the formulation and application of health-oriented public policy relating to food and nutrition, drug addiction and smoking, and prevention and control of violence;
- encourage the development of a culture of health founded on a healthy environment and the adoption of lifestyles that promote health through the development of strategic interventions designed to create healthy options for the population;
- support the development of the health sector's capacity to identify and lead intersectoral processes that will promote and pro-

tect physical and mental health, recognizing that it is at the local level that health promotion and protection activities must be implemented and supporting local efforts to mobilize resources and improve health and well-being;

- support the generation, evaluation, dissemination, and use of information relating to health in general and health promotion and protection in particular;
- promote the development of policies and programs relating to population issues, reproductive health, fertility regulation, and the health concerns of adolescents and children, and enhance the coordination of health promotion activities and reproductive health services;
- seek continued improvements in the nutritional status of all population groups, promoting breast-feeding as an important strategy for ensuring good childhood nutrition.

4.3.4 Environmental Protection and Development

Major Areas of Work for the Organization

A. In the area of basic sanitation services, the principal challenges will be to increase the coverage of water supply services, to ensure that the water supplied is of good quality, and to extend waste and excreta disposal services. All of this should be done in a climate of social and political change, notably processes of privatization, which will mean that careful attention will have to be paid to ensuring universality and equity.

B. In the area of environmental quality, the challenge in general consists of ensuring that environmentally sustainable development is achieved, in keeping with the agreements signed at UNCED. Health issues must be given adequate consideration in the framework of environmental and ecological concerns; for this to happen, the health sector must have the support necessary to enable it to take an active part in establishing criteria and standards for environmental quality, conducting studies, and monitoring the human health problems caused by environmental factors. Because the quality of the environment is a universal concern, partnerships must be formed with business and industry, nongovernmental organizations, and the community to raise awareness of the environmental impact of development activities.

Lines of Action

The Bureau will orient its technical cooperation with the countries in this area so as to:

- ensure implementation of the Regional Plan for Investment in the Environment and Health;
- develop the managerial, financial, and planning capacity of the sector and its institutions in the areas of drinking water supply, sanitation, solid waste disposal, and protection of water sources;
- support technological development, research, and human resource training in the areas of evaluation and control of environmental hazards, including risks to human health in work environments;
- promote respect for the principles of universality and equity in the delivery of basic sanitation services, as well as respect for the right of "informed consent" with regard to the placement of infrastructure works, industry, services, and any other activity that might be detrimental to health or well-being;
- support the institutional and organizational development of the various entities and agencies responsible for environmental and natural resource management, including local governments, communities, and other types of governmental and nongovernmental organizations.

4.3.5 Disease Prevention and Control

Major Areas of Work for the Organization

A. Programs for the control of vaccine-preventable diseases of childhood, diarrheal diseases, and acute respiratory infections should be maintained and strengthened. Special emphasis must be placed on measles and tetanus, and the activities aimed at maintaining the Region free of poliomyelitis must be sustained. Leprosy control efforts should also continue. As national and international resources permit, effective new vaccines, such as the hepatitis B vaccine, should be added to those covered under existing immunization programs. Research must continue into the development of new and improved vaccines and technologies suitable for application at the community level for the prevention of infections.

B. Practical methods for preventing foodborne and diarrheal diseases, especially safe food processing and handling and water disinfection, should be implemented as soon as feasible.

C. Significantly greater effort should be made to support programs aimed at preventing the spread of HIV infection and other sexually transmitted diseases and reducing their impact. Such efforts need to be coordinated with other intergovernmental, multilateral, and bilateral agencies and nongovernmental organizations, including HIV/AIDS programs of the United Nations and Inter-American systems.

D. Programs for the control of vector-borne diseases should continue to be given priority, particularly those for malaria, as should programs to control other parasitic, viral, and bacterial infections, including tuberculosis, that pose serious threats to public health in the Region. The countries will have to confront new types of infections which result from changes in human behavior and the environment.

E. Veterinary public health programs should be directed toward improving animal health and agricultural productivity and enhancing the quality and safety of foods. Emphasis will be placed on assuring access to international markets through the establishment of and compliance with international standards.

F. Noncommunicable diseases, particularly cancer and cardiovascular disease, as well as injuries and violence must receive increasing attention as populations age and social conditions change. Approaches to the control of these problems must include effective surveillance and research and be coordinated with efforts to improve living conditions and promote healthy lifestyles and community involvement.

