

BIENNIAL PROGRAM BUDGET OF THE PAN AMERICAN HEALTH ORGANIZATION 2002-2003

Introduction

I am pleased to present the Proposed Biennial Program Budget (BPB) of the Pan American Health Organization (PAHO) for the biennium 2002-2003. This BPB is based on the Strategic and Programmatic Orientations (SPO) for the Pan American Sanitary Bureau (PASB), approved by the 25th Pan American Sanitary Conference. These SPO consider inequity the main challenge facing the health sector during the present quadrennium, which began in 1999.

As a general frame of reference, I am presenting below a summary of the political, economic, and social conditions of the Region of the Americas and their impact on the countries' progress towards their health development goals and on the work of the Secretariat; a brief description of the health conditions; the response of the Secretariat as expressed in the proposed Biennial Program Budget; and an explanation of the organizational and budgetary issues for the BPB 2002-2003.

The Context

Over the period 1980-2000, the number of people living in poverty in Latin America and the Caribbean increased by 85 million to almost 220 million people. Close to 16% lives on less than a dollar a day, an increase of almost 20% over the number in 1987.

There continues to be great disparities in income, and these disparities are on the increase. All the evidence is clear that those in the poorest sectors of the population are the most disadvantaged, not only from an economic standpoint but also because they have no voice in society. Poverty, unemployment, lack of schooling, and ethnic, gender, and age discrimination continue to have a negative impact on health and psycho-social pathologies such as violence against women, domestic and community violence, and substance abuse and tobacco dependency, which contribute to the morbidity, mortality, and disabilities in the Region.

There has been obvious progress in health, when measured by such indicators as life expectancy and infant mortality, and this has occurred primarily as a result of decreases in incidence of infectious diseases. Notwithstanding the occurrence of a poliomyelitis vaccine-derived outbreak in the Dominican Republic and Haiti this year, the Region continues to take pride in its eradication of wild polio and measles. With the Caribbean's lead, rubella might also be eliminated within the decade. Although the health status of the people in the Region has improved considerably in the last few decades, this situation favors more those with higher incomes and status in society.

Increasing urbanization, population growth, and migration contribute significantly to the deterioration of the environment and to the increased demand for public health services. Although water supply in Latin America and the Caribbean increased from 80% to 85% between 1990 and 2000, almost 64 million people still do not have access to this basic requirement for living, and where systems do exist, many have operational and maintenance problems. In urban areas, potable water coverage is approximately 90% while in rural areas it is 64%. Almost 32% of the population does not have appropriate systems for the elimination of solid and liquid waste. Presently, water, air,

and soil contamination are among the more serious problems affecting the population in the Americas.

It is estimated that only 63% of homes in Latin America and the Caribbean have suitable living conditions and there is a deficit of 20 million houses, excluding those that need improvements.

Although the frequency of many infectious diseases, such as sexually transmitted diseases and dengue have increased, others such as tuberculosis, leprosy, Chagas, and rabies have remained stable or have decreased. There has been significant improvement in the elimination of dog-transmitted rabies, and 19 out of 21 capital cities in Latin America have eliminated human rabies. Emerging zoonoses, such as Lyme disease and West Nile virus, threaten several areas throughout the Region.

With regard to HIV, the most recent information shows that one in 200 people between 15 and 49 years of age is HIV-infected in the Region, and there is clear evidence that HIV infection rates are higher in the poorest and most marginalized sectors of the population.

Between 1995 and 1999, 124,717 cases of food-transmitted diseases were reported, with 212 deaths. With the trend to make the hospitality sector responsible for the health and safety of tourists, this has seriously affected tourism at times. However, the forecast is for the wider Caribbean to increase its market share of world tourism.

Noncommunicable diseases represent 60% of mortality or disabilities in the Region, while injuries represent an additional 10%. Among the most important causes of mortality are cardiovascular diseases, with distribution that reflects the inequities seen in many diseases. Mortality due to cardiovascular diseases is 2.1 times greater in men without any formal education and 3.4 times greater in women in similar circumstances. Cervical, breast and prostate cancers are increasing in most countries, while stomach cancer is decreasing.

Almost 300,000 deaths annually are due to external causes, among which traffic accidents represent 41%, homicides 40%, and suicides 19%. Several studies have shown that between 20% and 60% of women in stable relationships with men are victims of violence.

In addition, natural disasters have had a serious negative impact on the economies of countries and continue to be a serious threat to the health status and quality of life of the population in the Region. Between 1975 and 1999, more than 100,000 people died and 15 million were directly affected by natural disasters.

The health sector has not always been able to overcome the difficulties posed by the inequities in coverage and distribution of resources and by deficient financial systems. The health reform processes have been slow and have focused mainly on changes in financial systems, in the structure and function of health systems, and readjustments to the organization and administration of health care. Less attention has been given to reducing inequities in health and in the access to health care, increasing effectiveness in health interventions, quality of health care, human resources development, the governance function of health authorities, or in the improvement of the practice of public health.

Fortunately, health is gaining increasing importance in the development agenda in the Region. In the Summits of the Americas held in Chile in 1994 and in Miami in 1998, health was among the key issues discussed and included in the Action Plan. The Third Summit held in Canada in 2001 gave even more time and prominence to health.

International financial institutions have been dedicating increasing portions of their portfolio to the social sectors and the common interest in health was made clear when the Shared Agenda for Health

in the Americas was agreed on by PAHO, the World Bank, and the Inter-American Development Bank in 2000.

The priority now being given to HIV/AIDS in all sectors and at all levels is perhaps unprecedented in international health. The response of the pharmaceutical sector to make AIDS-related drugs more accessible to the poor through lower costs augers well for the Region's efforts to control this diseases.

The above describes the context within which the Secretariat's response for the biennium 2002-03 has been developed.

The Secretariat's Response

As stated above, the Strategic and Programmatic Orientations for 1999-2002 continue to serve as the framework of reference for the Program Budget for 2002-03. We will continue to work in the five areas of priority:

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

Regional projects while seeking to develop policies, norms, standards and information to help countries address documented inequities, took into consideration the strategic directions of the WHO Policy Framework and, more specifically, the WHO objectives and global expected results within the WHO Program Budget for 2002-2003. At the national level, the Secretariat focuses its attention on those SPO that coincide with the national priorities for health.

I had identified eight "flagship" projects that maximize the momentum provided by international and regional summits, availability of cost-effective technologies, and the need to call attention to emerging problems. These are:

- saving an additional 100,000 children's lives during the quadrennium
- maintaining the Region polio-free
- achieving and maintaining measles elimination throughout the Region
- controlling and reducing tobacco use
- reducing maternal mortality
- providing safe blood through regional health services
- improving mental health through the improvement in mental health services
- controlling and reducing the spread of HIV/AIDS.

The Secretariat will continue to expand its horizon in identifying partners in health, and in this regard it will coordinate efforts to advance work in the areas of the Shared Agenda, allowing flexibility for inclusion of more partners and expansion of areas at the national and regional levels. Technical cooperation among countries will remain the cornerstone of the Secretariat's strategy to support Pan Americanism. In order that the Secretariat continues to play a leading role in international health, we will continue to focus on the development of our human resources in technical and managerial areas, in order to increase our capacity to work more effectively and efficiently.

It is important to note that this proposed Program Budget may need to be revised once the new Strategic Plan for the period 2003-2007 is approved by the Pan American Sanitary Conference in 2002.

The Program Budget for 2002-03

Organization

In its effort to make the Biennial Program Budget (BPB) an increasingly useful instrument of strategic management, the Secretariat has made several changes to the process for its development and to its structure. Through improved guidelines, the situational analyses focused on identifying inequities in the health situation and system, thus facilitating the development of projects, and activities within projects, to address those amenable to technical cooperation.

The structure of the BPB has been modified to establish eight appropriation sections instead of the seven used in the BPB 2000-2001, in order to improve the congruence between the SPO and the related sections, and to reflect more accurately the functional organization of the Secretariat. To achieve this:

- A new appropriation section has been added to highlight the wide range of services which contribute to the General Direction of the Secretariat, including the work of some staff offices and the support to emergencies and emerging priorities through the Regional Director's Development Fund;
- With eight appropriation sections instead of seven, the changes within the appropriation sections seek to provide information on the program of work and the budget that more accurately reflects the organizational structure and the way the Secretariat works.
- The appropriation section "Governing Bodies" has been redefined to include coordination of collaboration with international partners, as well as the management and supervision of country offices at the national and regional levels, and facilitation of Technical Cooperation Among Countries (TCC). In the past, all of these activities were included under the section "Health in Human Development."

The other appropriation sections which correspond to the five SPO (Health Promotion and Protection; Environmental Protection and Development; Health Systems and Services Development; and Disease Prevention and Control) and the Administration Section were not revised.

The details of the areas of work within each of the eight appropriation sections are described in the front of Section II of this document. Each appropriation section is presented using the following outline:

- A summary of the related situational analysis in the Americas, particularly highlighting the challenges and issues that the Secretariat faces in its technical cooperation over the next biennium.
- A list of projects that the regional units will implement, and for each of these: the *Project Purpose*, which describes the change, or impact, that is expected to be achieved from implementation of the project; and the *Expected Results* or deliverables of the Secretariat, which will contribute to producing the change. The corresponding indicators, by which the Secretariat's performance is to be assessed, are developed for each level.

The section for the country programs is more summarized than usual. For each country, the national priorities in health, which provide the basis for the technical cooperation program of work for the biennium, are summarized and the purpose and expected results for each project are described.

Budgetary Issues

In accordance with guidelines provided by the Director-General of WHO, the WHO regular budget proposal for 2002-2003 for the Region of the Americas was developed at a level of \$74,682,000. The proposal was reviewed by the Executive Committee and the Directing Council during the year 2000. The proposal, which forms part of the overall WHO Program Budget proposal discussed at the Executive Board in January 2001, was approved by the World Health Assembly in May 2001. The WHO proposed budget of \$74,682,000 represents a reduction of \$3,043,000, or 3.9%, from the core regular budget level of \$77,725,000 approved by WHO for 2000-2001, and a total reduction of \$4,427,000, or 5.6%, from the total WHO budget level of \$79,109,000 programmed for 2000-2001. This latter figure includes a one-time authorization of \$1,384,000 of casual income approved for 2000-2001 by the World Health Assembly in 1999.

The overall PAHO/WHO regular budget proposal for 2002-2003 is \$261,482,000, which represents a total increase of 2.0% over the 2000-2001 approved budget. As mentioned previously, the WHO regular portion is \$74,682,000. The PAHO regular portion is \$186,800,000, which reflects an increase of 5.5%, or \$9,664,000.

The 2000-2001 PAHO regular budget of \$177,136,000 is funded by \$163,036,000 in quota contributions from Member States and \$14,100,000 in miscellaneous income. In 2002-2003, it is projected that the PAHO regular budget of \$186,800,000 will be funded by \$170,300,000 from quota contributions, which represents an increase of 4.5% over 2000-2001, and by miscellaneous income of \$16,500,000.

Attached are preliminary tables that provide more detail of the program budget proposal.

George A.O. Alleyne
Director

Table 1
Summary Description of Appropriation Sections and Planned Resources
(in US\$ thousands)

DESCRIPTION	Regular Budget		Other Sources	
	2002-2003	%	2002-03	%
HEALTH IN HUMAN DEVELOPMENT: includes technical cooperation activities related to that Strategic and Programmatic Orientations (SPO) which are under the responsibility of the Division of Health and Human Development, the activities of Health Situation Analysis; dissemination of technical and scientific information under the responsibility of the Latin American and Caribbean Center on Health Sciences Information (BIREME); the Publications and Editorial Services; the Regional Program on Bioethics; as well as the support of information infrastructure.	41,356.9	15.8	5,949.3	10.7
HEALTH PROMOTION AND PROTECTION: includes technical cooperation activities related to that SPO which are under the responsibility of the Division of Health Promotion and Protection as well as those conducted by the Pan American Centers: Caribbean Food and Nutrition Institute (CFNI); Latin American Center for Perinatology and Human Development (CLAP), and Institute of Nutrition of Central American and Panama (INCAP).	24,400.4	9.3	3,356.6	6.0
ENVIRONMENTAL PROTECTION AND DEVELOPMENT: includes all technical cooperation activities related to that SPO which are under the responsibility of the Division of Health and Environment as well as the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS).	21,270.2	8.1	2,740.0	4.9
HEALTH SYSTEMS AND SERVICES DEVELOPMENT: includes technical cooperation activities related to that SPO which are under the responsibility of the Division of Health Systems and Services Development as well as those related to Emergency Preparedness and Humanitarian Assistance.	42,313.0	16.2	19,487.1	35.1
DISEASE PREVENTION AND CONTROL: includes technical cooperation activities related to that SPO which are under the responsibility of the Division of Disease Prevention and Control, the Division of Vaccines and Immunization; as well as the Pan American Centers: Caribbean Epidemiology Center (CAREC); Pan American Institute for Food Protection and Zoonoses (INPPAZ); and Pan American Foot-and-Mouth Disease Center (PANAFTOSA)	41,729.9	16.0	14,475.2	26.0
GOVERNING BODIES AND COORDINATION: includes the activities of external relations and resource mobilization; the office of the Assistant Director; the activities for technical cooperation among countries (TCC) and the management of Country Offices; funds to cover meetings and support to Governing Bodies; and a special fund for retiree's health insurance.	48,761.4	18.6	1,216.7	2.2
GENERAL DIRECTION: includes activities related to the Director's Office, Analysis and Strategic Planning; Public Information; Legal Affairs, the Internal Auditor; the Regional Director's Development Fund; and the special fund for Staff Development	13,002.0	5.0	1,284.9	2.3
ADMINISTRATIVE SERVICES: includes administrative activities related to Budget and Finance, General Services, and Personnel.	28,648.2	11.0	7,082.0	12.7
Total	261,482.0	100.0	55,591.8	100.0

NOTE: PERCENTAGES ARE INDEPENDENTLY CALCULATED AND MAY NOT ADD TO PERCENTAGES SHOWN IN TOTALS DUE TO ROUNDING.

Table 2

BUDGET SUMMARY BY ORGANIZATIONAL LEVEL
ALL SOURCES OF FUNDS

(in US\$ thousands)

Organizational Level	Regular Budget		Other Sources	
	2000-2001	2002-2003	2000-2001	2002-2003
Country Programs	106,463.1	105,107.0	71,856.5	14,656.1
Intercountry Programs	111,664.4	116,466.9	68,318.7	33,072.7
Headquarters	38,117.5	39,908.1	21,759.1	7,863.0
Total	256,245.0	261,482.0	161,934.3	55,591.8

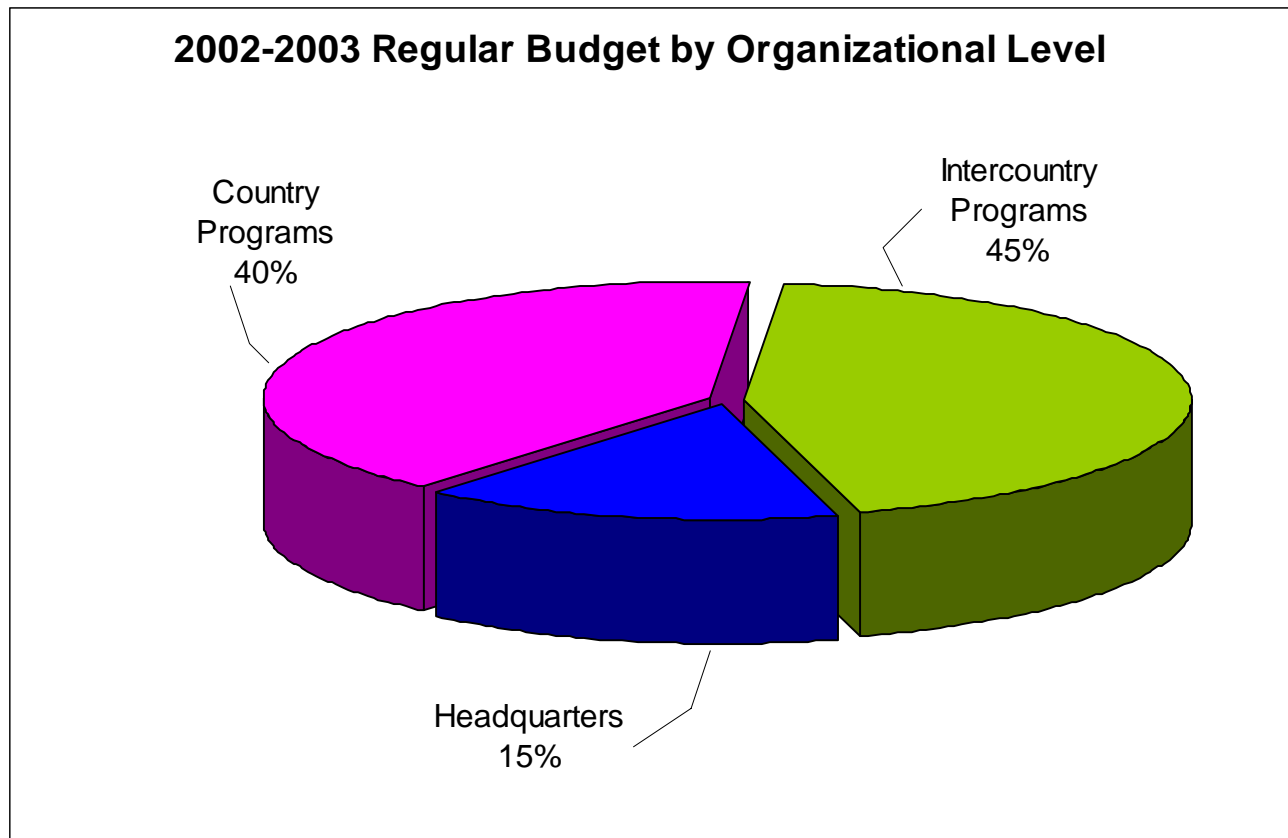
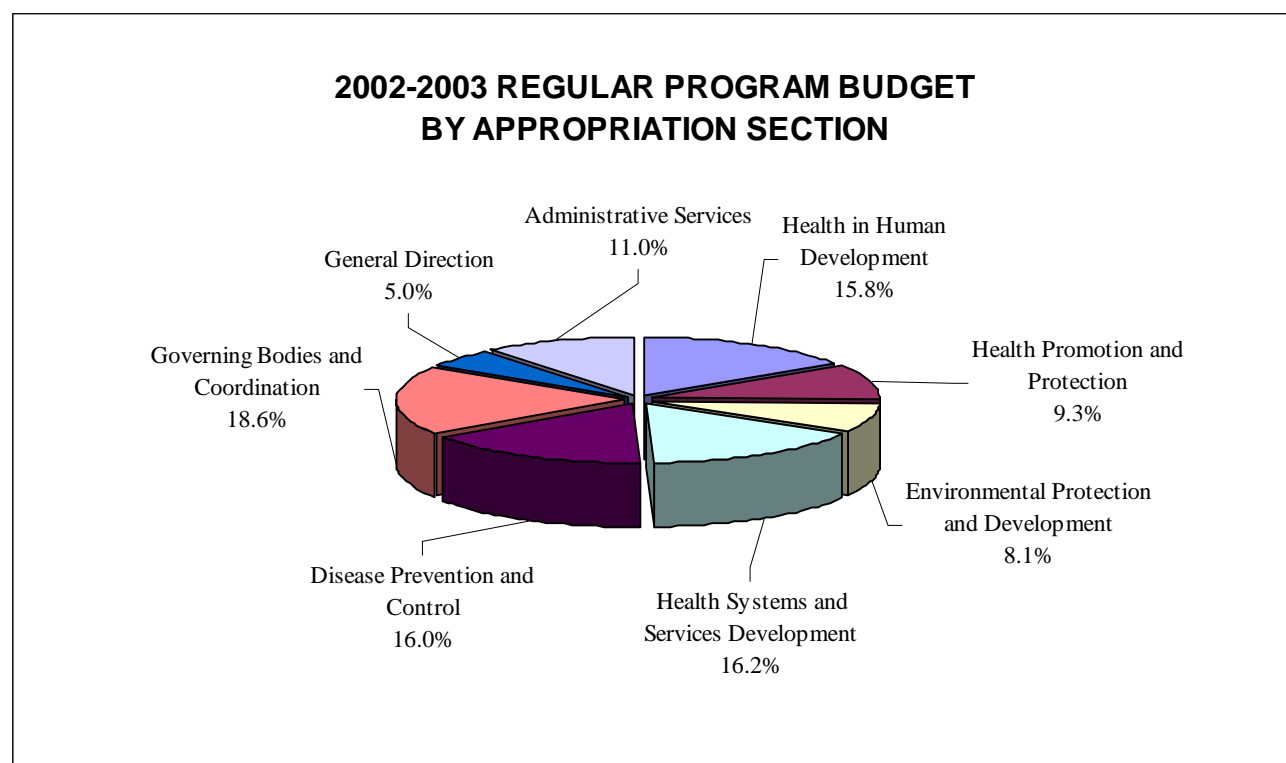


Table 3
BUDGET SUMMARY APPROPRIATION SECTION
ALL SOURCES OF FUNDS
 (in US\$ thousands)

Appropriation Section	Regular Budget		Other Sources	
	2000-2001	2002-2003	2000-2001	2002-2003
Health in Human Development	38,490.9	41,356.9	14,082.3	5,949.3
Health Promotion and Protection	24,393.4	24,400.4	10,150.6	3,356.6
Environmental Protection and Development	20,797.6	21,270.2	13,623.8	2,740.0
Health Systems and Services Development	42,218.1	42,313.0	48,819.2	19,487.1
Disease Prevention and Control	42,165.2	41,729.9	50,081.0	14,475.2
Governing Bodies and Coordination	48,551.0	48,761.4	2,986.4	1,216.7
General Direction	12,505.6	13,002.0	1,317.5	1,284.9
Administratives Services	27,123.2	28,648.2	20,873.5	7,082.0
Total	256,245.0	261,482.0	161,934.3	55,591.8



DESCRIPTION OF THE AREAS OF WORK COVERED BY THE STRATEGIC AND PROGRAMMATIC ORIENTATIONS AND OTHER SUPPORTING AREAS

I. HEALTH IN HUMAN DEVELOPMENT

- Increase equity in health and improve the health sector's contribution to human development.
- Promote and support activities related to Bioethics.
- Strengthen the epidemiological capacity of Member States and of the Bureau.
- Coordinate and support the development and dissemination of scientific information.
- Develop and maintain appropriate information technology.

II. HEALTH PROMOTION AND PROTECTION

- Promotion of the use of the life cycle approach and health promotion strategies in the development of national health plans, policies and programs with particular emphasis in mental health, tobacco and substance abuse control and nutrition.
- Development and implementation of perinatal health programs.
- Capacity building to improve food and nutrition security in the countries of Central America and Panama.
- National capacity building to improve food and nutrition security in the Caribbean countries.

III. ENVIRONMENTAL PROTECTION AND DEVELOPMENT

- Policy and program development for diminishing the inequities related to the exposure to environmental risks; basic sanitation, water quality and workers' health.
- Capacity building of national institutions to develop technologies for managing environmental risks for public health.

IV. HEALTH SYSTEMS AND SERVICES DEVELOPMENT

- National capacity building to make universal access to quality health care possible and sustainable focussing on health sector reform; human resources development and special initiatives for indigenous groups.
- National capacity building and management in dental and supporting medical services such as: radiological, laboratory, information; and pharmaceuticals.
- Improve countries' capabilities to prepare for or reduce the damage caused by disasters.

V. DISEASE PREVENTION AND CONTROL

- National capacity building for the prevention, control, and elimination of communicable and non-communicable diseases.
- National capacity building for improving criteria for the adoption of policies and programs for vaccine development and expanding immunization programs.
- Strengthening national capacities to prevent outbreaks, and expand eradication of foot-and-mouth disease.
- Surveillance and Evaluation of the health status of the population in the Caribbean.
- Strengthen national capacities to develop programs of food protection.

VI. GOVERNING BODIES AND COORDINATION

This section includes the activities of the Secretariat in the following areas:

- Coordination and collaboration with United Nations and inter-American systems in the Region, with other organizations, and with multilateral and bilateral programs. Coordination of resource mobilization
- Management, coordination and supervision of PAHO/WHO Country Offices and programs at regional and national levels.
- Promotion and support of activities of technical cooperation among countries (TCC), which would serve as a catalyst in supporting the governments' efforts in identifying, planning, and implementing mechanisms of intercountry cooperation at bilateral, subregional, regional, and global levels.
- Preparation, convening and conducting meetings of the Organization's Governing Bodies: Pan American Sanitary Conference, Directing Council and Executive Committee, Sub-Committee on Planning and Programming; Sub-Committee on Women., as well as any other such subcommittees as may be set up by the Governing Bodies.

VII. GENERAL DIRECTION

- Overall leadership of the Secretariat and management of the Regional Director's Development Program to support emerging priorities and innovative technical cooperation programs which cannot be specifically determined at the time of the program budget approval.
- Strategic Planning, programming, monitoring and evaluation of technical cooperation as well as institutional and organizational development.
- Staff Development and Training.
- Mobilization of public opinion in support of major health objectives, including utilization of mass communication techniques in the promulgation of basic tenets of health promotion.

VIII. ADMINISTRATIVE SERVICES

- General administrative services including: Budget, finance, and accounting services; General services to support conferences, building services and procurement; management of human resources;

HEALTH IN HUMAN DEVELOPMENT

Issues and Challenges

Although the general health status for the people of the Latin American and Caribbean (LAC) countries has improved, gains in health status appear to be disproportionately weighted toward those who already have a greater share of social and economic advantages in society, while the health of disadvantaged groups improves less consistently and at much more modest rates. Successes in the reduction of infant mortality by countries such as Chile, Costa Rica, and Cuba which have diverse political and economic systems, demonstrate that many LAC countries with similar levels of economic growth but less equitable health conditions have not yet tapped their potential to improve population health.

Given available evidence, it can be concluded that in LAC the main social determinants of health are those related to differential power relations and opportunities, mainly evidenced by differences due to race or ethnicity, gender, and social class (as measured by income level, material living conditions, educational attainment, or occupation).

Most countries in the Americas are currently undergoing processes of health sector reform. These are often part of more general reforms of the State, meant to facilitate the integration of the regional economies into the global market. Considering the enormous disparities in socioeconomic status of the populations in this Region, for these reforms to succeed, it is imperative that they take into account these inequalities. The main objective of the reforms has to be coupled with general policies that diminish the gaps between the extremes of the socio-economic spectrum, as well as gender and ethnic inequities, to promote greater access to basic health care.

In addition to the differences in health needs that are biologically derived and specific to each sex, there are gender inequalities in health outcomes, access to care, utilization and financing of services that are socially produced. Adverse conditions in the social environment and lack of appropriate health services seem to disproportionately affect women's opportunities for health care.

Regarding the collection of information, its analysis continues to be one of the main challenges for the provision of technical cooperation. The Secretariat will support the process of analysis through the provision of examples on measurement of inequities in health, identification of needs, and measurement of the impact on health. The wide use and dissemination of the tools will be a positive contribution to the culture of the use and analysis of information.

Due to the multiplicity of new developments in this field, it is necessary to have greater coordination in the development, access, and management of information systems. It is necessary to increase the availability of consistent and reliable data and to assess their distribution in specific population groups (not only the national average), including, in addition to basic data, a new regional database of hospital morbidity.

The aim of the Secretariat is to improve the knowledge and practice of public health in the Americas through the effective management of scientific and technical information. PAHO will need to accelerate the speed with which it processes work to keep pace with the ongoing changes in the environment. At the same time, the intellectual production of PAHO's staff and their ability to attract important texts for publication will have to increase if the Organization is to offer sufficient and significant information to the public health community.

A critical aspect of PAHO's collaboration with the countries in the Region has been to facilitate their access to scientific and technical information in health (STIH). At the same time, the increasing use of the Internet has provided the countries with new opportunities for its use in the exchange of technical information. This will require a functional and organizational remodeling of the centers on health information which constitute the Sistema Latinoamericano y del Caribe de Información en Ciencias de la Salud (Latin American and the Caribbean System of Information in Health Sciences).

In 1998, PAHO proposed the Virtual Health Library (VLH) as a new cooperation strategy in scientific and technical information for the Internet era. The VLH thus constitutes a new paradigm in the use and transmission of scientific and technical information that is intended to assist countries to overcome structural problems in the Region.

In Latin America and the Caribbean there is a notable increase in regarding a multitude of ethical dilemmas posed by recent technological and scientific developments and their relationship to health care. Since the creation of the Regional Program on Bioethics there has been an increase in the demands for advice and consultancy services in personnel training, in raising awareness among professional groups, and in the formation of institutional and national committees.

Development in this area has been unequal, with some countries having highly trained personnel and others still remaining in a primitive stage. There is a critical need for technical cooperation to spur project homogeneity in training levels in the countries and institutions, as well as a need for closer work with the PAHO/WHO Country Representatives so as to take into account the pertinent social and cultural local factors each country possesses.

The rapid technological development process underway presents a challenge for the Secretariat in terms of maintaining information systems that are reliable, up-to-date, and capable of interfacing with the systems of WHO as well as other external partners.

The Response of the Secretariat

The response of the Secretariat is described in the regional projects identified for the following areas:

1. Increase equity in health and improve the health sector's contribution to human development:
 - 1.1. Equity in Health and Human Development
 - 1.2. Research Coordination
 - 1.3. Women, Health and Development
2. Promote and support activities related to bioethics:
 - 2.1. Regional Program on Bioethics
3. Strengthen the epidemiological capacity of Member States and of the Bureau:
 - 3.1. Strengthening of Health Statistics Systems
 - 3.2. Development of Capacity for Health Analysis
4. Coordinate and support the development and dissemination of scientific information:
 - 4.1. Development and Dissemination of Information for Latin American and the Caribbean
 - 4.2. Selection, Production, Organization, and Dissemination of Scientific and Technical Health Information
5. Develop and maintain appropriate information technology:
 - 5.1. Systems Development
 - 5.2. Applications Programming Support
 - 5.3. User Support (HQ and Field)
 - 5.4. Development and Maintenance of Infrastructure

Projects

1. Increase Equity in Health and Improve the Health Sector's Contribution to Human Development:

1.1. Equity in Health and Human Development

Purpose	Indicators
To increase national ability for developing public policies aimed at reducing health inequities linked to socioeconomic factors like poverty, governance, ethnicity, human rights, trade, integration & growth.	<ul style="list-style-type: none"> At least 15 countries have implemented public policies for reducing health inequity or poverty-sensitive health policies.
Expected Results	Indicators
Creation of regional networks in support to equity oriented health policies.	<ul style="list-style-type: none"> Latin American & Caribbean Health Policy Impact Assessment Network created.
Developed monitoring systems about macrodeterminants of health inequities.	<ul style="list-style-type: none"> Regional monitoring of macrodeterminants of health inequities implemented.
Developed criteria for equity-oriented health policies and interventions.	<ul style="list-style-type: none"> Criteria developed for at least 10 equity-oriented health policies and interventions.
Promoted studies on health inequities macrodeterminants and policies .	<ul style="list-style-type: none"> One study promoted on health inequities and two other on health equity policies.
Supported national & regional policies to reduce health inequities.	<ul style="list-style-type: none"> Supported at least 10 policies aimed at equity in health and poverty alleviation.
Developed and/or adapted methods and tools for health equity policy development.	<ul style="list-style-type: none"> At least one method/tool in social, political, juridical, economic and statistical sciences.
Training on analysis & implementation of equity oriented health policies.	<ul style="list-style-type: none"> At least 10 workshops promoted and 200 staff from various sectors trained.
Advocated health priorities in trade, integration and poverty-reduction policies.	<ul style="list-style-type: none"> Health priorities incorporated in trade, integration and poverty-reduction policies.
Provided technical cooperation to developing national health equity policies.	<ul style="list-style-type: none"> At least 10 countries supported on health equity and poverty-reduction policies.
Knowledge disseminated on inequities in health and poverty-sensitive health policies.	<ul style="list-style-type: none"> Web page developed on health inequities and poverty-sensitive health policies.

1. 2 Research Coordination

Purpose	Indicators
The countries of Latin America and the Caribbean have increased capacity to produce and use scientific knowledge to address priority public health problems in the Region.	<ul style="list-style-type: none"> Increase 10% the scientific production in priority areas in the Region (LAC). Increase 20% the accessibility to scientific information in health.

Expected Results	Indicators
Provide financial and technical support to research projects in order to strengthening research capabilities and to generate knowledge and information relevant for public health.	<ul style="list-style-type: none"> • A multi- centric project approved every year. • At least 10 projects selected and financed . • At least 20 groups of researchers in networks around specific projects. • At least 50 publications as part of the technical series.
Establish agreements with centers of excellence for research training.	<ul style="list-style-type: none"> • At least two agreements on cooperation by the end of biennial. • At least 30 young researchers will have received dissertation/ thesis grants.
Establish networks of researchers and research institutions to conduct collaborative research projects Support the definition of research policies with participation of diverse sectors of society.	<ul style="list-style-type: none"> • Online directory of researchers. • Online database of Training courses & programs. • Development of participatory research agendas in at least six countries. • Implantation of Virtual Library on Science and Health to support research management.
Development of mechanisms, instruments, and methodologies for the transfer of scientific and technical information for decision-making.	<ul style="list-style-type: none"> • Training to decision makers on utilization of research findings. • Base line studies and projects for evaluation of dissemination results of the virtual health library.

1.3 Women, Health, and Development

Purpose	Indicators
Incorporate Gender equity as a cross-cutting theme in the policies and programs of member countries and PAHO.	<ul style="list-style-type: none"> • Networks, policies, studies and training courses developed in at least 12 countries.

Expected Results	Indicators
Information on gender equity in health (GEH)situation analysis generated and analytical tools developed.	<ul style="list-style-type: none"> • Online Data base of gender/GEH indicators. • GEH statistical training in at least 3 countries. • GEH profiles in at least 4 countries. • A comparative analysis of six research studies on gender equity and health access.
Strategies and programs on information/communication on gender equity and health implemented for different audiences.	<ul style="list-style-type: none"> • Updated directory of GEH resources. • Gender and health trainer database. • At least eight conceptual and methodological documents on GEH analysis, gender violence, gender equity and health sector reform. • Listserve GENSALUD for 500, with monthly GEH factsheets. • At least 2 regional virtual information networks set up with NGO partners.

Intersectoral networks advocating and participating in the formulation and monitoring of pro-gender equity and health policies.

- Networks for gender violence prevention; for promoting gender equity in health sector reform; to promote and incorporate indigenous women’s groups and their health practices in health programs and policies.
- Networks operating in 7 countries to promote involvement of men in reproductive health programs.

Intersectoral policy and intervention models and instruments to reduce gender inequities in health developed and implemented.

- Participatory strategies to reduce gender inequities in health sector reform developed in at least 3 countries.
- Interfamily violence prevention and care models implemented in 10 countries.
- Gender and intercultural health care and promotion models developed and implemented in 7 countries.
- Models for incorporating men in reproductive programs in at least four countries.
- Prototype gender and health curricula for health workers, universities and schools available via Web.

The total regular budget funds in the area of increasing equity in health are:
\$ 8,695.3

2. Promote and Support Activities Related to Bioethics

2.1 Regional Program on Bioethics

Purpose	Indicators
Health institutions are applying bioethical knowledge and employing bioethical reasoning in research and healthcare decisions	<ul style="list-style-type: none"> • At least 50% of institutions in the Region have applied bioethical knowledge in research.
Expected Results	Indicators
Programs for training in bioethics developed Bioethics information and dissemination systems in place. Research developed and promoted. Strategic partnerships established and functioning Information and knowledge about the relationships between health and human development.	<ul style="list-style-type: none"> • At least five countries received training courses. • Development and maintenance of the website. • Development of the Virtual health library. • Research studies in at least five countries. • Development of Networks. • Preparation of documents and project proposals.

Formulation of policy and intervention models and instruments, both sectoral and extra-sectoral, (regulatory frameworks, standards, programs, monitoring systems).

- Publication of documents, guidelines, and information is made available and used by decision and policymakers.

The total regular budget funds in the area of Bioethics are:
\$ 409.3

3. Strengthen the Epidemiological Capacity of Member States and of the Bureau

3.1 Strengthening of Health Statistics Systems

Purpose	Indicators
The countries strengthen their health information systems and networks, with emphasis on vital statistics systems.	<ul style="list-style-type: none"> • Regional and Country mortality and population information systematically available for analysis and decision making.
Expected Results	Indicators
Mortality and population information system (MAPIS/SIMP) developed and operational.	<ul style="list-style-type: none"> • System modules for data entry, quality verification and report output developed and available for PAHO users. • PAHO users have access to data through the Web.
Mortality and population databases updated..	<ul style="list-style-type: none"> • Mortality data to meet the Organization's requirements available.
ICD-10 implemented in mortality and hospital discharge information systems in all countries of the Region; other members of the health classification family known and used in the Region.	<ul style="list-style-type: none"> • All member countries are using ICD-10 for mortality classification and at least 50% of them are using other families of classification.
Regional Advisory Committee on Health Statistics and subcommittees active and productive.	<ul style="list-style-type: none"> • Committee reports and recommendations available.
Vital registries and statistics systems in the countries functioning appropriately.	<ul style="list-style-type: none"> • At least 80% of the countries in the Region have guidelines for their vital registry systems translated and specific plans for their planning and development.
Networks for cooperation in demographics, health statistics, and health-related information in place.	<ul style="list-style-type: none"> • At least one activity with agencies of the United Nations system and national technical expert groups identified and operational in the following areas: Collection and harmonization of health statistics, Information technology development, Vital statistics and population and mortality. • The Regional Advisory Committee on Health Statistics established and functioning.

3.2 Development of Capacity for Health Analysis

Purpose	Indicators
<p>The countries develop their strategic capacity for epidemiological analysis of the health situation and trends, with emphasis on conceptualization, methodological development, quantification, analysis of inequalities of health, and surveillance of public health.</p>	<ul style="list-style-type: none"> • At least 70% of Countries in the Region are developing their core health data systems. • At least 70% of countries and PAHO Secretariat are using appropriate methods and tools for identification and measurement of health inequalities, including disaggregated information at the subnational level.
Expected Results	Indicators
<p>Methods, models, technologies, and operations research in epidemiology and health situation analysis developed and disseminated.</p>	<ul style="list-style-type: none"> • Methods and new tools to define and measure health inequalities distributed in at least two PAHO subregions, including: Core health data, data validation and consistency checking processes, guidelines for measuring health inequalities, and at least 4 successful examples on Health Situation Analysis for management and planning of health services. • Country health profiles and strategic analysis for all Member countries available and updated yearly.
<p>Platform for regional communication of health information and linkage of health surveillance systems developed, and evaluated by decision-making authorities in the Member States and the Secretariat.</p>	<ul style="list-style-type: none"> • A regional and at least 3 subregional and national experiences on development and use of health information communication platforms documented. • A diagnosis on the status of the public health surveillance systems of countries in the region available.
<p>Programs for training human resources in health service management, with emphasis on epidemiology, biostatistics, and surveillance of public health for ASIS at the basic and intermediate levels, developed and implemented .</p>	<ul style="list-style-type: none"> • At least 16 in-person basic and intermediate courses and 2 distance courses on epidemiology and biostatistics and the use of Geographic Information Systems in health provided for country professionals. • At least 7 modular packages of training materials for epidemiology, biostatistics, situation analysis, GIS in health and measurement of health inequalities available in printed and computer-assisted formats for PAHO and country users. • An epidemiology certification program for focal points and other PAHO professionals in conjunction with academic excellence groups instituted.
<p>Production and dissemination of Health in the Americas, 2002.</p>	<ul style="list-style-type: none"> • Publication available for review and approval at the Directing Council. • Publication disseminated in the Countries both through printed and electronic formats.

Networks for cooperation in epidemiology and health situation analysis in place.

- At least one interagency activity with national technical expert groups in the following areas: Geographic Information Systems in Health, Harmonization of Health Indicators, Training in Epidemiology and Biostatistics, Development of Information technology, and Clinical and Field epidemiology, defined and operational.
- Participation and conducting of activities with the Universitat Oberta de Catalunya (Spain), Johns Hopkins University and the University of South Florida.

The total regular budget funds in the area of strengthening epidemiological capacity are:
\$ 4,674.4

4. Coordinate and Support the Development and Dissemination of Scientific Information

4.1. Development and Dissemination of Information for Latin American and the Caribbean

Purpose	Indicators
Virtual Health Library Developed through a cooperative work among health information services organizations in the Region.	<ul style="list-style-type: none"> • Virtual health libraries developed in eight thematic areas and implemented in at least ten countries. Operates as a network of products and services available on the Internet, following strict selection and quality control.
Expected Results	Indicators
Development of the Virtual Health Library.	<ul style="list-style-type: none"> • Cooperative services of access to VHL information sources, organized by regional, national, and thematic area, operating continuously and being maintained and developed in at least 5 countries.
Update BIREME's infrastructure of information technologies.	<ul style="list-style-type: none"> • The methodology for development of databases of directories of health entities and events updated, enhanced, and expanded.
Distribution and support for BIREME's products and software operational.	<ul style="list-style-type: none"> • The regional portal and national and thematic portals in the VHL for cooperative access to collections of scientific journals. • The network of health information localizers operating in the VHL, organized by regional, national and thematic area. • Promotion of the VLH in at least 80% of the countries of the Region.

Strengthening of the VHL as a cooperation instrument for ensuring equitable access to scientific and technical information.

- At least four advisory committees and plans for the development and equitable operation of the VHL, with information organized by regional, national, and thematic area, established and operating.
- Information sources for the Regional VHL updated.
- The SciELO methodology for preparation, publication, storage, preservation, and evaluation of electronic publication of the principal types of documents updated, enhanced, and expanded.

4.2 Selection, Production, Organization, and Dissemination of Scientific and Technical Health Information

Purpose	Indicators
PAHO's leadership as a provider of health information in the Americas is sustained and enhanced.	<ul style="list-style-type: none"> • PAHO continues to be cited in the health and medical literature as well as in the popular press.

Expected Results	Indicators
DBI managed effectively.	<ul style="list-style-type: none"> • DBI development plan implemented. • PPES conducted every six months. • BPB, PTS, IPS and annual and biennial evaluations completed on a timely basis. • Outsourced functions negotiated and contracted within 5% standard industry costs.
Information dissemination policy and practice coordinated within PAHO and with WHO.	<ul style="list-style-type: none"> • At least once a year meeting with HQ units to coordinate joint publishing and information dissemination projects. • Participation in and/or coordination of Publications Committee, Meeting of the Interregional Publications Committee, WHO Information Management Group.
Health information needs, market competition, and readers' use of PAHO—information products and services assessed and used to inform editorial and marketing decisions.	<ul style="list-style-type: none"> • Health information country profile completed for every country in the Region. • Health information market canvassed each year to bolster PAHO's role as health information aggregator. • Free and paid recipients of PAHO publications surveyed. • Utilization of PAHO website monitored. • Findings of marketing research incorporated in the decision-making process of every editorial project.
In the context of assessed health information needs, results of original research and technical information on priority health issues facing the countries of the	<ul style="list-style-type: none"> • Publication of the Pan American Journal of Public Health/Revista Panamericana de Salud Publica includes quality research articles.

Americas produced, and PAHO's technical cooperation thereby bolstered.

- PAHO website refreshed daily and Intranet kept current.
- Institutional memory collected, organized, indexed, archived and made available.

Appropriate health information—PAHO's and that of the Organization's information partners— promoted and distributed widely, using appropriate communications media, assuring ample coverage, and guaranteeing an attractive return on the Organization's publishing investment.

- Network of PAHO publication centers completed, evaluated and strengthen..
- PAHO publications promoted through all available means.
- Electronic commerce strengthen to facilitate and expand the distribution and sale of PAHO information and services, doubling online sales over the previous biennium.

The total regular budget funds in the area of development and dissemination of scientific information are: \$ 10,462.0

5. Develop and Maintain Appropriate Information Technology

5.1 Systems Development

Purpose	Indicators
Staff at all levels plan and execute the programs of the Organization with the support of technological systems.	<ul style="list-style-type: none"> • Management of TC streamlined and information readily available. • Technical information used for TC cooperation.
Expected Results	Indicators
Field sites and Washington units can support daily operations for managing TC activities.	<ul style="list-style-type: none"> • AMPES/OMIS project completed and operational in all sites supporting planning, programming, budgeting, obligation, and payment transactions using DOS and Windows software.
A new Mortality and Population Information System developed.	<ul style="list-style-type: none"> • System operational (including ICD-10) and in use to replace the existing TIS system.

5.2 Applications Programming Support

Purpose	Indicators
PAHO maintains a suitable environment for developing and supporting automated systems.	<ul style="list-style-type: none"> • Availability of appropriate software development environment, with appropriate tools for approved software development projects.

Expected Results	Indicators
Existing systems continue to serve the needs of their users and sponsors.	<ul style="list-style-type: none"> • Software is never out of service for more than 4 hours. • Defects corrected in a timely manner.
New software applications designed, developed, and implemented, as required.	<ul style="list-style-type: none"> • Grant tracking system, PPES, Document Management projects implemented.

5.3 User Support (HQ and Field)

Purpose	Indicators
Information technology and hardware used by all PAHO staff effectively and efficiently.	<ul style="list-style-type: none"> • HQ & field offices' operations conducted without interruptions.
Expected Results	Indicators
Headquarters users can effectively communicate via e-mail with their colleagues and other PAHO users in a timely manner.	<ul style="list-style-type: none"> • Stable LAN, communications for e-mail, Internet and Intranet maintained.
Technical staff in field offices has better developed skills and procedures to support local users.	<ul style="list-style-type: none"> • Technical Staff in field offices trained. • Products and services delivered efficiently.

5. 4 Development and Maintenance of Infrastructure

Purpose	Indicators
PAHO staff utilizes information technology in multiple environments in technical cooperation and managerial activities.	<ul style="list-style-type: none"> • Processes streamlined and efficiency increased with the use of information technology.
Expected Results	Indicators
Mainframe services supporting FAMIS and ADPICS only.	<ul style="list-style-type: none"> • System operational efficiently and effectively (reduced downtime).
Linking of PAHO applications to the Web designed and maintained.	<ul style="list-style-type: none"> • PAHO has a viable database-driven Internet and Intranet. • Applications accessible via the Web are stable and easily used.
Corporate data built and controlled.	<ul style="list-style-type: none"> • Accuracy, consistency, and accessibility to this data improved.
Systems Upgraded to utilize up-to-date technology.	<ul style="list-style-type: none"> • All Headquarters and field office/centers upgraded to Windows 2000 (NT Technology).

The total regular budget funds in the area of information technology are:
\$ 6,548.4

HEALTH IN HUMAN DEVELOPMENT PROGRAM BUDGET DISTRIBUTION BY ORGANIZATIONAL LEVEL				
Organizational Level	Regular Budget		Other Sources	
	2000-2001	2002-2003	2000-2001	2002-2003
Country Programs	9,682.0	10,567.5	1,499.8	226.0
Intercountry Programs	28,808.9	30,789.4	12,582.5	5,723.3
Total	38,490.9	41,356.9	14,082.3	5,949.3

HEALTH PROMOTION AND PROTECTION

Issues and Challenges

Although the infant mortality rate (IMR) has decreased in most countries in the Region in the last decade, there are still considerable differences among countries and, in many cases, among different regions in the same country. A high percentage of children are frequently absent from school because of disease, one out of two children does not finish primary school, and only seven out of 10 go to high school. Although gender differences in access to school have diminished, they are still observed in some countries.

A third of adolescents lives in poverty and does not have access to health services. Tuberculosis and acute respiratory infections are still evident during adolescence. It is estimated that approximately 10 million children under 14 years of age work illegally, in dangerous conditions, without social security benefits, and with very low salaries. In the Region, approximately 17 million children between 4 and 16 years of age have emotional and psychosocial problems. Eighteen per cent of suicides occur in youngsters between 15 and 24 years of age. Drug and alcohol abuse is increasingly more frequent at younger ages and are related to car accidents, particularly among boys. Youth violence is also increasing throughout the Region, and it is estimated that approximately 20% of adolescents carry arms to school.