Lines of Action

The Bureau will orient its technical cooperation with the countries so as to:

- establish and sustain programs of immunization for effective vaccination against diseases of major public health importance;
- eradicate or eliminate certain health problems, including poliomyelitis, leprosy, rabies transmitted by dogs, onchocerciasis, and transmission of *Trypanosoma cruzi* by blood transfusion and by domiciliary *Triatoma infestans*;
- develop a more complete understanding of the causes and risk factors responsible for foodborne and diarrheal disease and methods for their prevention;

- on the basis of improved knowledge, implement simple and cost-effective measures in communities and families to maintain food and water free of infectious agents, in order to reduce mortality from diarrheal diseases;
- support national efforts to coordinate activities for the control and prevention of HIV/AIDS and for reducing its impact on populations and on infected persons;
- strengthen local capacity to prevent, diagnose, and treat sexually transmitted diseases, especially in primary health care services;
- target programs to known risk groups and risk factors, employing the basic approaches of risk analysis and stratification;
- improve capacity to detect changes in the occurrence of infectious diseases and to assess potential impact on the public's health, so as to implement timely and effective prevention and control;
- support national efforts for the control and eventual eradication of prevalent zoonoses and other infectious diseases that threaten human health or compromise agricultural productivity;
- strengthen national capacity to organize and develop integrated food protection programs and epidemiological surveillance systems for foodborne diseases;
- collect relevant information about the distribution and determinants of health problems as an essential prerequisite for the planning, execution, and evaluation of programs;
- enhance national and local capacity to assess the social and economic impact of violence, injuries, and chronic diseases, so as to establish priorities and secure resources for interventions;
- promote the integration of disease control programs into health services, particularly at district and local levels, with appropriate decentralization of authority and resources.

5. The Work of the Pan American Sanitary Bureau

5.1 CONSTITUTIONAL RESPONSIBILITIES

5.1.1 International Coordination

As the Regional Office of the World Health Organization, the Bureau has a constitutional mandate to direct and coordinate international health work in the Region. Accordingly, the Bureau's efforts in this regard will be directed toward asserting its leadership in health matters.

5.1.2 Technical Cooperation

The bulk of the Organization's efforts in the quadrennium will be put into the area of technical cooperation. Two complementary approaches will be used: technical cooperation by the Bureau with the Member States and, in keeping with the Organization's constitutional responsibility, facilitation of cooperation among the Member States. The Organization represents a cooperative venture among the American States for the purpose of improving health conditions individually and collectively. A basic role of the Bureau within the Organization is to facilitate that cooperation. Over the last two quadrennia PAHO has evolved and matured in its conceptualization of what the essential elements of its technical cooperation are and how it will support cooperation among the countries. Although these approaches may be subject to modification over time, during the quadrennium PAHO will express its cooperation in the following basic ways.

Mobilization of Resources. PAHO will assist countries in mobilizing the resources necessary to address the major problems. Some will be obtained from external sources, but the vast majority will come out of national budgets. Every effort will be made to ensure that the resources mobilized are used efficiently. PAHO will also assist countries in identifying potential sources of funding and in mastering the various aspects of project development and management. Particular attention will be paid to the institutional resources—universities, institutes, collaborating centers, and others—that can devote time and talent to health. A wide range of human and information resources will be targeted. PAHO will continue to play an advocacy role in health and will endeavor to mobilize the political support that is essential to the success of any national program.

Dissemination of Information. At the simplest level, work in this area will involve collecting and distributing information to Member States. At the most sophisticated level, it will entail action by all parts of the Organization in order to make maximum use of information as the powerful instrument that it is for bringing about the changes that must take place at the sector, community, and individual levels. In addition to the generation and publication of technical information in specific areas, PAHO will continue to strengthen national information systems to enable the countries to exchange information among themselves.

Training. This is an area of ongoing action by PAHO, the aim being to transfer essential knowledge, attitudes, and practices. All the PAHO technical programs will continue to identify training needs and PAHO itself will undertake training activities when necessary, but more often an effort will be made to encourage local training institutions to meet those needs. PAHO will also continue to provide fellowships for study abroad, as this is one of the aspects of training that continues to be most highly valued by the Member States.

Research Promotion. A prime responsibility of all the technical programs will be to promote research, regardless of the source of funding. Efforts in this area will range from the identification of research needs to the development of protocols and assistance in identifying sources of funding.

Development of Plans and Policies. A key aspect of the Organization's technical cooperation is the Bureau's work in assisting Member States to develop their own plans and policies to guide health programs.

Technical Cooperation among Countries. PAHO will continue to fulfill its constitutional role facilitating technical cooperation among countries (TCC) and will continue to earmark specific funds for this purpose. Cooperation activities may take a variety of forms. Countries

may cooperate among themselves to solve a particular common problem or set of problems. Much of the success achieved under subregional initiatives and programs has been the result of this approach. One country may also cooperate with another to solve a problem that is not necessarily mutual.

The enormous potential of TCC for the solution of some of the Region's problems has not been fully realized. During the quadrennium PAHO will renew its efforts to sensitize the countries to the importance of this approach and establish mechanisms to systematize and disseminate information about the most successful experiences with this type of cooperation.