Access to sexual and reproductive health services is uneven throughout the Region. Many women do not have access to these services which leads to unsafe abortions, affecting predominantly poor women. More than a third of men and women in some areas do not have access to family planning services. In many countries, deliveries are carried out by unqualified personnel, placing both mothers and their infants at unnecessary risk. Maternal mortality rates in several countries are still too high, although the causes are, to a great extent, avoidable. Maternal mortality of adolescent women is due, to a great extent, to unsafe abortions. Twenty per cent of children are born to adolescent mothers. The adolescents' knowledge of disease prevention, particularly STDs, is generally poor.

Tobacco use is widespread in the Region; epidemiological data indicate that a third of the population in the Americas uses tobacco, including almost half of the population in the Southern Cone. Tobacco use is directly responsible for 845,000 deaths per year in the Region. It is also responsible for 35% of deaths due to cancer and cardiovascular diseases. Alcohol abuse is also prevalent throughout the Region. It is estimated that between 15% and 20% of adults drink alcohol in excess, and this is associated with violence, accidents, and increased morbidity and mortality rates. The abuse of psychotropic and illegal drugs is also associated with increased violence, suicides, family problems, and HIV/AIDS, with serious economic and social consequences.

Because primary health care services focus their attention on mothers and children, the older adult does not receive enough attention. It is estimated that more than 70% of the population 60 years or older does not have access to retirement services nor to the health services of social security systems. Twenty-five per cent of older adults live by themselves, 60% do not know how to read and write, more than 65% among them indicate that their health is not good and more than 20% suffer from depression. In this context, the quality of life of older adults should be a priority for health and social services.

The poor treatment, abuse, and negligence experienced by older disabled adults is an important problem throughout the Region. In many cases, they feel that the only option left for them is to commit suicide, which shows the urgent need to carry out education and prevention actions at all levels and ages. The great challenge is not only to postpone death, but to enable older adults to live a life with dignity.

Mental diseases are responsible for more than 10% of the global burden of disease. They affect people of all ages and social classes, and an unfair stigma is associated with them. In addition, they constitute one of the main causes of disability. Among the most common problems in the Region are depression, chronic psychosis, and epilepsy, as well as behavior problems affecting children and adolescents. Mental health problems do not receive the attention they deserve.

Nutritional problems affect a great proportion of the population in the Region, and constitute a serious public health concern. They may have two principal manifestations: malnutrition, including protein-caloric malnutrition, and overnutrition, which results from excess consumption or energetic imbalance. Malnutrition is frequently observed among pregnant women and during breastfeeding, with serious consequences both for the mothers and their children. Overnutrition for excess consumption can be observed at all ages.

The countries of the Region and in particular in Central America, need to improve their knowledge and the analysis of nutritional problems of the population as well as to become aware of the need to establish feeding and nutritional safety (FNS) as a policy for development.

In the Caribbean, food security, nutritional deficiency diseases, and obesity and its co-morbidities are among the priority issues that require technical cooperation. In addition, there is a need to generate, promote, and transfer knowledge to the population that will ensure the access, consumption, and better use of foods, and to promote the monitoring and evaluation of programs related to food and nutrition safety.

Because of the priority that many countries give to maternal health and to perinatal mortality the Organization has developed a project specifically geared to improving quality of care in this area called "Proyecto de Maternidades Distinguidas".

The Response of the Secretariat

The response of the Secretariat is described in the regional projects identified for the following areas:

1. Promotion of the use of the life cycle, family, and gender perspectives in the development of national health plans, policies, programs and tools to incorporate the health promotion strategies:
 - 1.1. Healthy communities and other settings
 - 1.2. Promotion of optimum micronutrient status
 - 1.3. Early child development
 - 1.4. Promotion of healthy nutrition and physical activity
 - 1.5. Adolescent health and development
 - 1.6. Health of older adults and families
 - 1.7. Sexual and reproductive health and safe motherhood
 - 1.8. Mental health, alcohol and drugs
 - 1.9. Tobacco
2. Development and implementation of perinatal health programs:
 - 2.1. Evidence-based maternal and perinatal care practices
 - 2.2. Maternal and perinatal information
 - 2.3. Network of collaborating centers
3. Strengthen national capacity to improve food and nutrition security in the countries of Central America and Panama:
 - 3.1. Methods, models and technologies to ensure nutrition and food security in Central America
 - 3.2. Strategies to promote food and nutrition security in Central America

- 4. Strengthen national capacities to improve food and nutrition security in the Caribbean countries:
 - 4.1. Food security
 - 4.2. Nutrition deficiency diseases
 - 4.3. Obesity and co-morbidities

Projects

1. Promotion of the use of the Life Cycle, Family, and Gender Perspectives in the Development of National Health Plans, Policies, Programs and Tools to Incorporate the Health Promotion Strategies

1.1 Healthy Communities and Other Settings

Purpose	Indicators
The Member States have strengthened their capacity to establish and maintain healthy municipalities and communities, including schools and workplaces.	<ul style="list-style-type: none"> • Healthy municipalities and communities conceptual and operational frameworks and guidelines are implemented and evaluated by all Member States.
Expected Results	Indicators
Member States establish healthy public policies that promote health and improve quality of life in communities, schools and workplaces, and to evaluate their impact.	<ul style="list-style-type: none"> • Frameworks and guidelines to establish and evaluate healthy public policies at the local and institutional levels were disseminated to all Member States. • 50% of countries have healthy public policies in schools and workplaces.
Member States develop their national and local capacity to implement and evaluate healthy and supportive environments.	<ul style="list-style-type: none"> • Guidelines and models for healthy and supportive environments are disseminated to all Member States. • 100% of Member States have adopted this innovation. • The Kit for Mayors will be disseminated and received in all countries.
Partnerships with academic institutions to train and develop personnel from various disciplines in health promotion theory and practice are established in countries.	<ul style="list-style-type: none"> • At least one academic institution in all Member States participates in the healthy communities, workplace and/or health promoting schools initiatives.
Countries develop and strengthen their intersectoral alliances and networks in support of healthy municipalities, communities, schools and workplaces.	<ul style="list-style-type: none"> • 100% of Member States include at least two other sector institutions in addition to the health sector and academic institutions as members of their healthy communities, schools and workplace networks.

Countries will strengthen their capacity to improve healthy lifestyles and practices in the population and increase protective factors in the communities and other settings.

- Training modules for life skills education, empowerment and health literacy disseminated and received by all countries.
- 50% of countries implemented and evaluated life skills education.
- Health literacy increased in decision makers and the population, especially women, children and older adults

Countries strengthen the capacity of ministries of health and education, especially at municipal levels, to use information and carry out participatory needs assessments.

- Models and guidelines for the assessment of youth risk behaviors disseminated and received by all National Commissions for Health and Education in all countries.

1.2 Promotion of Optimum Micronutrient Status

Purpose	Indicators
The countries reduce, control, and/or eliminate deficiencies of vitamin A, iron, iodine, and other micronutrients.	<ul style="list-style-type: none"> • Priority countries will have national plans to increased coverage with micronutrient supplementation and/or availability of fortified foods.

Expected Results	Indicators
Methodologies and guidelines for surveillance of nutritional anemia and systems for quality control of iron fortification programs developed.	<ul style="list-style-type: none"> • 20 countries will have surveillance of nutritional anemia's. • Guidelines for quality control disseminated and received by all countries.
Standards and guidelines for quality control of vitamin A fortification and supplementation programs developed.	<ul style="list-style-type: none"> • 6 countries will have trained for quality control of Vitamin A fortification. • Guidelines and standards disseminated and received by all countries.
Countries will have increased their capacity to ensure the sustainability of programs for iodine fortification of salt.	<ul style="list-style-type: none"> • Training modules with methods and technologies disseminated and received by all countries.
Countries will implement policies and plans to fortify with folic acid based on the results from the study of the impact of folic acid fortification.	<ul style="list-style-type: none"> • Publication with results of research project disseminated and received by all countries. • 8 countries have fortification with folic acid for women in childbearing years.
Studies on the state of art of micronutrient nutrition conducted, and the results reported at key scientific events.	<ul style="list-style-type: none"> • 10 publications will have been produced and disseminated to all countries, stakeholder and partner organizations.

1.3 Early Child Development

Purpose	Indicators
The countries strengthen their capacity to implement and evaluate policies, plans and projects that promote the health and development of children and families and reduce nutritional and developmental risks.	<ul style="list-style-type: none"> • 50% of countries will have policies and plans to promote early child development, integrating breastfeeding and appropriate complementary feeding with early child growth, development and stimulation.
Expected Results	Indicators
Countries will have strengthened coordination between sectors, donors, and national institutions to facilitate the implementation of integrated child health and development policies, plans and projects.	<ul style="list-style-type: none"> • 75% of countries will have national committees to guide and monitor progress in early child development goals and objectives with community participation.
The countries of the Region reduce, control, and/or eliminate poor maternal and child nutrition and strengthen policies and plans to promote breast-feeding and appropriate complementary feeding.	<ul style="list-style-type: none"> • Number of countries that received standards and recommendations to promote exclusive breast-feeding. • Manual for the promotion of proper feeding of children under age 2 (PROPAN) tested, and received by all countries.
Countries will be part of a technical cooperation network for the strengthening of programs for promotion of breast-feeding and appropriate complementary feeding.	<ul style="list-style-type: none"> • Networks that promote breastfeeding and appropriate complementary feeding will have two events to share experiences and disseminate guidelines.
Countries will have received methods and technologies to design and implement breast-feeding surveillance systems.	<ul style="list-style-type: none"> • 5 countries will have strengthened their surveillance systems incorporating indicators to monitor breastfeeding.
Surveillance and information systems will be strengthened to generate data on the principal indicators for integral health and development of children.	<ul style="list-style-type: none"> • 60% of countries will have relevant information to base policy and program decisions at national and local level (in collaboration with SHA and HSP).
Countries strengthened their policy legislative/ frameworks in order to guarantee the rights and promote the integral health and development of children.	<ul style="list-style-type: none"> • Instruments for monitoring and surveillance developed and in use. • Policy and legislative frameworks updated and in use (collaboration with HDP).
Countries strengthened their capacity to monitor and supervise quality of care that reflects an integral, constructive and collaborative approach to child health and development, involving families and communities.	<ul style="list-style-type: none"> • Instruments for fostering, monitoring, and supervision quality of care integrating health, growth, nutrition and psychosocial and motor skills development will be available (in collaboration with HSP).
Countries strengthened their capacity to promote child health and development at national and local levels.	<ul style="list-style-type: none"> • Number of countries with training programs for health service personnel. • Schools of medicine, public health and nursing incorporated early child health and development in their training programs (collaboration with HSR).

Advocacy role of civil society and the mass media are strengthened and reliable and motivating information is disseminated with regard to child health and development.

- Guidelines disseminated and countries implemented a model of integral child development, available to the mass media (in collaboration with DPI).
- Models for parenting and grand-parenting skills to promote early child development will be disseminated and received by countries

1.4 Promotion of Healthy Nutrition and Physical Activity

Purpose	Indicators
The countries implement policies, plans and programs that promote healthy lifestyles in workplaces, schools, and communities, healthy eating habits and physical activity and alcohol and drug free life styles are supported.	50% of countries will have national commissions for health promotion, and policies to control and reduce alcohol and drug abuse and to promote healthy lifestyles.

Expected Results	Indicators
Countries strengthen their capacity to implement policies, plans and projects for the promotion of healthy eating habits, and experiences evaluated.	Models and guidelines are developed, disseminated and received by all countries.
Countries strengthen their capacity to implement standards and guidelines for physical activity in various settings, and evaluate experiences.	Guidelines were developed for communities, schools and workplaces, these were disseminated and received by all countries.
Countries will be supported in implementing drug and alcohol prevention in schools, workplaces and other settings.	Project proposals will be developed and resource mobilization strategy will be implemented to support country efforts (collaboration with DEC).
Countries capacity to implement policies and plans for the promotion of healthy lifestyles free of alcohol and drugs will be strengthened.	A comprehensive review of community based alcohol and drug prevention strategy will be prepared, disseminated and received by all countries.
Surveillance and information systems will be strengthened with lifestyle indicators, especially to monitor eating practices, physical activity, alcohol and drug use.	Instruments to generate information on life style trends (including nutrition, physical activity, alcohol and drugs), for decision-making will be developed and available. (collaboration with SHA)

1.5 Adolescent Health and Development

Purpose	Indicators
The countries of the Region will have strengthened their institutional, technical, and analytical capacity for the development of policies, plans, programs, and services for adolescents and young adults, applying a health promotion approach.	<ul style="list-style-type: none"> • 50% of countries will have national intersectoral plans to promote adolescent and youth health and development. • 75% of countries will be implementing national programs to promote integral adolescent health and development.

Expected Results	Indicators
Surveillance and information systems will be strengthened with basic indicators of health and development of adolescents and young adults.	<ul style="list-style-type: none"> • 5 indicators of adolescent health and development will be incorporated into the regional core data base. • 10 countries will have incorporated the use of the adolescent health situation data base developed by CLAP.
The countries will be supported in the development of policies, plans, programs, and services for adolescents and young adults.	<ul style="list-style-type: none"> • 20 countries have proposals to establish social policies to promote adolescent and youth health and development. • 5 countries will have adolescent and youth programs integrated with the healthy municipalities and communities initiatives.
The countries will have strengthened their programs for development and training of human resource in health and development of adolescents and young adults.	<ul style="list-style-type: none"> • 15 countries participated in training programs using different in service and distance education methods.
The regional program strengthened networks and alliances of partners, stakeholders, agencies, institutions, and individuals that work with adolescents and young adults.	<ul style="list-style-type: none"> • 50% of countries will have national networks connecting institutions and persons working with youth. • 15 countries will have national intersectorial youth committees with youth participation.
The Program will strengthen country capacity in health of adolescence and youth, with emphasis on Central America, the Caribbean, Haiti, Bolivia, and Paraguay.	<ul style="list-style-type: none"> • 15 countries received direct technical cooperation in adolescent health and development (collaboration with other HPP programs and other divisions).
The Program will have strengthened mass communication programs aimed at adolescents and young adults and their families, at the school and community levels, with youth participation.	<ul style="list-style-type: none"> • 5 countries will have social communication programs directed at improving health and development of adolescents and their families in schools and municipalities.
The program will have disseminated relevant knowledge about the health of adolescents and young adults in Latin America.	<ul style="list-style-type: none"> • 5 countries will have qualitative and quantitative assessments of sexual and reproductive health in adolescents. • 5 countries will have assessments of media influence and involvement in.

1.6 Health of Older Adults and Families

Purpose	Indicators
The countries will strengthen their institutional, technical, and analytical capacity to support the development of policies, plans, and programs for adults and older adults.	<ul style="list-style-type: none"> • 50 % of countries have adequate and accessible health care services for the elderly. • 50% of countries have policies and plans to promote healthy aging with dignity.

Expected Results	Indicators
Surveillance and information systems will include basic indicators of the health and well being of older adults.	<ul style="list-style-type: none"> • 5 indicators of older adult health will be incorporated in the regional core data base. • 10 countries will have data bases with key information for decision making on the health of elderly people.
The countries will have strengthened their capacity to develop policies, plans, programs, and services for older adults.	<ul style="list-style-type: none"> • Guidelines were prepared, disseminated and received by all countries. • 10 countries will have policies and legal guidelines to protect the rights of the elderly and promote their health and quality of life.
The Program strengthened country capacity to implement programs for training in health education and promotion for older adults.	<ul style="list-style-type: none"> • 50% of countries have programs that emphasize primary health care and health promotion for older adults.
The Program will have strengthened technical cooperation networks of institutions and individuals who work with older adults	<ul style="list-style-type: none"> • 60% of countries will have networks of partners and stakeholder institutions and persons involved in promoting healthy aging.
The Program provided direct technical cooperation to strengthen countries capacity and develop local responses to improve the health of the elderly and reduce inequities in health among the most vulnerable older adults	<ul style="list-style-type: none"> • 10 countries received direct technical cooperation to increase equity in health promotion efforts and in access to quality health care services for the elderly.

1.7 Sexual and Reproductive Health and Safe Motherhood

Purpose	Indicators
Countries developed and strengthened political and legal frameworks, plans, programs, and services for the improvement of sexual and reproductive health of the population across the life cycle, utilizing health promotion strategies, and social participation.	<ul style="list-style-type: none"> • 50% of countries have policy and legal frameworks to improve sexual and reproductive health across the life cycle. • 75% of countries are implementing health promotion strategies with social participation to advance sexual and reproductive health.

Expected Results	Indicators
Countries capacity strengthened to maintain updated policies, plans and programs for comprehensive sexual and reproductive health promotion and appropriate health care services.	<ul style="list-style-type: none"> • A technical advisory group will be functioning and meeting at least yearly.
Surveillance and information systems strengthened with norms, standards and guidelines for sexual and reproductive health.	<ul style="list-style-type: none"> • Guidelines and standards for key indicators about sexual and reproductive health developed and incorporated in core data. • Guidelines for optimal use of surveillance information to improve the quality of reproductive and sexual health emphasizing user satisfaction and community involvement.

- Country capacity strengthened to develop, implement and evaluate policies, plans, programs and/or projects for the reduction of maternal mortality.
- 70% of countries with maternal mortality rates greater than 100 maternal deaths per 100,000 live births will have implemented essential obstetric care at the first referral level and improved the quality and coverage of maternal and perinatal care services.
-
- Mass communication and advocacy packages will have been developed to increase the population's participation in sexual and reproductive health activities.
- 5 countries will have evaluated the impact of the mass communication and advocacy packages.
-
- Direct technical cooperation will have been provided in response to the needs of each country for the improvement of policies, plans, programs, and services in sexual and reproductive health.
- 70% of countries that requested technical cooperation will have been supported.

1.8 Mental Health, Alcohol and Drugs

Purpose	Indicators
The countries of the Region strengthen their capacity to develop, implement and evaluate policies, plans, and programs on mental health, and to control and reduce alcohol and drug abuse.	<ul style="list-style-type: none"> • 30% of countries will have restructured mental health services, improving access and quality. • 30% of countries will have implemented strategies to promote mental health.
Expected Results	Indicators
The Program will have strengthened surveillance and information systems with mental health indicators, and developed standards and instruments for a mental health information system.	<ul style="list-style-type: none"> • 3 countries will have mental health information systems. • Key indicators for mental health will be included in PAHOs core data base.
The Program will have developed, evaluated, and promoted the use of models to promote mental health and prevent risks and problems with vulnerable populations: children and adolescents, disaster victims, indigenous populations, women, and older adults.	<ul style="list-style-type: none"> • 3 countries will have developed and implemented models for mental health promotion at local level, in communities, schools and workplace.
The Program will have developed guidelines and standards for use in mental health programs at all levels, in particular for depression, epilepsy, and chronic psychoses.	<ul style="list-style-type: none"> • 6 countries will have developed programs in all 3 levels for depression, epilepsy and schizophrenia.
The countries capacity will be strengthened in the development of mental health legislation, policies, plans, and services.	<ul style="list-style-type: none"> • 50% of countries will have participated with the Program in preparing guidelines and standards for the development of mental health legislation, policies, plans, and services.
Member States will have developed standards and instruments for establishing an information system on alcohol and drug use.	<ul style="list-style-type: none"> • 5 countries will have policies and plans to control alcohol and illegal drug use. • 5 countries will have incorporated basic indicators on alcohol and drug consumption and use in their surveillance and information systems.

Member States will have developed and evaluated cost-effective intervention models for the management of alcohol and drug dependency. • 5 countries will have accessible quality programs for the treatment of addictions due to alcohol and drug use/abuse.

1.9 Tobacco

Purpose	Indicators
National and Regional responses to the tobacco epidemic strengthened through the implementation of evidence-based policies and programs.	<ul style="list-style-type: none"> • Number of countries with evidence-based regulatory instruments effectively implemented. • Number of countries with population-based implementation of evidence-based programs.

Expected Results	Indicators
At least 10 countries will have created smoke-free environments in a variety of sectors and jurisdictions and will have developed national plans for extensive and comprehensive smoke-free policies.	<ul style="list-style-type: none"> • Number of countries with smoke-free environments in workplaces and public places such as education and health institutions.
Five countries will have developed key components of a comprehensive tobacco control program to promote smoking cessation, prevent initiation of smoking, and reduction of tobacco consumption, through legislation and policy, fiscal interventions, public education, and other effective measures.	<ul style="list-style-type: none"> • Number of countries with appropriate level of tobacco taxation.. • Number of countries with comprehensive regulation of tobacco advertising, promotion/publicity and sponsorship, packaging and distribution. • Number of countries investing appropriate levels of resources in tobacco control.
At least five countries will have incorporated clinical preventive strategies to promote smoking cessation and prevention of initiation through primary care.	<ul style="list-style-type: none"> • List of services and medications provided under the system.
Ten countries in the Region will have developed sustainable surveillance systems to measure tobacco use and tobacco-related mortality, and will be linked through a PAHO-coordinated network to ensure comparability of data and dissemination of information.	<ul style="list-style-type: none"> • Number of countries participating in Global Youth Tobacco Survey or other similar sustainable surveillance tool. • Number of countries with adequate procedures to track tobacco-caused mortality.

The total regular budget funds in the area of health promotion strategies are:
\$ 7,417.3

2. Development and Implementation of Perinatal Health Programs:

2.1 Evidence-based Maternal and Perinatal Care Practices

Purpose	Indicators
The countries utilize appropriate perinatal care practices.	<ul style="list-style-type: none"> • At least 50% of the time evidence based best practices are used in perinatal care.

Expected Results	Indicators
Countries strengthen their capacity to improve health care during pregnancy, labor and birth.	<ul style="list-style-type: none"> • 6 clinical guidelines to improve health care practices during pregnancy, labor and birth developed, disseminated and received by all countries.
Country capacity in training of professionals for the development and implementation of evidence-based clinical standards or guidelines.	<ul style="list-style-type: none"> • Course on guidelines in CLAP and in 6 countries of the region.
Country effort are strengthened to research, and training in best perinatal care practices in the Region.	<ul style="list-style-type: none"> • 12 courses carried out, half in CLAP and the other half in different priority host countries in the region.
Foster and support research on clinical practice in the perinatal area.	<ul style="list-style-type: none"> • Research results are used to improve perinatal practice.
The countries use studies on appropriate policies and practices are used appropriately.	<ul style="list-style-type: none"> • Number of countries that participated in the multicentric study and used data in making decisions to improve perinatal health.

2.2 Maternal and Perinatal Information

Purpose	Indicators
The countries have adequate information on maternal and perinatal health.	<ul style="list-style-type: none"> • 6 publications with the situation analysis of perinatal health in the last two years.

Expected Results	Indicators
Advocacy: dissemination and distribution of appropriate, complete, and timely perinatal information.	<ul style="list-style-type: none"> • 2 publications with key information every year. • Newsletter from CLAP disseminated to all countries every 2 years.
Development and implementation of an information system.	<ul style="list-style-type: none"> • Software available.
Training of health workers in the use of information systems.	<ul style="list-style-type: none"> • 500 persons trained and able to use information systems.

2.3 Network of Collaborating Centers

Purpose	Indicators
Development and consolidation of a network of national centers working in the area of perinatal health associated with CLAP.	<ul style="list-style-type: none"> • 3 centers are integrated to the network each year, and participate in training, research and technical cooperation activities.

Expected Results	Indicators
Training of the staff of the associated centers in order to achieve a structure suited to their purposes.	<ul style="list-style-type: none"> • 100% of associated centers have capacity and infrastructure to promote perinatal health and development.

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| <p>Development of an effective electronic system for communication within and between centers.</p> <p>Local and multicenter research in the Region was strengthened and supported.</p> <p>Dissemination of scientific and technological information to providers and recipients of maternal and perinatal health services.</p> | <ul style="list-style-type: none"> • Number of specific connections to increase network. • At least one multicenter project and one local research project finished or in process. • Increased knowledge and capacity, and improved technology. |
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The total regular budget funds in the area of perinatal health are:
\$ 1,987.0

3. Strengthen National Capacity to Improve Food and Nutrition Security in the Countries of Central America and Panama:

3.1 Methods, Models, and Technologies to Ensure Nutrition and Food Security in Central America

Purpose	Indicators
<p>The nutritional status of the highest-risk population is improved through consumption of a better quality diet and improved delivery of maternal and child health care services.</p>	<ul style="list-style-type: none"> • Countries established food security policies and plans. • National networks of institutions and programs involved in food and nutrition security actively exchanging information.

Expected Results	Indicators
<p>The countries capacity to produce enriched foods is strengthened with direct support received from INCAP.</p>	<ul style="list-style-type: none"> • 3 countries producing Incaparina-based foods.
<p>Proposals submitted to obtain financing for the design and development of food prepared with local ingredients.</p>	<ul style="list-style-type: none"> • Resource mobilizations to support efforts in 3 countries
<p>Training and support provided for at least three agroindustries run by women and devoted to local production of nutritionally improved foods.</p>	<ul style="list-style-type: none"> • Functioning established agricultural industries.
<p>Training provided to at least three communities on methodologies for the production of vegetables using hydroponic or/and organoponic methods.</p>	<ul style="list-style-type: none"> • Domestic-based centers of production of vegetables with hydroponia.
<p>At least one research study conducted to foster greater microbiological safety of vegetables.</p>	<ul style="list-style-type: none"> • Research study results used to drive decisions at national and local levels.
<p>Reactivation of the national commissions on mycotoxins promoted in at least three countries.</p>	<ul style="list-style-type: none"> • National Commissions active and functioning.
<p>Cooperation networks established for the maintenance of quality assurance systems for fortified salt, sugar and wheat flour.</p>	<ul style="list-style-type: none"> • Networks active and function to support countries with dated.

Adoption of regulations/standards for voluntary enrichment of foods.	• 3 countries adopt regulations.
Adoption of regulations/standards for the fortification of nixtamalized (lime-treated) corn flour.	• 2 countries adopt regulations as a public health program.
Voluntary use of the INCAP proposal on nutritional labeling of processed and canned foods promoted	• Analysis of pilot experience, results disseminated
Participation in cooperation networks that are analyzing the consequences of consuming genetically modified foods.	• Networks actively sharing information and experiences.
Food-related measures for use in disaster situations developed and disseminated via the INCAP Web page.	• Guidelines disseminated to all countries.
Methodologies, models, and reference materials to promote a healthy diet in Central America developed and transferred.	• Guidelines disseminated and received by all countries.
Strengthen decision-making by women and their families with regard to health, food, and nutrition activities, validated, and transferred to Central America and the Dominican Republic.	• Analysis of gender equity in decision making processes.

3.2 Strategies to Promote Food and Nutrition Security in Central America

Purpose	Indicators
The countries incorporate the food and nutrition security guidelines into local development plans.	• The strategy was adopted by 3 countries Results of monitor and evaluation in the nutrition and food security situation.
Expected Results	Indicators
An information system for monitoring and evaluation of the nutrition and food security situation.	• Member States trained their teams and incorporate food security in local development plans.
Countries strengthen a comprehensive approach and incorporate nutrition and food security.	• Human resources working in programs related to nutrition and food security have up-to-date knowledge.
Methodologies and strategies for promoting nutrition and food security at local levels in the countries of Central America transferred.	• Methodologies transferred to at least 4 countries.
Scientific and technical information on nutrition and food security selected and promoted through INCAP's Food and Nutrition Documentation and Information Center.	• Strengthen CEDIAN as a resource center in health promotion is adopted by 3 countries.

The total regular budget funds in the area of food and nutrition security in Central America and Panama are: \$ 3,089.8

4. Strengthen national Capacities to Improve Food and Nutrition Security in the Caribbean Countries

4.1 Food Security

Purpose	Indicators
The countries improve food security and enhance nutritional wellbeing.	<ul style="list-style-type: none"> • Number of countries adopting food security policies
Expected Results	Indicators
Improved knowledge and skills of professional and technical personnel in food, nutrition, and related areas.	<ul style="list-style-type: none"> • 80% of participants demonstrate competencies and skills.
Increased availability and access by Member States to relevant and culture-specific nutrition communication materials.	<ul style="list-style-type: none"> • Kit of materials disseminated and used by countries.
Food and nutrition surveillance systems in the Caribbean countries strengthened and/or sustained.	<ul style="list-style-type: none"> • Increased use of surveillance data in 6 countries.
Database on food and nutrition indicators maintained and expanded.	<ul style="list-style-type: none"> • Food and nutrition trends disseminated and used by all countries.
Nutrient cost analyses promoted and used in guiding consumers to make healthy and economical food choices.	<ul style="list-style-type: none"> • Quarterly indices maintained and used by all countries.
Strengthened analytical capabilities in member countries to inform policy formulation planning and to monitor inequities in health and nutrition.	<ul style="list-style-type: none"> • Improved quality of country reports. • Monitoring system to track vulnerable groups.
Improved capacity to collect, analyze, and use data on food consumption patterns in different socioeconomic groups in designing targeted programs.	<ul style="list-style-type: none"> • 4 proposals prepared to change food consumption patterns.
Increased capacity of countries to promote and provide safe and good quality food.	<ul style="list-style-type: none"> • 5 countries develop food safety and protection measures.
Increased capacity of health system, NGOs and community-based organizations to plan, implement, and evaluate programs for improving young child feeding practices.	<ul style="list-style-type: none"> • 6 countries develop and implement program initiative.
National food and nutrition policies and plans of action developed/updated.	<ul style="list-style-type: none"> • Countries strengthen their capacity to implement national food and nutrition policies and plans.
Food and nutrition coordinating bodies and mechanisms developed and/or strengthened.	<ul style="list-style-type: none"> • 3 countries establish coordinating bodies.

4.2 Nutrition Deficiency Diseases

Purpose	Indicators
Reduction in prevalence of nutrition-related anemia, undernutrition, and other micronutrient deficiencies.	• Reduction of iron deficiency anemia in pregnant women and children.
Expected Results	Indicators
Increased awareness of policymakers about the prevalence, consequences, prevention, and control of iron-deficiency anemia, iodine and vitamin A deficiencies.	• Recommendations to policymakers disseminated and received by all countries.
Enhanced capacity of health care workers for planning, implementing, and evaluating programs for the prevention and control of anemia.	• Anemia prevention and control programs evaluated in 5 countries.
Information available on the appropriateness and effectiveness of specific strategies for combating anemia in children < 5 years.	• Research studies conducted in 3 countries.
Enhanced capacity of community-based organizations, NGOs and government agencies for planning, implementing, and evaluating social communication programs for anemia prevention and control.	• Social communication programs implemented and their impact evaluated in 4 countries.
Increased availability and use of surveillance data on anemia, undernutrition, and other micronutrient deficiencies in decision-making.	• 10 countries report core indicators.
Support institutions in developing and implementing sustainable community intervention approaches for the prevention and control of undernutrition.	• Programs implemented in 5 countries.

4.3 Obesity and Co-morbidities

Purpose	Indicators
The prevalence of obesity and its co-morbidities is reduced.	• Adolescent and adult obesity levels reduced by 2%.
Expected Results	Indicators
Increased capacity in-country for the development of lifestyle (diet and exercise) interventions targeted to school-age children.	• 6 countries implement programs.
Lifestyle interventions in worksite settings developed and tested.	• Results of assessment in 3 countries disseminated and discussed.
Increased capacity in countries for developing and implementing evidence-based nutrition intervention programs to combat obesity.	• Programs developed in 3 countries.
Increased capacity in countries for the collection and use of data to identify and target high risk groups for obesity and co-morbidities.	• Report of risk factors identified for 6 countries disseminated and reported.

- Strategies to promote increased physical activity developed. • Targeted programs developed in 3 countries.
- Increased capacity in the health care system for the dietary management of obesity, diabetes and hypertension, cardiovascular disease, and cancer. • Management protocols and guidelines implemented in 6 countries.
- Enhanced capacity of NGOs, community-based organizations for undertaking nutrition interventions for the prevention and control of obesity and its comorbidities. • New strategies implemented in 3 countries and reports disseminated.
- Capacity of countries enhanced to manage and deliver dietetic services more effectively. • Dietary services improved in 6 countries.

The total regular budget funds in the area of food and nutrition security in the Caribbean are: \$ 2,606.5

HEALTH PROMOTION AND PROTECTION PROGRAM BUDGET DISTRIBUTION BY ORGANIZATIONAL LEVEL				
Organizational Level	Regular Budget		Other Sources	
	2000-2001	2002-2003	2000-2001	2002-2003
Country Programs	9,370.5	9,299.8	5,322.0	90.4
Intercountry Programs	15,022.9	15,100.6	4,828.6	3,266.2
Total	24,393.4	24,400.4	10,150.6	3,356.6

ENVIRONMENTAL PROTECTION AND DEVELOPMENT

Issues and Challenges

Increasing urbanization and demographic growth have a significant impact on the quality of the environment and the increased demand for basic sanitation services. The deterioration of the environment affects the entire population, but particularly pregnant women, children, and older adults.

In the Region of the Americas, potable water coverage in urban areas is 90% and in rural areas is 61.4%. The problems of service provision are more serious in periurban areas, particularly in marginal poverty areas that are increasing in size as a result of migration from rural areas. This situation, together with the lack of sanitary surveillance, poses clear risks to health.

Although in 1995 23 countries in the Region reported that the majority of people living in urban communities had access to water treated according to WHO guidelines for potable water, this situation does not apply to people living in rural areas. And although disinfection of water provision systems has undergone significant progress, there are still several unresolved problems. Among these are the lack of chlorine and the lack of funds to ensure continuous water provision to the population.

The lack of sewage treatment continues to be one of the most significant health problems in the Region. It is estimated that 31.32% of the population does not have access to systems for the elimination of sewage in Latin America and the Caribbean. An evaluation carried out in 2000 showed that only 13.70% of sewage collected through drains are appropriately treated. The use of properly treated sewage is being considered as one of the alternatives to confront the increasing problem of limited water resources, and some countries are beginning to issue legislation related to this issue.

Because of the urbanization process, the needs for adequate handling of solid wastes have increased more than 80% over previous years. In spite of that, coverage of services of collection of solid waste is now only 89% in the cities and 60% in middle-size or small cities. In this regard, one of the most serious problems is the final elimination of wastes, which in many cases contaminates water or is used as animal food. Inadequate elimination of solid wastes increases the proliferation of rodents, insects, and other disease-spreading vectors.

The elimination of domestic and industrial waste can generate risks both directly and indirectly to the population. In this regard, people living in poor marginal urban areas are the most susceptible to the environmental contamination produced by domestic and industrial waste products.

The destruction of the ozone shield, modification of ecosystems, and changes in temperature, together with indoor contamination due to tobacco smoke and carbon monoxide combustion, are also significant risk factors, particularly for children. Pesticides also pose a danger both to children and adults when they are stored in the home. When used in agriculture they directly affect agricultural workers and the populations living close to cultivated lands. In addition, pesticide residues can affect the population through the contamination of foods, water, and the air.

The mining industry is another important source of contamination. The extraction and refining of copper, arsenic in the water sources, and lead in the air can produce adverse effects, particularly in children. Lead, when suspended in the air as particulate matter, can be absorbed in the blood and, even in relatively low concentration, seriously impact children's mental development. Although no reliable figures are available

regarding the consequences of chemical contamination, it is possible to assert that chemical substances can produce serious effects, and that these effects are on the increase throughout the Region.

Inadequate working conditions can be a significant risk factor in terms of morbidity, mortality, potential years of life lost, and life with disabilities. This situation is particularly serious due to the increasing participation of women and children in the labor market, especially in the informal sector.

In the area of workers' health, one of the most serious problems is the subdiagnostic, the under-registration and the under-notification of workers' morbidity and mortality. One consequence is that the data does not properly reflect the traditional health problems or the emerging ones due to the application of new technologies, or the problems of workers not covered by social security regulations.

The number of women and child workers has increased throughout the Region. Between 1960 and 1990 the number of economically active women rose from 18 to 57 million in Latin America. In 1996, the International Labor Organization (ILO) estimated a child labor force of 15 million in the Region. Children who work are at special risk not only with respect to their education but also regarding their physical, emotional, and social development.

Over 100 million people in Latin America and the Caribbean are exposed to atmospheric contaminants in amounts clearly over the recommended values. The main causes of contamination are increasing urbanization, energy consumption and industrialization. It is estimated that 80% of the population of Latin America and the Caribbean lives in urban areas and that this proportion will increase to 90% by the year 2020. This growth will also cause significant increases in energy consumption and therefore, in different kinds of contamination. Although air contamination is a priority issue, the general level of knowledge about its dangers is poor. Consequently, there is great need for information, training, and raising of awareness concerning this issue.

According to statistics from the United Nations, in 1994, 41% of homes were in poor and 17% in extremely poor conditions in Latin America and the Caribbean. It is estimated that only 63% of homes are in adequate living conditions. Inadequate housing is particularly prevalent in rural and urban marginal areas. The vulnerability of people living in these conditions increases in areas with high rates of malaria, dengue, Chagas disease, and yellow fever, as well as with high respiratory and gastrointestinal diseases. Areas prone to flooding and landslides also pose a serious risk increasing the destruction of homes and general infrastructure.

Water contamination is a serious problem in the Region, due to disposal of liquid and solid residues in rivers, lakes, and oceans. Only a few countries in the Region have facilities for the treatment of sewage. That includes not only domestic but also hospital and industrial sewage, which in many cases directly contaminates water sources. The situation is further compounded by water contamination resulting from the use of pesticides and fertilizers.

The Response of the Secretariat

The response of the Secretariat is described in the regional projects identified for the following areas:

1. Promotion, coordination and implementation of technical cooperation activities directed towards diminishing the inequities related to the exposure to environmental risks:
 - 1.1. Drinking Water and Sanitation
 - 1.2. Solid Waste in urban areas and health facilities
 - 1.3. Healthy housing and environments

- 1.4. Environmental risks to health
- 1.5. Environmental protection and health
- 1.6. Workers' Health
- 1.7. Incorporation of health issues into environmental management

- 2. Strengthen the capacity of national institutions to develop technologies for managing environmental risks for public health:
 - 2.1. Drinking Water and Sanitation
 - 2.2. Solid Waste in urban areas and health facilities
 - 2.3. Healthy housing and environments
 - 2.4. Environmental risks to health
 - 2.5. Environmental protection and health
 - 2.6. Information on health and the environment
 - 2.7. Quality of laboratory sample analysis
 - 2.8. Appropriate technology for basic sanitation

Projects

- 1. Promotion, coordination and implementation of technical cooperation activities directed towards diminishing the inequities related to the exposure to environmental risks:

1.1 Drinking Water and Sanitation

Purpose	Indicators
The countries develop their national capacity to increase the coverage, quality, and efficiency of drinking water supply and sanitation services and overcome inequities.	<ul style="list-style-type: none"> • Total drinking water coverage increased to 95% in LAC. • Total sanitation coverage increased to 90% in LAC. • Water disinfecting increased to 75% in LAC. • Urban Population served by continuous drinking water supply systems increased to 50% in LAC. • Wastewater treatment increased to 40% in LAC.
Expected Results	Indicators
Methodological instruments that will facilitate the modernization of WSS Sector with formulation of policies and strategies developed.	<ul style="list-style-type: none"> • Specific instruments disseminated to 5 countries for the development and implementation of reform and modernization projects. • Specific guidelines designed and disseminated for regulatory framework in 5 countries.
Guidelines formulated for universal drinking water coverage.	<ul style="list-style-type: none"> • Guidelines disseminated to all countries on housing connections and easy access to reach universal coverage. • Guidelines for formulating policies and strategies to reduce inequities.
Managerial instruments for the improvement of drinking water quality developed and disseminated.	<ul style="list-style-type: none"> • At least one instrument disseminated to all countries with emphasis on water quality surveillance and control. • Collaborating centers network established.

<p>Guidelines for rehabilitating drinking water systems developed and disseminated emphasizing unaccounted water and intermittent systems.</p>	<ul style="list-style-type: none"> • Instruments disseminate for water quality certification. • At least one guideline developed with emphasis on the physical rehabilitation of the systems, the decrease of unaccounted water and the decrease of facilities intermittence. • Regional Information System designed and implemented (SISAM).
<p>Guidelines for expanding the coverage of sewage and sanitation system disseminated.</p>	<ul style="list-style-type: none"> • At least one guideline distributed to all countries including the formulation of sectoral policies. • Regional Information System designed and implemented (SISAM).
<p>Advocacy initiative established for increased access to water supply and sanitation and better quality of services.</p>	<ul style="list-style-type: none"> • Promote community participation, health education and the Inter-American Water Day (IAWD).
<p>Cooperation networks established for planning and development of human resources in water and sanitation.</p>	<ul style="list-style-type: none"> • "Inter-American Environmental Health Distance Learning Network" consolidated. • Collaborating centers supporting training programs.
<p>Activities to reduce vulnerability of water supplies to natural disasters implemented.</p>	<ul style="list-style-type: none"> • Vulnerability analysis of water supplies implemented with PED/CEPIS Projects in 10 countries • Coordination at HQ with Task Force during emergencies to provide support to the countries.

1.2 Solid Waste in Urban Areas and Health Facilities

Purpose	Indicators
<p>The countries develop their national capacity to increase the coverage, quality, and efficiency of services for the management of municipal solid waste and health facility waste.</p>	<ul style="list-style-type: none"> • 100% coverage of solid waste collection and sanitary disposal for cities with more than one million inhabitants. • 70% coverage for cities of less than 100 thousand inhabitants.

Expected Results	Indicators
<p>Methodological instruments that will facilitate the modernization of Solid Waste Sector with emphasis on the quality, coverage and municipal service efficiency developed.</p>	<ul style="list-style-type: none"> • Specific instruments disseminated to 4 countries for the development and implementation of reform and modernization projects. • Specific guidelines designed and disseminated for regulatory framework in 4 countries.
<p>Guidelines formulated for expanding the coverage and improving the quality of municipal solid waste and health facility waste services</p>	<ul style="list-style-type: none"> • Guidelines disseminated to all countries including the formulation of policies and strategies for increase coverage.
<p>Advocacy initiative established for increased access to municipal solid waste services, including sanitary education.</p>	<ul style="list-style-type: none"> • Regional Network established to support "Children out of Garbage" Initiative. • Sanitary education regional initiative connected with Primary Environmental Attention.

Cooperation networks established for planning and development of human resources and information systems in solid wastes.

- "Inter-American Environmental Health Distance Learning Network" consolidated.
- Collaborating centers supporting training programs.
- Regional Information Systems designed and implemented (SISAM).

1.3 Healthy Housing and Environments

Purpose	Indicators
The countries develop their national capacity for the control of environmental risks and the promotion of healthy housing and environments and rural environmental sanitation.	<ul style="list-style-type: none"> • Specific instruments established for 5 countries for healthy housing, with emphasis in the prevention of Chagas disease, dengue and malaria. • Rural environmental health plans developed in at least five countries.

Expected Results	Indicators
<p>The Inter-American Health in Housing Network developed and functioning, expanding its sphere of multisectorial and multidisciplinary action, disseminating knowledge, and promoting the exchange of information.</p> <p>Guidelines established for the formulation of policies, programs, and projects on rural environmental sanitation developed.</p>	<ul style="list-style-type: none"> • Revised and updated 10 health in housing diagnosis in the region. • The Network will have 3 new centers and two publications on diagnosis and reduction of health risks including proposals for policy planning • Regional Reference documents for Rural Environment Sanitation, with emphasis on environmental primary care established. • Rural environmental sanitation network established.

1.4 Environmental Risks to Health

Purpose	Indicators
Countries developed their institutional capacity to assess risks, establish environmental quality criteria and standards, and carry out environmental surveillance.	<ul style="list-style-type: none"> • Health institutions coordinated with other sectors in developing healthy setting. • Environmental regulations are formulated based on health risk assessments.

Expected Results	Indicators
Regional network established for environmental health surveillance.	<ul style="list-style-type: none"> • At least 50% of the countries participating in the network. • Environmental health surveillance is used as in instrument for disease prevention and health promotion in the countries.

Regional network for the evaluation and control of health risks related to chemical hazards and hazardous waste.

- At least 30% of the countries participating in the network.
- Dissemination of risk assessment model to other countries.

Training Program in risk assessment, including environmental epidemiology, toxicology, risk communication and others.

- Countries have available training program plans in risk assessment methodologies, including the use of distance learning strategies.

1.5 Environmental Protection and Health

Purpose	Indicators
The countries strengthen their capacity to administer, protect, and preserve the quality of their resources, water, air, and soil, from a human health perspective.	<ul style="list-style-type: none"> • Multisectorial committees, including civil society, established in at least 30% of the countries.

Expected Results	Indicators
Proposals for programs to improve water resources formulated and promoted	<ul style="list-style-type: none"> • Proposals include the management of water sources and human protection. • One regional plan developed for the region.
Formulation and implementation of plans for air quality promoted and supported	<ul style="list-style-type: none"> • At least 15 countries are developing air quality programs. • All countries have available plans for elimination of lead in gasoline.
Strategies and programs promoted to ensure that health concerns are taken into account in environmental impact assessments in health (EIAS).	<ul style="list-style-type: none"> • At least 10 countries in the process of incorporating legislation for EIAS.

1.6 Workers' Health

Purpose	Indicators
The countries strengthen their technical and institutional capacity to improve working conditions, environments, and quality of life in the workplace.	<ul style="list-style-type: none"> • 15% of countries with surveillance systems in place. • Prevention programs for occupational risks established in at 10% of the countries. • Workers' Health legislation updated and implemented in one subregion.

Expected Results	Indicators
Information systems for occupational surveillance of risks and conditions detrimental to workers' health evaluated.	<ul style="list-style-type: none"> • Systems in five countries evaluated including at least three occupational diseases.
Models(s) of "healthy workplaces and environments" developed.	<ul style="list-style-type: none"> • All countries have models available including for local level and large enterprises.
Guidelines developed for the organization of comprehensive health services for workers	<ul style="list-style-type: none"> • The guidelines include workers' health promotion and disease prevention; and rehabilitation.

- Studies and evaluations of preventive programs for workers' health conducted.
- At least on study for each of the priority problems, including the economic and social costs of occupational illnesses and accidents (emphasizing equity issues)

1. 7 Incorporation of Health Issues into Environmental Management

Purpose	Indicators
Within the framework of sustainable human development, the countries improve health and quality of life, achieving a healthy and sustainable environment.	<ul style="list-style-type: none"> • National social development plans include health and the environment components in human development. • Countries formulate Agenda 21 at national and local levels.
Expected Results	Indicators
Methodologies, mechanisms, and instruments developed and promoted	<ul style="list-style-type: none"> • All countries have methodologies available to enable them to fulfill the commitments of Agenda 21, the Pan American Charter on Health and Environment in Sustainable Human Development, and the Summits of the Americas
Regional networks supporting primary environmental care developed and promoted.	<ul style="list-style-type: none"> • Coordination of the following networks: Red Internacional de Ecoclubes; Centros de Atencion Primaria Ambiental; Red Panamericana de Municipios.
Mechanisms established for sharing information and experiences on the strategy of primary environmental care.	<ul style="list-style-type: none"> • Mechanisms address different participants of multisectorial nature, including health and environment ministries. • A Regional forum on health and environment in sustainable development established.
The Platform for PAHO Technical Cooperation in Health and Environment for Central America implemented	<ul style="list-style-type: none"> • Participation of PAHO in political decision making and processes for the environmental agenda in CA established • Funding proposals for technical cooperation for USD 1 Million approved • Programmatic coherence given to technical cooperation in EH in the countries of Central America.
Proposals for the development of programs for human resources education in the area of health and environment formulated and promoted	<ul style="list-style-type: none"> • Ten countries have available training program proposals to include municipal and local levels.

The total regular budget funds in the area of diminishing inequities related to the exposure to environmental risks are: \$ 4,959.6

2. Strengthen the Capacity of National Institutions to Develop Technologies for Managing Environmental Risks for Public Health

2.1 Drinking Water and Sanitation

Purpose	Indicators
The countries of the Region increase the supply of safe drinking water and adequate sanitation methods and strengthen their capacities for that purpose.	<ul style="list-style-type: none"> • 50% of the countries implement new public policies, institutional and legal frameworks and national plans.
Expected Results	Indicators
Regional projects evaluated and a second stage proposed.	<ul style="list-style-type: none"> • Project on water and sanitation for indigenous population • Project of drinking water treatment systems • Project for treatment and use of wastewater.
The Latin American and Caribbean project to protect drinking water, sewerage and public sanitation systems from emergencies and natural disasters concluded	<ul style="list-style-type: none"> • Final report of project and proposal for second stage submitted.
Direct support provided to the countries	<ul style="list-style-type: none"> • At least six missions to countries conducted in response to country needs.

2.2 Solid Waste in Urban Areas and Health Facilities

Purpose	Indicators
The countries of the Region improve municipal solid wastes services and strengthen their capacity for that purpose.	<ul style="list-style-type: none"> • At least 20% of the countries have implemented public policies, institutional and legal frameworks and national plans to improve public sanitation.
Expected Results	Indicators
The sustainability of municipal solid wastes micro-enterprises in depressed areas of the countries evaluated	<ul style="list-style-type: none"> • Evaluation report includes recommendations on basic criteria for sustainability.
A regional project for proper management of solid waste in health care facilities formulated	<ul style="list-style-type: none"> • Project proposal submitted for approval to external partners.
Direct support provided to the countries	<ul style="list-style-type: none"> • At least eight missions to countries conducted in response to country needs

2.3 Healthy Housing and Environments

Purpose	Indicators
The countries of the Region improve sanitary conditions of housing and the sanitary quality of food and strengthen their institutional capacity for that purpose.	<ul style="list-style-type: none"> • At least 20% of the countries have implemented public policies, institutional and legal frameworks and national plans to improve public sanitation.
Expected Results	Indicators
A regional project for the improvement of health in housing in depressed areas of the countries formulated	<ul style="list-style-type: none"> • Project proposal submitted to external partners for financial support.
A regional training network for health in housing designed and a strategy proposed for its implementation	<ul style="list-style-type: none"> • The network includes at least 50% of the countries interested.
Basic criteria proposed for the design of sectoral policies disseminated.	<ul style="list-style-type: none"> • The criteria is disseminated to all countries and it includes institutional and legal frameworks, and national plans for the creation of healthy environments
A regional training network for the creation of healthy environments designed and a strategy proposed for its implementation	<ul style="list-style-type: none"> • The network includes collaborating centers that provide training support.
A regional project for the creation of healthy environments in the border areas of countries formulated	<ul style="list-style-type: none"> • The project proposal submitted to interested countries and financing partners.
Direct support provided to the countries	<ul style="list-style-type: none"> • At least ten missions to countries conducted in response to country needs

2.4 Environmental Risks to Health

Purpose	Indicators
The countries of the Region strengthen their capacity to evaluate and control chemical risks to human health.	<ul style="list-style-type: none"> • At least 20% of the countries have implemented public policies, institutional and legal frameworks and national plans to improve public sanitation
Expected Results	Indicators
The performance of the Toxicology Network in Latin America and the Caribbean (RETOXLAC) evaluated	<ul style="list-style-type: none"> • Evaluation study covers risks to chemical substances and intoxication.
A regional project for the expansion and strengthening of RETOXLAC evaluated	<ul style="list-style-type: none"> • Evaluation report disseminated through the network
The third stage of the regional project of the Pan American Network for Environmental Waste Management (REPAMAR) carried out	<ul style="list-style-type: none"> • Work plan implemented and evaluation reports disseminated. • A fourth stage formulated.
Direct support provided to the countries	<ul style="list-style-type: none"> • At least ten missions to countries conducted in response to country needs

2.5 Environmental Protection and Health

Purpose	Indicators
The countries of the Region increase their capacity to evaluate and control the potential risks to human health associated with development processes.	<ul style="list-style-type: none"> At least 20% of the countries have implemented public policies, institutional and legal frameworks and national plans to improve public sanitation
Expected Results	Indicators
A regional training network on environmental impact assessments (EIAs) designed	<ul style="list-style-type: none"> The design includes strategies proposed for its implementation
Basic criteria proposed for the design of sectoral policies, for the assessment and control of water and air pollution	<ul style="list-style-type: none"> The criteria includes the design of institutional and legal frameworks, and national plans.
A regional training network for the assessment and control of water and air pollution designed	<ul style="list-style-type: none"> The design includes strategies proposed for its implementation
Regional project formulated.	<ul style="list-style-type: none"> One project for the assessment and control of air pollution in areas adjacent to mineral deposits or mining operations. One project for the assessment and control of pollution of binational or continental rivers.
The results of the first stage of the Project on Child Health and the Environment in Latin America and the Caribbean (CHELAC) evaluated	<ul style="list-style-type: none"> The evaluation report includes a proposal for the second stage, submitted to partners.
Direct support provided to the countries	<ul style="list-style-type: none"> At least twelve missions to countries conducted in response to country needs

2.6 Information on Health and the Environment

Purpose	Indicators
The countries of the Region increase their capacity to access up-to-date information on the assessment and control of environmental risks to human health.	<ul style="list-style-type: none"> At least 20% of the countries have implemented public policies, institutional and legal frameworks and national plans to improve public sanitation
Expected Results	Indicators
The capacity of the countries to access up-to-date information on assessment and control of environmental risks to human health evaluated	<ul style="list-style-type: none"> Evaluation report disseminated to all countries participating in the study.
Basic criteria proposed for the design of information policies.	<ul style="list-style-type: none"> The criteria includes policies for institutional frameworks, and media for the collection and dissemination of information on health and the environment
A regional training network for the collection and dissemination of information on health and the environment designed	<ul style="list-style-type: none"> The proposal included strategies for implementation of the network

The Virtual Environmental Health Library (VEHL) in Latin America and the Caribbean operational.	• First stage evaluated and proposal for second stage submitted.
Direct support provided to the countries	• At least eight missions to countries conducted in response to country needs

2.7 Quality of Laboratory Sample Analysis

Purpose	Indicators
Improvement of the quality of laboratory analysis of environmental samples in the countries of the Region.	• At least 20% of the countries have implemented public policies, institutional and legal frameworks and national plans to improve public sanitation

Expected Results	Indicators
The capacity and quality of laboratory analysis of environmental samples in the countries assessed	• All countries participate in the assessment process.
Basic criteria proposed for the design of policies for improving the quality of laboratory analysis of environmental samples	• The criteria includes guidelines for the establishment of institutional frameworks, strategies, and tools
A regional training network for improving the quality of laboratory analysis of environmental samples designed	• The proposal includes strategies for implementation
A regional project for improvement and accreditation of the quality of laboratory analysis formulated.	• The proposal includes strategies for its implementation
A regional network of accredited laboratories established.	• The laboratories participating are performing analysis of environmental samples in accordance with the ISO 25.
Direct support provided to the countries	• At least eight missions to countries conducted in response to country needs

2.8 Appropriate Technology for Basic Sanitation

Purpose	Indicators
The countries of the Region step up the use of appropriate technologies for the solution of their basic sanitation problems and strengthen their institutional capacity for that purpose.	• At least 20% of the countries have implemented public policies, institutional and legal frameworks and national plans to improve public sanitation

Expected Results	Indicators
The Regional Program for Promotion of the Use of Appropriate Basic Sanitation Technologies evaluated	• Evaluation report disseminated through the CEPIS Web page.
Basic criteria proposed to stepped up use of appropriate technologies for basic sanitation	• The criteria will include the design of policies, establishment of institutional frameworks, and development of means.

- A regional network for training in the use of appropriate basic sanitation technologies designed
- The Regional Program for Promotion of the Use of Appropriate Basic Sanitation Technologies has been consolidated.
- Direct support provided to the countries
- The proposal will include strategies for its implementation
 - At least ten countries participating in the program.
 - Information disseminated through CEPIS Web page.
 - At least eight missions to countries conducted in response to country needs

The total regular budget funds in the area of developing technologies for managing environmental risks are: \$ 5,588.0

ENVIRONMENTAL PROTECTION AND DEVELOPMENT PROGRAM BUDGET DISTRIBUTION BY ORGANIZATIONAL LEVEL				
Organizational Level	Regular Budget		Other Sources	
	2000-2001	2002-2003	2000-2001	2002-2003
Country Programs	10,719.5	10,722.6	7,086.3	-
Intercountry Programs	10,078.1	10,547.6	6,537.5	2,740.0
Total	20,797.6	21,270.2	13,623.8	2,740.0

HEALTH SYSTEMS AND SERVICES DEVELOPMENT

Issues and Challenges

The main problem that the Region faces in the development of health systems and services is the inadequate response to the population's health needs. This has to do with the lack of equity in terms of resource distribution and coverage, the inefficiency of its actions, deficient financial management, and the weak capacity of health authorities to direct health sector reform processes.

More immediate causes of these problems are a weak public health practice and infrastructure, insufficient capacity for leadership of public health authorities both at the national and local levels, imperfect decentralization processes, inadequate financial management and resource allocation, lack of instruments for social participation, and insufficient development of research in health systems with scarce application of its results. With regard to the provision of services, the greatest problem is their low coverage, resolution capacity, and effectiveness.

Although these problems have an influence on all services, there are some programs and services that have been particularly affected, such as oral health, eye care, rehabilitation, and nursing services as well as those aimed at indigenous populations.

As a result of changes in the markets for health services, in the assignment of populations to various forms of coverage, and the process of decentralization, there is a new labor and management scenario that requires a profound change in the management of human resources.

From the educational point of view, the graduates of schools and faculties of health sciences do not generally have the competence, profile, culture, and attitude that are necessary for the provision of adequate health services. The curricula need to be changed, and the mission of training institutions needs to be redefined in order to increase their integral participation in the health development process.

The emergence of new problems in the area of human resources in public health calls for national and regional processes that include research and monitoring and address the important problems in this area with a strategic approach.

The quality of the laboratories and blood banks vary not only within each country but also among countries, and is associated with the capacity of each institution to invest in infrastructure, equipment, supplies, and personnel. This difference becomes greater with time as new technological tools are developed and demands for services increase as a result of population growth and the emergence of new pathologies.

Diagnostic radiology and radiotherapy services suffer not only from a lack of financial resources but also from an inefficient allocation of available resources. This is manifested by inadequate and deteriorating physical resources (buildings and equipment), the lack of adequate specifications for purchasing new equipment, insufficient salaries, and a lack of discipline in working habits. Evident secondary effects include: nonfunctioning equipment, minimally trained personnel, ineffective diagnostic and/or therapeutic protocols, and unsafe radiation conditions for patients, staff, and the public.

Regarding radiation protection and safety, coordination must be strengthened because most radiological regulatory authorities are outside the health sector. Since they lack clinical experience, the use of medical radiation sources is very difficult to control, especially concerning patient protection. The control is even more in need of coordination when regulatory responsibilities are divided between two (or more) governmental agencies. International technical cooperation concerning radiology services and/or radiation safety programs is provided by various international organizations.

The physical infrastructure and the equipment of health services in the public sector are generally in bad condition. The principal problems are related to lack of institutional development to ensure the planning, acquisition, operation, maintenance, evaluation, elimination, and renovation of equipment; lack of personnel with the training needed for the management and operation of programs as well as to train auxiliary personnel; lack of information needed to define priorities and investments; lack of program financing policies; and lack of regulation programs for medical equipment and devices.

The variety of environments, priorities, organization, and operational demands of the healthcare sector requires a multiplicity of information technology (IT) applications capable of providing support for the challenging and complex interdependent clinical, public health, and managerial decisions and interventions that characterize health practice. There are conflicting perspectives regarding how to bring technological innovation and integration an to environment of increasing social inequalities and polarization between local and global values and control. Two out of three public IT projects take too long to implement and cost more and deliver less than what had been planned.

The threat of technological and natural disasters has not abated in the Region. Despite the fact that Latin American and Caribbean countries have been making concerted efforts for more than two decades to combat the effects of disasters on health, and have gained knowledge and experience, several factors have collaborated to exacerbate the situation: spiraling population growth, urban migration, deforestation, and global warming, among others. Hurricane Mitch in 1998 was a striking reminder of the vulnerability still faced by the Region.

The Response of the Secretariat

The response of the Secretariat is described in the regional projects identified for the following areas:

1. Strengthen national capabilities related to the development and institutional organization of the health system and the organization and management of health services to make universal access to quality health care possible and sustainable:
 - 1.1. Health Systems Development
 - 1.2. Organization of Health Services Delivery
 - 1.3. Human Resources Development for the Health Sector
 - 1.4. Essential Drugs and Health Technology
2. Improve countries' capabilities to prepare for or reduce the damage caused by disasters:
 - 2.1. Disaster preparedness and mitigation
 - 2.2. Humanitarian Assistance and Disaster Relief

Projects

1. Strengthen National Capabilities Related to the Development and Institutional Organization of the Health system and the Organization and Management of Health Services to Make Universal Access to Quality Health Care Possible and Sustainable

1.1 Health Systems Development

Purpose	Indicators
The countries of the Region strengthen their capacity to assess the performance of their health systems and to implement the necessary changes to produce improvements in the health sector.	<ul style="list-style-type: none"> • Ability of the health authorities to formulate, arrange, and evaluate the processes of reform will have been enhanced in at least 10 countries.
Expected Results	Indicators
Measurement of the performance of essential public health functions completed in all countries of the Region.	<ul style="list-style-type: none"> • Instrument for measurement of performance in the essential functions of public health will have been applied in 38 countries of the Region.
Guidelines, methods and training developed for supporting national efforts aimed at strengthening the steering role of health authorities.	<ul style="list-style-type: none"> • Instruments for the development of the institutional capacity of the health authority in performing the functions of the sector steering role will have been disseminated to all countries of the Region. • Processes of the Ministries of Health for revision and institutional implementation of the decentralized execution of sanitary authority will be supported in at least 8 countries of the Region.
Tools and methodologies developed and training carried out to support national efforts to expand social protection in health and improve social security schemes.	<ul style="list-style-type: none"> • Instruments of the process for extension of social protection in health will have been created and disseminated to all countries of the Region. • Reorganization efforts of the Social Security Institutions will be supported in at least 4 countries of the Region. • Guidelines for the design of basic sets of benefits produced and disseminated to all countries of the Region.
Tools and methodologies developed for supporting national efforts to improve the financing schemes, the resource allocation practices, the expenditure patterns and the provider payment mechanism of the health sector.	<ul style="list-style-type: none"> • Methodology of efficiency analysis on spending applied at least 2 countries of the Region. • At least 3 countries have received support in preparing plans of investment and in management of investment proposals.
Methods, models and technologies developed for strengthening national capabilities for performance assessment of health systems.	<ul style="list-style-type: none"> • At least 4 countries will have conducted sector analyses with the revised methodology. • A methodology to evaluate and compare the performance of the health systems will have been designed, disseminated, and applied in at least 3 countries.

- At least 20 countries will have conducted the monitoring and evaluation of the sector reforms, using the second edition of the profiles methodology.
 - At least 10 countries will have applied the methodology of evaluation of equitable access to basic health services
-
- Tools, methodologies, training and exchange of experiences developed to strengthen national capabilities for the design, management and evaluation of health sector reform processes.
- Electronic "Clearinghouse" information and analysis system on reform up-to-date and functioning.
 - At least 2 study tours and two regional forums will have been carried out.
 - There has been participation in at least 3 editions of the "Flagship Course" on reform.
-

1.2 Organization of Health Services Delivery

Purpose	Indicators
<p>Member countries develop models of care suited to their populations' health needs, and improve the operation, and management of health services networks.</p>	<ul style="list-style-type: none"> • Operational and resolution capacity of Health Services Systems improved Health improved, with enhancements in the efficiency, quality, and effectiveness of care. • Models of care reoriented toward approaches involving promotion and public health.

Expected Results	Indicators
<p>Guidelines, methodologies and tools developed for reorienting content of health care delivery models of member countries.</p>	<ul style="list-style-type: none"> • Process of review and adaptation of the promotion-based models of care supported in at least 15 countries of the region by the end of the biennium. • Processes of definition of new modalities of intra- and extra-mural care supported in at least 10 countries of the Region by the end of the biennium. • Methodology and instruments for the administration of nursing and midwifery care identified or implemented and disseminated in the countries of the Region.
<p>Models and standards for the organization and management of healthcare delivery developed and disseminated to help the countries of the Region improve the performance of their health services networks.</p>	<ul style="list-style-type: none"> • Processes of review and development of models of organization of the local and national provider networks of services supported in at least 10 countries of the Region by the end of the biennium. • Processes of strengthening hospital management consistent with the new guidelines of the models of care and management supported in at least 15 countries of the Region by the end of the biennium.

Guidelines, methodologies, tools and training developed to support member countries in their continuous improvement of the quality of care.	<ul style="list-style-type: none"> • Processes of strengthening the emergency services of hospitals and clinics supported in at least 5 countries of the Region by the end of the biennium. • Guidelines on processes to guarantee and continuously improve quality disseminated in all the countries of the Region. • Policies and strategies for incorporation of technology assessments for the health care formulated, operational, or under review in at least 10 countries of the Region by the end of the biennium.
Advocacy, plans, standards and methodologies developed strengthening oral health services and programs.	<ul style="list-style-type: none"> • Staff trained in ART technology in at least 3 countries. • Programs for fluoridation of salt consolidated in at least 10 countries.
Plans, standards and methodologies developed for strengthening normatively and operationally eye health services and programs.	<ul style="list-style-type: none"> • Policies, standards, and programs for eye care formulated, operational, or under review, starting with an understanding of the situation, in 13 countries of the Region by the end of the biennium. • At least five workshops on the production of low-cost eyeglasses should be functioning by the end of the biennium.
Plans, methodologies and tools developed to enhance the countries' ability to ensure equitable access to health care for the indigenous peoples.	<ul style="list-style-type: none"> • Networks of cooperation, intra/or intersectoral alliances, and public policies that encourage equitable access for indigenous peoples will have been strengthened at the regional level and in five countries of the Region by the end of the biennium. • Expansion of the intercultural approach to health in the models of care and training programs of 10 countries of the Region by the end of biennium. • Improvement of the collection, production, and/or dissemination of information on the health of the indigenous peoples, in at least 3 countries of the Region by the end of the biennium.
Models, standards, methodologies and training developed to strengthen national programs of disability prevention and countries' rehabilitation services.	<ul style="list-style-type: none"> • Programs for Prevention of Disabilities formulated and launched in at least 10 countries of the Region by the end of the biennium. • Guidelines for the incorporation and analysis of disability data utilized in at least 10 countries of the Region by the end of the biennium. • Processes of review and adaptation of models of rehabilitation care underway in at least 10 countries of the Region by the end of the biennium.

National capabilities strengthened for the development, implementation, and evaluation of comprehensive programs for landmine victims' assistance.

- Twelve national institutions with the ability to pursue an integrated approach in the rehabilitation of survivors of land mines and other persons with disabilities in three countries of Central America: Honduras, El Salvador, and Nicaragua.
- One hundred health professionals in the recipient countries of the Tripartite Mexico-Canada-PAHO Initiative trained in the rehabilitation of victims of landmines, with capabilities implemented that encompass the integrated approach of rehabilitation.

1.3 Human Resources Development for the Health Sector

Purpose	Indicators
<p>The countries develop, strengthen, and ensure the sustainability of processes of planning, regulation, management, and development of human resources for the health sector as part of the steering role of the health authority.</p>	<ul style="list-style-type: none"> • National plans for development of human resources at the level of the health sector. • Sustainable inter-institutional entities for the formulation of policies, plans, and regulations of development of human resources. • Managerial processes and processes of innovation and change in the service institutions, as well as the education of personnel, oriented by developed policies and regulations.

Expected Results	Indicators
<p>Policies, plans, frameworks, and regulatory instruments generated and implemented to ensure appropriate and comprehensive development of human resources.</p>	<ul style="list-style-type: none"> • Ten national plans, 15 frameworks, and instruments for regulation of professional and technical education, at the level of the health sector. • Six countries join and worked into to the human resources Observatory. • Two international courses for policymakers and human resources managers on strategic issues of health worker policy and management. • Regional database updated and accessible on the WWW, and coordinated with the principal databases and systems of PAHO.
<p>Methods, models, technologies, and instruments for decentralized planning and management of human resources developed and made available to help improve the performance of personnel in health services.</p>	<ul style="list-style-type: none"> • Four tools for management of health workers produced and in use. • Two international regional courses on decentralized management of human resources.

Cooperation and institutional development networks created to promote educational programs in public health and change within training institutions, in keeping with the essential public health functions (EPHF).

- A model of competency-based curricula implemented to orient general graduate education in public health, based on the FESP.
- Two models of competency-based curricula implemented in order to orient ongoing, permanent education in public health services based on the FESP.
- Ten institutions of public health and services education incorporated to the public health virtual campus.

Models, methods, instructional materials, operations research, and institutional capacities for the formulation of in-service distant learning programs to improve the performance of health personnel.

- Two yearly regional courses for training of educators and teams in instructional design and autonomous management of EAD technology.
- Twelve countries actively utilizing the educational models and instruments promoted by HSR for its in-service training programs.
- Four subregional workshops on evaluation of the in-service training experience.

Models, methods, instructional materials, operations research, and institutional capacities developed to support the countries' efforts in training of both professional and technical health workers.

- Two processes underway of situation analysis of regulatory, curriculum, and institutional changes based on the quality of medical and nursing schools respectively.
- Network of educational institutions in communications, journalism, and public health, set up for the implementation of in-service education and training programs and operational studies on communicating on health issues.
- Network of institutions involved in the education of health technicians oriented by new competencies of strengthened and sustainable health care.
- Two graduations of professionals trained in the Program of Training in International Health.

Direct support for the management of the fellowships program, for technical management of PALTEX, and for the information dissemination unit.

- Administered fellowships and arranged fellows.
- Two annual plans for the implementation of PALTEX based on the reorientation of its policy toward the health services, education in public health, and the technical cooperation of PAHO.
- Agreements signed with institutions of health and social security, supporting PALTEX for the use of its teaching materials in the training of their personnel.

1.4 Essential Drugs and Health Technology

Purpose	Indicators
National health systems will adopt governmental standards, based on efficacy and safety criteria for drugs, medical equipment, supplies, and information technology, and will develop maintenance and quality assurance programs, especially in the areas of pharmaceuticals, public health laboratories, blood safety, and radiology.	<ul style="list-style-type: none"> • Analysis and monitoring of regulatory agencies programs. • Analysis and monitoring of quality assurance institutional programs.
Expected Results	Indicators
Pharmaceutical situation assessed, including drug programs or projects, and countries supported in the formulation of pharmaceutical policies.	<ul style="list-style-type: none"> • At least three countries supported in their formulation of pharmaceutical policies. • Pharmaceutical observatory established and operational. • Impact of the TRIPS studied in at least three countries. • Comparative lists of prices of selected drugs available on the Web page of PAHO.OPS.
Regional alliances for harmonization of drug regulations and application of quality standards strengthened together with agreements on national regulatory integration processes.	<ul style="list-style-type: none"> • Holding of a Regional Conference on Harmonization. • Recommendations of at least three Working Groups Technician of the NETWORK formulated. • Regional studies on classification, falsification, clinical research (priority subjects for harmonization concluded). • Define the situation of quality control laboratories in at least three countries.
Improvements in drug management for promoting rational drug use analyzed and formulated.	<ul style="list-style-type: none"> • Centralized and decentralized systems for the supply of drugs existing in at least three countries, recommendations analyzed and formulated. • Quality control systems for purchases of drugs in PAHO in development.
Institutional development of public health laboratories supported and quality of clinical laboratory operations improved.	<ul style="list-style-type: none"> • Regional Standards for clinical laboratories developed and pilot tested in three countries. • Regional and Sub-regional public health laboratory networks functioning in the technical areas.
Advocacy, standards, tools and training developed for improving quality and efficiency of blood banks.	<ul style="list-style-type: none"> • 100% of blood units collected in the Region screened for TTI, with national quality assurance programs established in 20 countries.
Guidelines developed for supporting diagnostic and therapeutic radiology services.	<ul style="list-style-type: none"> • Institutional programs in at least five countries will be analyzed and monitored. • At least two external quality assurance audits conducted.
Standards for the protection of patients undergoing diagnostic radiology examinations and radiotherapeutic procedures will be established.	<ul style="list-style-type: none"> • At least three ministries of health will have created special units.

<p>Multisectoral plans for radiological emergencies and for radioactive waste management dealing with medical sources will have been developed and adopted by the government.</p>	<ul style="list-style-type: none"> • At least ten countries will have indicated their policy on protection of patients in official documents. • At least five countries will have a national policy statement re/radiological emergencies. • At least five national regulations will clearly indicate how medical radioactive waste management is to be handled.
<p>Guidelines and training developed to support institutional capacity to apply models for conservation and maintenance of health facilities and biomedical equipment.</p>	<ul style="list-style-type: none"> • Ten countries of the region with policies for the preservation and maintenance of health facilities included in the sector reform. • Three Subregional Workshops of Clinical engineering in coordination with ACCE, ASHE, ECRI, and the Medical Devices Bureau.
<p>Standards, methodologies and training developed to strengthen technological managerial capacity in health institutions.</p>	<ul style="list-style-type: none"> • Two countries organizing programs for technical management of equipment. • Four professionals of countries of the Region trained in the ECRI Collaborating Center. • Twenty-four bulletins of ECRI-MONITOR Health Technology translated into Spanish and placed on the PAHO Web page.
<p>Guidelines, standards and methodologies developed to promote the development and strengthening of national capacity for regulation of equipment and medical devices and their global harmonization.</p>	<ul style="list-style-type: none"> • Five subregional advisory meetings on the regulation of equipment and medical devices. • Six countries, and their regulatory authorities participating at the meetings of the GFTH. • All countries of the Region with regulatory authorities registered with the MED-DEVICES communication and exchange group coordinated by PAHO.
<p>Guidelines, methodologies and tools developed to support national health services in the deployment of telecommunications and information technology.</p>	<ul style="list-style-type: none"> • Organization and conduction of regional training program in IT procurement, acquisition, and service contracting. • Organization and conduction of one regional expert consultation meeting. • Provision of direct technical assistance to countries, regional and global initiatives, and collaboration with other agencies.

<p>The total regular budget funds in the area of health system, organization and management of health services are: \$17,166.2</p>

2. Improve Countries Capabilities to Prepare for or Reduce the Damage Caused by Disasters

2.1 Disaster Preparedness and Mitigation

Purpose	Indicators
Health sector disaster institutions in the Region are strengthened in order to be able to manage the health consequences of natural and man-made disasters more efficiently and effectively	<ul style="list-style-type: none"> • Regional and sub-regional networks promote the discussion of relevant topics on disaster mitigation and reduction. • Training improves the national response to emergencies. • Mitigation and disaster response guidelines are implemented throughout the Region.
Expected Results	Indicators
Training and technical and scientific materials on a broad spectrum of disaster management issues, in light of decentralization and health sector reform, provided to national health sector disaster coordinators and other disaster professionals.	<ul style="list-style-type: none"> • An intensive course for health sector disaster professionals covering all aspects of disaster management as well as preparedness and mitigation carried out each year. • Health sector disaster professionals receive information and training in the form of publications, CD-ROM, Internet conference and discussion groups.
The Organization provides the framework for a regional network of health disaster professionals with opportunities to exchange information, materials, and ideas and coordinate joint efforts	<ul style="list-style-type: none"> • National disaster coordinators meet annually by sub-regions to plan and evaluate inter-country disaster reduction initiatives.
The Organization supports the formulation and implementation of guidelines, policies, and standards that safeguard the physical and functional vulnerability of health facilities and water systems	<ul style="list-style-type: none"> • Standards and guidelines formulated and updated. • Guidelines on hospital safety reviewed by Committee of Experts in Disaster Mitigation
PAHO coordinates and guides the health-related activities of other non-health agencies such as the U.S. military, FEMA, etc.	<ul style="list-style-type: none"> • Regular consultative meetings coordinated and/or attended.
Central America, as a sub-region, will use the lessons of Hurricane Mitch to reduce their vulnerability and prepare for future disasters	<ul style="list-style-type: none"> • Published accounts of disaster preparedness and response plans involving community participation and organization. • Availability of regional technical criteria and methodologies for safeguarding health facilities.

2.2 Humanitarian Assistance and Disaster Relief Coordination

Purpose	Indicators
The countries of the Region assess their post-disaster health needs, following the recommendations and guidelines accepted by the international community, and efficiently manage the aftermath of disasters.	<ul style="list-style-type: none"> • Better needs assessment which results in more appropriate material and technical support. • Coordination among key stakeholders improved.

Expected Results	Indicators
Technical cooperation will be provided and funds will be mobilized in support of post-disaster needs	<ul style="list-style-type: none"> • Inter-programmatic approach to disaster response. • Electronic sources of information available in a timely manner
In the aftermath of disasters, humanitarian supplies will be managed with a common regional approach that can serve as a model for other regions of the world	<ul style="list-style-type: none"> • Nationals from the Region will participate in the training activities and disaster response in other regions.

The total regular budget funds in the area of disaster preparedness and humanitarian assistance are: \$ 770.9

HEALTH SYSTEMS AND SERVICES DEVELOPMENT PROGRAM BUDGET DISTRIBUTION BY ORGANIZATIONAL LEVEL				
Organizational Level	Regular Budget		Other Sources	
	2000-2001	2002-2003	2000-2001	2002-2003
Country Programs	25,079.3	24,375.9	35,690.7	10,424.4
Intercountry Programs	17,138.8	17,937.1	13,128.5	9,062.7
Total	42,218.1	42,313.0	48,819.2	19,487.1

DISEASE PREVENTION AND CONTROL

Issues and Challenges

In the Americas, according to UNAIDS/WHO/PAHO estimates of HIV infections in adults aged 15 to 49 years, one person in 200 was infected with HIV at the turn of the century, which means an HIV prevalence rate of approximately 0.56%. Nearly four times that proportion is estimated to be infected in the Caribbean, where 1.96% of adults in the most sexually active age bracket are thought to be living with HIV. From a global perspective, the Latin American and Caribbean subregions, with 8% of the world population, has approximately 5% of the people living with HIV at the beginning of the 21st century. Approximately 1.3 million people in Latin America and another 360,000 in the Caribbean were estimated to be living with HIV by the end of 2000.

Noncommunicable diseases account for approximately 60% of disability and mortality in the Region of the Americas and injuries an additional 10%. The leading cause of death for both men and women is cardiovascular diseases (CVD), of which the two major specific manifestations are ischaemic heart disease and stroke. Hypertension is a major risk factor for CVD, as are smoking, high fat consumption and physical inactivity. Prevalence of type 2 diabetes ranges from 5%-15%.

In recent years, the countries of the Americas have been reporting approximately 300,000 registered deaths due to external causes. Data differs substantially between countries. Surveys have established that 20%-60% of women in relationships are victims of violence perpetrated by their partners.

Latin America shows some of the highest incidence rates for cervical cancer in the world, second only to those of sub-Saharan Africa. The highest rates are approximately 40 per 100,000 women reported in Peru and Brazil; the lowest are in Canada, a country with a long-standing screening program. Breast and prostate cancer show an increasing trend in most countries of the Americas, whereas stomach cancer is decreasing.

Many communicable endemic diseases are stable or decreasing in the Region such as tuberculosis, leprosy, Chagas, onchocerciasis, filariasis, and rabies, while others are on a continuous increase (STDs, HIV/AIDS, and dengue). The control measures for these diseases have not been equally effective for all sectors of the population; those of higher economic and social status have benefited the most.

Implementation of the Integrated Management of Childhood Illness (IMCI) strategy continues in full force, aiming at the reduction of 100,000 deaths in children below age 5 between 1999 and 2002, particularly in countries with an infant mortality rate of 20 or more per 1,000 live births. Other components of this strategy are also being implemented in countries with IMR below 20.

There has been important progress in tuberculosis control in those countries, which have adopted the DOTS/TAES strategy, which has allowed an increase in case detection and cure. The number of cases of dengue has been on the increase since the second half of the decade of the 1970s, and available information indicates that *Aedes aegypti* is present throughout the Region.

Although it has produced a significant reduction in the death rate and a slight decrease in the number of cases, the Global Strategy for Malaria Control (GSMC) is confronting political and technical obstacles for its further expansion. The Organization has implemented a strategy called "Roll Back Malaria" as a way to improve this situation.

In spite of some advances, emerging and reemerging infectious diseases are a serious threat to the countries in the Americas. In addition, the mutation of some infectious agent has led to the reappearance of new strains of these diseases that are resistant to the drugs traditionally used to treat them. This has become a serious obstacle for the control of infections produced by these microorganisms, particularly in developing countries where there is a lack of laboratories with adequate diagnostic capacity.

Between 1995 and 1999 there were 3,965 outbreaks of food-borne diseases which affected 124, 717 people and caused 212 deaths. These diseases have had a serious negative impact on tourism in the most affected countries.

Several countries in the Region have made major gains in the reduction of human rabies. For the first time—in 1998—the number of cases was less than 100; in 35% of those cases rabies was transmitted by animals other than dogs. Human rabies was eliminated in 19 of the 21 capital cities in Latin America.

An analysis of the present situation of the national programs of control or eradication of bovine tuberculosis and brucellosis was carried out and will be used as a basis for programs of technical cooperation. Equine encephalitis, leptospirosis and parasitic zoonoses are still a serious threat in the Region.

The pace of eradication of foot-and-mouth disease is accelerating. In May 2000, OIE indicated that Argentina, and the states of Rio Grande do Sul and Santa Catarina in Brazil were free from foot-and-mouth disease, as were Chile and Uruguay.

Special areas of interest remain the successful completion of measles eradication; the maintenance of poliomyelitis eradication; and the control of rubella, yellow fever, and hepatitis B, as well as the expansion of existing surveillance systems to obtain epidemiological information on respiratory diseases prevented through vaccination, on pneumonia and bacterial meningitis, and rotavirus infections.

At the same time, progress in the development of new generations of vaccines is proceeding rapidly. These vaccines have the potential of simplifying immunization delivery, improving the performance of existing vaccines, and protecting children against other vaccine-preventable diseases. The introduction of new vaccines, which have been developed with new technologies, will also require that national regulatory authorities and national control laboratories in the Region acquire the appropriate expertise and capabilities to license and release these new products.

The establishment of partnerships in immunization has emerged as an important strategy to secure wider access to vaccines in the Region. A major global partnership has been formed with the establishment of the Global Alliance for Vaccines and Immunization (GAVI), which brings together public and private sector partners that include WHO, the World Bank, UNICEF, the Bill and Melinda Gates Children's Vaccine Program, the Rockefeller Foundation, and the International Federation of Pharmaceutical Manufacturers Associations.

Child health has improved in recent years throughout the Caribbean, and most serious childhood infectious diseases have been eradicated due to the widespread and high levels of immunization achieved. Nevertheless, poverty in the Caribbean adversely affects children in the school-age population, particularly their nutritional level and education performance. Generally, severe malnutrition does not appear to be a public health problem in the Caribbean. However, cases of mild and moderate malnutrition continue to be of concern in a few countries.

Threats to adolescent health include not only teenage pregnancy but also such problems as sexually transmitted infections, HIV/AIDS, alcohol and illegal drug abuse, physical and sexual abuse, homicide, suicide, crime, and violence. School dropout rates have increased and efforts focused on in-school youth do not reach the out-of-school youth.

The increasing proportion of the older adults in Caribbean populations has sparked the realization that systems and programs have to be put in place to assist in the maintenance of their health. However, there is a general lack of specific health policies, plans, and programs older adult care and the development of such policies requires urgent attention so that solutions to these problems may be found.

Chronic, noncommunicable diseases are the main causes of morbidity and mortality. CAREC data indicate that between 1980 and 1990, the leading causes of mortality in all ages in the English-speaking Caribbean were ischaemic heart disease, followed by cerebrovascular disease, diabetes mellitus, other heart diseases, and hypertension. Diabetes and hypertension contribute significantly to heart disease and stroke. Breast and cervical cancers are the leading causes of mortality from cancer in women, and prostate cancer is the leading cause of cancer deaths in men. The incidence and prevalence of asthma is increasing especially among children.

Tuberculosis has recently reemerged as a major public health threat. This has been due to a combination of factors such as poverty, diminished control efforts, the HIV/AIDS epidemic, and the emergence of multiple-drug-resistant strains of the causative agent.

With an estimated 330,000 persons infected with HIV, the Caribbean is the most severely affected subregion in the Western Hemisphere. Governments are beginning to confront the problem of increasing HIV/AIDS infections, especially among females and young children.

Most countries are increasingly concerned about the toll that injuries take on the health of their populations. Intentional injuries (violence) constitute a major health problem, as well unintentional injuries, particularly motor vehicle accidents. Data are needed on the influence of socioeconomic and socio-cultural environments on mental health. Important mental health issues in the Caribbean include development of policies and services, mental health promotion, adequate human resources, and legal issues including patients' rights. Caribbean countries have recognized that prevention and control of substance abuse require a variety of measures to help reduce supply both and demand.

The Response of the Secretariat

The response of the Secretariat is described in the regional projects identified for the following areas:

1. Promotion and coordination of activities for the prevention, control, and elimination of communicable and non-communicable diseases
 - 1.1. AIDS/STD Prevention and Control
 - 1.2. Integrated Surveillance, Prevention and Management of NCDs
 - 1.3. Cancer Prevention and Control
 - 1.4. Injury Prevention (Intentional and Unintentional)
 - 1.5. Disease Elimination
 - 1.6. Surveillance, Prevention and Control of Emerging Infectious Diseases
 - 1.7. Integrated Management of Childhood Illness (IMCI)
 - 1.8. Tropical Diseases Control
 - 1.9. Food Protection
 - 1.10. Zoonoses, Foot-and-Mouth Disease, and Biomedical Models
2. Promotion and coordination of activities aimed at improving criteria for the adoption of policies governing immunization programs:
 - 2.1. Expanded Program on Immunization
 - 2.2. Vaccine Technology Access
3. Strengthen national capacities to prevent outbreaks, and expand eradication of foot-and-mouth disease:

- 3.1. Foot-and-Mouth Disease
- 3.2. Zoonoses
- 3.3. Laboratory Services
4. Disease Surveillance and Evaluation of the health status of the population in the Caribbean:
 - 4.1 Epidemiological Surveillance and Response, Disease Control, and Biostatistical Support
 - 4.2. Prevention and Control of Vector-borne Diseases (VBD's)
 - 4.3 Prevention and Control of emerging and re-emerging infectious diseases
 - 4.4 Laboratory Operations in Support of Disease Surveillance, Prevention, and Control
 - 4.5 Prevention and Control of HIV/AIDS/STI
 - 4.6 Food and Water Borne Diseases
 - 4.7 Laboratory Strengthening/Quality Assurance Program
 - 4.8 Travel and Health Program
 - 4.9 Chronic Noncommunicable Diseases and Unintentional Injury
5. Strengthen national capacities to develop programs of food protection
 - 5.1. Epidemiological Surveillance of Foodborne Diseases
 - 5.2. Food Inspection Systems
 - 5.3. Institutional Organization and Regulation in the Area of Food Safety
 - 5.4. Reference Services for Food Contaminants
 - 5.5. Education and Communication

PROJECTS

1. Promotion and Coordination of Activities for the Prevention, Control, and Elimination of Communicable and Non-Communicable Diseases:

1.1 AIDS/STD Prevention and Control

Purpose	Indicators
Technical and managerial capacity to face HIV/AIDS/STD improved.	<ul style="list-style-type: none"> • The countries in the Region have the capacity to prevent HIV and ST infections, provide access to appropriate and equitable care for those in need.
Expected Results	Indicators
Plans and projects for the prevention and control of HIV/AIDS/STD prepared.	<ul style="list-style-type: none"> • At least 8 countries will have developed multisectoral projects; • 300% increased in TCC projects number.
Evidence-based strategies and models of HIV/AIDS/STI preventive interventions developed.	<ul style="list-style-type: none"> • 3 countries will have developed feasible and effective prevention strategies.
Comprehensive care policies and strategies established.	<ul style="list-style-type: none"> • “Building Blocks” policy-making model used in 3 countries; • Policies and strategies on care for PLHAs established in five countries
Cost-effective, second-generation HIV/AIDS/STI surveillance strategies disseminated.	<ul style="list-style-type: none"> • Timely information and analysis of results will have been disseminated.

The use of WHO's STD.PAC strategy strengthen national sexually transmitted infections control activities. • WHO's STD.PAC strategy will have been adopted in 5 countries.

1.2 Integrated Surveillance, Prevention, and Management of NCD's

Purpose	Indicators
Member States reduce exposure to risk factors of non-communicable diseases (NCD's), and provide quality care in a cost-effective manner.	<ul style="list-style-type: none"> Plans and programs developed in at least 10 countries. At least 5 country strategies evaluated.
Expected Results	Indicators
Advocacy and resource mobilization carried out to strengthen NCD and injury prevention and control.	<ul style="list-style-type: none"> Financial support provided in at least 12 countries.
Integrated community based prevention programs evaluated and incorporated in Pan American network.	<ul style="list-style-type: none"> CARMEN national programs expanded to at least 12 countries.
Risk factors surveillance systems established.	<ul style="list-style-type: none"> At least 5 countries are disseminating information from risk factor surveillance system.
Evidence-based management of priority NCD established.	At least 3 countries with management guidelines developed.

1.3 Cancer Prevention and Control

Purpose	Indicators
Incidence of neoplasms of major public health importance reduced.	<ul style="list-style-type: none"> Member States adopt feasible and cost-effective strategies for the prevention and control.
Expected Results	Indicators
Potential impact on the reduction of cervical cancer incidence and mortality demonstrated.	<ul style="list-style-type: none"> 30% potential averted cervical cases in demonstration areas.
National cancer programs that target undeserved and at-risk population groups initiated.	<ul style="list-style-type: none"> National cancer control plans developed in at list 2 countries.

1.4 Injury Prevention (Intentional and Unintentional)

Purpose	Indicators
The countries of Latin America and the Caribbean reduce intentional and unintentional injuries.	<ul style="list-style-type: none"> Intentional and unintentional injuries' rates reduced by 15%.

Expected Results	Indicators
Comprehensive policies on intentional and unintentional injury prevention have been established.	<ul style="list-style-type: none"> Policy for injury prevention established in at least 10 countries.

1.5 Disease Elimination

Purpose	Indicators
Chagas disease, leprosy, lymphatic filariasis, and onchocerciasis will have been eliminated as a public health problem in the Region.	<ul style="list-style-type: none"> The countries of the Southern Cone eradicate <i>Triatoma infestans</i>. Vector-borne transmission of <i>T. cruzi</i> is interrupted in other countries. Leprosy, lymphatic filariasis, and onchocerciasis are eliminated.

Expected Results	Indicators
Activities of vector-borne transmission control promoted and periodically evaluated	<ul style="list-style-type: none"> Vector-borne transmission of <i>T. cruzi</i> interruption evaluated CHI, URU, ARG and BRA.
Activities of transfusion transmission control of <i>T. cruzi</i> promoted and periodically evaluated	<ul style="list-style-type: none"> Transfusion transmission of <i>T. cruzi</i> interruption evaluated in Bolivia.
Activities of elimination of diseases promoted and periodically evaluated	<ul style="list-style-type: none"> Program for treatment of onchocerciasis with Ivermectin evaluated in the endemic countries. Program for treatment of lymphatic filariasis developed in the seven endemic countries, using any of the three treatment regimens recommended by WHO.

1.6 Surveillance, Prevention, and Control of Emerging Infectious Diseases

Purpose	Indicators
The surveillance systems of the countries respond timely in controlling communicable diseases and rapidly detecting outbreaks or epidemics.	<ul style="list-style-type: none"> All countries have adequate policies and programs to prevent, detect and control communicable diseases.

Expected Results	Indicators
Regional networks for surveillance of emerging infectious diseases (EIDs) and antibiotic resistance established.	<ul style="list-style-type: none"> 60% of the countries with IMR over 40/1000 will monitor antibiotic resistance.
Regional surveillance system for monitoring EID trends established.	<ul style="list-style-type: none"> An electronic platform to support the surveillance network will be available in 90% of the countries of more than 1 million people.

DOTS strategy promoted in all countries with national TB control programs.	• DOTS coverage and implementation evaluated in 23 countries with national TB control programs.
Resistance to tuberculosis drugs monitored	• TB drug resistance studied in 8 countries with national TB control programs.

1.7 Integrated Management of Childhood Illness (IMCI)

Purpose	Indicators
The infant mortality rate (IMR) is reduced 20% among the most vulnerable populations of the Region of the Americas.	<ul style="list-style-type: none"> • The IMR is under 40/1000 in 10 within the 12 priority countries. • The IMR is under 20/1000 in 8 countries.
Expected Results	Indicators
IMCI strategy activities extended.	<ul style="list-style-type: none"> • 19 countries provided with political and technical information. • Various levels of technical personnel responsible for child health trained in IMCI.
Community component of IMCI strengthened.	<ul style="list-style-type: none"> • Community component promoted at the local level by 5 countries in coordination with NGO's.
Evaluation system established	<ul style="list-style-type: none"> • Information system established in priority countries for monitoring and evaluation of IMCI activities at the national and community levels; • 10 countries will have been evaluated.

1.8 Tropical Disease Control

Purpose	Indicators
The incidence and the social harm caused by malaria, dengue, visceral leishmaniasis, and intestinal helminthiasis are reduced in the Region of the Americas.	<ul style="list-style-type: none"> • The risk of transmission areas and the endemic focus will have been drastically reduced.
Expected Results	Indicators
New technical and political approach and partnership strategy for the malaria control promoted.	<ul style="list-style-type: none"> • Roll Back Malaria initiative adopted by the poorest 9 countries of the 21 that report cases of malaria. • Research projects in antimalarial drug resistance designed and supported by WHO/PAHO.
Integrated strategy for dengue control disseminated.	<ul style="list-style-type: none"> • 10 countries utilizing a new technical set of control tools. • Dengue control plans designed in 10 countries.

Conditions for implementation of an integrated approach to control of intestinal helminthiasis with the elimination of lymphatic filariasis created.

- Essential and adequate interagency alliances locally formalized.

1.9 Food Protection

Purpose	Indicators
The member countries are able to prevent and control food borne diseases (FBDs).	<ul style="list-style-type: none"> • Technical and managerial capacity for surveillance and control improved in at least 75% of the countries.

Expected Results	Indicators
Integrated food protection programs and harmonization of legislation promoted. Science-based inspection systems promoted.	<ul style="list-style-type: none"> • At least half of PAHO members will have their programs and legislation updated and harmonized. • System models and protocols of risk analysis adjusted to the countries reality.
National food protection reference laboratories strengthened. Strategic programs and plans of action for education, consumer protection, and social participation in food protection promoted.	<ul style="list-style-type: none"> • At least 90% of the countries integrated to the Inter-American Food Protection Laboratories. • Specific programs, plans and manuals prepared and distributed.

1.10 Zoonoses, Foot-and-Mouth Disease, and Biomedical Models

Purpose	Indicators
Zoonoses of importance for public health and livestock production eliminated or eradicated.	<ul style="list-style-type: none"> • The member countries are able to prevent, control, and eliminate or eradicate zoonoses, including foot-and-mouth disease.

Expected Results	Indicators
Elimination of human rabies transmitted by dogs promoted	<ul style="list-style-type: none"> • Technical and material support provided to the countries for vaccination campaigns and surveillance.
Conditions to eradicate and maintain the eradication of foot-and-mouth disease created.	<ul style="list-style-type: none"> • Foot-and-mouth disease prevention and eradication politically supported through RIMSA XII, COHEFA VIII, and COSALFA. • Action plans designed.
Veterinary public health services strengthened and national technical mandates developed.	<ul style="list-style-type: none"> • Municipal level services structured and supported in 10 countries. • Sub-regional reference services of laboratory supported.

Public health instruction in the schools of veterinary medicine promoted. • Technical support provided to the concerned authorities.

The total regular budget funds in the area of prevention, control and elimination of communicable and non-communicable diseases are: \$ 12,769.6

2. Promotion and Coordination of Activities Aimed at Improving Criteria for the Adoption of Policies Governing Immunization Programs

2.1 Expanded Program on Immunization

Purpose	Indicators
Member States deliver equitable vaccination programs ensuring quality, and introduce in a sustainable manner new vaccines in routine immunization programs for the control and/or eradication of vaccine-preventable diseases.	<ul style="list-style-type: none"> At least 70% of the municipalities should achieve more than 95% of vaccination coverage with DPT3 or pentavalent3.