5.2 PLANNING, PROGRAMMING, AND EVALUATION

The American Region Planning, Programming, Monitoring, and Evaluation System (AMPES) has been designed to facilitate the uniform preparation of work plans to achieve specific objectives. The system has evolved over the years as PAHO's understanding of the application of basic principles of planning to technical cooperation has matured. It has benefited from feedback provided by the Member States.

AMPES has various components and is made operational through a series of instruments. Over time, the system has had to be adapted to accommodate the various time frames and sets of health objectives established globally and regionally. The broad goal of health for all and the various strategies and plans of action for achieving it made up the initial framework for planning. Subsequently, the WHO General Program of Work and the Strategic and Programmatic Orientations of PAHO established planning periods of six and four years, respectively. Other planning instruments, summarized below, that are shorter-term and more specific are also used:

A. The *Biennial Program Budget (BPB)*, which is approved by the Governing Bodies, includes the following components:

- *Health Situation Analysis* for each of the Member States and regional program areas, including information on political, social, and health conditions in the countries, national health priorities, and descriptions of the areas in which technical cooperation is needed, particularly PAHO technical cooperation;
- *Technical Cooperation Strategy*, which describes what the Secretariat will do in order to cooperate with the countries in solving

the problems and challenges identified in the health situation analysis; and
- *Technical Cooperation Programs* identified in accordance with the classified list of programs and responding to priorities for PAHO technical cooperation at the regional level.

B. *The Annual Program Budget (APB)* is derived from the biennial program and is perhaps the most important planning and programming tool of the Organization. At the country level it is the expression of PAHO's commitment to provide technical cooperation in defined areas. The process of formulating the APB is a joint one and involves essentially three phases:

- definition of national health priorities;
- identification of areas in which international technical cooperation is needed;
- development of technical cooperation projects through which PAHO support will be provided.

C. The *Four-Month Work Plan (PTC)* is the instrument used to break down the activities programmed under the APB into short-term tasks with specific allocations of resources. The programs and projects are always described in accordance with the classified list of programs established by the GPW of WHO and modified to accommodate the regional situation and needs.

One of the weaknesses of AMPES in the past has been the difficulty in evaluating what PAHO has accomplished in relation to the goals established in the GPW of WHO, the SPO, and other plans of action approved by the Governing Bodies. This difficulty with evaluation came about largely because more attention has been given to planned activities and resources than to the results of the technical cooperation.

The new strategic and programmatic orientations for PAHO for the period 1995–1998 will be the framework for all planning, programming, monitoring, and evaluation done through AMPES. The BPB for each of the three biennia embraced by the Ninth GPW will emphasize what PAHO will do—i.e., the outputs of its technical cooperation with the countries within the framework of the SPO for 1995–1998.

The methodology known as the "Logical Approach to Project Management" will be used to establish the biennial program budgets for the regional units and country offices, so that a hierarchy of objectives with a clearly defined cause/effect relationship exists in each BPB. The biennial targets for each regional program area and the national

priorities for PAHO technical cooperation should reflect what needs to be done to accomplish the goals of the Ninth GPW.

The APB will also be prepared using the Logical Approach to Project Management, which will make it possible to show quantitatively how the yearly activities will be executed in order to achieve the expected results; how the expected results, if achieved, will contribute to the attainment of project purposes; and how the overall goals, if reached, will contribute to the achievement of the global, regional, and national priorities for PAHO technical cooperation.

Monitoring and evaluation will be emphasized in AMPES by defining indicators for each level of the hierarchy of objectives (goals, targets, national priorities for PAHO technical cooperation, project purposes, and expected results). Yearly evaluation of APB projects will examine the degree to which the expected results of technical cooperation have been achieved.

6. Conclusion

The Pan American Health Organization has agreed on the need to adopt objectives aimed at ensuring that all human beings have the right to enjoy the highest possible level of health. Achievement of the health goals and effective action in the areas of work outlined in this document will require joint action by the Governments, the Bureau, and civil society in the countries. Only through the commitment of the national governments and the international community, the allocation of human and financial resources, and persistent effort will it be possible to achieve acceptable health levels for the countries within a model of development that gives priority to the achievement of equity in health.

The Bureau's functions are to provide technical cooperation based on an analysis of the health problems in the countries, to seek consensus on the priority health problems identified by the countries, and to mobilize resources and international action in order to support efforts to solve these problems. It has the responsibility to support and cooperate with the countries in areas related to health in development, health systems development, health promotion and protection, environmental protection and development, and disease prevention and control, which are the strategic orientations for the Organization during the next four years.

The countries should improve their ability to negotiate support for national priorities with technical cooperation and lending agencies, as well as their ability to invest national health resources more effectively and achieve results that will ensure equity in access to health services. It is crucial that the countries have the capacity to identify their national health priorities and be prepared to exercise their right and responsibility to coordinate all the resources that are directed toward those priorities. This is a necessary condition, though not sufficient in itself, for fulfilling the responsibilities they assumed under the WHO Constitution for improving the health of their peoples through the "provision of adequate health and social measures."

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