Expected Results	Indicators
Plans and policies for the sustainable delivery of immunization programs developed with countries.	<ul style="list-style-type: none"> All countries have developed plans of action.
Methods, models and technologies provided.	<ul style="list-style-type: none"> All countries have received methods, models and technologies to strengthen quality and effective delivery of immunization programs: vaccination safety, and maintenance of the cold chain.
Epidemiological surveillance systems for vaccine-preventable diseases improved.	<ul style="list-style-type: none"> At least 85% of the countries have received training and supervisory visit. All high risk countries received financial support for surveillance.
Timely and effective procurement of vaccines through the PAHO Revolving Fund	<ul style="list-style-type: none"> All countries received the vaccines each quarter as requested.

2.2 Vaccine Technology Access

Purpose	Indicators
The countries use quality vaccines, are prepared to incorporate new vaccines into their programs and collaborate in the development of vaccines of regional public health importance.	<ul style="list-style-type: none"> At least 95% of the vaccine used in the immunization programs are of assured quality. One or two intercountry project for vaccine development in place

Expected Results	Indicators
Standards and guidelines for national regulatory authorities (NRA).	<ul style="list-style-type: none"> Guidelines to implement six basic regulatory functions for vaccines are available. Guidelines promoted in all countries.
International standards and Good Manufacturing Practices for vaccine production. Cooperation networks and alliances of research groups and local vaccine manufacturers for the joint development of vaccines.	<ul style="list-style-type: none"> Advocate for the implementation of international standards by local vaccine producers. At least one alliance between two or more countries for the development of a vaccine of regional public health priority.
Training programs in areas related to vaccine production, and vaccine research and development completed.	<ul style="list-style-type: none"> Training programs include regional and subregional workshops, individual residences and rotations, covering at least one or two countries of each subregion of the Americas.
Epidemiological surveillance systems developed, and research and evaluation studies conducted to support introduction of new vaccines.	<ul style="list-style-type: none"> Regional surveillance system for bacterial meningitis and pneumonia and rotavirus disease in place. Cost-effectiveness studies to evaluate benefits of pneumococcal and rotavirus vaccine implemented.

The total regular budget funds in the area of coordination of immunization program are:
\$ 2,988.2

3. Strengthen National Capacities to Prevent Outbreaks, and Expand Eradication of Foot-and-Mouth Disease

3. 1 Foot-and-Mouth Disease

Purpose	Indicators
The member countries achieve and maintain international recognition as areas free of foot-and-mouth disease.	<ul style="list-style-type: none"> All countries will have been formally recognized through an OIE resolution.

Expected Results	Indicators
Structures for primary and secondary prevention of foot-and-mouth disease evaluated.	<ul style="list-style-type: none"> 4 national programs evaluated in a currently disease free sub region. 2 sub regional programs evaluated
Personnel prepared to manage foci of foot-and-mouth disease and respond to health emergencies.	<ul style="list-style-type: none"> Training programs offered to the Andean and South Cone countries.
Absence of viral activity demonstrated in countries which foot-and-mouth disease is clinically absent.	<ul style="list-style-type: none"> Methods and techniques for demonstrating of absence of viral activity provided to the countries.
Networks for cooperation among countries promoted.	<ul style="list-style-type: none"> Will have been held the COSALFA annual meetings as well as joint activities with the affected countries.

The performance of national and regional systems of epidemiological surveillance and information strengthened	• At least two national or regional systems evaluated.
Training provided in epidemiological analysis use of the information.	• 6 national units trained.

3.2 Zoonoses

Purpose	Indicators
Zoonotic diseases with the potential to affect the health and economy of the countries eliminated.	• Health policies geared toward the elimination and eradication of zoonotic diseases effectively implemented in all countries.
Expected Results	Indicators
Information on the epidemiological situation throughout the Region disseminated.	• Information bulletins published and distributed.
Standards to prevent and control brucellosis and tuberculosis developed.	• Guideline published.
Training offered in epidemiological surveillance and control	• Human resources trained in at least 14 countries.
National programs of brucellosis and tuberculosis control directly supported.	• Guidelines prepared and promoted in four countries.
Support and advisory services provided to canine rabies control and elimination.	• Information and epidemiological surveillance systems revised and updated; • Diagnostic capabilities and quality control of rabies vaccines improved.
The quality of medical care for persons at risk and persons exposed to the rabies virus improved, and the quality of rabies prophylactic treatments in the countries of the Region enhanced.	• Guidelines for human protection against the risk and prophylactic treatment published.

3.3. Laboratory Services

Purpose	Indicators
The countries optimize their reference diagnostic capabilities in endemic, emerging or reemerging diseases with potential impact on public health or national economies.	• At least 70% of the countries carry out diagnostic capabilities based on new methodological approach.
Expected Results	Indicators
Specialized advisory services and material support provided for national and regional programs of control and eradication of zoonoses, vesicular disease and foot-and-mouth disease.	• Manuals published with standards to assure diagnostic quality. • Diagnostic tools for characterization of the epidemiological situation, risk, and endemism developed and internationally validated.

- Procedures of vaccines control for brucellosis established.
- Reagents produced, standardized and provide to the countries;
- Methods developed for estimating the quality and potency of immunogens for vesicular and zoonotic diseases.

The total regular budget funds in the area of foot-and-mouth disease are:
\$ 8,730.4

4. Disease Surveillance and Evaluation of the Health Status of the Population in the Caribbean

4.1 Epidemiological Surveillance and Response, Disease Control, and Biostatistical Support

Purpose	Indicators
Effective public health action and decision-making is strengthened in CAREC member countries (CMC).	<ul style="list-style-type: none"> • The capacity to provide and utilize quality epidemiological surveillance data and information is enhanced.
Expected Results	Indicators
Biostatistical support function strengthened.	<ul style="list-style-type: none"> • Analysis and interpretation of epidemiologic surveillance data and information provided.
Human Resource Development at the CMC and CAREC levels will have been skilled.	<ul style="list-style-type: none"> • CMC and CAREC personnel will have participated in epidemiologic surveillance, analysis, and policy development and implementation training.
New and existing surveillance initiatives and information systems developed, implemented, maintained and evaluated.	<ul style="list-style-type: none"> • Existing systems evaluated. • Internet based drug abuse surveillance developed.
Capacity for management, prevention, and control of mycobacterial diseases strengthened.	<ul style="list-style-type: none"> • Policy statements for the MoH developed, strategic plans designed and action protocols prepared.

4.2. Prevention and Control of Vector-borne Diseases (VBD's)

Purpose	Indicators
CMC will be strengthened in their fight against vector-borne diseases.	<ul style="list-style-type: none"> VBD's generally reduced, especially malaria, dengue and lymphatic filariasis (LF).
Expected Results	Indicators
CMC cooperation network and essential alliances established for the LF elimination and malaria reduction from Guyana and Suriname.	<ul style="list-style-type: none"> Plans and norms developed and shared with CMC for the LF elimination and malaria and dengue reduction.

4.3 Prevention and Control of Emerging and re-Emerging Infectious Diseases

Purpose	Indicators
CMC capacity to carry out surveillance, prevention and control programs strengthened.	<ul style="list-style-type: none"> Tuberculosis, vector and rodent borne diseases, rabies, antimicrobial resistance and unexplained deaths effectively faced.
Expected Results	Indicators
Capacity and infrastructure for epidemiologic surveillance are strengthened.	<ul style="list-style-type: none"> At least 5 countries use syndromic based surveillance for early detection of EID.
Human and financial resources mobilized to support prevention and control of EID.	<ul style="list-style-type: none"> At least two proposals submitted.

4.4 Laboratory Operations in Support of Disease Surveillance, Prevention, and Control

Purpose	Indicators
CMC capacity to provide laboratory support for disease surveillance, prevention and control programs strengthened.	<ul style="list-style-type: none"> At least 75% of CMC have laboratory data in-country. All CMC have access to effective and timely laboratory diagnosis.
Expected Results	Indicators
Sub regional and national networks for laboratory surveillance strengthened.	<ul style="list-style-type: none"> Guidelines developed, disseminated and promoted.
Guidance provided for introduction of appropriate laboratory information systems.	<ul style="list-style-type: none"> At least 3 software packages evaluated and report disseminated; Pilot implementation of selected software in held in 3 countries.
Standards, guidelines, and policies for laboratory operations developed and disseminated.	<ul style="list-style-type: none"> Guidelines developed to support at least 6 CCH II priority diseases.
Continued evaluation of methods and technology of CMC laboratories.	<ul style="list-style-type: none"> Evaluation report disseminated at least once per year.

Projects and programs developed for introducing and sustaining new initiatives	<ul style="list-style-type: none"> • At least 2 proposals developed and submitted for funding.
Direct support provided for reference and referral laboratory testing.	<ul style="list-style-type: none"> • At least 80% of requests for laboratory reference services provided.

4.5 Prevention and Control of HIV/AIDS/STI

Purpose	Indicators
The CMC capacity to manage and sustain programs for prevention and control of HIV/AIDS/STIs and care of persons living with HIV/AIDS is increased.	<ul style="list-style-type: none"> • At least 60% of syphilis positive pregnant women seeking antenatal care and 60% of their sexual partners adequately treated. • Report condom use is 60% increased among 15-49 years.
Expected Results	Indicators
Health information, surveillance systems, and research capabilities enhanced.	<ul style="list-style-type: none"> • A minimum of two national research projects developed in 10 countries.
Capacity of decision-makers strengthened to policy formulation, planning, implementation, and evaluation of HIV/AIDS programs.	<ul style="list-style-type: none"> • At least 10 national work plans developed using the expanded response approach to build alliances and mobilize communities.

4.6 Food and Water Borne Diseases

Purpose	Indicators
The CMC food safety programs are strengthened.	<ul style="list-style-type: none"> • 5 countries have established inter ministerial national committees.
Expected Results	Indicators
Development and implementation of programs supported.	<ul style="list-style-type: none"> • Surveillance and control systems of food borne diseases developed in 10 countries.
Research on emerging food and water borne illnesses supported.	<ul style="list-style-type: none"> • At least one multi country research program completed.

4.7 Laboratory Strengthening/Quality Assurance Program

Purpose	Indicators
Improved management of, and coordination between, public and private laboratories in the CARIFORUM region leads to increased availability of high quality laboratory information.	<ul style="list-style-type: none"> • Error in lab data reduced. • Client surveys demonstrate 50% increase client satisfaction.

Expected Results	Indicators
Regional medical laboratory standards, accreditation mechanisms, national legislation and registration schemes supported.	<ul style="list-style-type: none"> • Regional registration and accreditation model developed. • Regional accreditation and monitoring body operational.
Training capacity national and regional levels in the field of medical laboratory QA enhanced.	<ul style="list-style-type: none"> • 30 lab technologists prepared to conduct QA training.

4.8 Travel and Health Program

Purpose	Indicators
The quality and competitiveness of the Caribbean tourism industry improved through the establishment of environmental health and resource conservation standards and certification system.	<ul style="list-style-type: none"> • All required components in place for successful implementation of standards based systems and registration.

Expected Results	Indicators
Ill-health monitoring system developed and implemented	<ul style="list-style-type: none"> • Ill health monitoring system disseminated to 90 hotels.
Training program for public and private sector environmental health and resource management auditors developed and implemented	<ul style="list-style-type: none"> • Public and private sectors officials trained to conduct audits at participating hotels.
A communications strategy developed including advocacy and marketing	<ul style="list-style-type: none"> • Action plans developed.
Evaluation plan and long-term strategy developed.	<ul style="list-style-type: none"> • Strategic plan for broader implementation and long-term sustainability designed.

4.9 Chronic Noncommunicable Diseases and Unintentional Injury

Purpose	Indicators
Mortality, morbidity, and disability caused by selected chronic noncommunicable diseases (CNCDs) and unintentional injuries reduced in CMC.	<ul style="list-style-type: none"> • At least 12 CMC are engaged in some form of CNCD and injury surveillance.

Expected Results	Indicators
Strengthened communication and alliances between stakeholders involved in CNCD and injury surveillance, prevention and control	<ul style="list-style-type: none"> • Regional multisectorial network of producers and consumers of surveillance data established.
Surveillance of selected CNCDs maintained	<ul style="list-style-type: none"> • BRFS extended to 8 additional CMC.
A surveillance system established to monitor the existence, enforcement, and impact of legislation and/or regulations pertaining to CNCD and injury	<ul style="list-style-type: none"> • Data routinely collected from 6 CMC.

The capacity of CMC to collect and interpret behavioral risk factor data to be enhanced • Personnel responsible for CNCD and injury surveillance trained in 8 CMC.

The total regular budget funds in the area of disease surveillance and evaluation in the Caribbean are: \$ 1,384.0

5. Strengthen National Capacities to Develop Programs of Food Protection

5.1 Epidemiological Surveillance of Foodborne Diseases

Purpose	Indicators
The risk of food borne diseases is reduced	<ul style="list-style-type: none"> The countries' capacity to efficiently perform epidemiological surveillance of food borne diseases is strengthened at the local level.
Expected Results	Indicators
Development of active surveillance in a local system for two diseases	<ul style="list-style-type: none"> 10 countries with local active surveillance system developed.
Programs for training medical and paramedical personnel and those responsible for food safety programs offered.	<ul style="list-style-type: none"> 80% of target personnel trained in the 10 countries with active surveillance systems.

5.2 Food Inspection Systems

Purpose	Indicators
The countries implement the use of modern approaches to food inspection to support FBD prevention and control activities.	<ul style="list-style-type: none"> Modern approaches incorporated to the legislation related to food inspection in 15 countries.
Expected Results	Indicators
INPPAZ established as a center for training of trainers in the Region	<ul style="list-style-type: none"> At least 2 recognized trainers in each country.
Advisory services provided to assist the countries in incorporating modern approaches to inspection into their legislation.	<ul style="list-style-type: none"> New legislation proposals developed in 15 countries.

5.3 Institutional Organization and Regulation in the Area of Food Safety

Purpose	Indicators
The countries have a new institutional organization and international standards of food safety legislation.	<ul style="list-style-type: none"> National food safety policies formulated and national legislation reviewed in this area.
Expected Results	Indicators
Advisory services provided to the countries on participation in the work of the Codex Alimentarius committees and on the incorporation of Codex standards into their national legislation.	<ul style="list-style-type: none"> 100% of the European Union and Codex Alimentarius legislation on food available in full-text and electronic format; The virtual library on food safety fully operational and totally integrated into the Virtual Health Library.
80% of the Spanish-speaking countries and 50% of the English-speaking countries of the Region completely integrated into the regional project on food legislation.	<ul style="list-style-type: none"> The Virtual Library on Food Safety fully operational and totally integrated into the Virtual Health Library.

5.4 Reference Services for Food Contaminants

Purpose	Indicators
The countries' capacity to identify and analyze the main chemical and microbiological contaminants agents is strengthened.	<ul style="list-style-type: none"> National reference centers for analysis of food contaminants, with laboratory quality assurance programs, are established.
Expected Results	Indicators
National laboratory networks operating in the countries.	<ul style="list-style-type: none"> Consortium of laboratories of excellence established.

5.5 Education and Communication

Purpose	Indicators
The countries develop education programs utilizing mass communication techniques.	<ul style="list-style-type: none"> Community involvement in bringing about behavior change with regard to safe food handling practices is strengthened.
Expected Results	Indicators
Regional educational strategies utilizing mass communication techniques developed.	<ul style="list-style-type: none"> TV campaigns prepared and disseminated. Educational materials prepared and disseminated.

National policies on community participation in safe food handling practices promoted. • Educational programs designed.

The total regular budget funds in the area of food protection are:
\$ 2,924.6

DISEASE PREVENTION AND CONTROL PROGRAM BUDGET DISTRIBUTION BY ORGANIZATIONAL LEVEL				
Organizational Level	Regular Budget		Other Sources	
	2000-2001	2002-2003	2000-2001	2002-2003
Country Programs	14,119.7	12,933.1	20,369.2	3,289.3
Intercountry Programs	28,045.5	28,796.8	29,711.8	11,185.9
Total	42,165.2	41,729.9	50,081.0	14,475.2

GOVERNING BODIES AND COORDINATION

Issues and Challenges

Member States have expressed their interest in reforming Governing Bodies' meetings to provide more opportunities for in-depth analysis of technical and policy issues addressed by the Organization. Similarly, the role of the SPP has been reviewed in order to make this body a more active participant in the affairs of the Secretariat. Another issue to be addressed in the biennium is the concern expressed by Member States regarding equity in representation on the Governing Bodies' special committees.

The various reform processes now taking place in the Region have important implications for technical cooperation. The UN reform process establishes the context in which we do business. The WHO reform process needs to be monitored closely so as to be able to advise national counterparts of what might be the implications for the country as a whole of these reforms. The state and health systems reforms are constantly evolving, and PAHO must not only respond to them but should also play a role in determining the direction of these reforms. Indeed, the PAHO/WHO Country Representative Office can play a catalytic role in health systems reform at the country level. Added to this mix of constantly evolving events, there is an increased role for civil society and NGOs working in the area of health. All of these have implications for the governance, management, and variety of health services available.

In addition, the UN reform process has generated a movement towards a Common Country Assessment (CCA) and the development of United Nations Development Assistance Framework at the country level (UNDAF). Both of these involve all UN partners in the collective assessment of development problems and the search for solutions in a joint effort with governments.

The flow of international aid has fluctuated through time. The new political and economic reality has generated a rapid trend towards integration beyond the OECD members. Countries in our Hemisphere are conforming blocks, such as the MERCOSUR, CARICOM, SICA, etc., which constitute critical partners in the development efforts. In addition, the private sector and civil society are currently major players at the country level, and various mechanisms have been devised to integrate them into the thinking and implementation of development strategies.

The Shared Agenda for Health in the Americas signed in June 2000 by PAHO with the World Bank (WB) and the Inter-American Development Bank (IDB) opened up new avenues for substantive collaboration with the multilateral lending institutions. This includes the creation of mechanisms for coordination and sharing of information, as well as for the development of joint action plans in four specific program areas: pharmaceuticals, national health accounts, disease surveillance, and environmental health.

All countries in the Americas are served by 27 Country Offices and one Border Office in El Paso, Texas. These countries have different cultural and political orientations, health issues and systems, and technical cooperation constraints, in addition to varying sizes and other enabling factors. PAHO's technical cooperation with the countries must be cognizant of this complex mosaic of opportunities, needs, and capabilities.

It is necessary to concentrate on managerial functions that will ensure transparency, accountability, adherence to rules and procedures, controls, efficiency, cost-effective actions, and decisions. Ensuring the best use of physical, human, and financial resources to implement effectively the technical cooperation program and the best arrangement of resources for technical cooperation, should be of prime consideration.

The Response of the Secretariat

The response of the Secretariat is described in the regional projects identified for the following areas:

1. Coordination and support for the formulation, monitoring and evaluation of the technical cooperation country programs:
 - Country Office Support and Supervision
 - 1.1 Support for Sub-regional Integration
 2. Support to Governing Bodies
 - 2.1 Conference Services
 3. Coordination of External Relations of the Organization
 - 3.1 External Relations
 - 3.2 Resource Mobilization

Projects

1. Coordination and Support for the Formulation, Monitoring and Evaluation of the Technical Cooperation Country Programs

1.1 Country Office Support and Supervision

Purpose	Indicators
Country Offices execute technical cooperation programs in an efficient and effective manner.	<ul style="list-style-type: none"> • The design, implementation and evaluation of Country programs responds to national priorities for TC.
Expected Results	Indicators
Strategic planning and programming process (AMPES) supported	<ul style="list-style-type: none"> • Monitoring visits to all country offices. • At least two BPB evaluation and programming meetings in each sub-region attended by the corresponding CPA. • Support to Country Cooperation Strategy
Negotiating and networking to support country programs carried out.	<ul style="list-style-type: none"> • Projects submitted to PRP and ARP reviewed by CPAs. • Participation in task forces and various committees. • Improved country focus cooperation strategy implemented
Management functions in support of Country Offices conducted.	<ul style="list-style-type: none"> • Sub-regional Managers' Meetings conducted yearly and on Regional Managers' Meeting. • Participation of CPAs in transfer of Country Offices. • Implementation of PPES monitoring through period visits.

1.2 Support for Sub-regional Integration

Purpose	Indicators
The organization responds to sub-regional initiatives in an integrated manner	<ul style="list-style-type: none"> • Collective requests-needs in the field of health are supported for each subregional initiative.
Expected Results	Indicators
CARICOM initiatives in relation to health, monitored and supported.	<ul style="list-style-type: none"> • Progress of CCH Phase II supported in coordination with CPC office. • Arrangements made for Caucus of CARICOM Health Ministers annually. • TCC Project proposals reviewed, analyzed and submitted to the Director.
MERCOSUR Initiatives supported.	<ul style="list-style-type: none"> • Evaluation of PAHO's response to MERCOSUR initiatives evaluated every six-months. • TCC project proposals reviewed, analyzed and submitted to the Director • Regular meeting with the inter-programmatic group
ANDEAN Initiatives supported	<ul style="list-style-type: none"> • Progress of Andean cooperation in health assessed • Training of personnel in PAHO and national counterparts in TCC project formulation, execution and evaluation • TCC Project proposals reviewed, analyzed and submitted to the Director
Central American initiatives supported	<ul style="list-style-type: none"> • Progress on coordinated approach to health common initiatives among RESSCAD, COMISCA, COCISS and CAPRE monitored through national intrasectoral mechanisms • Subregional health sector meetings supported. • Training of personnel in PAHO and national counterparts in TCC project formulation, execution and evaluation • TCC Project proposals reviewed, analyzed and submitted to the Director

The total regular budget funds in the area of coordination and support to country programs are: \$ 2,720.9

2. Support to Governing Bodies

2.1. Conference Services

Purpose	Indicators
Governing Bodies successfully achieve their objectives in all meetings and subcommittees.	<ul style="list-style-type: none"> • Meetings of the Subcommittee on Planning and Programming, on Women; the Executive Committee, the Directing Council and Pan American Sanitary Conference completed in accordance with schedule and established agendas.
Expected Results	Indicators
High-quality conference services are provided to users in a cost-effective and timely manner in support of PAHO's program of technical cooperation.	<ul style="list-style-type: none"> • Documentation is submitted to members of meetings on time • Technological support is provided for all PAHO meetings in HQ in addition to Governing Bodies' meetings.
Meeting facilities maintained and operating efficiently.	<ul style="list-style-type: none"> • Meeting rooms assigned and support provided in technological and logistical arrangements for all HQ meetings.

The total regular budget funds in the area of support to governing bodies are:
\$ 2,465.3

3. Coordination of External Relations of the Organization

3.1. External Relations

Purpose	Indicators
Improvement in PAHO's relations with other international and national institutions, with Governing Bodies, and improved in-house awareness of international processes.	<ul style="list-style-type: none"> • External partners know Strategic and programmatic orientations of PAHO. • PAHO staff members are aware of the international processes that affect their TC activities.
Expected Results	Indicators
To influence over relevant global and hemispheric processes, political agendas and activities of sister organizations, and other conferences.	<ul style="list-style-type: none"> • Presence of health in Summit Declarations, in the working plans of actions with strategic partners from the international community and with financial institutions.
To follow up the UN reform process and policy changes in order to provide advised in house	<ul style="list-style-type: none"> • Document analyzing situation and sharing information

Having facilitated a clear understanding of PAHO's special characteristics and increased coordination with WHO Headquarters and relevant regional offices will be supported.	<ul style="list-style-type: none"> • Participation in regional and global meetings.
Process of improving policy, operational, and administrative articulation with foundations, public, and NGO sectors will be continued	<ul style="list-style-type: none"> • Organize special meeting with NGOs and private partners to share information and create conditions for common working plans. • Participation in meetings and dissemination of information with NGOs.
Having established alliances and coalitions with sister agencies, other international organizations, foundations and private sector.	<ul style="list-style-type: none"> • Joint declarations and plans. Celebration of events.
Expanded Shared Agenda initiative to include new areas of work and partners and reflection of initiative at country level.	<ul style="list-style-type: none"> • Monthly meetings with coordination group. • Celebration of joint events.

3.2 Resource Mobilization

Purpose	Indicators
PAHO's ability to generate funding for priority programs and quality projects will be maintained and increased.	<ul style="list-style-type: none"> • At least maintain equal level from previous biennium of external funding for TC projects.
Expected Results	Indicators
Having maintained/increased the level of funding from traditional donors and identified new donors.	<ul style="list-style-type: none"> • Traditional donors continue supporting TC projects. • PAHO Biennial appeal for extrabudgetary funds.
Resource mobilization strategy reviewed and updated continuously.	<ul style="list-style-type: none"> • Periodic meetings with traditional donors and new partners as identified.
Having PAHO's management of international cooperation in health, project review process, project management, and project negotiation strengthened.	<ul style="list-style-type: none"> • Annual review of the PRP process. • Period meetings of PRG • Development of project guidelines and training.
Having streamlined mechanisms for project tracking and reporting.	<ul style="list-style-type: none"> • One system in place.

The total regular budget funds in the area of external relations coordination are:
\$ 1,667.1

The total regular budget funds for the retiree's health insurance are: \$ 4,700.0

GOVERNING BODIES AND COORDINATION PROGRAM BUDGET DISTRIBUTION BY ORGANIZATIONAL LEVEL				
Organizational Level	Regular Budget		Other Sources	
	2000-2001	2002-2003	2000-2001	2002-2003
Country Programs	37,492.1	37,208.1	1,888.5	626.0
Intercountry Programs	6,272.0	6,536.2	891.0	505.7
Headquarters	4,786.9	5,017.1	206.9	85.0
Total	48,551.0	48,761.4	2,986.4	1,216.7

GENERAL DIRECTION

Issues and Challenges

Within the context of the SPO, PAHO has identified the following regional priorities for action:

- saving an additional 100,000 children's lives
- maintaining the Region polio-free
- achieving and maintaining measles elimination throughout the Region
- controlling and reducing tobacco use
- reducing maternal mortality
- providing safe blood through regional health services
- improving mental health through the improvement in mental health services
- controlling and reducing the spread of AIDS.

In 2000, PAHO signed with the World Bank and the Inter-American Development Bank a Shared Agenda which it is hoped will facilitate improved investments in health by the international financing institutions and better cooperation among international agencies working in health.

The Secretariat must develop and realign the strategic plan to address anticipated needs. It must also coordinate a programming process that ensures effective use of resources and identifies and coordinates the implementation of initiatives to help the Organization to function more efficiently.

Current trends in the international environment have increased the emphasis given to the accountability for the use of public resources, and stakeholders of public and international organizations are demanding that these institutions demonstrate their value in making a difference in the areas in which they are cooperating. These demands have prompted changes in governments such as United State, United Kingdom, and New Zealand, among others, in the processes through which they manage their programs and resources.

The UN System has been particularly pressed, and the response has been a UN process of reform. Among other changes the UN has adopted a planning process with a results-based management approach. Within the UN reform process, the common cooperation strategies for UN agencies will continue to be monitored, in particular regarding the effect these initiatives will have in AMPES (American Region Planning and Evaluation System) processes at the country level.

During the last biennium the External Auditors of the Organization conducted an evaluation of the AMPES and provided, besides very positive comments, important suggestions that the Secretariat has been incorporating into the Organization's managerial processes.

The role of the SPP has been reviewed to respond to the Members' request to be more active in all planning and policy development within the Secretariat, as well as to address the countries' demand to revise the methods used for country participation in Governing Bodies.

Communications, i.e., public information, is becoming an integral part of all international organizations. Among the greatest challenges facing the Secretariat during the 2002-2003 biennium will be the need to compete in the information marketplace. PAHO's voice and its messages must stand out in this glutted

stream of health messages, especially on the internet, where the means and messages change by the second, not by the day.

A large percentage of the technical cooperation services provided by PAHO is done with funding from extrabudgetary sources, whether private foundations, associations, or national agencies for international development. In order to assure that these funds are transferred and used responsibly and in accordance with the expectations of the donors and recipients, some type of formal relationship must be established between the parties. This will almost always result in the development and signing of a legally binding instrument detailing responsibilities.

The most valuable resource the Organization has to fulfil the mandates of Governing Bodies is the human resources. The challenge for the Secretariat is to maintain and develop the technical excellence and up-to-date skills and competencies of the staff to provide the most efficient and effective technical cooperation in health.

The Response of the Secretariat

The response of the Secretariat is described in the regional projects identified for the following areas:

1. Overall leadership to the Organization to ensure that the mandates of PAHO's and WHO's Constitutions are met:
 - 1.1. General Direction and Auditing
 - 1.2. General Administration
 2. Regional Director's Development Program
 3. Strategic Planning, Programming and Evaluation of Technical Cooperation
 - 3.1. Management of Current Planning Processes
 - 3.2. Implementation of Strategic Planning Process
 4. Expand the knowledge of PAHO/WHO's mission, programs and activities to the critical selected publics:
 - 4.1. Public relations and outreach
 - 4.2. Internal Strategic Communications
 - 4.3. PAHO Centennial
 5. Legal advice and counsel to PAHO/WHO's Governing Bodies, the Director and managers:
 - 5.1. Legal Affairs
 6. Development of Human Resources
 - 6.1. Staff Development and Training
-

Projects

1. Overall Leadership to the Organization to Ensure that the Mandates of PAHO's and WHO's Constitutions are Met:

1.1 General Direction and Auditing

Purpose	Indicators
<p>Member States and the Secretariat of PAHO adhere to and implement the Pan American Sanitary Code, the Constitution, the resolutions and decisions of the Governing Bodies.</p>	<ul style="list-style-type: none"> • Member Governments maintain or increase their commitment to PAHO.
Expected Results	Indicators
<p>The Secretariat of PAHO will apply the Strategic Plan (SP) 2003-2007 in all planning and evaluation instruments and will comply with the resolutions and decisions of the Governing Bodies and provisions of the Pan American Sanitary Code and PAHO Constitution</p>	<ul style="list-style-type: none"> • Technical cooperation activities of the Secretariat will be fully aligned with the resolutions of the Governing Bodies and with the SP.
<p>Meetings of the Governing Bodies will have all necessary support and documentation such that Member States may provide comprehensive guidance to the Secretariat</p>	<ul style="list-style-type: none"> • All Governing Bodies' sessions will be held on schedule and will be deemed suitable by Governments and the Secretariat. • Documentation for these sessions will be appropriate in length and content and will be submitted to Member States in a timely manner.
<p>The financial processes of the Organization will remain sound</p>	<ul style="list-style-type: none"> • External audit reports will have been unqualified", sound financial practices will have been protected and enforced.
<p>Relations with Puerto Rico, United States of America, Canada and the Canadian Society for International Health (PAHO's Technical Representative in Canada) will be successfully managed</p>	<ul style="list-style-type: none"> • BPBs for Puerto Rico, USA and Canada will be fully executed on the basis of timely and thoroughly programmed activities.
<p>Supervision of the Directorate's staff offices will be successfully carried out, so as to ensure their effective operation</p>	<ul style="list-style-type: none"> • Staff offices will successfully complete the planning cycles (BPB and PTS), six-month monitoring, and annual and biennial evaluations.

1.2 General Administration

Purpose	Indicators
<p>The Organization responds to the program priorities established by the Governing Bodies by providing required administrative support to the programs established by Headquarters technical units and country offices.</p>	<ul style="list-style-type: none"> • Administrative processes streamlined to support TC activities. • Administrative decentralization to Country Offices strengthened.

Expected Results	Indicators
Efficient and effective administrative support provided for both Headquarters and field offices, for budgetary, financial, personnel, general services, administrative systems development, and procurement activities	<ul style="list-style-type: none"> • Offices of Budget and Finance, Personnel, General Services and Information Systems deliver the Expected Results of their specific projects.
Administrative support and assistance provided to the technical divisions/offices, PWR offices and Centers for the successful implementation and delivery of technical cooperation,	<ul style="list-style-type: none"> • Special projects undertaken to strengthen managerial capacity at all levels. • Monitoring visits and participation in Managers' Meetings.

The total regular budget funds in the area of overall leadership of the organization are:
\$ 3,341.3

2. Regional Director's Development Program

Purpose	Indicators
Countries in the Region benefit from the special projects supported by the Regional Director's Development Program.	<ul style="list-style-type: none"> • Member States fully satisfied with the activities funded by this program

Expected Results	Indicators
Regional Director's Development Program fully developed and applied..	<ul style="list-style-type: none"> • Projects supported by this program deal with opportunities and needs throughout the Region and are consistent with the SP and other mandates

The total regular budget funds for the Regional Director's Development Fund are:
\$ 1,683.5

3. Strategic Planning, Programming and Evaluation of Technical Cooperation

3.1 Management of Current Planning Processes

Purpose	Indicators
Executed policies, plans, and projects corresponding with and supporting of Strategic Plan.	<ul style="list-style-type: none"> • Resource allocation based on explicit criteria such as: soundness of proposals and/or evaluation of past performance.

- Human resources incentive scheme supports values of the Organization in addition to performance
- Selected TC projects shown to have impact on evaluation.

Expected Results	Indicators
Programming, monitoring and evaluation of biennial program budgets (BPB) coordinated.	<ul style="list-style-type: none"> • At least 100 staff trained in design and management of BPBs each year. • Participation in global planning and program management process including but not limited to exchange of information execution and evaluation of global expected results in AMRO • Windows software for HQ and field updated and training program for staff executed as planned. • BPB 2004-05 developed and submitted to Governing Bodies in 2003.
Evaluations increased and results used.	<ul style="list-style-type: none"> • At least one selected Pan American Center evaluated each year and results discussed at SPP. • Evaluation results across organization analyzed and reported on to the Cabinet at least twice per year and recommendations implemented. • Evaluation studies conducted or commissioned as required.
Secretariat support to Director's Cabinet provided	<ul style="list-style-type: none"> • Cabinet agendas, background documents and minutes prepared and disseminated in a timely fashion.
Work of SPP in programming and managerial process supported	<ul style="list-style-type: none"> • Each year papers for SPP reviewed for adherence to guidelines and technical robustness.
Annual Report of the Director (ARD) published annually	<ul style="list-style-type: none"> • Each year, ARD sent to DBI by agreed deadline, as per outline approved by D.

3.2 Implementation of Strategic Planning Process

Purpose	Indicators
Realignment of organization's work with SP evident.	<ul style="list-style-type: none"> • Strategic objectives used to guide, develop and evaluate TC projects. • OD interventions implemented. • Selected Units redefine their strategies/projects in accordance with SP.

Expected Results:	Indicators
Strategic Plan (SP) for the period 2003-2007 submitted to the Governing Bodies and its implementation initiated	<ul style="list-style-type: none"> • SP identifies technical strategic directions and priorities as well as organizational development strategies, submitted to PASC in 2002. • Communication strategy for ensuring that all staff familiar with SP developed and initiated by end of 2003.

Organizational capacity for strategic thinking is strengthened and/or developed	<ul style="list-style-type: none"> • Support provided throughout the process for application of anticipatory approaches and tools. • Selected groups within PAHO are exposed to the conceptual, methodological and practical basis of anticipatory methods and tools. • Practical handbook on visioning produced.
Organizational/institutional development continued	<ul style="list-style-type: none"> • Selected components of the OD aspects of plan implemented.
Improved support to SPP meetings provided	<ul style="list-style-type: none"> • Current guidelines for document preparation and reviews are updated to determine adequacy for ensuring analytical and provocative documents submitted to SPP. • DAP identifies at least one emerging issue and develops paper for consideration by the SPP. • New design of meetings tested.
Analysis of the use of information in decision-making processes undertaken, with particular emphasis on resource allocation	<ul style="list-style-type: none"> • One report submitted to Cabinet with recommendations for improving the programming and evaluation process by end 2002.
Foresight increased in PAHO	<ul style="list-style-type: none"> • Scenarios are used as tools for reducing uncertainty and improve anticipatory decision making. • Environmental scanning methodology institutionalized.
Organizational capacity for evaluation developed	<ul style="list-style-type: none"> • A cadre of persons developed and trained in evaluation techniques each year.

The total regular budget funds in the area of strategic planning, programming and evaluation are: \$ 2,386.0

4. Expand the Knowledge of PAHO/WHO's Mission, Programs and Activities to the Critical Selected Publics

4.1 Public Relations and Outreach

Purpose	Indicators
The Organization will improve public awareness and outreach to promote health issues.	<ul style="list-style-type: none"> • Create and distribute five editions of Perspectives in Health. • Publish and distribute six editions of PAHO Today. • News releases and fact sheets expanded.

Expected Results	Indicators
DPI will produce high-quality materials for a broad general public	<ul style="list-style-type: none"> • Print material, video and radio programs to promote health issues • Graphic concepts and presentations for PAHO programs • All information included in Internet
DPI will take part in outside activities to promote the Organization	Exhibits in HQ and country offices as well as international events. The Speakers Bureau will be expanded.

4.2. Internal Strategic Communications

Purpose	Indicators
The Organization develops internal communication strategies to improve technical cooperation activities in the countries of the Region.	<ul style="list-style-type: none"> • Promotes inclusion of communication components in technical cooperation projects.

Expected Results	Indicators
DPI will promote communications strategies/materials, and media relations within the Organization and the Ministries of Health.	<ul style="list-style-type: none"> • At least 40% of technical cooperation projects include communication components. • Conduct two "What is News" workshops
DPI will promote World Health Days, and produce materials within the Organization.	<ul style="list-style-type: none"> • Prepare promotional and informational products and materials. • Produce graphics, photos and video presentations for PAHO Programs.

4.3 PAHO Centennial

Purpose	Indicators
The Organization celebrates its centennial with the participation of all the countries in the Region and its Governing Bodies.	<ul style="list-style-type: none"> • Countries celebrate PAHO's Centennial on actual anniversary date. • Technical units hold special Centennial meetings.

Expected Results	Indicators
DPI will coordinate activities and products with the whole of the Organization	<ul style="list-style-type: none"> • Kick off press conference held in Washington and the countries • Champions and Health Heroes, and posters, essay and journalism contest awarded. • Centennial photo book distributed. • Centennial Gala dinner in Washington, DC.

The Organization's successes and its future will be disseminated throughout the centennial year.

- Press, video, radio spots distributed and aired.
- Live television special aired in 20 countries.
- Special edition of Perspectives in Health

The total regular budget funds in the area of public information are:
\$ 2,689.7

5. Legal Advice and Counsel to PAHO/WHO's Governing Bodies, the Director and Managers

5.1 Legal Affairs

Purpose	Indicators
The Organization will meet its Constitutional mandates and comply with all of its legal commitments, while ensuring that its status as a public international organization is duly recognized both at the national and international levels.	<ul style="list-style-type: none"> • Claims against the Organization are reduced throughout the biennium.
Expected Results	Indicators
DLA responds to all consultations of a legal nature from Headquarters and field offices.	<ul style="list-style-type: none"> • DLA responds to all requests effectively and efficiently in a timely manner, participating in the Project Review Process and in negotiations with donors.
Reduced potential for conflict.	<ul style="list-style-type: none"> • Advice provided to the Administration prior to decision-making particularly in matters affecting employment relations and in contractual relations with the private sector. When necessary, basic agreements are negotiated and concluded.
DLA represents and successfully defends the Organization.	<ul style="list-style-type: none"> • Cases presented before the Administrative Tribunal of the ILO and representation before other judicial and quasi judicial fora.
DLA collaborates with technical units in specific areas of national and international law.	<ul style="list-style-type: none"> • Support on specific issues related to the law and medicine provided to PWRs, Centers, Special Programs and HQ technical divisions.
DLA works closely with external legal counsel.	<ul style="list-style-type: none"> • Review work of external counsel to safeguard PAHO's interests.

The total regular budget funds in the area of legal advice are:
\$ 1,318.2

6. Development of Human Resources

6.1 Staff Development and Training

Purpose	Indicators
Staff members are adequately prepared to respond in a more effective and efficient manner to the technical cooperation of the Organization to the Member States.	<ul style="list-style-type: none"> • Staff members increase their knowledge and skills and develop adequate attitudes to respond to the needs of TC.

Expected Results:	Indicators
Created a variety of learning opportunities for staff members to acquire the necessary competencies to perform their daily duties effectively	<ul style="list-style-type: none"> • Training needs assessed in accordance with the Strategic and programmatic orientations and national priorities for technical cooperation as reflected in individual Units' BPs.
Provided the staff with opportunities to further their education through a degree program or technical updating in different topics	<ul style="list-style-type: none"> • Specific degree programs identified in accordance with TC needs and objectives.

The total regular budget funds in the area of staff development are:
\$ 1,583.3

GENERAL DIRECTION PROGRAM BUDGET DISTRIBUTION BY ORGANIZATIONAL LEVEL				
Organizational Level	Regular Budget		Other Sources	
	2000-2001	2002-2003	2000-2001	2002-2003
Intercountry Programs	6,298.2	6,759.2	638.8	588.9
Headquarters	6,207.4	6,242.8	678.7	696.0
Total	12,505.6	13,002.0	1,317.5	1,284.9

ADMINISTRATIVE SERVICES

Issues and Challenges

Streamlining managerial practices to effectively support technical cooperation activities.

Identifying new approaches to management of extrabudgetary resources for procurement on behalf of the countries.

Strengthening the links between technical cooperation programs of work, financial execution, and staff performance evaluation as the basis for the decision-making process.

Empowering staff members, at different levels in the organizational structure, with delegation of authority and accountability for programmatic and financial execution.

The Response of the Secretariat

The response of the Secretariat is described in the regional projects identified for the following specific areas:

1. Formulation and maintenance of budgetary and financial policies
 - 1.1 Budget and Reports
 - 1.2 Finance
 - 1.3 Financial Analysis and Review
 - 2 Support for conference, translation, procurement, building and office services:
 - 2.1 General Services and Headquarters General Operating Expenses
 - 3 Human Resources Management
 - 3.1 Personnel Services
-

Projects

1. Formulation and Maintenance of Budgetary and Financial Policies:

1.1 Budget and Reports

Purpose	Indicators
The Organization manages its budget in an efficient and effective manner.	• Governing Bodies approve the Budget and it is executed as programmed.

Expected Results	Indicators
PAHO/WHO program budget proposal for 2002-2003 presented for approval of the Governing Bodies The 2002-2003 PAHO/WHO operating budget managed in a timely and effective manner	<ul style="list-style-type: none"> • BPB 2002-03 submitted to the SPP, EC and DC in 2002. • Mechanisms in place to monitor the execution of the budget as approved.

1.2 Finance

Purpose	Indicators
The financial reports of the Organization accurately reflect its financial status, and all payments of the Organization conform to the Financial Rules and Regulations of the Organization.	<ul style="list-style-type: none"> • Reports submitted to Governing Bodies in a timely and efficient manner.

Expected Results	Indicators
The financial reports of the Organization presented to the Governing Bodies and senior management	<ul style="list-style-type: none"> • Financial Reports submitted in 2003 to Executive Committee and Directing Council
The funds of the Organization managed in order to maximize earned interest while ensuring liquidity and paying the legal liabilities of the Organization .	<ul style="list-style-type: none"> • Earned interest maximized. Management of portfolio to ensure liquidity and ensure accurate payment of liabilities, in accordance with financial rules.
Ensured the timely and accurate payments of benefits.	<ul style="list-style-type: none"> • Staff salaries; taxes; health insurance, final entitlements. etc.

1.3 Financial Analysis and Review

Purpose	Indicators
The Organization complies with UN Common Accounting Standards, PAHO financial rules and regulations, and External Audit recommendations.	<ul style="list-style-type: none"> • Periodic revision and update of rules and regulations.

Expected Results	Indicators
Updated the Budget and Finance Sections of the Manual for Field Operations	<ul style="list-style-type: none"> • All country offices and centers receive the corresponding section of the Manual.
Responded in a timely fashion to the reading, observations, and reports of the External Auditors	<ul style="list-style-type: none"> • Responses to External Auditors queries processed within a month of receipt.

Improve the efficiency of ABF internal financial procedures • Internal financial procedures meet and exceed best practices in the UN System.

The total regular budget funds in the area of budgetary and financial policies are: \$ 9,994.6

2. Support for Conference, Translation, Procurement, Building and Office Services

2. 1. General Services and Headquarters General Operating Expenses

Purpose	Indicators
The Organization responds to countries' needs for technical cooperation in an effective and efficient manner.	<ul style="list-style-type: none"> • General services provided to users facilitate the delivery of technical cooperation programs.

Expected Results	Indicators
AGS provides high-quality general services to users in a cost-effective and timely manner in support of PAHO's program of technical cooperation.	<ul style="list-style-type: none"> • HQ buildings and grounds physically secured . • HQ renovation completed before the Pan American Sanitary Conference. • Region wide security and building advice provided to all PAHO offices. • Cafeteria, Travel and protocol services support staff needs.
Translation services provided in an effective and efficient manner.	<ul style="list-style-type: none"> • All translations are processed on time particularly for Governing Bodies' meetings.
High quality procurement services provided to users in a cost-effective manner.	<ul style="list-style-type: none"> • Fully operational revolving fund for strategic public health supplies. • Goods and services procured for PAHO programs and Member Governments.

The total regular budget funds in the area of conferences, translation, procurement and building services are: \$13,446.1

3. Human Resources Management

3.1 Personnel Services

Purpose	Indicators
The Organization effectively manages its human resources to support technical cooperation activities.	<ul style="list-style-type: none"> PAHO human resources managed and supported in their development to provide high-quality services to Member Governments.
Expected Results	Indicators
APL managed effectively through two projects: General Management and Staff Development and Training.	<ul style="list-style-type: none"> Equitable and healthy work environment provided for all staff and other individuals who provide services to the Organization.
Effective management of the benefits system of staff from appointment through retirement.	<ul style="list-style-type: none"> Coordinating information to ensure that benefits, entitlements, and services are properly and promptly delivered.
Develop, recommend and administer policies, criteria, and procedures for human resources management.	<ul style="list-style-type: none"> Policies for the hiring of professional and support personnel at the national level. Local currency compensation plans for Centers and Country Offices.
Deliver classification services in an effective and efficient manner and increase the speed in which classification requests are processed.	<ul style="list-style-type: none"> Dissemination of information to improve understanding of classification system. Reduction in paper volume through increase of electronic communication tools.
Provide administrative support and service to organizational units in the hiring process.	<ul style="list-style-type: none"> Support provided for hiring General Services staff, short-term consultants, temporary advisors, and short-term professional staff in a timely and effective manner

The total regular budget funds in the area of personnel services are:
\$5,207.5

ADMINISTRATIVE SERVICES PROGRAM BUDGET DISTRIBUTION BY ORGANIZATIONAL LEVEL				
Organizational Level	Regular Budget		Other Sources	
	2000-2001	2002-2003	2000-2001	2002-2003
Headquarters	27,123.2	28,648.2	20,873.5	7,082.0
Total	27,123.2	28,648.2	20,873.5	7,082.0

INTRODUCTION

The organization serves all countries and territories in the Region of the Americas. The biennial program budget (BPB) for the countries was prepared in full collaboration with the national authorities. The BPB includes the following information:

1. Analysis of the situation, covering:
 - Analysis of the relevant political, economic, and social context highlighting those economic or social development conditions, legislation and policies which tend to reduce or increase the inequities in health and related conditions and in health care.
 - Analysis of the observed epidemiological changes in the population and identifying major health related problems, emphasizing the distribution of selected indicators, at least, between geographical regions or jurisdictions and, where data was available, among population groups (differentiated by variables such as gender, income, ethnic group, schooling, access to services).
 - Analysis of the organization, distribution and management of the health systems and services, indicating recent or anticipated substantive changes, including coverage of services and identifying inequities in access.
2. Identification of National Priorities in Health as stated by the government or as determined jointly with national health authorities.
3. Identification of national priorities in health that require external support including technical cooperation.
4. Analysis of Contribution of Other Agencies providing technical cooperation, financial assistance or cooperation to the country including an analysis of the extent to which their programs are addressing the national priorities; and analysis of the country's role in international health and its own capacity to provide international cooperation.
5. Identification of national priorities in health that require technical cooperation from PAHO/WHO
6. Identification of technical cooperation projects in response to national priorities for PAHO TC. Each project has been designed with the *Logical Approach for Project Management in PAHO*.
7. A *technical cooperation strategy* which describes how the Country Office will execute the TC program, based on the national priorities for technical cooperation from PAHO/WHO and within the framework of the Strategic and Programmatic Orientations (SPOs).

The information included in this Official Document is a summary of the BPB. The summary includes:

- The national priorities in health, which provide the justification for the program of work.
- The project purpose, which identifies the changes that are expected to be achieved as a result of the execution of the project.
- The expected results, which identify the manageable interests (deliverables) of the Secretariat.

The detailed information for each individual country's BPB is available in each of the Country Offices and at the Regional Office for review by Member Countries and interested parties as needed.

ANTIGUA AND BARBUDA

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Adolescent health/Health and family life education.
- > Integration of HIV/AIDS and STI programs .
- > Noncommunicable diseases .
- > Nutrition.
- > Oral health.
- > Mental health/Substance abuse, including tobacco and alcohol.
- > Essential public health functions.
- > Disaster management.
- > Organization and management of health services .
- > Public/private partnerships .
- > Health care financing and medical benefits scheme .
- > Evaluation of pharmacy training program
- > Quality improvement.
- > Health information/Disease surveillance/Information, education, and communication.
- > Human resource development.
- > Health sector reform, including legislation.

PROJECTS

HEALTH SYSTEMS DEVELOPMENT

PURPOSE

To improve the performance of the Ministry of Health.

EXPECTED RESULTS

- Support provided for the development of policies and plans to improve the productivity of health providers.
- Support provided for the development of models and mechanisms to improve the health information system.
- Support provided for the development of policies, plans, and projects to improve the capacity of the Ministry of Health to regulate and monitor the delivery of health services.
- Program implementation, monitoring, and evaluation mechanisms in place.

HEALTH PROMOTION AND HEALTHY LIFESTYLES

PURPOSE

To make operational policies and programs for selected NCDs and HIV/AIDS/STI prevention and control.

EXPECTED RESULTS

- Support provided for the introduction of methods, models, and technologies for the early detection and adequate clinical management of selected conditions (NCDs and HIV/AIDS/STI and their complications).
- Support provided for the design and implementation of plans, projects, and policies to support the adoption of healthy lifestyles.
- Surveillance and information systems enhanced.
- Plans, projects, and policies introduced to mobilize additional human, material, and financial resources.

ENVIRONMENTAL HEALTH**PURPOSE**

To enhance the capacity of the Central Board of Health to respond to environmental health needs adequately.

EXPECTED RESULTS

- Support provided for the implementation of programs, policies, and norms to strengthen environmental health services.
- Support provided for the expansion of cooperation networks and alliances to strengthen interagency coordination of environmental health issues.
- Human resource capacity strengthened to deliver the environmental health program.
- Capacity to mobilize resources enhanced to improve the environmental health program.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		187,400	-	187,400
Total 2004-2005		176,100	-	176,100
Percentage of estimated expenditure	Country program support	6%	-	6%
	Intersectoral action and sustainable Development	8%	-	8%
	Universal access to health	54%	-	54%
	Disease control and risk management	24%	-	24%
	Family and community health	8%	-	8%

ARGENTINA

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Address the crisis in the sector, together with national, provincial, and local authorities and civil society organizations that work in this area.
- > Strengthen primary health care so that the country has an efficient and equitable health system with less duplication.
- > Develop, maintain, and optimize health information, monitoring, and surveillance systems as the fundamental pillars for PAHO efforts over the next two-year period.
- > Reduce potential inequities in areas where there have been high levels of development in recent decades, such as human resources, health and the environment, and control of communicable and vaccine-preventable diseases, all of which could be seriously affected by the new scenario.
- > Coordinate with other organizations in the United Nations system and search for support from external financing institutions, such as projects already under way or programmed for the coming years by the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and loans and donations from the Government of Italy.

PROJECTS

MANAGEMENT AND COORDINATION OF THE COUNTRY PROGRAM

PURPOSE

To ensure that the Administration responds efficiently to the needs of the technical cooperation projects of the Representative Office and other PAHO/WHO units.

EXPECTED RESULTS

- Administrative structure of the PAHO/WHO Representative Office (PWR) designed so that its processes respond to the demands of cooperation activities.
- Planning, management, and control system of the Expanded Textbook Program (PALTEX) in Argentina operational.

PROJECT TO SUPPORT NATIONAL HEALTH DEVELOPMENT

PURPOSE

To strengthen the national leadership of the Ministry of Health in its regulatory function and international reach.

EXPECTED RESULTS

- Joint policies and plans between the national and provincial level put forward to carry out public health policies.
- Subregional agreements in health (SGT 11) and food (SGT 3) that promote the participation of PAHO staff in specific areas proposed within the framework of MERCOSUR.
- The Comprehensive Communication Plan of the Representative Office carried out, generating information that optimizes the available technology, and training provided to local staff in the management of administrative, language, and staff development software.
- Projects between countries with shared health problems in border areas in development. Cooperation projects for scientific research and technology development between countries operational.

- Interinstitutional thematic groups to develop bioethics and strengthen the gender approach at the national level established, with the participation of public institutions, universities, and NGOs. Specific projects and initiatives in health and poverty prepared by the Group as part of a structural analysis.

DEVELOPMENT OF THE INSTITUTIONAL RESPONSE TO HEALTH PROBLEMS (INCLUDES HEALTH TECHNOLOGY AND INFORMATION MANAGEMENT)

PURPOSE

To support national officials in configuring a more effective health services model for the country, based on changes prompted by the health crisis .

EXPECTED RESULTS

- Plans prepared to strengthen the steering role of the Ministry of Health (at the national level, in provincial ministries, and in municipal health management).
- Innovative management models and processes for health systems and services under implementation.
- Health information systems established at the provincial and local levels.
- Thematic libraries and Virtual Health Libraries (VHL) established, developed, and consolidated.
- The Information and Communication Management Area established and consolidated.

HUMAN RESOURCES IN HEALTH

PURPOSE

To improve the decision-making capacity of the Ministry of Health with regard to human resource policies and the regulatory and monitoring mechanisms they require .

EXPECTED RESULTS

- Provincial and national studies under way, using data obtained from the Human Resources Observatory, and efforts begun for the planning and new management of decentralized human resources and the regulations required for those activities.
- Public Health Network under consolidation, as well as proposals for changes in medical education and medical residencies required by national accreditation processes.
- New development policies and plans for nursing and health technicians operational.

ENVIRONMENTAL HEALTH AND DISASTERS

PURPOSE

To strengthen national capacity to reduce environmental risks to health and to prepare for and respond to emergencies .

EXPECTED RESULTS

- Programs with multisectoral participation promoted to identify, evaluate, and/or control environmental conditions that pose a threat to human health, with emphasis on the most vulnerable populations.
- Processes proposed to strengthen the capacity of the Ministry of Health in primary environmental care, and programs to preserve or improve a safe physical environment for health operational.
- Plans proposed to strengthen the capacity of the Ministries of Health and the Interior to prevent and respond to emergencies and natural or technological disasters.
- Projects and programs designed to strengthen multisectoral performance in environmental health and sustainable human development, and an information and training strategy promote to better manage and reduce environmental risks to human health.

HEALTH SITUATION ANALYSIS AND DISEASE PREVENTION AND CONTROL**PURPOSE**

To strengthen institutional capacity for situation analysis, monitoring the impact of the crisis and optimizing the response to the principal health problems in the new context of economic crisis.

EXPECTED RESULTS

- Plans and programs proposed for the different levels of the health sector, for the national health statistics and health surveillance systems, and for health analysis and the dissemination of health information.
- Proposals developed to maintain the capacity of programs to control communicable diseases at greater risk of emergence and reemergence because of the crisis, including vaccine-preventable diseases, and to develop the capacity for programming and implementing new communicable disease control programs, including support for vaccine and drug procurement processes.
- Plans and strategies designed to develop the capacity for programming and implementing noncommunicable disease control measures.

HEALTH PROMOTION**PURPOSE**

To develop health promotion policies and strategies in different fields and for different geographical areas, including policies and processes related to the health of mothers, children, and adolescents and reflect the commitments to national and international goals.

EXPECTED RESULTS

- Public health policy projects developed nationwide through strategies for municipal health, health in prisons, and schools of health.
- Policies, plans, and programs in development for special programs, such as those that address mental health, violence, epilepsy, tobacco and drug addiction, and for health education.
- Models and processes prepared to develop national and provincial plans that help to improve health and quality-of-life indicators for mothers, the development of children and adolescents, and the development of permanent food and nutrition programs.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		5,270,400	730,600	6,001,000
Total 2004-2005		4,140,200	150,000	4,290,200
Percentage of estimated expenditure	Country program support	31%	100%	33%
	Intersectoral action and sustainable Development	18%	-	17%
	Health information and technology	20%	-	19%
	Universal access to health	31%	-	31%

BAHAMAS

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > National Health Insurance: the Blue Ribbon Commission.
- > Public health information system (PHIS), SIP, neonatal and adolescent health information systems, hospital information systems and management information system (MIS).
- > Regulation/accreditation (EMT, Drug Formulary, Dental Act, and others).
- > Strategic planning, monitoring, and evaluation.
- > Family health: Healthy Schools Initiative; mental health; chronic noncommunicable diseases; violence; and injury prevention.
- > Comprehensive care for HIV/AIDS.
- > Disaster preparedness.
- > BEST Commission and environmental health.

PROJECTS

HEALTH SYSTEMS STRENGTHENING

PURPOSE

To strengthen the public health care system to provide comprehensive quality care to individuals and population groups based on health promotion and disease prevention criteria.

EXPECTED RESULTS

- Planning unit capacity strengthened.
- Primary care delivery system strengthened to provide comprehensive care.
- Public health sector capacity strengthened in human resource management.
- PHA planning and management capacity strengthened.
- National Quality Improvement Program strengthened.
- Support services strengthened to ensure quality health care.
- National Emergency Unit strengthened for strategic planning and management and MOH disaster preparedness capacity improved.

EVIDENCE-BASED DECISION MAKING

PURPOSE

To strengthen the capacity of the Ministry of Health to direct and manage the National Health Information System and Network strategically.

EXPECTED RESULTS

- Capacity of the Ministry of Health strengthened to collect, analyze, integrate, and evaluate information from different sources.
- Capacity of the Department of Public Health strengthened for the strategic direction and management of the PHIS.
- Comprehensive surveillance system strengthened.
- Hospital-based information systems strengthened.
- Improved public health sector capacity to conduct research in public health.

CHILD AND ADOLESCENT HEALTH

PURPOSE

To reduce child and adolescent morbidity and mortality.

EXPECTED RESULTS

- Neonatal resuscitation capability improved at PMH and the Rand.
- Health of preschool children and first graders improved.
- Adolescent health services improved.
- Detection and management of child abuse improved.

HEALTH OF THE ADULT

PURPOSE

To improve the management of diabetes and hypertension and of breast, cervix, and prostate cancer programs .

EXPECTED RESULTS

- Management of diabetes and hypertension improved.
- Programs for the early detection and management of breast, cervix, and prostate cancer improved.
- Management of STIs and HIV/AIDS improved in the Family Islands and New Providence.
- Health education programs concerning hypertension and cervix and prostate cancer.
- Community mental health program strengthened.

ENVIRONMENTAL HEALTH

PURPOSE

To improve the effectiveness of the managerial staff of all programs, particularly those related to vector control and water quality.

EXPECTED RESULTS

- Managerial capacity of senior and middle managers improved.
- Water quality standards and supporting legislation developed.
- Environmental Health Information System developed.
- Vector control and food safety programs improved.

MANAGEMENT OF THE REPRESENTATION

PURPOSE

To provide the administrative support needed to implement and help achieve the expected results of technical cooperation projects.

EXPECTED RESULTS

- Support provided to duty travel of PWR and to hospitality.
- Effective administrative support provided to the representation.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		1,283,200	46,600	1,329,800
Total 2004-2005		1,364,800	200	1,365,000
Percentage of estimated expenditure	Country program support	58%	-	58%
	Intersectoral action and sustainable Development	5%	-	5%
	Health information and technology	3%	-	3%
	Universal access to health	30%	-	30%
	Disease control and risk management	4%	-	4%
	Family and community health	-	100%	-

BARBADOS

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Health systems .
- > Chronic, noncommunicable diseases .
- > Food, nutrition, and physical activity.
- > Family health, with special emphasis on the health of the elderly.
- > Environment and health.
- > Institutional services.
- > Mental health and substance abuse.
- > Human resource development and management.
- > Research.
- > Communicable diseases, including HIV/AIDS.

PROJECTS

HEALTH SYSTEMS DEVELOPMENT

PURPOSE

To improve health systems to deliver efficient, effective, and quality services .

EXPECTED RESULTS

- Management systems strengthened.
- Financial systems improved to achieve equity, sustainability, and efficiency.
- CQI programs established in all health institutions.
- Comprehensive health information system improved.
- Acquisition and maintenance programs developed.
- Procurement, inventory, and distribution systems improved.
- Program to address multihazard disasters and emergencies strengthened.
- Policies, plans, and procedures for the management of human resources improved.

FAMILY HEALTH

PURPOSE

To develop and implement national family health programs , based on health promotion, disease prevention, and life cycle approaches .

EXPECTED RESULTS

- Plans, projects, and policies developed and implemented to strengthen community-based programs for health of the elderly.
- Methods, models, and technologies implemented to strengthen mental health and substance abuse programs .
- Support provided to plans, projects, and policies to prevent and control CNCD.
- Standards and guidelines promoted in nutrition and physical activity.
- Plans, projects, and policies regarding the oral health program strengthened.
- Surveillance systems strengthened.

COMMUNICABLE DISEASES/ENVIRONMENTAL HEALTH**PURPOSE**

To strengthen programs to prevent environment-related communicable diseases, STIs, and TB.

EXPECTED RESULTS

- Support provided to promotional campaigns for environmental health.
- Support provided for standards and guidelines for the food safety program.
- Support provided to critical elements for improving waste management.
- Support provided for evaluation and research to manage the vector control program.
- Program for clinical management of STIs (not including HIV/AIDS) and other communicable diseases including TB strengthened.
- General cooperation activities implemented.

SUPPORT TO THE TECHNICAL COOPERATION PROGRAM**PURPOSE**

To manage the Technical Cooperation Program

EXPECTED RESULTS

- Support provided to PAHO/WHO technical cooperation activities in Barbados.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		758,800	18,700	777,500
Total 2004-2005		713,300	-	713,300
Percentage of estimated expenditure	Country program support	25%	-	25%
	Intersectoral action and sustainable Development	7%	-	7%
	Health information and technology	4%	-	4%
	Universal access to health	43%	-	43%
	Disease control and risk management	12%	-	12%
	Family and community health	9%	-	9%

BELIZE

National Priorities in Health

To ensure universal access to an agreed upon set of health services of acceptable quality, utilizing the strategy of primary health care.

To ensure healthy growth and development of children and adolescents.

To improve the health, well-being and development for all men and women in such a way that health disparities between social groups are reduced.

To enable all people to adopt and maintain healthy lifestyles and behavior.

To enable universal access to safe and healthy environments and living conditions.

To eradicate, eliminate or control major diseases that constitute national health problems.

To reduce avoidable disabilities through appropriate preventative and rehabilitation measures.

To strengthen policy, planning, information systems, organization and management in the public sector, in partnership with the private sector.

To improve efficiency, effectiveness, and accountability in the use of all resources (financial, material, and human).

To ensure the ongoing viability and sustainability of both the public and private health sector.

Projects

1. Management and Coordination of Country Programs

Purpose

Equitable health for all Belizeans achieved by providing technical cooperation with emphasis in human resources, regional matters and cooperation among countries.

Expected Results

- Technical cooperation for national priorities has been delivered
- Personnel capacity has been built to enhance efficiency
- Coordination and management capacities of the representation have been strengthened for general operation.
- UN agencies' country offices, security and disaster preparedness has been enhanced to better expedite in emergency situations.

- PWR's technical capacity has been strengthened for coordination and cooperation within regional initiatives.

2. Health Services and Human Development

Purpose

The Ministry of Health, directs and conducts the Health Sector Reform Process.

- **Expected Results**
 - Method to monitor disaster preparedness and mitigation actions of the Health Sector has been developed in coordination with NEMO.
 - Methods and models to monitor and evaluate the impact of the Health Sector Reform Measures have been developed particularly a National Health Insurance for health equity.
 - National capacity for evidence-based decision making has been strengthened to support health sector management.
 - The national capacity for human resources management and development has been strengthened.
 - MOH capacity to ensure the provision of quality care in public and private facilities has been strengthened.
 - A comprehensive program for laboratory quality improvement has been implemented and supported
-

3. Health Promotion and Protection

Purpose

The country promotes and provides comprehensive, equitable and accessible health services in the area of family life education, sexually transmitted diseases, domestic violence, nutrition and indigenous health.

- **Expected Results**
 - Training programs to implement the Fifth Global Conference on Health Promotion recommendations have been developed.
 - Standards and guidelines have been developed for the implementation and monitoring of the health promoting/child friendly initiative (SHAPES).
 - Intercultural health model has been implemented with gender approach, with the participation of indigenous/ethnic women.
 - The implementation of Comprehensive Model of Attention for the provision of Reproductive Health Services has been supported.
 - The Mental health model for the health sector has been strengthened.
 - Direct support has been provided for the implementation of the national food and nutrition plan of action.
 - Support has been provided for the implementation of the Expanded Program on Immunization.
 - Support for the implementation of programs for the elderly has been given.
-

4.Environmental Health

Purpose

The country achieves the sustainable development of a clean, safe and healthy environment.

- **Expected Results**
 - The Plan of action to respond to health and environmental problems related to the exposure to pesticides has been developed and implemented.
 - The National water quality-monitoring plan has been developed and its implementation supported.
 - The Implementation of Communicable disease surveillance, prevention and control programs has been supported, with emphasis on Cholera, Malaria and Dengue.
 - The Rabies control plan of action developed and implementation has been supported.
 - The National sanitation programs have been supported with emphasis on solid waste and wastewater management.
 - A comprehensive action plan to phase out the use of DDT has been implemented.
-

4.Southern Regional Health System

Purpose

The country provides comprehensive, effective, efficient and equitable health services to address priority problems in the Southern Regional Health System.

- **Expected Results**
 - Plan of outreach services with defined priority areas -reproductive health, nutrition, EPI and domestic violence- has been implemented.
 - The campaigns of advocacy and intersectoral actions for the promotion and protection of health in the Southern Region have been developed.
 - Direct support has been provided to the Southern Region for the implementation of environmental health programs in priority areas.
-

5.Central Regional Health System

Purpose

The country provides comprehensive, effective, efficient and equitable health services to address priority problems in the Central Regional Health System.

- **Expected Results**
- Campaigns and intersectoral actions have been conducted and supported for the promotion and protection of health.
- Direct support has been provided to the Central Region for the implementation of environmental health programs in priority areas.
- Comprehensive plan of action to respond to health and environmental problems related to the exposure to pesticides have been implemented in the Central Region.

- Technical support has been provided for the provision of priority services, (reproductive health, EPI, domestic violence, mental health and nutrition).

6. Northern Regional Health System

Purpose

The country provides comprehensive, effective, efficient, and equitable health services to address priority problems in the Northern Regional Health System.

- Expected Results
- Technical support has been provided for the provision of priority services.
- Campaigns and intersectoral actions have been conducted and supported for the promotion and protection of health.
- Direct technical support has been provided to implement environmental health programs in priority areas.

BELIZE PROPOSED BUDGET ALLOCATION				
Appropriation Level	Regular Budget		Other Sources	
	2000-2001	2002-2003	2000-2001	2002-2003
Health in Human Development	287.7	124.6	85.7	-
Health Promotion and Protection	123.9	98.5	63.5	-
Environmental Protection and Development	29.7	22.8	253.1	-
Health Systems and Services Development	17.9	5.7	584.4	-
Disease Prevention and Control	3.0	20.8	39.5	-
Governing Bodies and Coordination	685.7	855.4	9.0	-
Total	1,147.9	1,127.8	1,035.2	-

BOLIVIA

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Prevent, control, and reduce communicable diseases, with emphasis on the broad range of diseases that affect the health of the Bolivian population (vector-borne, STI, HIV/AIDS, diarrheal diseases, respiratory infections, tuberculosis, emerging diseases, including resistance to antibiotics, vaccine-preventable diseases, and leprosy).
- > Healthy growth and development. To this end, care will focus on mothers, children, and adolescents. Addressing maternal mortality will be a key objective of technical cooperation, as will infant mortality, with emphasis on neonatal mortality; malnutrition; psychosocial development, and a healthy school environment; and healthy lifestyles for adolescents. Most behavioral risks to health should be addressed by technical cooperation.
- > Disaster preparedness, management, and response. Special attention will be given to mitigation, with the focus on public water utilities, sanitary infrastructure, and health services.
- > Achievement of universal access to health systems that are integrated, equitable, and sustainable, reorienting health sector reform to strengthen the steering role of the health authorities and the essential public health functions; and development of human resources for health to help attain greater coverage, effectiveness, and efficiency of health services at the national and institutional levels, prioritizing the first level of care and community participation.
- > Promote the incorporation of health issues in social, economic, environmental, and development policies, promoting the concept of health in human development among policymakers and the drafting of health legislation.
- > Develop and strengthen the capacity to collect, analyze, and disseminate health information, prioritizing vital statistics and data analysis to facilitate timely information on the country's health situation.

PROJECTS

DEVELOPMENT OF HEALTH POLICIES, SYSTEMS, AND SERVICES

PURPOSE

To make progress toward universal access to an integrated, equitable, and unified health system.

EXPECTED RESULTS

- The steering role of the Ministry of Health and Social Welfare (MHSW) and the different levels of the National Health System strengthened.
- Information generated on financing, expenditure, inequities, and performance of the public sector health system for use by the government when needed.
- A decentralized management model for service networks established, with emphasis on municipal areas and on participation by those who practice traditional healing.
- Policy for the management and development of human resources in health prepared by consensus and submitted to the government.
- Policies and programs for development of health technologies prepared and placed at the disposal of national authorities.
- Administrative processes for the management of this project implemented efficiently and effectively, in accordance with PAHO standards and procedures.

ENVIRONMENTAL HEALTH AND DISASTERS

PURPOSE

To improve the quality of environmental health and sanitation services and increase the URAs, as well as the national response capacity to disaster.

EXPECTED RESULTS

- Technical assistance provided for the organization of environmental surveillance and monitoring systems in departmental health services, including the development and strengthening of the country's toxicology centers.
- Technical support provided for the operation of coordination mechanisms between the MHSW and the Ministry of Sustainable Development and Planning (MSDP).
- Technical assistance provided for the preparation of projects in environmental health and sanitation in municipalities.
- Technical support provided to train personnel from municipalities, departmental health services, and the MHSW in environmental health.
- Technical assistance provided to prepare environmental health projects in indigenous communities.
- Technical support provided for the program to improve water quality nationwide.
- Technical assistance provided to implement the environmental primary care strategy in four of the country's departments.
- Technical assistance provided to train professionals in national universities as specialists in environmental health.
- Technical support provided for the Bolivian Sanitary and Environmental Engineering Association to hold national symposia, congresses, and courses.
- Technical support provided to develop a nationwide campaign to control the environmental hazards of UV radiation.
- Technical support provided for nationwide implementation of the Disaster Control Program.
- Technical support provided for training national institutions (MHSW, MSDP and the National Civil Defense Service—SENADECI) in the prevention of disasters and the mitigation of their impact on health.
- Technical support provided to strengthen the Virtual Health and Environment Library (BVSA Bolivia).
- Technical assistance provided to strengthen the Occupational Health Program of the National Institute for Occupational Health.

PREVENTION AND CONTROL OF COMMUNICABLE AND VACCINE-PREVENTABLE DISEASES

PURPOSE

To strengthen public health monitoring, as well as decentralized, participatory, and cooperative management, and maintain vaccination coverage to prevent and control priority and vaccine-preventable communicable, emerging, and reemerging diseases.

EXPECTED RESULTS

- The public health monitoring system installed and operational in the nine departments.
- Decentralized local capacity in the prevention and control of emerging and reemerging communicable diseases developed.
- Instruments and processes prepared that facilitate participation in routine public health monitoring and the prevention and control of communicable, emerging, and reemerging diseases, in cooperation with organized civil society.
- Research and surveillance of emerging, reemerging, and priority prevalent diseases, and the response to them, initiated and consolidated.
- Follow-up performed of administrative procedures that facilitate technical cooperation to help monitor public health and prevent and control communicable, emerging, and reemerging diseases.

- Support provided to maintain high levels of vaccination coverage with quality biologicals and to implement an active and comprehensive monitoring system.

HEALTHY LIFE CYCLE

PURPOSE

To reduce the burden of disease and mortality throughout the life cycle, with special emphasis on the socially excluded population.

EXPECTED RESULTS

- National capacity to promote a healthy life cycle strengthened.
- The Integrated Management of Childhood Illness strategy, including the neonatal component, consolidated.
- Healthy spaces created for schoolchildren and adolescents.
- A program to reduce mortality in women from maternity-related causes and cervical cancer prepared and carried out.
- The Healthy Municipality Strategy strengthened.
- Food and nutrition policies and programs formulated and implemented.
- Social and public participation processes in under stage-by-stage consolidation within integrated health promotion programs.
- Management of the project's technical-administrative components improved.

MANAGEMENT AND COORDINATION OF THE COUNTRY PROGRAM

PURPOSE

To efficiently and effectively exercise the administrative dimension of management of the Representative Office.

EXPECTED RESULTS

- The administrative capacity of the PAHO/WHO Representative Office in Bolivia strengthened, with the consequent improvement of administrative processes.
- Management information systems of the PAHO/WHO Representative Office developed and strengthened.
- Use of the Expanded Textbook Program (PALTEX) consolidated in institutions that train health workers through an efficient delivery system for high-quality, scientific instructional materials at prices much lower than market prices.

ACCESS TO SCIENTIFIC AND TECHNICAL INFORMATION

PURPOSE

To improve and increase access to scientific and technical information that promotes the country's application and use of information technology.

EXPECTED RESULTS

- Virtual libraries on health, health and the environment, public health, and nursing developed, strengthened, and updated.
- Basic health libraries strengthened in terms of information, documentation, access to the Internet, and technical assistance.
- Operating capacity of the Information and Documentation Center of the Representative Office increased and strengthened.

TECHNICAL COOPERATION AMONG COUNTRIES**PURPOSE**

To contribute to the development and strengthening of cooperative relationships in health among countries through support for the formulation and management of technical cooperation projects among countries within the framework of Pan-Americanism.

EXPECTED RESULTS

- Cooperative ties and mechanisms between countries established within the framework of national priorities and regional and subregional commitments, especially in the context of the Andean Health Organization (ORAS), MERCOSUR, and the Amazon Cooperation Treaty.

SUPPORT FOR NATIONAL HEALTH DEVELOPMENT**PURPOSE**

To efficiently and effectively exercise the policy and technical dimensions of the management of the Representative Office.

EXPECTED RESULTS

- Technical-administrative capacity of the PAHO/WHO Representative Office in Bolivia strengthened.
- Decentralization processes of PAHO/WHO technical cooperation strengthened.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		4,568,100	4,657,800	9,225,900
Total 2004-2005		4,574,200	1,103,800	5,678,000
Percentage of estimated expenditure	Country program support	38%	-	31%
	Intersectoral action and sustainable Development	11%	-	9%
	Health information and technology	2%	1%	2%
	Universal access to health	17%	-	14%
	Disease control and risk management	15%	99%	31%
	Family and community health	17%	-	13%

BRAZIL

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Consolidate the Unified Health System (UHS), strengthening managerial capacity in the three spheres of government and facilitating consensus-building on objectives and results through pacts between UHS managers (bipartite and tripartite), integrated planning and programming activities, and use of the integrated nature of the three levels of care to improve the equity, quality, and efficiency of services, and operationalize prevailing UHS standards.
- > Promote the functional integration of databases and information systems that support health decisions and policies, particularly those for epidemiological and managerial surveillance activities and programs, establishing remote electronic access services, the Virtual Health Library (VHL) and the Integrated Health Information Network (RIPSA).
- > Develop and implement environmental health and sanitation policies to reduce the disease and mortality burden and improve the health and well-being of the population.
- > Strengthen actions and programs to prevent, monitor, and control communicable diseases, particularly vaccine-preventable diseases; STD/HIV; tuberculosis; leprosy; vector-borne diseases such as malaria, dengue, Chagas' disease, yellow fever, and zoonoses, especially, rabies; and food-borne diseases. Strengthen programs geared to reducing risk factors associated with noncommunicable diseases, particularly cardiovascular diseases, cancer, diabetes, hypertension, and obesity.
- > Promote human resource education and training programs based on the Family Health Strategy, and refine regulatory and management, based on the availability of information and the analytical capacity of human resources in health.
- > Make health promotion a national priority, which implies developing public policies that improve factors that constitute health determinants, strengthening intersectoral work and mobilizing sectoral and intersectoral resources for programs and activities at all levels of the State.
- > Strengthen the institutional capacity of the National Agency for Health Surveillance. Ensure a decentralized supply of basic and generic drugs, as well as safe blood and food hygiene. Promote the evaluation of applied technologies in health for rational use by level of care.
- > Strengthen the decentralization of health services by improving the managerial capacity of state health secretariats to technically and financially support the municipalities in the regionalization process, in keeping with operating standards for health care (NOAS-2001), in order to improve the quality of health services and make access to them more equitable. Develop and implement environmental health and sanitation policies to reduce the disease and mortality burden and improve the health and well-being of the population.
- > Promote intersectoral actions that improve health and the quality of life, with emphasis on basic sanitation and environmental protection, strengthening the institutional capacity of the Ministry of Health in environmental health. Undertake actions and programs to protect health workers and prepare for natural and technological disasters.
- > Promote education and training programs for human resources based on the Family Health Strategy, and refine regulatory and management processes based on the availability of information and the analytical capacity of human resources in health.

PROJECTS

DEVELOPMENT, MANAGEMENT, AND COORDINATION OF TECHNICAL COOPERATION

PURPOSE

To design technical cooperation consistent with the country's health needs and priorities, promoting the use of relevant information and inputs fundamental to the public policy-making and decision-making processes, and strengthening basic health care, the Family Health Program, and decentralized management of services as strategic factors in health sector reform.

EXPECTED RESULTS

- Support provided for informed policy- and decision-making in linked strategic areas of relevance for reducing inequities.
- Technical cooperation projects between Brazil and other countries (TCC) implemented and coordinated, with the participation of the PAHO Representative Office-Brazil to support the negotiating capacity for SGT-11 and technical working groups for MERCOSUR.
- Technical cooperation programs carried out in keeping with national priorities and the PAHO Strategic Plan for 2003-2007, applying human and economic resources in a manner consistent with the work strategies of the Representative Office.
- Different technical cooperation projects coordinated and strengthened within the context of integrated services and basic health care, concentrating activities through the Family Health Program.
- Technical cooperation projects designed to strengthen the state and municipal health secretariats as part of the decentralization of Brazil's health model.
- Creation of an effective functional structure in the PAHO Representative Office with the capacity, adequate infrastructure, and leadership to meet the needs of the technical cooperation program.
- Technical cooperation decentralized, with work plans developed jointly between state and federal health authorities.

DEVELOPMENT OF HEALTH SYSTEMS AND SERVICES

PURPOSE

To design technical cooperation in health services geared to strengthening essential public health functions in the three government spheres, and to restructure the model of care with a focus on health promotion, rational use of technologies, quality assurance, and the reduction of inequalities.

EXPECTED RESULTS

- Support provided for the development of health authority functions in the three spheres of government and the building of public health plans, using the essential public health functions (EPHF) and other methodologies aimed at strengthening federal management and the state and municipal health secretariats, within the framework of decentralizing and regionalizing services.
- Support provided for informed policy-making for health systems and services development through the creation of health observatories and forums, technical cooperation networks, and technical cooperation via the Internet, with the aim of reorganizing personal and public health services, focusing on equity, financial sustainability, solidarity, quality, rational use of technologies, and the democratization of information.
- Support for the planning and organization of personal and public health services through studies and research that emphasize the reduction of inequalities in access to regionalized services, health promotion, and quality assurance.
- Support provided through analyses, studies, methodologies, and instruments, to improve the skills and expertise of UHS managers in evaluating and applying technologies based on needs, clinical protocols, and public health studies.

- Support provided for implementation of innovative modalities and methodologies that ensure the quality of personal and public health services, basic care, and family health and its relationship to medium and high levels of complexity and community public health organizations.
- Through studies, research, and the use of methodologies, support provided for the development of health sector financing models; provider payment models; and analysis of EC29 incentives and trends, including methodologies for the analysis of the cost, production, performance and profitability of programs.

INFORMATION FOR HEALTH POLICY-MAKING

PURPOSE

To design consistent technical cooperation that strengthens national capacity in health analysis and public policy-making to reduce inequities and inequalities in health and design strategic activities to develop the Unified Health System (UHS).

EXPECTED RESULTS

- National strategic capacity to produce, evaluate, analyze, and disseminate basic data and indicators for health and health trends augmented.
- Models and instruments for epidemiological analysis of health conditions developed and applied to support decentralized management of the UHS, in the Ministries of Health and the municipal health secretariats.
- Document and bibliographic support processes and mechanisms developed for PAHO technical cooperation in the country, coordinated with the Virtual Health Library (VHL) Project of the Latin American and Caribbean Center on Health Sciences Information (BIREME).
- Internal coordination processes developed that use the Internet as an instrument to complement PAHO technical cooperation in Brazil.
- Social communication processes related to PAHO technical cooperation in the country refined, promoting the use of electronic communication technologies, with special emphasis on health promotion and basic health care.

HEALTH AND ENVIRONMENT

PURPOSE

To provide technical cooperation for upgrading national capacity to address environmental health priorities, with the aim of supporting efforts to reduce inequities in sanitation and environmental quality and control risks within a proactive, intersectoral, and Pan-American management framework that promotes sustainable development.

EXPECTED RESULTS

- Cooperation on health and environment issues coordinated in a manner that facilitates work with other projects and strengthens intersectoral management at the different activity levels.
- Information on health and the environment strengthened, with an emphasis on public policy-making.
- State instruments and methodologies developed to support decentralized intersectoral management in federal, state, and municipal institutions, as well as civil society organizations, in five priority states .
- The primary environmental care strategy incorporated into basic health care activities, particularly the Family Health Program.
- Collaboration in support of a plan to improve the efficiency and effectiveness of environmental sanitation services and controls, with emphasis on communities with higher morbidity and mortality indexes associated with deficient services and controls.
- Support provided to improve the risk management and control, taking into account studies on environmental risk assessment, control of chemical substances, environmental monitoring, and workers' health.

DEVELOPMENT OF HUMAN RESOURCES IN HEALTH

PURPOSE

To develop useful technical cooperation consistent with policy priorities for the country's human resources in health, through programs and projects that strengthen the institutional capacity of UHS managers, with an emphasis on the Family Health Strategy.

EXPECTED RESULTS

- Support provided to strengthen the decentralization and institutional development of UHS managers in human resource regulation, management, and training in the health sector, especially in the five priority states under the International Classification of Diseases (ICD).
- Collaboration in formulating and implementing training projects in priority areas for the UHS, with emphasis on projects that strengthen the Basic Health Network and the Family Health Strategy.
- Creation and expansion of the country's Observatory Network of Human Resources for Health (ROREHS) promoted, strengthening the use of information in public policy-making and evaluation.
- Collaboration in formulating, implementing, and evaluating cooperation projects signed between PAHO and the Ministry of Health or other institutions in the health, education, and research sectors.

HEALTH PROMOTION

PURPOSE

To develop useful technical cooperation consistent with the consolidation and expansion of health promotion policies and mechanisms and that is appropriate to the evaluation, strengthening and application of those policies and mechanism at all levels of the system, particularly major urban areas.

EXPECTED RESULTS

- Planning and execution of the technical cooperation process for the health promotion project coordinated.
- The use of decentralized technical cooperation supported for public health policies in selected municipalities from the states, particularly in major urban areas.
- Support provided to develop methodologies for evaluating public health policies that assist in local decision-making, particularly in large urban areas.
- Support provided to integrate health promotion into basic health care services, with emphasis on the Family Health Strategy.

ESSENTIAL DRUGS AND OTHER HEALTH INPUTS

PURPOSE

To prepare useful technical cooperation consistent with national priorities on the regulation, management, monitoring, and evaluation of the use of drugs, other health inputs, blood, public health laboratories, and ionized radiation, promoting the use of relevant information; strengthening basic health care, the Family Health Program and decentralized management of services; and fostering harmonization processes in the Region and the development of its human resources.

EXPECTED RESULTS

- Coordination processes between the three spheres of government and other actors developed to formulate, implement, and evaluate policies on drugs and other essential health inputs to ensure equitable access to drugs as well as their quality and rational use.
- Activities carried out to improve decentralized management of UHS pharmaceutical services, especially in the five states designated as priorities for decentralized technical cooperation, in order to improve access to essential drugs, with emphasis on basic care and the Family Health Program.

- Regulation, monitoring and evaluation of the use of drugs and other inputs strengthened, together with coordination with teaching institutions, professional organizations, and other entities to promote the rational use of drugs by those who prescribe and dispense them and by communities, promoting the mass communication strategy through telematic media.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		10,768,200	20,241,200	31,009,400
Total 2004-2005		8,716,200	4,668,000	13,384,200
Percentage of estimated expenditure	Country program support	28%	-	18%
	Intersectoral action and sustainable Development	16%	-	11%
	Health information and technology	12%	8%	10%
	Universal access to health	12%	60%	29%
	Disease control and risk management	17%	28%	21%
	Family and community health	15%	4%	11%

CANADA

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Canada's active participation in regional and global programs, both within and outside Canada.
- > Sharing Canadian expertise and approaches with other countries.

PROJECTS

REGIONAL COOPERATION ACTIVITIES

PURPOSE

To improve national, regional, and global programs by using Canadian expertise and approaches and facilitating Canadian participation.

EXPECTED RESULTS

- Greater number of Canadian experts involved in technical cooperation projects.
- Greater participation by Canada in regional and global programs.

CANADIAN AWARENESS OF AND INVOLVEMENT IN PAHO

PURPOSE

To mobilize technical, institutional, and financial resources from Canada in support of PAHO programs, to enhance Canadian awareness and knowledge of PAHO, and to increase Canadian participation in PAHO programs.

EXPECTED RESULTS

- Canadian support for, participation in, and knowledge of PAHO programs markedly increased.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		851,600	-	851,600
Total 2004-2005		809,900	-	809,900
Percentage of estimated expenditure	Country program support	7%	-	7%
	Universal access to health	93%	-	93%

CARIBBEAN

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Health systems improvements, including the management of human resources .
- > Noncommunicable disease management.
- > HIV/AIDS program implementation of an expanded response.
- > Mental health program expansion.
- > Communicable disease management.
- > Environmental health and related conditions management.
- > Family health management for targeted interventions .

PROJECTS

MENTAL HEALTH

PURPOSE

To strengthen the reform of mental health systems .

EXPECTED RESULTS

- Support provided to promotional campaigns for selected mental health and substance abuse issues .
- Support provided to training programs to facilitate community-based mental health.
- Establishment of mental health surveillance and information systems facilitated.
- Direct technical support provided and project coordinated and monitored effectively.
- Support provided to surveillance and information systems to facilitate planning programs for the elderly .

FAMILY HEALTH

PURPOSE

To provide support to programs that address the health needs of specific population groups.

EXPECTED RESULTS

- Direct support provided to mobilize resources for HIV/AIDS/STI programs .
- Support provided to plans, projects, and policies to strengthen specific programs and services .
- Training programs conducted to facilitate sustainable health initiatives for specific population groups or services .
- Surveillance and information systems to facilitate planning of selected family health programs .
- Direct technical support provided and project coordinated and monitored effectively.

NONCOMMUNICABLE DISEASE (NCD) PREVENTION AND CONTROL

PURPOSE

To improve the implementation of NCD prevention, screening, and management programs .

EXPECTED RESULTS

- Support provided to training programs to facilitate NCD prevention and control, including information, education, and communication.

- Support provided to plans, projects, and policies to reduce NCD risk factors and mobilize resources .
- Support provided to plans, projects, and policies to improve management of NCDs.
- Support provided to surveillance and information systems related to NCDs.
- Support provided to research and evaluation studies on selected aspects of NCDs.
- Direct technical support provided and project coordinated and monitored effectively.

REORIENTING HEALTH SYSTEMS

PURPOSE

To apply new approaches in planning and to institutionalize them in the ministries of health.

EXPECTED RESULTS

- Health planning capacity strengthened and reoriented.
- Human resource capacity strengthened to reorient health systems .
- National and subregional information systems strengthened.
- Quality improvement programs strengthened for the delivery and monitoring of services at all levels .
- Appropriate health financing mechanisms modified to achieve equity, sustainability, and efficiency.
- Program implementation monitoring and evaluation mechanisms in place.

MANAGEMENT OF TECHNICAL COOPERATION

PURPOSE

To manage technical cooperation.

EXPECTED RESULTS

- PAHO/CPC's property efficiently maintained.
- Human resources plans and policies executed.
- The delivery of technical cooperation managed and coordinated at the country and subregional levels .
- Information Systems and Technology optimized at the CPC Office.
- CCH and CARICOM collaboration program conducted.
- Direct technical cooperation expanded to promote the production and dissemination of health information.
- TCC projects in selected areas designed, approved, and implemented.

ENVIRONMENTAL HEALTH (EH) AND DISASTERS

PURPOSE

To enhance the capacity to implement modern practices in the management of environmental health threats and risks.

EXPECTED RESULTS

- Support provided to national programs to improve EH management.
- Support provided to advocacy efforts to modernize EH management.
- Support provided to the subregional human resources development plan for EH professionals at the country and subregional levels .
- Support provided to policy and legislation models in selected CCH priority areas, including in disaster management.
- Capacity to manage disaster issues strengthened.
- Project coordinated and monitored effectively.

HEALTH SECTOR REFORM PROJECT FOR OECS MEMBER COUNTRIES FSP 2000-89**PURPOSE**

To reform the health systems of OECS member countries to improve the efficiency, effectiveness, and quality of services delivered to the population.

EXPECTED RESULTS

- Support provided for the introduction of methods, models, and technologies to enhance the capacity of OECS countries to plan and implement health reform training programs .
- Electronic directory of health services and technologies made available in OECS member countries, and selected referral centers in the Caribbean made operational and accessible to all OECS member countries.
- Support provided for the introduction of plans, policies, and projects based on best practices to strengthen institutional arrangements for accessing shared services between OECS member countries and Caribbean referral centers .
- Models, methods, and technologies introduced to establish an OECS-wide cancer registry .
- Methods, models, and technologies to strengthen the capacity of health providers and ministries of health in OECS states to establish and monitor CQI programs for the health services introduced.
- Project execution managed in accordance with the Memorandum of Understanding signed by OECS and PAHO .

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		6,990,100	1,497,200	8,487,300
Total 2004-2005		7,054,600	50,000	7,104,600
Percentage of estimated expenditure	Country program support	38%	-	38%
	Intersectoral action and sustainable Development	10%	100%	11%
	Health information and technology	10%	-	9%
	Universal access to health	17%	-	17%
	Disease control and risk management	14%	-	14%
	Family and community health	11%	-	11%

CHILE

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Study of health needs, expectations, and objectives.
- > National Plan for Equity.
- > National Program to Redesign the Social Protection Network in Health.
- > Guaranteed health rights and commitments.
- > Quality of health care (benefits and providers).
- > National program for health services and for development of the care network.
- > State policy and the National Program for Health Promotion.
- > Modernization and labor relations policy.
- > Modernization of public health sector management.
- > Modernization of Health Sector Programming and Management.
- > Development and organizational modernization of the Ministry of Health.
- > Sectoral financial/budgetary administration.
- > Development of information systems and health statistics.
- > Development of a national policy for health research.

PROJECTS

MANAGEMENT AND COORDINATION OF THE COUNTRY PROGRAM

PURPOSE

To manage the Representative Office for national health development.

EXPECTED RESULTS

- Lines of work and activities appropriate to the technical and administrative implementation of technical cooperation in the country developed.
- Lines of work developed for the formulation, operation, and improvement of the technical cooperation model in keeping with the needs identified by the situation analysis of the country and PAHO's priorities and strategies.

HEALTH SYSTEM DEVELOPMENT

PURPOSE

To strengthen the essential public health functions and clarify the roles of the different components of the health system, strengthening primary health care within the framework of modernizing management.

EXPECTED RESULTS

- Policy-making and standards supported and their application evaluated in terms of the steering role and regulatory functions of the Ministry of Health, at a minimum in the areas of accrediting suppliers, investments, drugs, and health technology.
- Development of organizational models for health systems and services supported, at a minimum in the areas of coordination between levels, health care financing, and citizen participation.
- A strategic proposal for human resources implemented within the context of health sector reform, including public health training centers.

- Graduate fellowship program between the Ministry of Health and the Representative Office developed and adapted to the strategic proposal for human resources.
- Low-cost access to scientific publications and medical instruments consolidated for health workers through the Expanded Textbook Program (PALTEX).

HEALTH PROMOTION AND PROTECTION

PURPOSE

To incorporate health promotion as a key element in health reform objectives, as well as into family and general public health, mental health, and food and nutrition, promoting an approach focused on life and family cycles and gender.

EXPECTED RESULTS

- Participation of all actors involved in health promotion supported, with programming emphasis on family and general public health, mental health, and disability, helping to strengthen communities and action in health, develop partnerships with critical sectors, and mobilize resources.
- Implementation of health promotion policies and plans of action strengthened, using strategies such as healthy settings (schools, workplaces, and municipalities), and fostering intersectoral activities and the creation and strengthening of networks.
- Research, evaluation, and monitoring of interventions.
- Support provided for community actions geared to strengthening the health of the population and developing personal skills.
- Scientific and technical information disseminated on technical cooperation from PAHO, the Representative Office, and other actors involved in information management.

SUPPORT FOR NATIONAL HEALTH DEVELOPMENT

PURPOSE

To develop sound public policies and support for reform. To promote the sustainable development of sound public policies within a framework of equity, strengthening decentralization, intersectoral approaches, and social participation.

EXPECTED RESULTS

- Opportunity for dialogue and analysis of strategic aspects of sectoral reform—such as an orientation framework for sound public policy-making with an emphasis on equity and gender—maintained and expanded.
- Strategic orientations for health sector reform defined and negotiation and consensus-building initiated.
- Support provided for strengthening health legislation.

CONTROL OF RISKS AND THREATS

PURPOSE

To strengthen national and local capacity in the health sector to prevent and control risks and threats to people and the environment, contributing to the achievement of national health objectives and using public health monitoring as an instrument for policy-making.

EXPECTED RESULTS

- Support provided for the consolidation of national plans for the prevention, control, and eradication of communicable and noncommunicable diseases and for strengthening local implementation, with special attention to reducing the equity gap.

- Support provided for implementing epidemiological surveillance, statistical, and health information systems at the national and regional level.
- Capacity strengthened and consolidated for diagnosis, research, and analysis of the different institutions involved in health.

ENVIRONMENTAL HEALTH

PURPOSE

To improve the response capacity and influence of the health sector at the central, regional, and local levels in regard to environmental health, occupational health, and disasters, fostering decentralized and intersectoral work that involves citizen participation and makes it possible to improve equity among the population in terms of health and the environment.

EXPECTED RESULTS

- Greater capacity developed for the exercise of public health functions in environmental health, through a decentralized, intersectoral, and participatory approach that facilitates more effective and equitable management in environmental health.
- Support provided for intrasectoral and intersectoral development activities in occupational health, in terms of standards for control, surveillance, promotion, training, and information technologies at the national level.
- Support provided for the modernization of health sector disaster programs at the structural and programming levels, using a focus that is participatory, comprehensive, intersectoral, and decentralized in terms of preventing and mitigating natural and technological disasters, as well as responding to them.
- Incorporation of primary environmental care into health sector activities at each level promoted, using an intersectoral and participatory approach. Support also provided for developing intermediary agencies such as the Eco-Club Network and the Municipal Network for Primary Environmental Care, as well as for cooperation among countries.

EQUITY, GENDER, AND REFORM

PURPOSE

To incorporate the gender perspective into public health policies in the context of the reform by generating knowledge, raising awareness about this issue, making this approach an institutional mechanism, and encouraging the participation of civil society.

EXPECTED RESULTS

- Projects sent to Parliament incorporate aspects that foster the eradication of gender risks and promote standards that adequately operationalize gender criteria.
- With the collaboration of academia, the women's health movement, and other civil society actors, a Monitoring Observatory for reform policies established, with operations based on the application of a matrix of agreed upon gender indicators, and on the issue and broad dissemination of annual reports that promote gender sensitivity. Initial activities focused on the metropolitan region, with subsequent establishment of two regional workstations.
- Official entities established for civil society that facilitate citizen participation in health, including input in decisions and evaluations affecting normal operations.
- Studies produced on priority issues that promote gender sensitivity, such as use of time, exercise of the right to health, mental health, etc.
- Efforts made to promote permanent interest in gender and equity in health in the mass media, both currently and in the longer term.

- Through joint work with Chile's public health system (FONASA) and the Central Bank, methodologies developed that raise the profile of the household contribution—particularly that of women—to the national accounts, especially in terms of unremunerated health care delivery, with a view to adapting the model of care and the welfare system and procuring social recognition of domestic work carried out in the home.
- Through cooperation, sensitization, and feedback with decision-makers, universities, women's organizations, and other elements of civil society involved with the gender in health program, support provided to raise public awareness about gender issues and take gender into account in health sector policies and practices. This requires that the project develop supportive advocacy mechanisms such as inputs for negotiations, and that it help to strengthen civil society as an informed advocate for health. It also requires the creation of opportunities and influence mechanisms, and monitoring of the situation.
- The experience of the project in Chile will have contributed to the development of projects in other countries of the Region, especially Peru and the Central American countries.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		2,577,900	457,600	3,035,500
Total 2004-2005		2,276,900	-	2,276,900
Percentage of estimated expenditure	Country program support	45%	-	45%
	Intersectoral action and sustainable Development	8%	-	8%
	Health information and technology	3%	-	3%
	Universal access to health	24%	-	24%
	Disease control and risk management	20%	-	20%

COLOMBIA

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > The Quadrennial Public Health Plan for 2002-2006, which includes eight basic points based on national health priorities.
- > Resolution of the hospital network crisis.
- > Cooperation and coordination between territorial entities.
- > Strengthening of the Public Health Surveillance and Information System.

PROJECTS

DEVELOPMENT, MANAGEMENT, AND ADMINISTRATION OF PAHO IN COLOMBIA

PURPOSE

To have physical and logistical facilities and support personnel to carry out the technical cooperation to the country.

EXPECTED RESULTS

- Adequate administrative processes and working conditions in place to meet technical cooperation requirements, as the available resources permit.

PREVENTION, CONTROL, AND REDUCTION OF DISEASES

PURPOSE

To strengthen functional groups at the central level and foster coordination with territorial entities on activities to prevent, control, and reduce diseases of importance to public health, with emphasis on priority groups, irrespective of gender, social category, and cultural characteristics, and with a view to reducing injuries and their determinants.

EXPECTED RESULTS

- Epidemiology used by functional groups as an instrument for decision-making and for strengthening prevention, surveillance, and control of communicable diseases of importance to public health, with the aim of helping to attain the indicators in the Strategic Plan of the Ministry of Social Protection.
- Activities carried out by the functional groups in the departments in their areas of specialization for health promotion and the prevention, surveillance, and control of noncommunicable diseases, with emphasis on those assigned priority in the Strategic Plan of the Ministry of Social Protection.
- Plans consolidated for the prevention, control, and eradication of vesicular and emerging diseases in domestic animals, diseases which jeopardize food production and the international livestock trade.
- Intersectoral plans and programs implemented, aimed at understanding the extent of foodborne diseases (FBDs), with this information used in policy-making.
- Programs for the control of endemic zoonoses and emerging and reemerging diseases implemented, in coordination with relevant entities, including producers.

ENVIRONMENTAL HEALTH AND HEALTHY SPACES

PURPOSE

To strengthen national capacity to manage and implement activities for improving sanitary conditions in physical and social environments to better reduce environmental risks that jeopardize the health of the Colombian population.

EXPECTED RESULTS

- Technologies and instruments identified that increase the coverage and quality of water and sanitation services for rural and vulnerable populations.
- Registry of accidents and occupational diseases among the working population strengthened, along with risk assessment and the development of programs to support workers in the informal sector.
- Risk assessment, prevention, and public awareness campaigns strengthened to inform the people about poisoning and environmental pollution from various physical, chemical and biological agents that affect air, soil, and water quality.
- National capacity strengthened through development of the instruments, plans, standards, and information systems proposed for the national environmental health plan (PLA NASA), which will allow for implementation of the environmental health program in health and environmental institutions.
- Plans, policies, and programs aimed at making environments healthier implemented through the promotion of healthy lifestyles, sound public policy-making, and the reduction of risks for the vulnerable population.

HEALTH INFORMATION

PURPOSE

To strengthen the country's capacity to generate, analyze, disseminate, and use health information for policy-making in public health administration.

EXPECTED RESULTS

- Development plans for essential public health functions 1 and 2 implemented, and plans corresponding to function 10 drawn up by the end of 2005.
- Systems created to generate strategic information that will make it possible to anticipate events and better prepare appropriate responses.
- Capacity strengthened to analyze mortality profiles and trends, the disease burden, measurement of inequalities, violence, health situation analysis in primary health care, and disasters.
- Situation rooms developed as a strategic instrument for administrative use at the departmental level. Scientific and technical information and communications processes (the CDOC database, Virtual Health Library, and Web page) consolidated.

FAMILY AND COMMUNITY HEALTH

PURPOSE

To promote public health interventions that improve family and community health throughout the life cycle, with emphasis on child and adolescent health, sexual and reproductive health, and nutrition, by strengthening functional groups at the national, departmental and municipal levels and by supporting the preparation and coordination of sound public policies and strategic partnerships to address the needs of the most vulnerable population groups.

EXPECTED RESULTS

- Critical support strategies implemented for the Strategic Plan for the Expanded Program on Immunization (EPI), to achieve useful vaccination coverage in all departments and municipalities in the country.

- Critical support strategies for plans to eradicate, eliminate, and control vaccine-preventable diseases implemented at the national and/or departmental levels.
- Public policy strategies for sexual and reproductive health (SRH) implemented that strengthen the administrative and epidemiological monitoring of maternal/perinatal health and help reduce maternal mortality at the national, departmental, and local levels.
- SRH activities for the adolescent population initiated, with national support, in priority departments with high reproductive risk.
- Strategic institutional partnerships forged at and with the national and departmental levels that promote legislation to support services for children and adolescents, reorient services for Integrated Management of Childhood Illness (IMCI), and assist caregivers and families.
- Actions and interventions that strengthen the National Plan for Food and Nutrition identified and carried out by functional groups at the national and departmental levels.
- Actions and interventions that strengthen health promotion and access to health services by ethnic minorities identified and carried out.

DEVELOPMENT OF AND UNIVERSAL ACCESS TO HEALTH SERVICES

PURPOSE

To strengthen the steering and managerial capacity of health systems and services at the national and departmental levels.

EXPECTED RESULTS

- Decentralized, integrated management models developed in consultation with the Ministry of Health in departments selected on the basis of epidemiological, social, and sanitary priorities.
- Basic health models care based on integrated departmental service networks operating at the central level, with intrasectoral and intersectoral coordination and social participation, and with an emphasis on primary care and community health in five priority departments.
- Public health policies developed for exercising essential public health functions under the supervision of national and departmental health authorities.
- General System for Social Security in Health developed to achieve universal health coverage, quality health services, and a sustainable financial system.
- Monitoring and research on the Colombian health system reform process conducted and disseminated.

HEALTH IN DISASTER AND EMERGENCY SITUATIONS

PURPOSE

To cooperate to improve health and access to services of victims of disasters and humanitarian crises, particularly displaced populations.

EXPECTED RESULTS

- Management of risk and mitigation of the impact of disasters on health strengthened in areas identified as critical by national and local authorities.
- Institutional capacity to respond to the health needs of displaced and vulnerable populations strengthened in departments where PAHO has field offices.
- Support provided for territorial technical cooperation initiatives.

SUPPORT FOR NATIONAL HEALTH DEVELOPMENT**PURPOSE**

To identify needs and programs and explore opportunities for technical cooperation that are consistent with the guidelines of the National Development Plan and the strategic plans of the Ministry of Social Protection and PAHO.

EXPECTED RESULTS

- Specific cooperation initiatives adopted by PAHO in conjunction with its various counterparts periodically evaluated.
- Knowledge and skills required for performing routine functions attained by personnel.
- Effective use by the countries of technical cooperation projects to strengthen institutional capacity in strategic areas, with priority assigned to bordering countries.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		4,481,300	1,535,600	6,016,900
Total 2004-2005		4,280,700	-	4,280,700
Percentage of estimated expenditure	Country program support	34%	-	34%
	Intersectoral action and sustainable Development	11%	-	11%
	Health information and technology	14%	-	14%
	Universal access to health	15%	-	15%
	Disease control and risk management	19%	-	19%
	Family and community health	7%	-	7%

COSTA RICA

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Strengthen and improve interventions aimed at sustaining or increasing gains in reducing infant mortality, maternal mortality, communicable diseases, and nutritional deficiencies.
- > Promote construction of a culture of health, with emphasis on health promotion and promotion of healthy lifestyles in individuals and the population at large.
- > Prevent and treat noncommunicable diseases and address their risk factors.
- > Promote mental health using a comprehensive approach, with emphasis on social violence.
- > Improve equity, access, quality, and ethical standards in the health services, with emphasis on primary care.
- > Improve environmental health, with emphasis on basic sanitation and integrated water resources management.
- > Promote actions aimed at reducing vulnerability to disasters.
- > Consolidate health sector structure and operations.
- > Manage investment, expenditure, and financing according to health sector policies and priorities.
- > Consolidate the National Health Surveillance System.

PROJECTS

MANAGEMENT AND COORDINATION OF TECHNICAL COOPERATION

PURPOSE

To provide effective, high-quality technical cooperation.

EXPECTED RESULTS

- PAHO technical cooperation programs and projects, formulated, directed, and implemented under the Strategic Plan of the Organization, based on the situation in the country.
- Operations of the Representative Office guaranteed through efficient, effective management of administrative procedures to support technical cooperation.
- Management information systems and staff development in the Representative Office implemented and strengthened.

DEVELOPMENT OF PUBLIC POLICIES AND INFORMATION IN THE HEALTH SECTOR

PURPOSE

To contribute to the strengthening of national capacity to use and analyze health information for the policy-making and evaluation and decision-making in the public health management process.

EXPECTED RESULTS

- National Health Surveillance System linked to information systems that strengthen capacity for health situation analysis.
- Plans strengthened for the development of health sector analysis components on standards, regulations, functions, strategies, and procedures.
- Coordination between institutions and national and regional teams strengthened for the formulation, implementation, and evaluation of sectoral policies within the framework of sectoral analysis.

HEALTH SYSTEMS AND SERVICES

PURPOSE

To strengthen the sectoral steering role for exercise of the essential public health functions, ensuring universal access to quality health services, financial management, and the regulation of personal and population-based health service delivery.

EXPECTED RESULTS

- The functions, strategies, and procedures needed to exercise the sectoral steering role will have been validated, including the essential public health functions, defined in a participatory manner by the pertinent governmental agencies and applied at the national, regional, and local levels.
- Mechanisms and procedures to ensure access to health care for the excluded population defined and applied in the cantons with a lower social development index.
- Available information on financing, expenditure, and investments in health updated and used in the sector, based on the criteria of equity and quality.
- Measures for continuous improvement of the quality of care incorporated at various levels of the health system, with emphasis on common reasons for consultations or high morbidity.

POPULATION AND FAMILY HEALTH

PURPOSE

To implement policies and strategies for health promotion, and protection from the standpoint of human development.

EXPECTED RESULTS

- Strategies for health promotion and protection aimed at improving family health strengthened within the framework of sectoral programs and projects and the healthy spaces and settings initiative, with emphasis on priority areas and cantons.
- Policies and strategies aimed at strengthening the Nutrition and Food Security Project implemented, with emphasis on priority areas and cantons.
- Policies, strategies, plans, programs, and sectoral projects developed for preventing and addressing violence, (including domestic violence) and the use of tobacco and other drugs, with emphasis on priority areas and cantons.

PREVENTION AND CONTROL OF COMMUNICABLE AND NONCOMMUNICABLE DISEASES

PURPOSE

To increase national capacity for the prevention and control of priority communicable and noncommunicable diseases in the country.

EXPECTED RESULTS

- Capacity for management, prevention, and control of priority communicable and noncommunicable diseases increased at different levels of the system.
- Plans for developing the components of sectoral health analysis strengthened with respect to standards, regulations, functions, strategies, and procedures.

ENVIRONMENTAL PROTECTION AND DEVELOPMENT

PURPOSE

To contribute to development, sustainability, and accessibility of drinking water and sanitation services and to the reduction of environmental risks to health as an essential action for sustainable human development.

EXPECTED RESULTS

- Reform of the drinking water and sanitation sector, proposed in the PHC sectoral analysis, supported, and the technical capacity of institutions in the environmental protection and development sector strengthened.
- Assistance provided in strengthening health and environment programs and healthy spaces initiatives, with citizen participation, at the different levels of institutional action in the sector.
- The preparation of technical proposals and programs to reduce the vulnerability of the health sector infrastructure fostered and strengthened.

DISASTER PREPAREDNESS

PURPOSE

To reduce the disaster vulnerability of the health sector in Central America.

EXPECTED RESULTS

- Disaster preparedness in the health sector improved, in coordination with other sectors. Mitigation of the impact of disasters on the health sector promoted.
- Health sector response to disasters improved.

WOMEN, HEALTH, AND DEVELOPMENT (SUBREGIONAL)

PURPOSE

To strengthen the subregional capacity to analyze the health situation and its determinants, with the aim of reducing gender inequities.

EXPECTED RESULTS

- The capacity of ministries of health and statistical offices strengthened, incorporating the gender approach into collection, analysis, and use of health data.
- Strengthened capacity of various actors for monitoring and promoting the gender equity approach in health policies and programs, within the context of health sector reform.
- The comprehensive model for addressing gender violence consolidated and the model also used to address gender and mental health issues.
- Processes to produce and disseminate information, education, and communication on gender and health designed and facilitated, for raising awareness and training.
- Technical cooperation for incorporating the gender equity approach in the programs and policies of PAHO, regional and national offices, and Member States facilitated.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		2,993,800	2,649,900	5,643,700
Total 2004-2005		3,024,500	3,300	3,027,500
Percentage of estimated expenditure	Country program support	35%	100%	36%
	Intersectoral action and sustainable Development	14%	-	14%
	Health information and technology	11%	-	11%
	Universal access to health	13%	-	13%
	Disease control and risk management	13%	-	12%
	Family and community health	14%	-	14%

CUBA

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Continue strengthening municipal development in terms of public health through local government, social, and community participation, strengthening the primary health care subsystem and advancing family medicine, priority programs, and food security.
- > Prioritize the development of human resources for the National Health System, emphasizing integrated general medicine and the development of the National School of Public Health.
- > Strengthen the National Health System for sustainable development of health and the quality of life and the promotion of health and the network of municipios.
- > Promote and systematize environmental health actions aimed at protecting environmental and population health, including the struggle against disease vectors, prioritizing measures to combat *Aedes aegypti*.
- > Prioritize the National Immunization Program, maintaining national coverage according to the national vaccination plan.
- > Prioritize the Program on Communicable Diseases, with emphasis on STIs, HIV/AIDS, tuberculosis, and zoonoses.
- > Develop the National Drug Program, as well as natural and traditional medicine, pharmacoepidemiology, and research on the health system and drug services.
- > Strengthen national capacity with respect to scientific, technical, and health information for monitoring and analyzing the health situation.
- > Enhance national plans for disasters.
- > Bolster international cooperation efforts to mobilize financial, physical, human, political, and institutional resources, favoring local, national, and international initiatives aimed at addressing national priorities.

PROJECTS

MANAGEMENT AND COORDINATION OF THE COUNTRY PROGRAM

PURPOSE

To improve managerial capacity in the Representative Office to the development needs of the National Health System.

EXPECTED RESULTS

- The project for full development of the Representative Office implemented.

SUPPORT FOR NATIONAL HEALTH DEVELOPMENT

PURPOSE

To support national health development.

EXPECTED RESULTS

- Staff development program implemented.
- Project coordination activities implemented.
- Projects for technical cooperation among countries and resource mobilization in general implemented.
- Scientific and technical capacity of the National Health System and other health-related sectors promoted internationally.

MUNICIPAL DEVELOPMENT

PURPOSE

To help strengthen local development processes through the decentralization of technical cooperation, prioritizing improvements in primary health care, intersectoral action, and social and community participation.

EXPECTED RESULTS

- Contribution made to annual monitoring and consolidation of the Municipal Development Program (MDP), as well as to decentralization within the municipios to health areas and family medicine programs, as well as People's Councils and Circumscriptions.
- Health and development activities consolidated in the projects and centers, and support provided for their expansion to other economic areas with common issues.
- Decentralization of technical cooperation strengthened and the experience of the focal points for cooperation systematized. Territorial decentralization consolidated, and the decentralization of health programs, research, education, and human resources development expanded and intensified.
- Local initiatives developed through multisectoral projects for solving priority problems in health promotion, environment, gender, adolescent health, health of older adults, health services, rehabilitation, and other areas suggested by local governments and the Ministry of Public Health.

STRENGTHENING OF THE NATIONAL HEALTH SYSTEM

PURPOSE

To effectively guide technical cooperation to improve the performance of the NHS.

EXPECTED RESULTS

- Problem-solving capacity improved with respect to knowledge of the situation and health surveillance, as well as the control of risks and threats, at the national and subnational levels of the NHS and other sectors related to health and environment.
- Health promotion strategy strengthened, emphasizing multisectoral community participation, with the aim of improving the quality of life of the population.
- Regulatory and control processes strengthened, as well as health policy, planning, and management development at national and subnational levels of the NHS.
- Technical cooperation to improve the quality of health services at the national level strengthened, ensuring their efficiency and effectiveness and raising the level of popular satisfaction.
- Scientific and technical capacity strengthened through human resources development and the national research process.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		2,513,600	146,500	2,660,100
Total 2004-2005		2,351,600	69,000	2,420,600
Percentage of estimated expenditure	Country program support	34%	100%	36%
	Intersectoral action and sustainable Development	10%	-	10%
	Health information and technology	7%	-	6%
	Universal access to health	41%	-	40%
	Disease control and risk management	3%	-	3%
	Family and community health	5%	-	5%

DOMINICA

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Performance level of the Ministry of Health.
- > Safe physical environments.
- > Skills development opportunities at the Ministry of Health.
- > Comprehensive emergency management plan.
- > Low quality of health care rating in EPHF.
- > High Aedes aegypti infestation/threat of malaria outbreak.
- > Implementation and enforcement of laws.
- > Monitoring and surveillance systems.
- > Increased mortality rates due to cancer, hypertension, and diabetes.
- > Health information dissemination.
- > High prevalence of obesity in the 0-5 years age group.

PROJECTS

HEALTH SYSTEMS DEVELOPMENT

PURPOSE

To improve the level of performance of the Ministry of Health.

EXPECTED RESULTS

- Support provided to plans, projects, and policies to strengthen the Ministry of Health's capacity to monitor and improve the quality of health care.
- Support provided for the adoption of plans, policies, and projects to strengthen the Ministry's human resource capacities.
- Support provided for the introduction of health financing models, methods, and mechanisms.
- Program implementation, and monitoring and evaluation mechanisms in place.
- Plans, projects, and policies developed to sustain implementation of healthy community and health promotion initiatives.

CHRONIC NONCOMMUNICABLE DISEASES (CNCD)

PURPOSE

To develop and implement the national CNCD program.

EXPECTED RESULTS

- Support provided for the introduction of plans, policies, and projects for the improved and effective management of selected CNCD (diabetes, hypertension, and selected cancers).
- Support provided to methods, models, and technologies for developing national screening programs for diabetes, hypertension, selected cancers, and obesity.
- Methods, models, and technologies introduced to improve compliance by users and providers.
- Plans, policies, and projects introduced to reduce the prevalence of obesity in children from 0 to 5 years old.

SAFE PHYSICAL ENVIRONMENT**PURPOSE**

To promote a safe physical environment.

EXPECTED RESULTS

- Support provided to plans, policies, and projects to improve enforcement mechanisms .
- Support provided to policies and plans to strengthen institutional capacities in monitoring and surveillance.
- Public awareness and education program strengthened to address vector control.
- Support provided to plans, policies, and projects to improve systems for testing and monitoring the emergency management plan.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		288,600	-	288,600
Total 2004-2005		271,300	-	271,300
Percentage of estimated expenditure	Country program support	7%	-	7%
	Intersectoral action and sustainable Development	10%	-	10%
	Universal access to health	58%	-	58%
	Disease control and risk management	13%	-	13%
	Family and community health	12%	-	12%

DOMINICAN REPUBLIC

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Guarantee ongoing governance in this sector. Ensure the orderly, rational transfer of authority (change of administration) to new public health management for 2000-2004, as well as the continuity of current policies, programs, and health activities considered to be proven, adequate, timely, and pertinent, informing public and civil society organizations working in public health about the health situation and the plans and priorities of the new authorities.
- > Expand health services coverage through the primary care strategy. Develop a family and community care model for primary care for identified, territorially defined populations, under the leadership of the Public Health and Social Assistance Council (SESPAS). Organization and forms of operation under this model should provide for sustainability through diverse means of financing, from public funds, mixed funds (subsidized-contributory), or contributory funds (social security). Links with other health services, within the context of the reorganization and modernization of the health sector, will be supported through the primary care strategy.
- > Reorganize and modernize the National Health System. Define the functions and relationships of institutions in the sector, gradually and progressively advancing the principle of the separation of the steering role, health service delivery, and financing functions.
- > Develop and modernize the regulatory framework for the health sector. Based on the strategic objectives of reorganization and modernization of the National Health System, support and promote approval of the general health legislation bill; develop regulations to implement the general health act and harmonize the social security bill with the general health act. Develop and strengthen the sectoral steering role of SESPAS. Reorganize, develop, and modernize SESPAS, with special emphasis on: management of planning, implementation, and supervision; human resources administration; financial and budgetary management; and organization and management of primary and hospital health services, as well as development of a master training plan for these Purposes.
- > Decentralization of SESPAS management. Development of SESPAS management capacity through the creation of regional oversight offices, with the mission of supervising and evaluating operations, and providing support for maintaining of networks and training human resources. Also, by strengthening provincial health bureaus, with executive and administrative missions for budgetary programming, formulation, and execution, local reallocation of resources, and health service delivery.
- > Strengthening the network of specialized health services. Modernization of the public hospital network and strengthening their response capacity by linking them with cooperative networks of multifunction providers (public-private cooperation) at the provincial and district levels, coordinated through new structures for governance, administration, and self-management via new hiring mechanisms and service agreements, management information systems, quality assurance and logistical support for supply of inputs, and management and administrative mechanisms.
- > Promotion and development of social participation, supporting and contributing to development, strengthening and creating social solidarity networks in the health area, and developing national, provincial and municipal health councils, as well as health committees in support of family and community primary care services, national action committees, and all forms of volunteer and private-sector assistance in health services delivery.
- > Promotion of transparency in relations with nongovernmental organizations working in health. Development of the function of evaluating and accrediting NGOs working in health, and the design of legal and legislative frameworks for contracting and co-management with public services.

- > Development of response capacity in special public health programs. Develop and strengthen action programming networks, at the provincial and municipal levels, by promoting social participation, the primary care strategy, program decentralization, and local reallocation of resources, with special emphasis on communicable disease control, systematic vaccination of the population, and vector control.
- > Strengthening of international cooperation for action in health. Strengthening Dominican participation in the Health Network of Central America and the Dominican Republic (RESSCAD); development of Dominican regional leadership in cooperative health activities in the Caribbean for control and prevention in response to the HIV/AIDS epidemic, as well as progress toward a plan for cooperation with Haiti to develop a bilateral program for a healthy border.
- > Reform and modernization of the health sector. Development of pilot programs to apply the stated principles of the Dominican Government's Policy Charter for Health Sector Reform and Modernization. Regulatory orientation of SESPAS for financial, technical, and interagency coordination and facilitation of the execution of the projects and programs for sectoral reform financed with funds from the World Bank, IDB, European Community (LOME IV), and U.S. Agency for International Development. Assured fulfillment of commitments for the disbursement of national matching funds for loans allocated for this reform. Set-up of a system to monitor and evaluate sectoral reform activities.

PROJECTS

REFORM AND MODERNIZATION OF THE HEALTH SYSTEM, ENVIRONMENTAL HEALTH, AND SOCIAL SECURITY

PURPOSE

To reform and modernize the health, water, and environmental sectors to implement the National Social Security System, and strengthen the steering role of national institutions (SESPAS, Environment Sector, INAPA).

EXPECTED RESULTS

- SESPAS assisted in the design of a system for evaluating progress in reform.
- SESPAS provided with a set of standards, instruments, and mechanisms to facilitate the development of its capacity to exercise the steering role and to implement the EPHF.
- Direct support provided for reform and modernization in the health and of drinking water and sanitation sectors, within the framework of technical cooperation.
- Contribution made to the consolidation and dissemination of methods, models, and technologies for the production, dissemination, and use of applied scientific knowledge.
- Surveillance subsystems developed, including the capacity to respond to emerging and reemerging diseases (ERD), and the laboratory network strengthened for consolidation of the National Epidemiological Surveillance System (SINAVE).
- Information subsystems developed, along with the capacity for health analyses involving "the measurement of inequalities" for decision-making.
- Methods, models, and technologies adjusted and developed to improve the performance and heighten the impact of DIGEPI and priority health programs, under the implementation of the Health Act and the Social Security Act.
- Policies, plans, and projects will have contributed to development of public health research on priority problems.
- Policies, plans, and models prepared within the framework of reform and modernization of the health and environment sectors to control environmental risks.

- Methods, models, and technologies will have contributed to adequate management of water and sanitation, with emphasis on priority health problems.
- Policies, plans, and models prepared for the prevention and management of emergencies and disasters in the drinking water and sanitation sector.
- Contribution made to the preparation of policies, plans, and projects to promote health throughout the life cycle, as well as healthy settings, within the sectoral reform processes.
- Plans and projects will have been contributed to the promotion and monitoring of food safety and nutrition, within the sectoral reform processes.
- Models, instruments, and standards designed to facilitate decentralized interventions aimed at controlling health risks, along with plans to control financial risks.
- Assistance provided by SESPAS in the design of a unit devoted to quality, standards, and indicators for evaluating and monitoring the quality of care.

DECENTRALIZED MANAGEMENT FOR ACTION ON PRIORITY HEALTH PROBLEMS

PURPOSE

To develop the capacity for decentralized management and for implementation of the EPHF at the regional, provincial, and municipal levels.

EXPECTED RESULTS

- Regional and provincial models developed and activities carried out for decentralized, uniform application of national standards and procedures that increase efficiency and access to blood bank networks, public health laboratories, supplies, and special technological applications.
- A training program in the management of health services delivery networks and hospital management designed and implemented.
- Access to information on health topics facilitated for local personnel.
- Surveillance subsystems and the capacity to prevent and control health problems and epidemiological emergencies developed, for the consolidation of SINAVE.
- Information subsystems and the capacity for situation analysis to facilitate decision-making developed.
- Methods, models, and technologies to improve performance in priority programs for the prevention and control of health problems at the decentralized, adapted and developed.
- Cooperation provided for the development of plans and projects to strengthen institutions in the health and environment sectors, as well as community organizations, within the framework of the primary environmental care strategy.
- Plans and projects in place to develop the capacity of local institutions and the community to prevent and respond to emergencies and disasters.
- Local levels strengthened through the implementation of health promotion strategies.

TECHNICAL COOPERATION AMONG COUNTRIES FOR THE DEVELOPMENT OF COOPERATIVE BORDERS

PURPOSE

To strengthen cooperation along the border and with other countries of the Region in priority health areas for the Dominican Republic.

EXPECTED RESULTS

- Projects developed in health sector reform that permit the sharing of experiences with respect to financing, the steering role, and sector organization (separation of functions, social security).
- A specific project for cooperation between Haiti and the Dominican Republic, particularly in border area, developed.

DEVELOPMENT OF INTERNAL MANAGEMENT IN THE BUREAU FOR STRENGTHENING TECHNICAL COOPERATION

GOAL

To implement the technical cooperation projects of the Representative Office in a coordinated manner, based on the cooperation priorities of the country, the SPO, and subregional and regional commitments.

EXPECTED RESULTS

- Cooperation projects implemented on the basis of national priorities, the SPO, and the administrative norms of the Organization.
- Technical-administrative capacity of the Representative Office for effective management of the technical cooperation program strengthened, and the use of human resources improved.
- Integrated development plan for the Representative Office kept up-to-date, based on the needs of the cooperation program, incorporating regulatory, organizational, and technical aspects.
- Infrastructure and organizational structure meets the needs of the technical cooperation program, based on the priorities of the Organization.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		3,366,500	1,057,600	4,424,100
Total 2004-2005		3,207,200	21,700	3,228,900
Percentage of estimated expenditure	Country program support	39%	-	39%
	Intersectoral action and sustainable Development	13%	-	13%
	Health information and technology	19%	-	19%
	Universal access to health	22%	-	22%
	Disease control and risk management	-	100%	1%
	Family and community health	7%	-	6%

EASTERN CARIBBEAN: ANGUILLA, BRITISH VIRGIN ISLANDS (BVI), MONTSERRAT

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Health and quality of life of the population.
- > Noncommunicable diseases (Anguilla, BVI).
- > Health sector reform/Governance.
Health authority/National health insurance/New role of the Ministry of Health (Anguilla).
Research conditions/Steering role of the Ministry in policy formulation and planning/Health plan to include all facets of society in all areas (BVI).
- > Infectious diseases .
HIV/AIDS (Anguilla, BVI).
TB (BVI).
Vector-borne diseases (Anguilla).
- > Adolescent health, including the negative impact of substance abuse and violence on youth.
- > Environmental health (Anguilla); Healthy environments – homes, schools, workplaces (BVI).

PROJECTS

IMPROVED PERFORMANCE OF HEALTH SYSTEMS

PURPOSE

To improve the performance of health systems .

EXPECTED RESULTS

- Support provided to plans, policies, and projects to improve human resource management capacities (Anguilla and Montserrat).
- Role of the ministry of health strengthened in monitoring performance of the health system and enforcing public health laws.
- Plans, policies, and projects introduced to strengthen the capacity to apply health promotion strategies to priority problems .
- Plans, policies, and projects designed to strengthen capacities to monitor, evaluate, and analyze health status in BVI and EPI surveillance and information systems in Anguilla.
- Program implementation, monitoring and evaluation mechanisms in place.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		258,600	243,600	502,200
Total 2004-2005		278,900	4,800	283,700
Percentage of estimated expenditure	Country program support	19%	-	19%
	Intersectoral action and sustainable Development	17%	-	16%
	Health information and technology	9%	-	9%
	Universal access to health	45%	100%	46%
	Disease control and risk management	5%	-	5%
	Family and community health	5%	-	5%

ECUADOR

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Expansion of coverage and universal insurance.
- > Strengthening of the Ministry of Health as the health authority.
- > Support for the negotiation and approval of the Ministry of Health's budget reform for 2003 and subsequent years, with progressive increases in budget.
- > Reduction of maternal and child mortality.
- > Control of malaria and dengue.
- > Support for negotiations with the Global Fund to Fight AIDS, Tuberculosis, and Malaria.
- > Support for the activities of the Expanded Program on Immunization.
- > Support for activities to guarantee food and nutritional security.
- > Support for the implementation of health promotion strategies.
- > Support for activities for the development of information systems, epidemiology, and health monitoring.
- > Continued support for disaster prevention and mitigation programs.
- > Support for implementation of the health and development project for the northeast part of the country.

PROJECTS

MANAGEMENT AND COORDINATION OF THE COUNTRY PROGRAM

PURPOSE

To coordinate and direct support for the development, management, and administration of technical cooperation projects, making use of up-to-date procedures and applying the norms and regulations of the Organization, ensuring that technical cooperation is carried out in an efficient and timely manner.

EXPECTED RESULTS

- Technical cooperation provided in adequate physical facilities, with trained support staff that meet the requirements of the Bureau.
- Technical cooperation projects provided with the administrative, logistical, and operational support necessary to facilitate the achievement of their technical development objectives.

SUPPORT FOR NATIONAL HEALTH DEVELOPMENT

PURPOSE

To orient technical cooperation according to national policies and plans to develop the National Health System and implement health sector reform processes, through a strategic balance of cooperation activities with actors external to the Representative Office and the internal administrative and technical coordination activities of the Representative Office, the central level, and PAHO's specialized centers.

EXPECTED RESULTS

- Technical cooperation management processes coordinated, within the context of the Strategic Plan of PAHO 2003-2007, the Representative Office's Development Plan 2004-2005, and the Health Plan 2003-2006.
- Management of development processes and the efficiency of staff in the Representative Office to facilitate technical cooperation activities.
- Development and monitoring of technical cooperation among countries.

DEVELOPMENT OF HEALTH SYSTEMS AND SERVICES

PURPOSE

To develop and strengthen the National Health System and comprehensive, efficient, high-quality health service delivery.

EXPECTED RESULTS

- Progress made in constructing the National Health System through application of the NHS Law and the National Health Policy.
- Program coverage expanded and the problem-solving and managerial capacity of the health services strengthened.
- Human resources development, relying on new political and legal support and with new technical foundations for training, management, and upgrading.
- Implementation of the National Health System Law at the provincial and local levels.
- Expansion of primary care coverage and health promotion in the poorer parishes of the country.
- Human resources education redirected to family health practice.
- Metropolitan, provincial, and municipal service networks established.
- Response capacity of the service networks strengthened in Loja and Zamora provinces through the PHC and PS strategies.

HEALTH PROMOTION AND PROTECTION

PURPOSE

To contribute to the achievement of the population's health and quality of life by strengthening health promotion, through processes based on national health policy, strategies, and priorities.

EXPECTED RESULTS

- National policy for health promotion and its components at national, regional, and local levels adopted, making use of methodological instruments, strategies, and priority approaches to health promotion and noncommunicable disease prevention and control.
- Systematic health promotion processes implemented in municipios, schools and other locations, reinforcing the adoption of healthy lifestyles and the creation and maintenance of healthy environments and social contexts, with emphasis on mental health, healthy eating and an active life, tobacco control, healthy motherhood, reproductive health, and public safety.
- Impetus provided to processes that promote individual and collective capacity-building for the adoption of healthy lifestyles and environments and for the prevention of risks and disasters, with attention to priority programs and projects that employ an integrated approach.
- National policy for promoting health and its components adopted at the provincial and local levels in the Sierra region.
- Principal health promotion strategies implemented in the cantons of the Sierra.
- Municipios mobilized and health promotion activities carried out in some healthy cantons and schools.
- Local entities trained in health promotion consolidated under the Healthy Settings project, to strengthen capacity for the implementation of health promotion activities with local actors: municipios, schools, grassroots organizations, etc.

ENVIRONMENTAL PROTECTION AND DEVELOPMENT

PURPOSE

To strengthen the steering role of institutions working in health and environment through reforms in the water and sanitation sector, especially promoting a national environmental management policy with an intersectoral, multicultural, and gender-based approach. To consolidate the reorganization of the water and sanitation sectors, with emphasis on children and risk management.

EXPECTED RESULTS

- Improved capacity of the Ministries of Public Health, Environment, Urban Development and Housing, municipios, and the national institutions and organizations responsible for monitoring and assessing health risks and environmental control, within the framework of the health code and related standards.
- Support provided for national and local processes for the creation of social networks in the framework of the primary environmental care strategy, with an intersectoral, multicultural, and gender-based approach targeting children.
- Graduate training developed, with changes in the curriculum for strengthening human resources skilled in the management of environmental and health issues.
- Local governments in the Sierra region better able to monitor and assess health risks and monitor the environment within the framework of the health code and related standards.
- Actions of local social networks coordinated within the framework of the primary environmental care strategy, with an intersectoral, multicultural, and gender-based approach targeting children.
- PHC and PEC networks created, with operational plans at the provincial level.
- Support provided for development and implementation of the primary environmental care strategy within the framework of PHC through the strengthening of local social networks and the participation of municipal governments in Zamora and Loja provinces.

HEALTH MONITORING, DISEASE PREVENTION AND CONTROL

PURPOSE

To strengthen the National Health System through actions to expand coverage, improve quality, and increase problem-solving capacity for the surveillance, prevention, and control of communicable and noncommunicable diseases, boosting intersectoral and participatory capacity at the national level and in the Costa, Sierra, and Sul regions.

EXPECTED RESULTS

- Surveillance, disease prevention and control carried out within the NHS management model, with technical programming coherence among national, provincial, and municipal priorities, and providing epidemiological, demographic, ethnic, and cultural diversity profiles.
- Institutional and community capacity developed, with functional, intersectoral, and participatory networks and structures that operate at the provincial and cantonal levels for the surveillance, prevention, control, elimination, and eradication of diseases with a greater social impact, together with communicable and noncommunicable diseases, zoonoses, foodborne diseases, and emerging and/or reemerging diseases.
- Operations research conducted by epidemiological teams to make interventions under the programs for surveillance and disease prevention and control more effective, efficient, equitable, and participatory.
- Surveillance, prevention, control, elimination, and eradication of preventable diseases through vaccination accomplished within the framework of the National Health System Law, based on national and regional priorities and international commitments, responding effectively and equitably to epidemiological risks and to demographic, economic, ethnic, and cultural features, developing networks with different sectoral and

intersectoral actors at the provincial and cantonal or health area levels to improve problem-solving and community capacities, promoting operations research on social factors, and evaluating the impact and implementation of efficient, equitable, and participatory interventions.

- Planning of surveillance, disease prevention, and control by leaders at provincial and health areas, in conjunction with provincial and cantonal health councils.
- Coordinated, simultaneous action taken by institutions and the community in the provinces and cantons for surveillance and disease prevention and control, under the management of the provincial leadership and within the framework of the National Health System.
- Restructured and strengthened capacity of governing bodies in the provinces and health areas to conduct epidemiological and operations research to support disease surveillance, prevention, and control, including a speedy response to disasters.
- Intersectoral networks created in Loja and Zambora provinces and priority cantons for interventions based on epidemiological criteria, for the purpose of joint action to control diseases under epidemiological surveillance, as support for the provincial governing bodies.

HEALTH SITUATION, INTERCONNECTIVITY, AND TECHNOLOGY DEVELOPMENT

PURPOSE

To strengthen health surveillance and the development of information systems and methodological instruments to document inequities in health, as well as to increase national and subnational capacity in connectivity and technology development.

EXPECTED RESULTS

- Improved development plan for essential public health functions 1 and 2, as well as improved research and documentation of inequities in health.
- Needs identified and proposals for greater connectivity of health information systems prepared.
- Needs identified and proposals for technology development in the health sector prepared.
- Situation rooms set up to define intervention strategies for public health problems in the Costa region.
- Essential public health functions 1 and 2 implemented, with capacity at the provincial and cantonal levels of the Ministry of Public Health.
- Plan for the development of essential public health functions 1 and 2 implemented.

DISASTER PREPAREDNESS PROGRAM

PURPOSE

To reduce the impact of disasters on the health of the population of South America.

EXPECTED RESULTS

- National disaster management systems with greater capacity for disaster preparedness.
- Heightened awareness and knowledge of the impact of natural hazards on health facilities and water and sanitation systems.
- Post-disaster health needs evaluated by the countries of the region and situations efficiently managed.
- Corporate commitment of PAHO to reduce vulnerability to disasters.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		3,508,800	2,383,600	5,892,400
Total 2004-2005		3,983,100	21,700	4,005,500
Percentage of estimated expenditure	Country program support	34%	8%	34%
	Intersectoral action and sustainable Development	24%	-	24%
	Health information and technology	12%	-	12%
	Universal access to health	15%	-	15%
	Disease control and risk management	14%	-	14%
	Family and community health	1%	92%	1%

EL SALVADOR

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Consolidate the health promotion platform and provide standards for child health and the sustainability of healthy settings.
- > Continue with reform and modernization in the health sector, the establishment of the Basic Comprehensive Health Systems (SIBASI) network, and human resources development.
- > Establish epidemiological surveillance mechanisms to control emerging, reemerging, and chronic diseases.
- > Generate joint action with the country to promote the environment, water, and basic sanitation, in order to strengthen intersectoral partnerships.
- > Establish an Intersectoral Plan of Action for Food and Nutrition Security (FNS).

PROJECTS

ENVIRONMENTAL PROTECTION AND DEVELOPMENT

PURPOSE

To reduce environmental risk factors by strengthening institutional capacity for standardization and control.

EXPECTED RESULTS

- Standard-setting and regulatory capacity for environmental health management in light of environmental risks to human health strengthened, adapting to the new structure stemming from the reform and modernization of the Ministry of Health.
- Risks of death and disease from polluted water and improper sanitary refuse and excreta disposal reduced.
- By the end of the period, environmental health management for regulation and control of environmental human health risk factors strengthened, especially in terms of health in housing, urban air quality, exposure to hazardous substances, and food safety.
- The health sector better trained in emergency preparedness and rapid and effective response to potentially dangerous natural phenomena.

HEALTH IN DEVELOPMENT AND HEALTH SERVICES

PURPOSE

To strengthen the capacity of the national health authority to exercise its sectoral steering role and monitor implementation of the essential public health functions; and expand social protection in health; to improve health quality and health management; and to formulate health policies and priorities to reduce inequities.

EXPECTED RESULTS

- Steering role of the Ministry of Health consolidated through sectoral reform and the strengthening of performance in the EPHF.
- National capacity for analyzing strategies to reduce inequities, for policy-making based on analysis of national expenditures, and for the inclusion of health priorities in development strategies and policies, increased.
- National capacity for law-making, standard-setting, and regulation of public health, medical care, essential drugs, supplies, and technology strengthened.
- National capacity for organizing, administering, and evaluating health systems and for improving performance of the health services in terms of reducing inequalities in access, strengthened.

- Citizen participation consolidated at the national level and in the SIBASI for analysis, planning, and definition of priorities in health; for the municipalities to assume greater responsibility in health promotion, and for consolidation of mechanisms for social control of health management in the SIBASI.
- A national policy for human resources development in health implemented and national capacity strengthened for planning, administering, and training human resources for health as a component of reform and of the steering role of the Ministry of Public Health and Social Welfare.

SUPPORT FOR NATIONAL HEALTH DEVELOPMENT

PURPOSE

To ensure specialized technical cooperation for the country, making optimal use of technical assistance and the administrative capacity of the Representative Office; in addition to implementing the technical cooperation program in an expeditious, efficient, and pertinent fashion.

EXPECTED RESULTS

- Timely and efficient delivery of technical and financial cooperation provided to the country.
- Leadership in the delivery of international cooperation in health sustained.
- Technical and administrative support facilitated for implementing cooperation projects and strengthening the Representative Office.
- Specific areas of the program for cooperation and sharing experiences among countries strengthened.

HEALTH PROMOTION

PURPOSE

To develop national capacity to advance the health promotion platform.

EXPECTED RESULTS

- Plans, policies, standards, instruments, and initiatives formulated and implemented to advance health promotion at the national and local levels. Gender perspective incorporated in different health reform processes and initiatives.
- Policies, plans, programs, and projects formulated and implemented to promote Food and Nutrition Security (NFS) at the national and local levels, with emphasis on populations at greater risk.

COMMUNICABLE DISEASE PREVENTION AND CONTROL

PURPOSE

To develop response capacity in the health sector as support for reducing morbidity and mortality from communicable and noncommunicable diseases.

EXPECTED RESULTS

- Policies, plans, and standards developed for the prevention and control of vector-borne diseases.
- Policies, plans, and standards developed for the prevention of communicable, emerging, and reemerging diseases.
- Policies, plans, and standards developed for the prevention and control of noncommunicable chronic diseases.
- National Epidemiological Surveillance System developed and strengthened, as well as the capacity for statistical-epidemiological analysis.
- Capacity developed for the epidemiological surveillance, prevention, and control of anthroozoonoses.

MANAGEMENT AND COORDINATION OF THE COUNTRY PROGRAM**PURPOSE**

To provide administrative support for the technical program in everything related to personnel management, budget and finance, supplies, general services, transportation, and safety.

EXPECTED RESULTS

- Administrative support. Timely and efficient delivery of technical cooperation and financing to the country guaranteed.
- Safety measures. Compliance with safety measures prescribed by UNSECORD guaranteed.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		2,985,300	3,827,300	6,812,600
Total 2004-2005		3,074,900	20,000	3,094,900
Percentage of estimated expenditure	Country program support	41%	100%	42%
	Intersectoral action and sustainable Development	13%	-	13%
	Health information and technology	2%	-	1%
	Universal access to health	17%	-	17%
	Disease control and risk management	16%	-	16%
	Family and community health	11%	-	11%

FRENCH GUIANA: GUADELOUPE, (ST. MARTIN, ST. BARTHOLOMEW), AND MARTINIQUE

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Cardiovascular diseases, traffic accidents, alcoholism, perinatal mortality, sickle cell anaemia, and neoplasms (Guadeloupe).
- > HIV/AIDS, addictions, hypertension, diabetes, perinatal mortality, autism, and poverty (Martinique).
- > Injuries, poisoning, diseases of the circulatory system, neoplasms, and infectious and parasitic diseases, including HIV/AIDS (French Guiana).

PROJECTS

DEVELOPMENT OF HEALTH SERVICES

PURPOSE

To strengthen the expansion of selected services in OECS countries.

EXPECTED RESULTS

- Technical cooperation with FDAs increased to support health sector reform in OECS countries.
- Support provided for technical cooperation between OECS countries and FDAs in managing natural disasters .
- Support provided for the participation of TCC between FDAs and the English Caribbean in the areas of tourism and water quality.
- Management of communicable diseases strengthened in the FDAs.
- Technical cooperation initiated for selected lifestyle and family health conditions.
- Technical cooperation between PAHO and FDAs expanded.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		161,100	40,400	201,500
Total 2004-2005		151,600	-	151,600
Percentage of estimated expenditure	Universal access to health	100%	-	100%

GRENADA

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Health sector reform, including human resource development.
- > Oral health.
- > Family health, including adolescent health.
- > Environmental health.
- > Health and ageing.
- > Disaster management (prevention and mitigation).
- > Mental health.
- > Communicable diseases, including HIV/AIDS.
- > Chronic non-communicable diseases .

PROJECTS

HEALTH SECTOR REFORM

PURPOSE

To strengthen institutional capacities for planning and managing policy development.

EXPECTED RESULTS

- Plans, projects, and policies introduced to strengthen the leadership role of the Ministry of Health and the Environment.
- Human resource management developed.
- Support provided to methods, models, and technologies to enhance evidenced-based decision-making.
- Models, methods, and mechanisms introduced for sustainable financing.
- Program implementation, monitoring, and evaluation mechanisms in place.

FAMILY HEALTH

PURPOSE

To formulate and enhance selected national health programs .

EXPECTED RESULTS

- Methods, models, and technologies implemented to ensure adequate decision-making in selected areas related to family health.
- Methods, models, and technologies introduced to strengthen rehabilitative programs .
- Methods, models, and technologies developed and implemented to promote healthy lifestyles .
- Support provided to training programs for human resource development.
- Cooperative alliances strengthened in support of selected areas of family health.

ENVIRONMENTAL HEALTH/DISASTER**PURPOSE**

To strengthen environmental health, surveillance, and disaster management programs .

EXPECTED RESULTS

- Standards and guidelines improved for the management of national environmental health and disaster management programs .
- Support provided to campaigns promoting the environmental health program.
- Direct support provided to strengthen human resource capacities for managing the environmental health and disaster management programs .
- Plans, projects, and policies enhanced to improve the environmental health program.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		187,300	-	187,300
Total 2004-2005		176,100	-	176,100
Percentage of estimated expenditure	Country program support	10%	-	10%
	Intersectoral action and sustainable Development	11%	-	11%
	Universal access to health	57%	-	57%
	Disease control and risk management	12%	-	12%
	Family and community health	10%	-	10%

GUATEMALA

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Strengthen the steering role, leadership, and management of the Ministry of Public Health at the national level and in the health areas, with emphasis on decentralization at departmental and municipal levels, and strengthening of the Comprehensive Health Care System (SIAS) at its three levels of care.
- > Promote public policies to universalize social protection, promote equity, and reduce social exclusion in health.
- > Cooperate in promoting food and nutrition security, a reduction in maternal and child mortality, and the prevention and control of priority communicable diseases, with emphasis on priority municipios and priority populations for poverty reduction (indigenous population, migrants, displaced persons).
- > Cooperate in strengthening the water and sanitation sector, with emphasis on the most vulnerable priority populations.
- > Build strategic partnerships within the framework of the United Nations system, with the international community of partners and donors, and with other organizations, to strengthen national capacity to implement the Health Plan and commitments under the Peace Accords and the Millennium Development Goals.

PROJECTS

DECENTRALIZED AND INNOVATIVE TECHNICAL COOPERATION FOR PRIORITY POPULATIONS

PURPOSE

To catalyze technical project cooperation among programs for strengthening the health sector in priority municipios within the framework of the health policies, Peace Accords, Millennium Development Goals, and PAHO's Strategic Plan, by the end of 2005.

EXPECTED RESULTS

- The strategy for cooperation among programs for the development of innovative projects decentralized and intensified in priority departments and/or municipios. Poverty and health indicators improved by the end of 2005.
- Capacity developed in the Santa Cruz, El Quiché, and Ixil health areas to comply with health policies, the Peace Accords, and the Millennium Development Goals, working in concert with local government and civil society.
- Capacity developed in the Ixcán health area, in compliance with health policies, the Peace Accords, and the Millennium Development Goals, working in concert with local government and civil society.
- Capacity developed in the Huehuetenango health area, in compliance with health policies, the Peace Accords, and the Millennium Development Goals, working in concert with local government and civil society.
- Capacity developed in the Alta Verapaz health area, in compliance with health policies, the Peace Accords, and the Millennium Development Goals, working in concert with local government and civil society.

ENVIRONMENTAL HEALTH AND SUSTAINABLE DEVELOPMENT

PURPOSE

To contribute to the development of healthy public policies, under normal conditions and in emergencies and disasters, that strengthen environmental health management at the national and local levels, by promoting healthy and safe physical environments that do not add to disease risks associated with environmental factors such as water and sanitation.

EXPECTED RESULTS

- Project for environmental health and sustainable development set up and implemented across programs, pursuant to the cooperation strategy of the Representative Office.
- Water and sewerage services strengthened in terms of quality and coverage as a result of cooperation in reform and institutional development of the water and sanitation sector, in municipios and among priority populations.
- Environmental protection and workers' health strengthened by promoting the healthy settings program, with emphasis on municipios and priority populations.
- Risk management strengthened in the health sector to respond to emergencies, contingencies, and disasters.

UNIVERSAL ACCESS TO HEALTH SERVICES AND TECHNOLOGY

PURPOSE

To strengthen the steering and management capacity of the Ministry of Health to expand access and improve quality of the health services using an equity approach, and to reduce social exclusion in health.

EXPECTED RESULTS

- Project for universal access to health services and technology organized and implemented on a cross-program basis, pursuant to the cooperation strategy of the Representative Office.
- Health sector reform process and steering role functions of the Ministry of Health strengthened, with emphasis on decentralization and the reduction of social exclusion.
- Management capacity and the health care model strengthened, together with cultural and ethnic diversity.
- Access to drugs, technology, and related products improved, with standards based on the criteria of efficacy, quality, and safety.
- Human resources development strengthened with policies, decentralized structures, and regulatory frameworks for the participation of universities and other institutions in the education and training of health workers, based on the country's needs and progress in science and technology.

FAMILY AND COMMUNITY HEALTH

PURPOSE

To strengthen the capacity of institutions and organized civil society groups to meet the health and nutrition commitments in the Millennium Development Goals, the Peace Accords, and sectoral health policy, taking gender, ethnic groups, and age group into account, with emphasis on groups that experience greater social and economic inequities and on priority municipios, from the comprehensive standpoint of family and community health.

EXPECTED RESULTS

- Family and community health project set up and implemented across programs, following the decentralized cooperation strategy of the Representative Office.
- Target indicators of the National Immunization Program met for effective outreach and surveillance in all health areas, with emphasis on priority municipios; these levels will be maintained.

- Food and nutrition security (FNS) improved by strengthening public policies, intersectoral groups, and implementing effective interventions in priority municipalities.
- Family and community health strengthened throughout the life cycle, with emphasis on reproductive health and psychosocial problems, as well as the reduction of domestic violence and maternal and child mortality.
- The gender approach in health policies and programs strengthened, with emphasis on indigenous population groups and priority municipalities.

PREVENTION AND CONTROL OF PRIORITY HEALTH PROBLEMS

PURPOSE

To strengthen the managerial capacity and steering role of the Ministry of Health and Ministry of Agriculture and Livestock for the prevention and control of priority zoonosis-related health problems, with emphasis on priority populations and municipalities and using a decentralized, democratic, participatory, and cross-program approach.

EXPECTED RESULTS

- Project for the prevention and control of priority health problems managed and implemented across programs, in keeping with the cooperation strategy of the Representative Office.
- Operational and standards-based technical capacity strengthened for priority national programs for the prevention and control of communicable and noncommunicable diseases, with emphasis on decentralized levels in priority health areas and municipalities for the predominantly indigenous and impoverished population.

INFORMATION AND HEALTH SITUATION ANALYSIS

PURPOSE

To strengthen the capacity for health situation analysis and the use of health information systems in decision-making, to meet the commitments in health laid out in the Millennium Development Goals, the Peace Accords, and the sectoral health policy, with an approach that takes gender, ethnicity group, and equity into account.

EXPECTED RESULTS

- Project for health information and health system analysis set up and implemented across programs, in keeping with the cooperation strategy of the Representative Office.
- Capacity of institutions for health system analysis strengthened at the national and local levels, with emphasis on areas with CTDI and priority municipalities.

MANAGEMENT AND SUPPORT FOR NATIONAL HEALTH DEVELOPMENT

PURPOSE

To plan and effectively implement PAHO's program for technical cooperation in Guatemala, with a strategic orientation, providing leadership in building partnerships and mobilizing resources to strengthen the health sector to meet the commitments of the Peace Accords and the Millennium Development Goals, under the Strategic Plan 2002-2007.

EXPECTED RESULTS

- Technical cooperation planned and implemented across programs, based on strategic analysis and planning, the promotion of interagency coordination, and the construction of strategic partnerships according to priorities.
- Management and coordination of the country program strengthened to meet the demand for technical cooperation.

- All components of the Development Plan of the Representative Office will have been updated and implemented, to reinforce excellence in technical cooperation.
- Technical cooperation among countries carried out, including subregional integration and health development initiatives in border municipios.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		4,383,900	7,996,300	12,380,200
Total 2004-2005		4,766,300	868,300	5,634,600
Percentage of estimated expenditure	Country program support	37%	-	31%
	Intersectoral action and sustainable Development	11%	-	9%
	Health information and technology	16%	-	13%
	Universal access to health	14%	100%	28%
	Disease control and risk management	16%	-	13%
	Family and community health	6%	-	6%

GUYANA

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Health status of women and children.
- > Access to quality health care, particularly for the poor with an emphasis on prevention and promotion through strengthened primary care .
- > Procurement and delivery of drugs and medical supplies .
- > Efficiency of health services/Facility rationalization strategies/Management capacity.
- > Work terms and conditions for health personnel.

PROJECTS

DISEASE PREVENTION AND CONTROL

PURPOSE

To strengthen the capacity of national authorities to control communicable and noncommunicable diseases .

EXPECTED RESULTS

- National Program for the Prevention of Communicable Diseases strengthened.
- National Program for the Control fo Noncommunicable Diseases strengthened.
- Implementation of Integrated Management of Childhood Illnesses strengthened in all regions.
- National Expanded Program on Immunization strengthened.
- Capacity to monitor health situation strengthened by improving the quality of data and timeliness of reporting.
- Project on disease prevention and control managed effectively .

MANAGERIAL PROCESS FOR NATIONAL HEALTH DEVELOPMENT

PURPOSE

To administer international technical cooperation for health effectively in Guyana.

EXPECTED RESULTS

- Delivery of technical cooperation enhanced through the efficient and effective management of the PAHO/WHO office.
- Technical cooperation program delivered through the effective and efficient management of information systems and infrastructure.
- Opportunities provided for staff development in response to increased needs for expertise in their respective areas of work.
- Preventive maintenance conducted on office build ings, equipment, and vehicles .
- Donor coordination meetings on health convened at least twice a year.
- Development of the virtual health library supported.

HEALTH SYSTEMS AND SERVICES DEVELOPMENT

PURPOSE

To strengthen the capacity of the Ministry of Health to develop and implement health systems and services .

EXPECTED RESULTS

- Strategies implemented to strengthen the steering role of the Ministry of Health.
- Quality assurance programs developed for health services .
- Programs developed to improve oral and eye health and the health.
- Increased capacity of the Ministry of Health to monitor and regulate the pharmaceutical system.
- Project effectively managed.
- Quality projects .

HEALTH OF SPECIAL GROUPS

PURPOSE

To enhance the capacity of public, nongovernmental, and community-based organizations to apply health promotion strategies .

EXPECTED RESULTS

- Capacity to establish and expand network of health promoting schools strengthened.
- Capacity for delivering maternal and perinatal health care services strengthened.
- Capacity for addressing health needs of vulnerable groups strengthened at the national and regional levels .
- Capacity for planning, implementing, and evaluating the healthy municipalities and communities strategy strengthened.
- The development of mental health services strengthened at the national and regional levels .
- Capacity for planning and implementing social communication strategies enhanced to promote healthy lifestyles
- Project effectively managed.

HEALTH AND ENVIRONMENT

PURPOSE

To increase national capabilities to address environmental health issues (promoting healthy spaces, pollution control, and environmental protection).

EXPECTED RESULTS

- The National EH System improved through institutional strengthening.
- Conceptual and analytic capabilities strengthened in environmental risk management and assessment.
- Public awareness and community participation increased on environmental health issues .
- Leadership promoted on environmental health.
- Project coordinated.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		1,771,100	197,100	1,968,200
Total 2004-2005		1,889,100	50,000	1,939,100
Percentage of estimated expenditure	Country program support	47%	-	46%
	Intersectoral action and sustainable Development	19%	-	19%
	Health information and technology	3%	-	2%
	Universal access to health	17%	-	17%
	Disease control and risk management	7%	-	7%
	Family and community health	7%	100%	9%

HAITI

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Comprehensive care for children.
- > Prenatal care, care in childbirth, and reproductive health care.
- > Care in medical and surgical emergencies.
- > Communicable disease control; prevention and control of communicable diseases by strengthening the epidemiological surveillance system, epidemic alerts, timely interventions, and improvements in the national network of human biology and public health laboratories.
- > Basic dental care.
- > Participatory health education.
- > Environmental sanitation.
- > Provision of safe drinking water.
- > Availability of and access to essential drugs.
- > Reorganization of the health system through operational decentralization of the Ministry of Public Health and the rationalization of health care options.
- > Strengthening of community participation.
- > Creation of opportunities for multisectoral coordination and articulation with the various agents/actors in the health system, including traditional medicine.
- > Development of a human resources policy.
- > Research geared to problem-solving.
- > Legislation that defends the interests of the population.

PROJECTS

HEALTH SYSTEMS AND SERVICES DEVELOPMENT

PURPOSE

To help to strengthen the capacity of the Ministry of Public Health in the following areas:

Policy-making and regulation.

Decentralization of the system and services.

Management.

Human resources development.

Access to health services, chiefly through the essential drugs program and regulation of the pharmaceutical sector.

EXPECTED RESULTS

- Necessary technical assistance provided to the Ministry of Health to optimize the reform of ...
- Ministry's capacity to ensure planning, management, and staff training strengthened
- Technical assistance provided to the Ministry of Public Health to facilitate the development of regulations to govern the nation's pharmaceutical sector.
- Necessary technical support provided for improving the capacity of the Ministry of Public Health to draw up an official national list of essential drugs (LNME)
- Active participation in the mobilization of human and financial resources to implement the Essential Drugs Program in Haiti, chiefly through PROMESS

- Greater support provided for the regulation and organization of the logistical network for essential drugs.
- Lines of work and activities appropriate to the technical and administrative implementation of technical cooperation in the country developed.

ENVIRONMENTAL HEALTH AND HEALTH PROMOTION

PURPOSE

To strengthen the capacity of public and private institutions to participate in the areas of environmental health and health promotion, with a view to improving the quality of life of the population, in physical, social, and mental health terms.

EXPECTED RESULTS

- Performance of the Drinking Water and Sanitation Sector (EPA) strengthened through dynamic coordination, the strengthening of public and private institutions, effective sectoral reform, the mobilization of investment, and improvements in the use of water supply systems (SAEP).
- Environmental impact on health regularly monitored, especially through adequate legislation, regulations, and standards, staff development, and the regional integration of Haiti in the programs of specialized institutions (CEHI, UNEP, EPA, CEPIS, etc).
- Solid waste management in secondary cities improved through the adaptation and expansion of the Cuba-Haiti TCC experience in this area; and the problem of hazardous biomedical waste from the departmental hospitals controlled.
- Food safety and the safe use of chemicals supervised through the passage of suitable laws, sanitary inspection, staff development, and the dissemination of appropriate technologies.
- Healthy settings situation improved, with emphasis on healthy environments in health promoting schools, public markets, the workplace, and health institutions.
- Capacity of the Civil Defense Agency (DPC) of the Ministry of the Interior and Territorial Collectivities (MICT), the Disaster Unit of the Ministry of Public Health, and other national institutions strengthened in terms of disaster preparedness, especially drinking water and sanitation systems, hospitals, and health centers.
- Advocacy carried out to ensure that specific gender considerations are included in all programs and projects receiving PAHO/WHO support.
- Healthy lifestyles throughout the life cycle promoted in the municipalities of the priority Commune Health Units (UCS).
- Strategies and advocacy to promote the adoption and implementation of new regional priorities by national and local authorities (violence, mental health, workers' health, tobacco control, health of older adults, etc).

ENVIRONMENTAL HEALTH AND HEALTH PROMOTION

PURPOSE

To contribute to a reduction in infant and maternal mortality, morbidity from tuberculosis, and the prevalence of STI-HIV/AIDS by supporting the components of the National Strategic Plan of the Health Sector geared to the prevention and control of priority illnesses and health problems in the country.

EXPECTED RESULTS

- Technical support for implementation of the strategic plan for the reduction of maternal mortality (PS RMM) guaranteed at the national level and in priority UCS.
- Availability of essential obstetrical care, emergency obstetrical care, and perinatal care strengthened in referral hospitals in priority UCS through the building of technical capacity, supervision, and evaluation.
- Technical support for the prevention of cancers of the reproductive system guaranteed at the national level.

- Care for the health problems of adolescents and young people improved in priority UCS through staff development.
- IMCI strategy strengthened in priority UCS through the mobilization of resources, staff development, and partnerships.
- Technical support strengthened for implementation of the epidemiological surveillance system for STI-HIV/AIDS and TB.
- Access to quality services for the prevention and control of STI-HIV/AIDS and TB provided through the application of new standards of care, information campaigns, staff development, and surveys and audits of care.
- Support provided to expand coverage of the Program for the Prevention of Mother-to-Child Transmission (PTME) to all hospitals and institutions with a voluntary counseling and training program (VCT).
- Transfusion safety improved throughout the blood collection and distribution network through the updating of standards, training, and supervision.
- Support provided for improving the human resource competencies in the implementation, evaluation, and updating of plans.
- Technical support for strengthening the regular program ensured through staff development, logistical management, and monitoring of the cold chain.
- Technical support for the EPI strengthened by ensuring the program's visibility through the operationalization of communication and financial viability plans.
- Technical support at the local level ensured by strengthening epidemiological surveillance.
- Technical support provided for the national EPI to boost its capacity to meet the regional objectives of eliminating measles and neonatal tetanus and recertifying the eradication of polio.

PROGRAM DEVELOPMENT, ADMINISTRATION, AND COORDINATION

PURPOSE

To improve PAHO/WHO technical cooperation for addressing priority health problems in the countries through a reliable Administration that performs.

EXPECTED RESULTS

- Streamlined administration created with regulations that clearly respond to project and cooperation needs.
- Effective administrative management of resources with a direct impact on health projects and operations.
- Reliable administration with modern, functional, and safe offices.

EPIDEMIOLOGY, ANALYSIS, AND SURVEILLANCE OF COMMUNICABLE AND NONCOMMUNICABLE DISEASES

PURPOSE

Epidemiology, analysis, and surveillance of communicable and noncommunicable diseases
Contribution to the development of a health information system by strengthening epidemiological surveillance, the capacity to process epidemiological information, and operations research.

EXPECTED RESULTS

- Technical support provided for improving the national health information system.
- Technical support provided for epidemiological surveillance of communicable and noncommunicable diseases at the local and commune levels.
- Improvements in the national laboratory network and the equipping of the central diagnostic laboratory facilitated.
- Contribution made to the development of Haiti's surveillance system in the subregions to respond to their problems.
- Improved research capacity and information dissemination promoted nationally and in the UCS.

- Operations research facilitated for priority health programs.
- Measures for the control of vector-borne diseases bolstered with technical support, training, and supervision.
- Capacity for management, monitoring, and evaluation improved with the mobilization of resources for zoonosis control.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		4,461,100	6,246,800	10,707,900
Total 2004-2005		4,931,700	219,400	5,151,100
Percentage of estimated expenditure	Country program support	36%	7%	35%
	Intersectoral action and sustainable Development	17%	-	16%
	Health information and technology	13%	2%	13%
	Universal access to health	12%	-	11%
	Disease control and risk management	3%	-	3%
	Family and community health	19%	91%	22%

HONDURAS

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Health monitoring.
- > Integrated health information system.
- > Prevention and control of vector-borne diseases.
- > Health systems and services--reform process.
- > Human resources development.
- > Health and environment.
- > Disasters and emergencies.
- > Drugs.
- > Childhood illness.
- > Health promotion.
- > HIV/AIDS, STD, and TB.
- > Food and nutrition security.
- > Women, health, and development.
- > Violence, gender, rehabilitation, and health of indigenous populations.

PROJECTS

MANAGEMENT ACTIVITIES OF THE REPRESENTATIVE OFFICE

PURPOSE

To develop and maintain adequate organizational conditions to ensure that technical cooperation processes are carried out efficiently and effectively, according to institutional standards and procedures.

EXPECTED RESULTS

- Management standards and procedures of the Representative Office applied adequately in Honduras, making a satisfactory contribution to the development and strengthening of political, technical, and management processes.

FOOD AND NUTRITION

PURPOSE

To promote intersectoral action and social participation in addressing FNS at the national and local levels.

EXPECTED RESULTS

- Coordination established with other sectors and actors involved in the implementation of public policy related to FNS.
- Efforts to raise awareness undertaken to achieve equity in FNS.
- Educational models established for the adoption of healthy eating and lifestyles.
- Knowledge about food and nutrition increased.
- Food and nutrition content incorporated into other programs.
- Operating mechanisms established for implementing micronutrient projects.

HEALTH PROMOTION AND PROTECTION

PURPOSE

To adopt health promotion principles when formulating and implementing projects and programs in health and development.

EXPECTED RESULTS

- Departmental and municipal development committees created to apply the principles of health promotion.
- National Network of Municipios for Health created to act in emergencies or disasters, operational.
- Priority projects and programs focused on health promotion designed and implemented in the Ministry of Health.
- Mass communication plans aimed at promoting healthy lifestyles, prepared at the municipal and departmental levels.
- Sexual and reproductive health of the population improved, and maternal and perinatal morbidity and mortality reduced.

ENVIRONMENTAL PROTECTION AND DEVELOPMENT

PURPOSE

To consolidate national capacity to recognize, manage, and resolve the country's environmental health problems, with emphasis on health promotion, surveillance, and the prevention and mitigation of disaster risks.

EXPECTED RESULTS

- Surveillance and control programs and activities in environmental health strengthened and sustained, especially those related to water quality.
- Networks for coordination and information exchange among institutions, sectors, and other entities strengthened.
- Instruments for planning, programming, and regulation to improve environmental quality and services up and running.
- Community mobilization, intersectoral coordination, and primary environmental care strengthened.
- Preinvestment, investment, operation, maintenance, and administration of the environmental health services strengthened at the national level, in terms of the capacity to prevent and mitigate disasters, with emphasis on reducing vulnerability, and on urban and rural water and sewerage systems.
- Capacity to deal with and resolve environmental issues strengthened at the central, departmental, municipal, and local levels.

DEVELOPMENT OF HEALTH SYSTEMS AND SERVICES

PURPOSE

To implement health sector reform with a significant increase in coverage, in a manner that is financially sustainable, high-quality, and efficient.

EXPECTED RESULTS

- The essential public health functions related to the steering role, regulation, and equitable access by the population to basic health services, implemented.
- Quality of health services improved and impact of emergencies and disasters on health reduced.
- Attainment of the medium-term objectives of the national drug policies promoted and technical support in priority areas received.
- Strengthening of national capacity to perform the essential public health functions of human resources and health work force development begun.

HEALTH AND HUMAN DEVELOPMENT

PURPOSE

To strengthen the capacity for epidemiological analysis and the integrated health information system, and for identifying the causes and determinants of the health process, giving priority to neglected groups, based on equity and gender criteria.

EXPECTED RESULTS

- Technical groups consolidated throughout the country to promote the application of health concepts and research methodologies.
- Technical group on bioethics created at the national level.
- Integrated health information system strengthened at the national level, for better planning of interventions based on equity criteria.
- The gender approach integrated into health, within the framework of sectoral reform, and the model of response to gender violence strengthened.
- Virtual Health Library of Honduras developed and strengthened, including all components and specialized issues, and dissemination of this information promoted.

DISEASE PREVENTION AND CONTROL

PURPOSE

To reduce incidence and prevalence of communicable diseases and chronic noncommunicable diseases.

EXPECTED RESULTS

- Annual operating plans prepared on the basis of local epidemiological characteristics, including integrated actions and equity and community participation criteria for the prevention and control of preventable diseases.
- Interventions for health promotion, disease prevention, and the control of chronic noncommunicable diseases strengthened at the national level.
- Epidemiological surveillance activities and the capacity for analysis, research, and local response strengthened, giving priority to higher-risk areas with greater epidemic potential.

PROGRAM ON EMERGENCY PREPAREDNESS AND DISASTER RELIEF

PURPOSE

To help reduce the vulnerability of health services and put measures in place for health sector response, particularly at the local level.

EXPECTED RESULTS

- Ministry of Health organized to respond to emergencies and disasters of any kind.
- Local and community emergency health plans harmonized with emergency plans for healthy municipios.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		3,555,700	3,737,900	7,293,600
Total 2004-2005		3,861,900	200	3,862,100
Percentage of estimated expenditure	Country program support	38%	100%	38%
	Intersectoral action and sustainable Development	16%	-	16%
	Health information and technology	13%	-	13%
	Universal access to health	16%	-	16%
	Disease control and risk management	12%	-	12%
	Family and community health	5%	-	5%

JAMAICA

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Managerial capabilities and efficiency of the Representation and technical cooperation.
- > Healthy lifestyles, including safe sex, physical activity, a healthy diet, prevention of violence, avoidance of smoking and drugs, and the general practice of healthy behaviors.
- > Research initiatives for financing health care.
- > Expansion and improvement of the quality of family planning services counseling and general services in collaboration with the National Family Planning Board to facilitate achievement of the National Population Policy target.
- > Gender policies and activities, competence of management and support services, and physical facilities and equipment.
- > Health sector reform, and the organization, management, financing, and delivery of health services.
- > Disaster preparedness, with an emphasis on disaster planning and simulation exercises.
- > Maternal and child health, with emphasis on reducing maternal mortality to under 10 deaths per 10,000 live births; reduction of perinatal mortality; and the elimination of poliomyelitis and measles.
- > Oral health, with an emphasis on public education and monitoring of the Salt Fluoridation Project.
- > Integration of mental health into primary care services.
- > Public education and nutrition surveillance geared toward improving nutritional status and prevention of chronic diseases, targeting mainly diabetes and hypertension.
- > Veterinary public health, with an emphasis on food-borne disease surveillance.
- > Environmental health, with an emphasis on improving drinking water and reducing air pollution.
- > Environmental quality and improvements in health and human welfare, with an emphasis on monitoring water management, excreta disposal, vector control, marine pollution, and workers health.
- > Occupational/workers health.
- > Enhancement of excreta/sewage/solid wastes disposal.
- > Involvement of nongovernmental organizations in health and epidemiological surveillance, particularly with regard to STD, HIV, dengue, hepatitis B, typhoid and food-borne diseases, tuberculosis, Hansen's disease, and cholera.
- > Human resources development and planning, training the capacities of tertiary institutions, and program planning.

PROJECTS

HEALTH SERVICES AND SYSTEMS DEVELOPMENT

PURPOSE

To strengthen the steering role of the Ministry of Health in the performance of essential public health functions (EPHF) and to gather information supporting the development and implementation of evidence-based policies.

EXPECTED RESULTS

- Evidence-based policies, norms, guidelines and standards formulated for relevant health services.
- New appropriate HR management approaches strengthened, developed, and implemented.
- Support provided for the expansion and reorganization of the MOH information systems (HIS) at the national and subnational levels.
- Partnerships forged for effective health input into social, economic, environmental, and developmental policies.

- Project coordination, monitoring, and evaluation system established for technical cooperation in HSSD.
- Support provided to the family health program through in-service training, social mobilization, and
- The strengthening of health services at subnational levels .

PROMOTION OF HEALTH AND DISEASE PREVENTION AND CONTROL

PURPOSE

To implement health promotion strategies and improve prevention and control programs .

EXPECTED RESULTS

- Advocacy undertaken and partnerships forged to ensure provision of political, technical, and financial support for health promotion, prevention, and disease control.
- Planning, coordination, monitoring and evaluation system established for technical cooperation in health promotion and disease prevention and control.
- Evidence formulated for promoting health and disease prevention, considering different stages of the lifecycle, gender issues, and equity.
- Human resources developed and strengthened in the areas of health promotion and disease prevention and control (capacity building).
- Preventable immuno disease programs optimized.

ENVIRONMENTAL HEALTH AND DISASTER MANAGEMENT

PURPOSE

To develop and implement strategies to enable the health sector, in cooperation with other sectors, to achieve safe, sustainable, and health-enhancing physical and human environments .

EXPECTED RESULTS

- Advocacy undertaken and partnerships forged to provide political, technical, and financial support for safe, sustainable, and health-enhancing physical settings.
- Policies, norms, and standards formulated in the areas of physical environment, services and systems, settings and population in order to promote equity, prevent disease, reduce vulnerability to disasters, and improve quality of life.
- Support provided to the health sector (MOH, MOW, MOE, MLGY and CD, MOA) in human resources development.
- Capacities strengthened in environmental health and disaster management in order implement strategies and action plans.
- Impact assessment undertaken of technology options and operational methodologies for environmental health and disaster management.
- Planning, coordination, monitoring and evaluation system established for technical cooperation in environmental health.

COORDINATION OF PROGRAM SUPPORT (OFFICE MANAGEMENT)**PURPOSE**

To ensure greater efficiency and effectiveness in the delivery of technical cooperation to the Ministries of Health in Jamaica, the Cayman Islands, and Bermuda and to other stakeholders.

EXPECTED RESULTS

- Planning, coordinating, monitoring, and evaluating systems established for technical cooperation.
- Program for Jamaica, Bermuda, and the Cayman Islands.
- Knowledge and skills of staff and infrastructure of representation improved.
- The capacity of the Representation strengthened to reduce its vulnerability to natural disasters.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		3,184,000	268,500	3,452,500
Total 2004-2005		3,068,500	-	3,068,500
Percentage of estimated expenditure	Country program support	41%	-	41%
	Intersectoral action and sustainable Development	12%	-	12%
	Health information and technology	1%	-	1%
	Universal access to health	21%	-	21%
	Disease control and risk management	20%	-	20%
	Family and community health	5%	-	5%

MEXICO

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Contributing to the mobilization of external resources in support of the National Public Health Program 2001-2006.
- > Linking public health with economic and social development.
- > Advancing toward an integrated model of health care.
- > Strengthening the regulatory role of the Secretariat of Health.
- > Guaranteeing equitable, high-quality health services.
- > Facing emerging problems through the explicit definition of priorities.
- > Reducing the lags in health that affect the poor.

PROJECTS

MANAGEMENT OF THE REPRESENTATION

PURPOSE

To increase the effectiveness of technical and administrative management of human, material, and financial resources of the PAHO/WHO technical cooperation program in the country.

EXPECTED RESULTS

- Managerial controls set up and adapted to the prevailing regulations and standards of the Organization and to those applicable to the country's situation.
- The most cost-effective operating budget requested for the Representative Office.
- Operation of the local and international components of Paltex in Mexico properly supervised.

SUPPORT FOR NATIONAL HEALTH DEVELOPMENT

PURPOSE

To mobilize financial and technical resources for technical cooperation in priority areas of the National Public Health Program 2000-2006 .

EXPECTED RESULTS

- Cooperation networks established with other countries, with PAHO/WHO acting as the coordinating institution that mobilizes resources, with the consequent benefits for SSA.
- PAHO/WHO technical cooperation in the country programmed and evaluated, with emphasis on coordination with the Secretariat of Health as the steering agency of the public health system.
- Technical and administrative management activities with human resources involved in the development of the Representative Office modernized to effectively meet technical cooperation needs.
- Interinstitutional cooperation initiatives carried out with technical cooperation from PAHO/WHO in the design, negotiation, and execution phase.

PUBLIC HEALTH AND ECONOMIC AND SOCIAL DEVELOPMENT

PURPOSE

To make public health a more integral part of economic and social development plans.

EXPECTED RESULTS

- Efforts made to raise awareness to encourage the exercise of rights, mobilize resources, and enforce regulations, with an emphasis on disadvantaged social groups.
- Cooperation networks strengthened, along with intersectoral and social partnerships that facilitate public health promotion in social settings.
- Effective public health plans, projects, and policies developed and evaluated.

ENVIRONMENTAL HEALTH AND DEVELOPMENT

PURPOSE

To achieve healthy, safe, and sustainable environments protected against the threats of adverse environmental factors (chemical, physical, and biological).

EXPECTED RESULTS

- Program of priority health services developed (including the preparation of policy plans) within the framework of procuring sustainable development.
- Surveillance and information systems on environmental health management strengthened.
- Policies, plans, and projects to improve basic sanitation and environmental quality promoted.
- Surveillance and monitoring capacity increased, and the potential of human resources in workers' health developed.
- Strengthened networks and intersectoral and social partnerships that favor health promotion in social settings.
- Health plans, projects and policies developed and evaluated.
- Tobacco use reduced.
- Health promotion component strengthened with respect to domestic violence.

HEALTH AND SANITARY PROTECTION OF FOOD

PURPOSE

To lower the risks from foodborne diseases and zoonoses and reduce obstacles to the production and trade of animals and animal products (protein deficiencies).

EXPECTED RESULTS

- Strategies, standards and guidelines developed that strengthen the national services in their leadership of the systems for the prevention of FBD, ZNS, and animal diseases.
- Surveillance systems and systems to improve the design and execution of operations research in ZNS, FBD, animal health, and laboratory diagnosis strengthened.
- Plans and projects developed to strengthen the national services in terms of infrastructure and senior management.

STRENGTHENING OF THE NATIONAL STEERING ROLE AND PERFORMANCE IN HEALTH

PURPOSE

To advance the consolidation of a national information and epidemiological surveillance system for analysis, policy-making, and the dissemination of information.

EXPECTED RESULTS

- Progress made in establishing a Health Situation Room (SDSS), and in prevention, mitigation, and intervention in disasters and health emergencies.
- Interinstitutional coordination and cooperation networks improved to ensure coherence, quality, availability, and the dissemination of health information.
- National Epidemiological Surveillance System for health care and prevention strengthened.

DEVELOPMENT OF THE PUBLIC HEALTH SYSTEM AND SERVICES

PURPOSE

To strengthen institutional capacity to facilitate efficient management and regulation of the health services system.

EXPECTED RESULTS

- SSA surveillance and information systems on quality and economic protection of the population benefit from the specifications and technical criteria endorsed by PAHO/WHO.
- Cooperation and partnership networks developed for socially-oriented health care programs.
- Training programs provided on health care management based on economic analysis, productivity, and efficiency.
- Plans of action, projects, and policies for human health resources developed and executed, in conjunction with training institutions and institutional service providers.
- Contribution by the national authority to the adoption of modern models, methods, and technologies for the sanitary regulation of products and services.

INTERVENTION IN PRIORITY AND EMERGING PUBLIC HEALTH PROBLEMS

PURPOSE

To strengthen the approach to health promotion by addressing priority and emerging public health problems.

EXPECTED RESULTS

- Mental health component of the health care model strengthened.
- Consumption of addictive substances reduced.
- Comprehensive care models for adolescents, older adults, and the disabled strengthened.
- Coverage, intersectoral approach, and quality of nutritional and reproductive health programs strengthened.

DISEASE PREVENTION AND CONTROL

PURPOSE

To increase the capacity of national health institutions in the surveillance, prevention, and control of priority communicable and noncommunicable diseases in the National Public Health Program 2000-2006.

EXPECTED RESULTS

- Networks and partnerships developed to expand coverage of the Immunization Program.
- National programs for the prevention and control of TB, VBD and HIV/AIDS benefiting from the results of the studies and adoption of the technical criteria endorsed by PAHO.
- Local plans, projects, and policies established for the prevention and control of diabetes mellitus, cardiovascular diseases, hypertension, cervical cancer, and other malignant neoplasms.
- Local surveillance system for accidental and intentional injuries up and running in model areas.
- Contribution to the adoption of methods, techniques, technologies, and models to improve the capacity to diagnose communicable diseases and regulate biologicals for human use.
- Training programs implemented for compliance with health legislation governing blood banks and transplants.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		5,889,200	151,800	6,041,000
Total 2004-2005		6,357,400	-	6,357,400
Percentage of estimated expenditure	Country program support	40%	-	40%
	Intersectoral action and sustainable Development	4%	-	4%
	Health information and technology	7%	-	7%
	Universal access to health	16%	-	16%
	Disease control and risk management	22%	-	22%
	Family and community health	11%	-	11%

NETHERLANDS ANTILLES/ARUBA

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Health reform.
- > Leadership, organization, and human resources development at the Ministry of Health and Social Development.
- > Essential public health functions at the central and local levels .
- > Communicable and noncommunicable disease control.
- > Health promotion.
- > Environment and health.

PROJECTS

HEALTH IN NETHERLANDS ANTILLES

PURPOSE

To strengthen the steering role of the Ministry of Health, based on the national and PAHO strategic plan and the implementation of the essential public health function (EPHF) scheme at the islands level.

EXPECTED RESULTS

- Islands and national capacity strengthened to monitor, evaluate, and analyze health status .
- National capacity improved to achieve results and carry out key processes in public health, surveillance, research, risk control, and public health threats (EPHF # 2).
- National capacity improved to achieve results and carry out key processes in health promotion (EPHF # 3).
- National capacity improved to achieve results and carry out key processes in social participation in health (EPHF # 4).
- National capacity strengthened to develop policies, and institutional capacity strengthened in public health planning and management.
- National capacity improved to achieve results and carry out key processes to strengthen the institutional capacity to regulate and enforce public health (EPHF # 6).
- National capacity strengthened to evaluate and promote equitable access to necessary health services .
- National capacity improved to define human resources development policies and public health training (EPHF # 8).
- National capacity improved to ensure the quality of personnel and population-based health services.
- National capacity improved to develop policies and national research in health (EPHF # 10).
- National capacity improved to achieve results and carry out key processes to minimize the impact of emergencies and disasters on public health (EPHF # 11).

HEALTH IN ARUBA**PURPOSE**

To strengthen the steering role of the Ministry of Health by implementing the national strategic plan and the essential public health function scheme.

EXPECTED RESULTS

- Monitoring, evaluation, and analysis of health status strengthened (EPHF # 1).
- Public health surveillance, research, and control of risks and threats to public health improved (EPHF # 2).
- Health promotion improved (EPHF # 3).
- Social participation in health improved (EPHF # 4).
- National capacity strengthened to develop policies, and institutional capacity strengthened in public health planning and management.
- Institutional capacity strengthened to regulate and enforce public health (EPHF # 6).
- National capacity strengthened to evaluate and promote equitable access to necessary health services.
- Human resources development and public health training improved (EPHF # 8).
- National capacity improved to ensure the quality of personnel and population-based health services.
- Public health research improved (EPHF # 10).
- Minimizing the impact of emergencies and disasters on public health (EPFH # 11) improved.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		199,200	100,000	299,200
Total 2004-2005		187,200	-	187,200
Percentage of estimated expenditure	Intersectoral action and sustainable Development	23%	-	23%
	Health information and technology	8%	-	8%
	Universal access to health	44%	-	44%
	Disease control and risk management	23%	-	23%
	Family and community health	2%	-	2%

NICARAGUA

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Maternal and perinatal mortality.
- > HIV/AIDS.
- > Nutrition.
- > Dengue.
- > Tuberculosis.
- > Immunization.
- > Input supply.
- > Hospital equipment.
- > Development and maintenance of service infrastructure.

PROJECTS

DEVELOPMENT AND MANAGEMENT OF TECHNICAL COOPERATION

PURPOSE

To contribute to the sanitary development of Nicaragua within the framework of PAHO/WHO strategic planning in the Region.

EXPECTED RESULTS

- PAHO technical cooperation program effectively coordinated for national health development.
- Technical cooperation among countries.
- Emergency and humanitarian assistance activities in the country improved.
- Technical and logistical assistance guaranteed for execution of the four technical cooperation programs.
- Administrative management and infrastructure for providing technical cooperation to the country ensured.

DISEASE PREVENTION AND CONTROL

PURPOSE

To prevent and control diseases.

To strengthen national capacity for comprehensive, intersectoral, and sustainable activities in health promotion and the surveillance, control, elimination and/or eradication of communicable and noncommunicable diseases.

EXPECTED RESULTS

- Local capacity for prevention and control of VBD strengthened, with emphasis on malaria, dengue, and Chagas' disease.
- National capacity strengthened for the detection and control of emerging and reemerging diseases, including TB.
- Noncommunicable diseases programs strengthened, with emphasis on diabetes, cardiovascular disease, and cervical cancer.
- Zoonosis programs strengthened, with emphasis on rabies and leptospirosis.
- Control plans for neglected diseases strengthened.

ENVIRONMENTAL HEALTH AND SUSTAINABLE DEVELOPMENT

PURPOSE

To strengthen the capacity of the Ministry of Health for analysis, multisectoral coordination, and social participation, promoting strategic partnerships and the development of comprehensive public health, environmental, and nutritional interventions targeting highly vulnerable population groups to reduce the equity gap in health.

EXPECTED RESULTS

- Approaches developed linking health with environmental conditions, among them poverty reduction.
- National capacity to promote environmental health policies and initiatives through intersectoral actions strengthened.
- Food and nutritional security strengthened as a strategy to promote human development and fight poverty.
- Food and nutritional security strengthened at the national and local levels as a strategy to promote sustainable human development and fight poverty, through partnerships with government sectors, NGOs, municipalities, civil society, and international cooperation agencies, carrying out health and nutritional risk-prevention activities within an equitable and corporative framework for action, without gender discrimination and with the objective of promoting health.
- National Food Safety Program strengthened to take action to monitor foods with greater health risks and prevent the principal foodborne diseases, within the framework of the harmonization processes associated with the free trade agreements and Central American integration.
- Support provided for intersectoral actions to improve environmental quality, including access to safe water and basic sanitation.
- National capacity in science and technology strengthened to generate evidence in public health.
- National systems for conducting health-situation analyses strengthened as support for policies and strategies.
- National capacity strengthened for the assessment of environmental risks, including tobacco use.

HEALTH AND TECHNOLOGY SERVICES

PURPOSE

To consolidate the sectoral leadership of the Ministry of Health, within the framework established by the General Health Act, to address the health needs of the most vulnerable groups, considering the technical, administrative, and financial realities of the sector.

EXPECTED RESULTS

- Steering role of the national health authority strengthened, with the central focus on public health.
- Social safety net in health expanded and applied at the institutional, interinstitutional, and intersectoral levels.
- Comprehensive support provided for the organization and delivery of health services, pursuant to the General Health Act and its regulations.
- Human resources management and performance in the health system and services improved.
- Information and communication technologies in the health system and services procured and evaluated.
- Health of vulnerable groups improved with implementation of the National Program for Essential Drugs and Traditional Medicine.
- Response capacity of national and local clinical and blood laboratory programs and services improved.
- Support provided for accessible, high-quality, socially-oriented, and multisectoral comprehensive rehabilitation programs, with citizen involvement.

FAMILY AND COMMUNITY HEALTH

PURPOSE

To strengthen the Ministry of Health and other actors who work in public health, health promotion, disease prevention, care, and rehabilitation of individuals, families, and the community.

EXPECTED RESULTS

- Technical capacity of the Ministry of Health to promote maternal health and provide care for women in communities strengthened.
- Models developed for working with men in the areas of sexual and reproductive health and how to take care of their own health and that of their family and community.
- Capacity of the National Mental Health Program, community networks, and user organizations strengthened.
- Family health strengthened through the National Vaccination Program, with an equity approach.
- Technical and managerial capacity in providing comprehensive care for children and adolescents strengthened.
- Strengthened multisectoral response for the reduction and prevention of new cases of STI/HIV/AIDS in selected populations.
- Gender approach integrated into programs, policies, and information systems to reduce gender inequities in public health.
- Health promotion in national and local plans and policies increased for the empowerment of individuals, families, and the community.
- National capacity for providing health care and promoting the health of older adults strengthened.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		2,817,000	4,376,200	7,193,200
Total 2004-2005		2,934,500	-	2,934,500
Percentage of estimated expenditure	Country program support	43%	-	43%
	Intersectoral action and sustainable Development	8%	-	8%
	Health information and technology	5%	-	5%
	Universal access to health	17%	-	17%
	Disease control and risk management	14%	-	14%
	Family and community health	13%	-	13%

NORTHERN CARIBBEAN: BERMUDA AND CAYMAN ISLANDS

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Strengthening the capabilities of the Department of Health in the delivery of health care services by upgrading the personnel skills in the areas of public health, HIV/AIDS, dental health, chronic disease management, health promotion, environmental health, pharmaceutical services, and quality assurance (Cayman).
- > Strengthening management and support services for enhanced delivery of health care services (Bermuda).
- > Development of health personnel (Bermuda and Cayman).

PROJECTS

HEALTH SYSTEMS AND SERVICES DEVELOPMENT (CAYMAN)

PURPOSE

To strengthen the capacity of health services to manage human, physical, and financial resources effectively and therefore encourage high standards in the delivery of health care .

EXPECTED RESULTS

- Skills of health workers improved in the area of epidemiology.
- Educational materials for healthy lifestyles developed.
- Standards improved in the areas of food safety, water quality, and pest control.
- Awareness enhanced regarding cancer and its relationship with environmental factors in Cayman.
- Health care delivery strengthened through technical cooperation visits.
- Community awareness created on immunization.

HEALTH SYSTEMS AND SERVICES DEVELOPMENT (BERMUDA)

PURPOSE

To strengthen the Department of Health in its delivery of health services through human resource development.

EXPECTED RESULTS

- Awarded in priority areas.
- Standards developed for a quality assurance program.
- Support provided for the delivery of technical cooperation.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		90,300	-	90,300
Total 2004-2005		84,900	-	84,900
Percentage of estimated expenditure	Universal access to health services	100%	-	100%

PANAMA

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > To develop national competencies with regard to equity in health, including the improvement of health information and surveillance systems, the analysis and quality of the data, and research; and to engage in activities to promote linkage, aimed at reducing inequalities in health.
- > To develop intersectoral work strategies, mobilize technical, scientific, political, and financial resources to advance health promotion, and establish technical, political, and social support network at all levels.
- > To improve strategies and activities aimed at promoting and developing healthy lifestyles and living environments, with emphasis on priority groups such as children, adolescents, workers, indigenous populations, and women, with a special focus on the accident and violence prevention, as well as other aspects related to mental health.
- > To strengthen national regulatory and oversight capacity for exercising leadership and providing technical assistance in matters related to health, and to develop local means of action necessary for the operation and maintenance of health systems and services.
- > To reduce the burden of disease and mortality among the poor and other vulnerable population groups, as well as their risk factors, strengthening the prevention and control of communicable and noncommunicable diseases, with emphasis on emerging and reemerging diseases as well as national capacity for their detection and surveillance.
- > To improve the performance of the national health system to increase equity in benefits, efficiency, and the effectiveness of services to meet the health needs of the population.
- > To strengthen information, communication, and training strategies, prioritizing both the development and systematization of mechanisms for the dissemination and production of scientific and technical information and training in public health and epidemiology, with a focus on health workers and the population in general.
- > To strengthen the development of national institutions with regard to the prevention, mitigation, and response to natural disasters in order to reduce the health risks to vulnerable populations.
- > To strengthen national capacity to develop a comprehensive, effective approach that will improve the health of neglected indigenous populations.
- > To develop national capacity in areas linked with environmental health and sustainable development, and develop methods and technologies suited to local needs.
- > To support the institutional development of organizations and agencies in charge of administering resources for health, education, agriculture, and the environment, even at the local level, to reduce the existing gaps among the different groups and regions.

PROJECTS

SUPPORT FOR NATIONAL HEALTH DEVELOPMENT

PURPOSE

To optimize the management and coordination of the Technical Cooperation Program in Panama.

EXPECTED RESULTS

- Technical Cooperation Program effectively managed, coordinated, and executed.
- Technical and administrative capacity of staff in the Representative Office improved to facilitate execution of the cooperation program.

- National participation strengthened in compliance with regional and subregional agreements, treaties, and initiatives.
- Enhanced PAHO/WHO presence in interinstitutional forums and in dealings with other cooperation agencies.
- Emerging initiatives.
- National capacity for the design and implementation of TCC projects strengthened.

SITUATION INFORMATION AND ANALYSIS

PURPOSE

To increase national capacity for information analysis and health-situation monitoring, with emphasis on the search for equity in health.

EXPECTED RESULTS

- National health information system strengthened by the end of 2005, through the improvement of data entry and analysis systems and their use in policy-making; the promotion of training and research on health-related inequalities.
- Methodological proposal prepared to show gender and intercultural inequities and those of other neglected groups, to generate national and sectoral policies, through cooperation, to reduce inequalities for the principal vulnerable groups.
- Strategy in place, aimed at strengthening the dissemination of public information and health-related communications.
- Institutional strengthening of research and transfer of health technologies.

HEALTH POLICIES AND HUMAN RESOURCES

PURPOSE

To strengthen the country's capacity to develop a national health policy, under the leadership of the Ministry of Health.

EXPECTED RESULTS

- Specific public health policies formulated.
- Priority areas for developing regulations identified.
- Human resources development strengthened at the national and institutional levels.
- Process established to improve technical and policy aspects of occupational health.
- Strategic issues for national health development (national accounts, equity) identified.

HEALTH PROMOTION

PURPOSE

To facilitate activities to promote healthy lifestyles.

EXPECTED RESULTS

- National health promotion plan established with the leadership of the Ministry of Health.
- Support provided for the development of plans for health promotion in priority groups (children, adolescents, indigenous population, older adults, etc.).
- Comprehensive strategy implemented to improve lifestyles.
- National health strategy to address violence and accidents established.
- National mental health plan in place.
- Nutritional and food security activities programmed and executed with multisectoral participation.

HEALTH AND THE ENVIRONMENT

PURPOSE

To help protect the health of the population by cooperating with national institutions in the identification, evaluation, prevention, and control of environmental risks and reducing vulnerability to natural disasters.

EXPECTED RESULTS

- Consensus-based national strategy established by the subsector to increase coverage of water and sanitation services.
- Contribution made to strengthening the promotion, protection, and monitoring of drinking water quality.
- Technical capacity of the environmental health sector strengthened, along with legislative and management processes.
- Institutional health system for emergencies and disasters strengthened, along with others agencies.
- Specific projects for the prevention of environmental and health risks executed.

HEALTH SERVICES

PURPOSE

To strengthen the organization of public health systems and services, and to develop new forms to manage the services and new health care models.

EXPECTED RESULTS

- Few forms to manage the services and new health care models developed.
- Master Plan for Investment in Health developed.
- Proposal submitted for a National Health Services Network.
- Information systems established.

DISEASE PREVENTION AND CONTROL

PURPOSE

To strengthen national capacity to reduce morbidity and mortality from communicable and noncommunicable diseases.

EXPECTED RESULTS

- Proper integration and operation of the Surveillance System strengthened.
- National capacity for the prevention of the principal noncommunicable diseases strengthened.
- National capacity for the prevention and control of the principal communicable diseases strengthened.

MANAGEMENT AND COORDINATION OF THE NATIONAL PROGRAM

PURPOSE

To optimize management of the technical cooperation program.

EXPECTED RESULTS

- Logistical support provided for the technical cooperation program.
- Human resources necessary for effective management of the technical cooperation program, available.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		2,257,200	303,400	2,560,600
Total 2004-2005		2,348,800	-	2,348,800
Percentage of estimated expenditure	Country program support	49%	-	49%
	Intersectoral action and sustainable Development	17%	-	17%
	Health information and technology	4%	-	4%
	Universal access to health	27%	-	27%
	Disease control and risk management	2%	-	2%
	Family and community health	1%	-	1%

PARAGUAY

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Administration and management of the PAHO/WHO Representative Office in Paraguay, within the framework of the PAHO mission and the country's technical cooperation priorities.
- > Universal access to high-quality health services.
- > Development of a surveillance system for life expectancy, morbidity, and mortality, and interventions in health promotion and disease prevention.
- > Adequate development of sectoral process for the planning, organization, and management of human resources.
- > Improvement of health and environmental management capacity.

PROJECTS

REGULATION, COORDINATION, AND MANAGEMENT OF THE TECHNICAL COOPERATION PROJECTS

PURPOSE

To manage the technical cooperation outlined in the BPB to address the principal public health problems of Paraguay.

EXPECTED RESULTS

- Political and technical management of the cooperative program has contributed to sustainable national and international processes for progress in public health.
- Efficient and timely response by the PWR-Paraguay to all administrative requirements necessary for the technical cooperation process.
- By the end of the biennium 2004-2005, PAHO/WHO Representative Office strengthened in its steering role and its ability to address national technical cooperation priorities and respond to them.

STRENGTHENING THE PLANNING, ORGANIZATION AND MANAGEMENT OF HUMAN RESOURCES

PURPOSE

To strengthen the capacity of the health authority in the development of essential functions linked to the planning, organization, training, and management of human resources in Paraguay.

EXPECTED RESULTS

- Human resources policies executed according to the management and decentralization requirements of the health services.
- Strategic development plan established to educate and train human resources for the analysis, organization, and management of public health.
- Human resources planning, organization and evaluation processes established in the main institutions of the sector.
- Public health research based on the requirements of the new service-delivery models.

DEVELOPMENT OF HEALTH SYSTEMS AND SERVICES

PURPOSE

To reduce exclusion in public health, facilitating access to quality services and increasing social benefits in health.

EXPECTED RESULTS

- Legal and regulatory framework established that facilitates the regulatory and control function of the health authority.
- Social security health model defined; proposals developed that allow for more health-related social benefits, primarily for excluded population groups.
- Management models defined and instruments applied that improve the operation of the services network, decision-making processes, budget preparation, and resource allocation.

SURVEILLANCE, PREVENTION AND CONTROL OF PRIORITY PROBLEMS IN PUBLIC HEALTH AND DEVELOPMENT OF PUBLIC HEALTH POTENTIAL

PURPOSE

To strengthen national capacity for surveillance, prevention and control of the priority problems in public health, with emphasis on vulnerable groups and the development of public health potential.

EXPECTED RESULTS

- Development, updating and follow-up of public and institutional policies, plans, and legislation in response to priority problems.
- Coordination between programs facilitated and programs functionally integrated into the health services network; strategic partnerships forged with other actors for the production of health and the control of priority problems.
- Collaboration with the process of institution-building at all levels in the Ministry of Health and other institutions.
- Country able to monitor priority health problems and to adopt the pertinent policies.
- Health worker competencies strengthened in planning, program and project management, epidemiology, promotion, and research at all levels.
- National competencies strengthened along with the capacity to address priority health problems and take advantage of the development potential in border areas.
- National Network of Healthy Municipalities established.

ENVIRONMENTAL HEALTH

PURPOSE

To increase national and local capacity for the identification, prevention, and control of the environmental risk factors that affect health.

EXPECTED RESULTS

- Plans, policies, and the legal framework strengthened to improve the quality of the environment and services.
- Strengthening of environmental health surveillance, covering water, soil and air, as well as the use of hazardous chemical substances and housing quality.
- National and local capacity strengthened for the management of environmental issues and the operation and maintenance of systems and services.
- National strategies for community mobilization, primary environmental care, institutional networks, and intersectoral coordination strengthened.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		2,820,400	268,600	3,089,000
Total 2004-2005		2,795,700	-	2,795,700
Percentage of estimated expenditure	Country program support	29%	-	29%
	Intersectoral action and sustainable Development	14%	-	14%
	Health information and technology	16%	-	16%
	Universal access to health	29%	-	29%
	Disease control and risk management	10%	-	10%
	Family and community health	2%	-	2%

PERU

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Health promotion and the prevention of risks and threats to individuals, families, and the community.
- > Guaranteeing access to comprehensive care, with high-quality health services and an equity approach.
- > Strengthening the steering role of the Ministry of Health in sectoral management.
- > Decentralization and modernization of the sector through new management and financing modalities.
- > Development and execution of human resources development policies.

PROJECTS

SUPPORT FOR DEVELOPMENT, MANAGEMENT, AND COORDINATION OF THE NATIONAL PROGRAMS

PURPOSE

To create and maintain optimal conditions for technical cooperation through a respectful dialogue with the authorities, effective communication with public health actors, a continuing search for synergy in cooperation activities, human resources development, and rational use of human, financial, and technology resources.

EXPECTED RESULTS

- Strengthening of a measurable, continuous process of internal dialogue/coordination/articulation among team members and with third parties, such as national authorities and other public health partners inside and outside the sector to facilitate execution of the technical cooperation program.
- Modernization of human and financial resource management for greater profitability, combining the streamlining of administrative processes, transparency, and co-management.

EPIDEMIOLOGY, DISEASE PREVENTION AND CONTROL

PURPOSE

To improve national capacity at all levels for health situation analysis and the prevention and control of risks and threats to individuals, families, and the community.

EXPECTED RESULTS

- Focused decision-making in the health sector, essentially through the use of complete, timely, and high-quality health information.
- Methods and technologies transferred to the decentralized levels of the national public health laboratory network.
- National capacity strengthened for the surveillance, prevention, and control of priority diseases.
- Strategies strengthened for the control and prevention of priority diseases, epidemiological and operations research on the impact of these strategies, and evaluation of their effectiveness and efficiency.
- Access to pertinent health information facilitated; educational and mass communication material, as well as selected bibliographies, prepared and distributed.

POLICIES, HEALTH AND HUMAN RESOURCES SYSTEMS

PURPOSE

To strengthen the capacity of the Ministry of Health to implement health policies, organize and manage the health system, and develop human resources.

EXPECTED RESULTS

- Public health planning methods and instruments validated and promoted at the national, regional and local levels within the framework of the National Coordinated and Decentralized Public Health System, using a participatory approach.
- Policies, standards, strategies, methods, and instruments for improving the organization, management, and quality of health services designed and disseminated.
- Human Resources Development Institute strengthened in terms of its management, regulatory, and design role, within the framework of the National Coordinated and Decentralized Public Health System; and strategies, methods, and instruments disseminated for training, managing, and improving the performance of human resources in the health sector.
- Contribution toward better institutional and sectoral financial management in public health.
- Strategies established for expanding social protection in health, with view to eliminating exclusion in health insurance and providing access to quality health services.
- Official regulatory agency for pharmaceutical products strengthened, with emphasis on selection and quality monitoring, and plans of action implemented to promote equitable access to drugs and their rational use.

HEALTH PROMOTION

PURPOSE

To strengthen health-promotion campaigns with an equity approach.

EXPECTED RESULTS

- Healthy environmental policies, projects, programs, and networks established in municipalities, schools, and families.
- Policies, programs, and standards clearly established to produce positive changes in the physical, nutritional, and mental health of the population in terms of habits and lifestyles.
- Policies, programs, and regulations established, aimed at comprehensively promoting human development, with a life cycle approach.
- Production and intersectoral dissemination of information and knowledge on differences and inequities between men and women in health sector reform; providing an institutional framework for the approach to promote equity between men and women in health policies and surveillance systems.
- Public health communication and information strategies developed to encourage healthy behavior in the population.

HEALTH AND THE ENVIRONMENT, DISASTER PREVENTION AND MITIGATION

PURPOSE

To strengthen national and regional capacity for the management of environmental health and water and sanitation services, and for the organization, prevention, and mitigation of emergencies and disasters.

EXPECTED RESULTS

- National strategy for environmental health, occupational health, and disaster prevention and mitigation formulated and integrated into public health policies, coordinating with other competent agencies to ensure their coherent application.
- Steering role of the Ministry of Health consolidated in environmental and occupational health and disaster prevention and mitigation.
- National surveillance system for environmental and occupational health and natural phenomena consolidated for the identification and control of health risks to facilitate policy-making at the national and regional levels; national and international communication system established for the dissemination of scientific, technical and legislative information on environmental and occupational health.
- Human resources capacity to produce high-quality environmental and occupational management strengthened.
- National strategy established in the sanitation subsector that will help to modernize its management, achieve the financial viability of service providers, and improve access to services as well as their quality and sustainability.

TECHNICAL COOPERATION AMONG COUNTRIES**PURPOSE**

To promote collective self-sufficiency through the building of national capacity and the willingness to share it for the common good.

EXPECTED RESULTS

- Cooperation carried out for health monitoring, disease prevention and control, health promotion, environmental health, and the organization of health services.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		5,667,400	2,107,100	7,774,500
Total 2004-2005		5,571,000	395,600	5,966,600
Percentage of estimated expenditure	Country program support	36%	67%	38%
	Intersectoral action and sustainable Development	12%	-	11%
	Health information and technology	-	10%	1%
	Universal access to health	20%	-	19%
	Disease control and risk management	12%	-	11%
	Family and community health	20%	23%	20%

PUERTO RICO

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Strengthening the areas of public health in which the Organization's strategic inputs serve to advance or accelerate the proposed adjustments and changes in the health sector reform process, with emphasis on disease prevention and health promotion.
- > Evaluation and implementation of the essential public health functions (EPHF).
- > Support for activities in primary environmental care.
- > Formation of a health situation analysis unit and a geographic information system.
- > Strengthening public health surveillance systems.
- > Support for projects to strengthen health promotion, conducive to the development of the Healthy Communities Program.

PROJECTS

COOPERATION WITH PUERTO RICO

PURPOSE

To support Puerto Rico in disseminating and enhancing the reform of the sector, with emphasis on health promotion and disease prevention and the Commonwealth's international linkages.

EXPECTED RESULTS

- Human resources mobilized and support provided for events to disseminate information and engage in networking.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		223,400	-	223,400
Total 2004-2005		210,000	-	210,000
Percentage of estimated expenditure	Country program support	16%	-	16%
	Universal access to health services	84%	-	84%

SAINT KITTS AND NEVIS

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Health care financing.
- > HIV/AIDS.
- > New and reemerging diseases .
- > Drug abuse.
- > High teenage pregnancy rates .
- > Increase in chronic diseases .
- > Effects of migration and immigration on the health system.
- > Human resource development in priority areas .
- > Institutional strengthening of the Health Information Unit .

PROJECTS

HEALTH SYSTEMS DEVELOPMENT

PURPOSE

To strengthen the institutional capacity of the Ministry of Health to ensure quality health care.

EXPECTED RESULTS

- Support provided to plans, projects, and policies designed and introduced to strengthen the leadership role of the Ministry of Health.
- Ministry's capacity to manage human resources strengthened.
- Capacity for evidence-based decision making improved.
- Direct support provided to update national health policies and plans.
- Program implementation, monitoring, and evaluation mechanisms in place .

NONCOMMUNICABLE DISEASES AND COMMUNICABLE DISEASES

PURPOSE

To improve the management of selected noncommunicable diseases and communicable diseases .

EXPECTED RESULTS

- Support provided for the formation of networks and alliances to promote health.
- Standards and guidelines developed, adapted, and/or introduced.
- Research and evaluation studies conducted into selected aspects of noncommunicable diseases .
- Support provided to plans, projects, and policies to strengthen the management and control of selected communicable diseases/conditions.
- Training programs accessed in selected priority areas and as recommended by the Fellowship Committee of MOH.
- Promotional campaigns developed to facilitate healthy behaviors .

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		187,200	100,600	287,800
Total 2004-2005		176,100	2,800	178,900
Percentage of estimated expenditure	Country program support	7%	-	6%
	Intersectoral action and sustainable Development	5%	-	5%
	Universal access to health	50%	100%	51%
	Disease control and risk management	16%	-	16%
	Family and community health	22%	-	22%

SAINT LUCIA

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Perinatal deaths.
- > Injuries and accidents .
- > Teenage pregnancies and low birthweight babies .
- > Malignant neoplasms .
- > Diabetes and hypertension.
- > HIV/AIDS.
- > Environmental health (prevention of outbreaks of dengue and diarrhoeal diseases and monitoring of food, water, and environmental determinants of chronic diseases).
- > Hospital information/surveillance systems .
- > Health promotion, focusing on healthy lifestyles (risk factors for heart disease, diabetes, hypertension, and cancers).

Projects

HEALTH SYSTEMS DEVELOPMENT

PURPOSE

To strengthen the institutional capacity of the Ministry to improve quality health services and systems .

EXPECTED RESULTS

- Support provided for the development of methods, models, and technologies to improve the quality of health services/systems .
- Comprehensive policies, plans, and programs developed for vulnerable groups.
- Plans, projects, and policies introduced to strengthen the leadership role of the Ministry of Health
- Management capacity improved.
- Program implementation, monitoring, and evaluation mechanisms in place.

HEALTH PROMOTION AND DISEASE PREVENTION

PURPOSE

To apply health promotion approaches appropriately.

EXPECTED RESULTS

- Plans, projects, and policies designed to strengthen the regulatory role of the Ministry.
- Support provided for the introduction of methods, models, and technologies to enhance the role of cooperation networks to control selected disorders .
- Support provided to models, methods, and technologies to promote awareness of selected conditions.
- Direct support provided to strengthen the capacity to manage and implement programs and services for selected conditions.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		187,400	-	187,400
Total 2004-2005		176,100	-	176,100
Percentage of estimated expenditure	Country program support	6%	-	6%
	Intersectoral action and sustainable Development	7%	-	7%
	Universal access to health	47%	-	47%
	Disease control and risk management	26%	-	26%
	Family and community health	14%	-	14%

SAINT VINCENT AND THE GRENADINES

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Human resource development.
- > National health insurance.
- > Primary health care model.
- > Health promotion model.
- > Noncommunicable diseases.
- > Cancers.
- > HIV/AIDS.
- > Mental health.

PROJECTS

HEALTH SYSTEMS DEVELOPMENT

PURPOSE

To plan for the efficient and effective delivery of health care services.

EXPECTED RESULTS

- Support provided for the introduction of models, methods, and mechanisms to establish an adequate health information system (surveillance).
- Support provided for the implementation and monitoring of plans, policies, and projects to strengthen the strategic management of human resources.
- Support provided to studies evaluating primary health care and environmental health services.
- Support provided for the introduction of models, methods, and mechanisms to establish a system for quality improvement and quality assurance.
- Plans, projects, and policies designed for sustainable financing mechanisms.
- Program implementation, monitoring, and evaluation mechanisms in place.

PROMOTION OF HEALTHY LIFESTYLE

PURPOSE

To strengthen the capacity to apply health promotion approaches to selected priority areas.

EXPECTED RESULTS

- Capacity strengthened to formulate public health policies for selected priority areas.
- Capacity strengthened to establish and/or expand cooperation networks and alliances for health promotion.
- Capacity strengthened to plan and execute promotional campaigns, public education, and advocacy strategies.
- Methods, models, and technologies developed and implemented to enhance the Ministry's communication program.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		187,400	-	187,400
Total 2004-2005		176,100	-	176,100
Percentage of estimated expenditure	Country program support	9%	-	9%
	Intersectoral action and sustainable Development	17%	-	17%
	Health information and technology	4%	-	4%
	Universal access to health	49%	-	49%
	Disease control and risk management	2%	-	2%
	Family and community health	19%	-	19%

SURINAME

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Communicable diseases:
 - HIV/AIDS and STIs.
 - Malaria.
- > Environmental issues, including food safety.
- > Strengthening and restructuring of the Bureau of Public Health (BOG).
- > Child health:
 - Breastfeeding.
 - Immunization.
 - Early child development.
- > Lifestyle-related diseases:
 - Obesity.
 - Diabetes mellitus.
 - Cerebrovascular and cardiovascular diseases .
 - Mental disorders .

PROJECTS

MANAGEMENT OF THE OFFICE

PURPOSE

To establish an effective and efficient managerial and administrative structure to support the delivery of technical cooperation in Suriname .

EXPECTED RESULTS

- Managerial capabilities of the Representation strengthened.
- Public awareness programs conducted to promote PAHO values and disseminate information.
- Resources mobilized for TCC and extrabudgetary funds.

PROMOTION OF SAFE PHYSICAL ENVIRONMENTS AND DISASTER PREPAREDNESS

PURPOSE

To improve living, working, and recreational environments and to reduce vulnerability to disaster.

EXPECTED RESULTS

- National capacity increased to integrate environmental health into development processes .
- National capacity strengthened to manage water and sanitation services .
- National capacity strengthened to manage solid waste and control pollution.
- National capacity strengthened to manage hazardous materials .
- National capacity strengthened to manage occupational health and safety.
- National capacity strengthened to mitigate, prepare for, and respond to disasters .

COMMUNICABLE AND NONCOMMUNICABLE DISEASES

PURPOSE

To reduce the risks and burden of communicable and noncommunicable diseases, including mental health problems and substance dependency.

EXPECTED RESULTS

- National capacity strengthened to control malaria.
- Programs strengthened to control emerging and reemerging diseases.
- Programs strengthened to eliminate communicable diseases.
- Animal health and zoonosis program strengthened.
- Programs strengthened to control cardiovascular diseases and risk factors.
- Program strengthened to reduce the disease burden of mental health problems.
- Programs strengthened to control cancer.
- STD program, including HIV/AIDS, strengthened.

EXPANDED PROGRAM ON IMMUNIZATION (EPI)

PURPOSE

To assist the Ministry of Health in improving implementation of the EPI nationwide.

EXPECTED RESULTS

- Adequate supplies of vaccines available for uninterrupted activities.
- Secured cold chain for optimized storage and administration of vaccines.
- Increased awareness and active participation of population in vaccination activities.
- Support provided to improve the surveillance of EPI diseases.
- Support provided to improve transborder and international collaboration.

PROMOTION OF HEALTHY LIFESTYLES AND SOCIAL ENVIRONMENTS

PURPOSE

To promote a work environment that is free of smoking and alcohol and substance abuse.

EXPECTED RESULTS

- Smoke-free spaces created and support provided to policies and incentives to reduce the consumption of alcohol and illegal drugs.
- Incentives developed to reduce alcohol and substance use.
- Increased availability of life skills education programs in secondary schools.
- Surveillance increased to identify trends in behavior and social conditions that influence healthy lifestyles.
- Dental care and hygiene improved among schoolchildren.

HEALTHY GROWTH AND DEVELOPMENT

PURPOSE

To strengthen the national capacity to reduce health risks, morbidity, and mortality and to promote healthy growth and development for all age categories, with a special focus on children, mothers, and adolescents.

EXPECTED RESULTS

- National capacity strengthened to develop and implement plans, policies, and projects to improve child and adolescent health.
- National capacity strengthened to develop and implement plans, policies, and projects to improve the health status of women and men in the reproductive stage of the life cycle.
- National capacity strengthened to develop and initiate comprehensive programs to promote and protect the health and well-being of the elderly.
- National capacity strengthened to develop and implement plans, policies, and projects to improve the nutritional status of selected population groups and to identify, prevent, monitor, and reduce malnutrition and diet-related problems.

HEALTH SYSTEMS AND SERVICES DEVELOPMENT

PURPOSE

To strengthen the capacity of the national health system to guarantee quality health care to the entire population and to respond adequately to changes in internal and external conditions.

EXPECTED RESULTS

- National health sector reform process strengthened, based on the guiding principles of equity, effectiveness, quality, efficiency, sustainability, and social participation.
- Capacity building to improve the quality and performance of the health system and services.
- National Health Information System developed and related health information systems strengthened.
- The development of adequate surveillance systems strengthened to monitor epidemiological conditions.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		1,342,000	787,800	2,129,800
Total 2004-2005		1,363,000	209,500	1,572,500
Percentage of estimated expenditure	Country program support	57%	-	49%
	Intersectoral action and sustainable Development	29%	-	25%
	Health information and technology	2%	-	2%
	Universal access to health	2%	-	2%
	Disease control and risk management	4%	-	4%
	Family and community health	6%	100%	18%

TRINIDAD AND TOBAGO

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Responsiveness of the health system and operationalization of the Health Sector Reform Program
- > The public health agenda within the Health Sector Reform Program, with particular emphasis on public health practice, public health infrastructure, and the steering role of the Ministry of Health.
- > Human resources development in technical, epidemiological, and management areas.
- > Morbidity and mortality related to behavioral disorders and the adoption of healthy lifestyles.
- > Demand for medical care for preventable chronic and noncommunicable diseases with special emphasis on hypertension, diabetes, coronary heart disease, cancer, and road accidents.
- > Institutional strengthening in the formulation of health promotion policies, plans, programs, and tools .
- > Coordination between health sector agencies and intersectoral partners in the assessment and control of environmental health risks.
- > Demand on the public health services for medical care for preventable infections and communicable diseases, with special emphasis on HIV/AIDS, tuberculosis, food-borne illnesses, and vector-borne diseases .

PROJECTS

ENVIRONMENTAL HEALTH

PURPOSE

To improve the assessment, control, and management of environmental health risks, through institutional strengthening and greater collaboration with intersectoral partners .

EXPECTED RESULTS

- Support provided for the development of environmental health policies, including implementation strategies and plans.
- Food safety human resource capacities strengthened.
- Capacities developed and strengthened in chemistry, food and drugs, and WASA laboratories .
- An integrated vector control management program designed.
- Strategies implemented to improve surveillance for dengue fever, malaria, and West Nile virus.
- Programs promoted to reduce the health risks of toxic chemicals .
- Support provided to environmental health management and intersectoral activities .
- Support provided for the implementation of WASA's water and sanitation performance appraisal and certification program
- Solid waste assessment studies conducted.

HEALTH SYSTEMS AND SERVICES

PURPOSE

To improve the organization, management, and delivery of health services through the Health Sector Reform Program

EXPECTED RESULTS

- The capacity of the Ministry of Health to steer and regulate the health sector strengthened through training.
- The human resource management capacity of the Ministry of Health strengthened through training and technical services.
- Information systems and technology improved within the Ministry of Health.
- Health personnel prepared for continued implementation of the national quality program strategy.
- Training to improve the delivery of services in the RHAs and vertical health services.
- Networks established for regional collaboration and mutual support of health services development.
- Disaster preparedness plans and skills developed in the Ministry of Health and RHAs with intersectoral partners.
- Support provided to health systems and services project development and execution.
- Technical support provided for the development of the virtual health library (VHL).

MANAGEMENT OF THE REPRESENTATION

PURPOSE

To strengthen the Representation's managerial capacities with a view to improving the scope and level of the technical cooperation program and participation in interagency and intersectoral initiatives.

Expected Results

- Administrative and financial procedures developed for the efficient management of the Representation and of technical cooperation.
- Staff development plan created and implemented as part of the development plan for the representation.
- Support provided for management of the Representation and for technical cooperation projects.
- Premises for the Representation made fully functional within the new MOH administrative headquarters.
- Effective maintenance of the technological integrity of the Representation.
- Image of the organization promoted at the interagency and national levels.
- Three TCC projects developed in specific areas.

BEHAVIORAL CHANGE AND MENTAL HEALTH

PURPOSE

To strengthen health promotion programs addressing risk behavior factors through healthy public policies and supportive environments at the national and local levels.

EXPECTED RESULTS

- Health promotion perceived and supported as an added value to the provision of health care services by all stakeholders.
- Human resources at the primary care level with the appropriate skills to support the development of HP strategies.
- Healthy policies outlined at the national level and discussed at regional levels.
- Institutional national health promotion bodies strengthened and working with RHAs.
- Support provided to HP interventions addressing healthy lifestyle practices and to selected target groups at all levels.

- Support provided by advocacy and social communication campaigns to HP interventions nationwide.
- National Mental Health Program strengthened and PHC Mental Health Program in place at regional levels .
- Objectives of technical collaboration project achieved.

COMMUNICABLE AND NONCOMMUNICABLE DISEASE (NCD) PREVENTION AND CONTROL

PURPOSE

To strengthen and implement structured programs to prevent and control selected noncommunicable and communicable diseases at the national and regional levels, including proper evaluation and monitoring systems .

EXPECTED RESULTS

- Relevant health policies addressing selected NCDs and communicable diseases in place at all levels .
- Aptitudes of staff and community members improved regarding NCDs .
- DOTS programs implemented in regions with major PTB caseloads.
- Quality management and care provided at the local level through the program on STIs, including HIV/AIDS.
- Management of communicable and chronic NCDs improved through integrated management, advocacy, and educational campaigns.
- Communicable disease surveillance system decentralized and functional at the RHA level
- Objectives of the technical collaboration project achieved.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		2,236,300	49,300	2,285,600
Total 2004-2005		2,354,800	-	2,354,800
Percentage of estimated expenditure	Country program support	42%	-	42%
	Intersectoral action and sustainable Development	27%	-	27%
	Health information and technology	2%	-	2%
	Universal access to health	16%	-	16%
	Disease control and risk management	8%	-	8%
	Family and community health	5%	-	5%

TURKS AND CAICOS

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Health sector reform strategy:
 - > Human resource development.
 - > Strategic planning, monitoring and evaluation.
 - > Quality improvement, norms, and standards of care.
- > Disaster preparedness.
- > Health information analysis, surveillance and information systems :
 - > Comprehensive health information system.
 - > Training of service managers in the analysis and use of information for programming and decision-making.
 - > TCI core health data and CMO/MOH Annual Report.
 - > Design and implementation of comprehensive surveillance systems .
- > Environmental health:
 - > Epidemiology and environmental impact assessment.
 - > Food safety.
 - > National water quality standards.

PROJECTS

ENVIRONMENTAL PROTECTION AND DEVELOPMENT

PURPOSE

To strengthen the overall management of the environmental health department, particularly with regard to monitoring indicators for sustainable development.

EXPECTED RESULTS

- Technical capacity of the environmental health department improved.
- Food safety program established and efficiently managed.
- Water quality standards established.

HEALTH SERVICES STRENGTHENING

PURPOSE

To strengthen public health practices .

EXPECTED RESULTS

- MOH capacity strengthened in monitoring, analyzing, and evaluating of the population's health situation.
- MOH capacity strengthened in public health surveillance.
- Human resource development and training in public health strengthened.
- Institutional capacity improved in planning and management.
- MOH capacity improved to ensure the quality of personnel and population-based services.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		72,100	-	72,100
Total 2004-2005		67,800	-	67,800
Percentage of estimated expenditure	Country program support	34%	-	34%
	Intersectoral action and sustainable Development	22%	-	22%
	Health information and technology	22%	-	22%
	Universal access to health	22%	-	22%

UNITED STATES OF AMERICA

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Participation in global and international health.
- > Making United States based resources and expertise available to other countries worldwide and in the Americas.
- > Technical areas, including HIV/AIDS, tuberculosis, and malaria; global health security, with a special focus on bioterrorism; emerging infectious diseases.
- > Health promotion and disease prevention capacity in selected countries.
- > Safe motherhood and improving maternal health, specifically the reduction of maternal mortality, as well as improving adolescent health, including the reduction of risky behaviors in that age group.

PROJECTS

TECHNICAL COOPERATION PROJECT

PURPOSE

To cooperate with federal, state, and local authorities and the private sector to address global, regional, and national health issues that impact and are of concern to the U.S. population.

To collaborate with federal, state, and local governments, universities, and other actors to address major health issues on the U.S.-Mexico border, in coordination with the El Paso Field Office.

EXPECTED RESULTS

- Projects and activities developed in priority areas, including HIV/AIDS, other emerging diseases, health promotion and disease prevention, global health security, tobacco control, and adolescent and maternal health.
- Support provided to projects along the U.S.- Mexico border to address priority issues within the strategic approach of the El Paso Field Office.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		375,600	-	375,600
Total 2004-2005		353,100	-	353,100
Percentage of estimated expenditure	Universal access to health services	100%	-	100%

URUGUAY

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Strengthening the regulatory role of the Ministry of Public Health to improve public health monitoring (epidemiological, drug surveillance, etc.).
- > Definition and execution of health policies aimed at diminishing inequality and inequity.
- > Improvement of the quality of health care.
- > Establishment of public health policies targeting disadvantaged population groups.
- > Strengthening the decentralization and deconcentration of the health services furnished by the Ministry of Public Health (Management of State Health Services - ASSE).
- > Reduction of infant mortality; maintaining immunization coverage.
- > Development of methodologies and health promotion models for programs and interventions; improvement of public information systems (mass communication).
- > Introduction of national activities to improve the environment and reduce environmental risks to the population's health.
- > Prevention of emerging and reemerging diseases.

PROJECTS

SUPPORT FOR PROGRAM MANAGEMENT AND COORDINATION

PURPOSE

To improve the technical capacity of the Ministry of Public Health in the development of the programs carried out, taking national public health priorities into account.

EXPECTED RESULTS

- Representative Office with the managerial ability to meet the cooperation demands of the health sector, through a participatory management style.
- Representative Office has strengthened the development of intersectoral health coordination.
- The managerial capacity of the PWR permits adequate use of technical, administrative, and financial resources.
- Joint activities established with the *Congreso de Intendentes*, the municipal governments, and the regional health bureaus of the Ministry of Public Health.
- Participation by the Representative Office in interinstitutional coordination activities, strengthening international cooperation in health.

HEALTH PROMOTION

PURPOSE

To strengthen multisectoral strategies conducive to the achievement of healthy living spaces, lifestyles, and living conditions, and of public health services oriented to disease prevention and health promotion.

EXPECTED RESULTS

- Healthy public policies endorsed and adopted at the national and local levels.
- Health literacy and priority aspects improved in priority population groups.
- Multisectoral strategies aimed at improving public health levels promoted and adopted.
- Social participation strengthened in projects and programs of the health sector.

DISEASE PREVENTION AND CONTROL

PURPOSE

To control and reduce the risk and determinants of priority communicable and noncommunicable diseases through technical cooperation with the national prevention and care programs.

EXPECTED RESULTS

- Inclusion of promotional strategies and a population-based approach when controlling the main common risk factors for noncommunicable diseases in health services.
- National Immunization Plan and control of prevalent childhood illnesses strengthened.
- Prevention, surveillance, and control of prevalent and emerging communicable diseases strengthened.
- Veterinary public health strengthened in the surveillance and control of zoonoses and food safety.
- Regional technical assistance provided for the prevention, surveillance, and control of Chagas' disease.

HEALTH AND ENVIRONMENT

PURPOSE

To address environmental conditions that generate or facilitate changes in the population's health through strategic coordination of the institutions and sectors involved.

EXPECTED RESULTS

- Intersectoral and interinstitutional capacity to carry out sanitation projects and activities strengthened.
- Improved national capacity to act through different sectors and institutions to improve environmental quality.

ESSENTIAL PUBLIC HEALTH FUNCTIONS

PURPOSE

To strengthen the performance of the EPHF, especially those corresponding to the Ministry of Public Health.

EXPECTED RESULTS

- Scientific and technical information disseminated: information infrastructure necessary for PAHO cooperation to the country created, through the supply of relevant, up-to-date information in the priority areas of the sector through databases on the Internet, CD, and/or servicing users of the sector.
- Scientific output of PAHO disseminated through promotion at the national and/or regional levels.
- Quality of the country's health situation diagnosis and use for adequate monitoring and analysis of the situation improved, with emphasis on the detection of inequalities in risks, threats, and access to health services.
- Human resources in health upgraded to provide services that will meet the health needs of Uruguay's population.
- Improved quality and coverage of personal and population-based health services; primary health care strategies strengthened.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		1,873,200	30,000	1,903,200
Total 2004-2005		1,540,700	-	1,540,700
Percentage of estimated expenditure	Country program support	51%	-	51%
	Intersectoral action and sustainable Development	26%	-	26%
	Health information and technology	9%	-	9%
	Universal access to health	5%	-	5%
	Disease control and risk management	9%	-	9%

VENEZUELA

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > To improve the health and quality of life of the Venezuelan population.
- > To provide technical cooperation to Venezuela, Aruba, and the Netherlands Antilles that effectively and efficiently responds to national priorities.
- > To promote health and human development to improve the health and quality of life of the Venezuelan population.
- > To develop the public health system and services to improve the health and quality of life of the Venezuelan population.
- > To develop health promotion and comprehensive care to improve the health and quality of life of the Venezuelan population.
- > To prevent and control priority communicable and noncommunicable diseases to improve the health and quality of life of the Venezuelan population.
- > To protect and develop the environment to improve the health and quality of life of the Venezuelan population.
- > To support technical cooperation for Venezuela, Aruba, and the Netherlands Antilles, so that it effectively and efficiently responds to national priorities.

PROJECTS

MANAGEMENT AND SUPPORT FOR THE NATIONAL DEVELOPMENT OF VENEZUELA, ARUBA, AND THE NETHERLANDS ANTILLES

PURPOSE

To make the technical cooperation provided to Venezuela, Aruba and the Netherlands Antilles respond effectively and efficiently to national priorities.

EXPECTED RESULTS

- Support for the development of public health in Venezuela, Aruba, and the Netherlands Antilles strengthened.
- Management and coordination of the program for Venezuela, Aruba, and the Netherlands Antilles strengthened.

HEALTH IN HUMAN DEVELOPMENT

PURPOSE

To consolidate the integration of health into social development through an equity, gender, ethnic, and life cycle approach, within the political and legal framework.

EXPECTED RESULTS

- Regulations and legal instruments formulated that permit the application of the Organic Health Act and the policies, strategies, and plans that constitute the support required by the Ministry of Health and Social Development to exercise its leadership of the National Health System.
- Institutional, public, and private capacity strengthened for exercising the public health monitoring function as support for health management.
- Capacity of the National Institute of Women (INAMUJER) strengthened to incorporate the gender and equal-opportunity approach into the policies, plans, programs, and strategies of the ministries of the Social Cabinet.

DEVELOPMENT OF THE HEALTH SYSTEM AND SERVICES

PURPOSE

To consolidate the transformation of the sector, the steering role of the Ministry of Health and Social Development, and the development of a National Health System.

EXPECTED RESULTS

- Technical capacity for implementing systems to promote programs and social networks integrated by territory strengthened in all the states of the country (Amazonas, Bolívar, Cojedes, Delta Amacuro, Zulia, Sucre, Guarico, Barinas, Apure, Táchira, Lara, and Yaracuy).
- State capacity strengthened at the national and state levels for the implementation of policies, exercise of the steering role in the development of human resources for health, and public health research within the Ministry of Health and Social Development.
- Consolidation of a National Pharmaceutical System capable of guaranteeing equitable access to high-quality, safe and effective drugs, which are administered according to basic criteria that ensure their more rational use.
- Consolidation of the Ministry of Health's Department of Information, Education and Communication to contribute to the improvement of access and the efficient use of scientific and technical information in the health sciences.

PROMOTION OF QUALITY OF LIFE AND OF HEALTH

PURPOSE

To develop and apply comprehensive care, encouraging health promotion and social development activities in priority groups, with a broad social participation.

EXPECTED RESULTS

- Capacity to develop integrated public policies and food and nutritional surveillance systems for the population strengthened, with an emphasis on priority groups.
- Capacity to formulate regulations, plans of action, and programs for adolescents and their sexual and reproductive health strengthened at the national level and in priority states to reduce maternal mortality and teenage pregnancies.
- Capacity to control and monitor the growth and development of children under 5 strengthened at the grassroots level through Community Health Facilities.
- Strengthened legal framework for executing national public policies for the prevention and control of smoking.
- Strengthened system for quality assurance and the surveillance of fluorine in food subject to compulsory fortification.
- Strengthened technical capacity of the Ministry of Health and Social Development at the national and state levels for carrying out activities related to mental health and human behavior, within the framework of comprehensive care.
- Greater capacity to provide comprehensive care for older adults, the indigenous population, and people with disabilities, with emphases on health promotion and community participation.
- Greater technical capacity to develop campaign proposals for mass communication and intersectoral approaches and to create local social networks, seeking community organization and participation in health management and promotion.

DISEASE PREVENTION AND CONTROL

PURPOSE

To implement policies and strategies for comprehensive care with protection, promotion, prevention, control and rehabilitation activities for priority communicable and noncommunicable diseases, including zoonoses, FBDs, emerging and reemerging diseases, and violence.

EXPECTED RESULTS

- Strategies developed for health promotion, the protection, prevention, and control of communicable diseases, and rehabilitation.
- Surveillance systems strengthened, with a special focus on laboratory diagnoses and services for emerging and reemerging diseases, as well as prevention.
- Human and animal health services infrastructure strengthened.
- Capacity strengthened for the design and execution of operations research for communicable and noncommunicable diseases.

ENVIRONMENTAL PROTECTION AND DEVELOPMENT

PURPOSE

To develop the technical capacity of the health and environmental sector to evaluate and monitor environmental determinants, and to develop campaigns for environmental protection, risk prevention, and response to emergencies and disasters.

EXPECTED RESULTS

- Proposals formulated for policies/laws/regulations/standards in the field of environmental health and protection and emergencies and disasters.
- Institutions in the field of environmental health, emergencies, and disasters strengthened.
- Technical cooperation negotiated between the Ministries of Health and Social Development, Environment, Infrastructure, Science and Technology, Defense, Home Office, and Justice.

IMPLEMENTATION OF COOPERATION IN HEALTH AND SOCIAL DEVELOPMENT

PURPOSE

To strengthen the institutional capacity of the Ministry of Health and Social Development for the coordination, mediation, and effective and systematic utilization of technical and financial cooperation that the country receives and offers, nationally and internationally.

EXPECTED RESULTS

- Greater capacity in the Bureau of Technical Cooperation and International Relations of the Ministry of Health and Social Development for coordinating technical cooperation in public health and social development with other national and international actors.
- Greater capacity of the Bureau of Technical Cooperation and International Relations for mediation and monitoring of the various technical cooperation activities carried out at the Ministry of Health and Social Development.
- Capacity for the preparation and implementation of projects for technical cooperation among countries strengthened.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		4,715,300	384,500	5,099,800
Total 2004-2005		4,150,700	-	4,150,700
Percentage of estimated expenditure	Country program support	41%	-	41%
	Intersectoral action and sustainable Development	8%	-	8%
	Health information and technology	11%	-	11%
	Universal access to health	19%	-	19%
	Disease control and risk management	16%	-	16%
	Family and community health	5%	-	5%

FIELD OFFICE: UNITED STATES/MEXICO BORDER

National Priorities in Health

Serve as a conduit for information dissemination for the U.S. / Mexico Border on health (including health core data, environmental health, health profiles), networks and activities.

Promote international and interinstitutional alliances for border health including coordination, joint planning, and implementation of program/projects in that context.

Provide the Secretariat function for the U.S./Mexico Border Health Association (USMBHA) and its subcomponents. This would include strengthening the efforts of the USMBHA's Binational Health Councils.

Facilitate ongoing invitations for development of priorities for border health including sustainability of policies on health and environment.

Projects

1. Information and Communicating for Health

Expected Results

- By late 2003, the information needed to follow up on border health and environment situations requiring binational intervention in the localities and border states will be available for the United States, Mexico, and especially the 10 border states and sister communities;
 - The epidemiological report on health and environmental health and on the institutional resources of the Mexico-United States border region will have been managed on a timely basis;
 - A documentation center will be operational, providing technical documents, historical and institutional reviews of the Office, and a module for the sale of PAHO/WHO publications;
 - Systematic models for mass communication will have been generated for the distribution of scientific and epidemiological information to the population in general;
 - Initiatives for the epidemiological surveillance of infectious and noninfectious diseases will have been supported.
-

2. Health Alliances for the Sister Cities

Purpose

For the biennium 2002-2003, political participation will increase and local institutional technical capabilities will be strengthened in terms of the detection and management of health problems and hazards along the border, as a function of geographical areas and specific issues.

Expected Results

- A healthy sister city network will have been implemented, and will be running specific projects on health protection and the environment;
- Proposals will have been developed for the improvement of deficiencies, and for strengthening the environmental and public health capacities of the border communities.

3. Purpose of Executive Secretariat of USMBHA**Purpose**

Autonomy and strengthening of the U.S.-Mexican Border Health Association (USMBHA) will have been achieved.

Expected Results

- USMBHA will have alternatives in order to achieve institutional autonomy;
- The administrative and technical integrity of USMBHA will remain, until it is in a position to assume [autonomy].

4. Political Sustainability for the Border Health Initiative**Purpose**

Binational coordination/cooperation in border health will remain coordinated and functioning, with defined priorities, to include the harmonization and coherence of laws and regulations on aspects concerning health and the environment in the Mexico-United States Border Region.

Expected Results

- A binational political forum will have been supported, and will have defined cross-border cooperation priorities in health and allocated resources for addressing issues that require a binational approach;
- Local levels will have been incorporated in the implementation and adoption of binational agreements to move bilateral projects into the operational phase.

FIELD OFFICE: UNITED STATES/MEXICO BORDER PROPOSED BUDGET ALLOCATION				
Appropriation Level	Regular Budget		Other Sources	
	2000-2001	2002-2003	2000-2001	2002-2003
Health in Human Development	134.8	121.3	-	-
Health Promotion and Protection	-	-	1.4	-
Environmental Protection and Development	-	-	234.5	-
Disease Prevention and Control	-	-	636.0	-
Governing Bodies and Coordination	1,084.6	1,360.9	-	-
Total	1,219.4	1,482.2	871.9	-

Annex 1

REGULAR BUDGET HISTORY FOR THE REGION OF THE AMERICAS								
	PAHO REGULAR			WHO REGULAR			TOTAL PAHO AND WHO REGULAR	
Budget Period	Amount	% of Total	% Increase	Amount	% of Total	% Increase	Amount	% Increase
1970-71	30,072,422	68.2		14,053,685	31.8		44,126,107	
1972-73	37,405,395	68.6	24.4	17,150,800	31.4	22.0	54,556,195	23.6
1974-75	45,175,329	68.8	20.8	20,495,900	31.2	19.5	65,671,229	20.4
1976-77	55,549,020	69.3	23.0	24,570,200	30.7	19.9	80,119,220	22.0
1978-79	64,849,990	67.8	16.7	30,771,500	32.2	25.2	95,621,490	19.3
1980-81	76,576,000	67.1	18.1	37,566,200	32.9	22.1	114,142,200	19.4
1982-83	90,320,000	67.2	17.9	44,012,000	32.8	17.2	134,332,000	17.7
1984-85	103,959,000	67.2	15.1	50,834,000	32.8	5.5	154,793,000	15.2
1986-87	112,484,000	66.0	8.2	57,856,000	34.0	13.8	170,340,000	10.0
1988-89	121,172,000	66.8	7.7	60,161,000	33.2	4.0	181,333,000	6.5
1990-91	130,023,000	66.7	7.3	65,027,000	33.3	8.1	195,050,000	7.6
1992-93	152,576,000	68.1	17.3	71,491,000	31.9	9.9	224,067,000	14.9
1994-95	164,466,000	67.3	7.8	79,794,000	32.7	11.6	244,260,000	9.0
1996-97	168,578,000	67.9	2.5	79,794,000	32.1	0.0	248,372,000	1.7
1998-99	168,578,000	67.1	0.0	82,686,000	32.9	3.6	251,264,000	1.2
2000-01	177,136,000	69.1	5.1	79,109,000	30.9	-4.3	256,245,000	2.0
2002-03*	186,800,000	71.4	5.5	74,682,000	28.6	-5.6	261,482,000	2.0

* PROPOSED.

Annex 2

TOTAL BUDGET BY SOURCE OF FUNDS

(in US\$ thousands)

	2000-2001	2002-2003
REGULAR BUDGET:	256,245.0	261,482.0
PR PAHO REGULAR BUDGET	177,136.0	186,800.0
WR WHO REGULAR BUDGET	79,109.0	74,682.0
OTHER SOURCES (EXTRABUDGETARY FUNDS):	161,934.3	55,591.8
PAN AMERICAN HEALTH ORGANIZATION	152,378.2	52,160.9
HC CFNI Membership and Miscellaneous Funds	648.0	650.0
PB Building Fund	14,760.1	500.0
PD Natural Disaster Relief Voluntary Fund	4,707.3	1,522.0
PG Grants and Contractual Agreements	106,966.3	30,967.2
PI Income from Services	9,054.1	3,470.0
PK Special Fund for Health Promotion	450.0	2,100.0
PV Special Fund for Measles	12.2	-
PW Special Fund for Capital Equipment	1,408.7	-
PX Program Support Costs	14,371.5	12,951.7
WORLD HEALTH ORGANIZATION	9,556.1	3,430.9
AS Special Account for Servicing Costs	1,331.4	630.0
DD UN System Support for Policy and Program	8.3	-
DP United Nations Development Program	49.4	-
DS UNDP Support for Technical Services	21.0	-
FB Associate Professional Officers	919.7	-
FP United Nations Population Fund	448.4	-
ST Sasakawa Health Fund	484.9	-
XA VFHP: Communicable Diseases	1,351.9	813.6
XC VFHP: Family and Community Health	1,407.7	1,750.0
XD VFHP:Sustainable Development and Healthy Environment	571.3	-
XE VFHP:Social Change and Mental Health	43.8	-
XF VFHP:Health Technology and Pharmaceuticals	2,545.4	237.3
XG VFHP:Evidence and Informacion for Policy	145.2	-
XV VFHP:Regional Office for The Americas	227.7	-
TOTAL BUDGET	418,179.3	317,073.8

Annex 3

BUDGET SUMMARY BY APPROPRIATION SECTION AND ORGANIZATIONAL LEVEL

(in US\$ thousands)

Appropriation Section / Organizational Level	Regular Budget		Other Sources	
	2000-2001	2002-2003	2000-2001	2002-2003
I. Health in Human Development	38,490.9	41,356.9	14,082.3	5,949.3
Country Programs	9,682.0	10,567.5	1,499.8	226.0
Intercountry Programs	28,808.9	30,789.4	12,582.5	5,723.3
II. Health Promotion and Protection	24,393.4	24,400.4	10,150.6	3,356.6
Country Programs	9,370.5	9,299.8	5,322.0	90.4
Intercountry Programs	15,022.9	15,100.6	4,828.6	3,266.2
III. Environmental Protection and Development	20,797.6	21,270.2	13,623.8	2,740.0
Country Programs	10,719.5	10,722.6	7,086.3	-
Intercountry Programs	10,078.1	10,547.6	6,537.5	2,740.0
IV. Health Systems and Services Development	42,218.1	42,313.0	48,819.2	19,487.1
Country Programs	25,079.3	24,375.9	35,690.7	10,424.4
Intercountry Programs	17,138.8	17,937.1	13,128.5	9,062.7
V. Disease Prevention and Control	42,165.2	41,729.9	50,081.0	14,475.2
Country Programs	14,119.7	12,933.1	20,369.2	3,289.3
Intercountry Programs	28,045.5	28,796.8	29,711.8	11,185.9
VI. Governing Bodies and Coordination	48,551.0	48,761.4	2,986.4	1,216.7
Country Programs	37,492.1	37,208.1	1,888.5	626.0
Intercountry Programs	6,272.0	6,536.2	891.0	505.7
Headquarters	4,786.9	5,017.1	206.9	85.0
VII. General Direction	12,505.6	13,002.0	1,317.5	1,284.9
Intercountry Programs	6,298.2	6,759.2	638.8	588.9
Headquarters	6,207.4	6,242.8	678.7	696.0
VIII. Administrative Services	27,123.2	28,648.2	20,873.5	7,082.0
Headquarters	27,123.2	28,648.2	20,873.5	7,082.0
Total	256,245.0	261,482.0	161,934.3	55,591.80