

directing council



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BASIC PLAN ON PRIORITY HEALTH NEEDS OF CENTRAL AMERICA AND PANAMA

The Secretariat intends to present a detailed statement of the status of a Central American health development initiative to the Directing Council. The underlying theme of the initiative is that health can serve as a bridge for peace as the countries of Central America join together to identify common health problems and to work on their joint solution. Annexed is an executive summary of the overall project as of June 1984. The executive summary contains copies of the resolutions endorsing the project "Priority Health Needs in Central America and Panama" approved on 30 April 1984 by the "Contadora" Foreign Ministers along with the Foreign Ministers of the Central American countries. Also included are the resolutions of approval by the Ministers of Health of Central America and Panama as well as the resolution of approval by the World Health Assembly adopted on May 15, 1984. Since the meeting of the PAHO Executive Committee in June 1984, various Member Governments participated in an International Health Conference at Medellin, Colombia on 13 July 1984 at which Contadora countries along with other Member Governments offered support to the further development and realization of the Central American initiative.

At the Meeting of Ministers of Health of Central America and Panama on 20 August 1984, each country will present its profiles of proposed projects in the seven priority areas of the initiative along with a series of subregional projects in each of these areas. The priority areas are strengthening health services, improvement of food and nutrition, human resources development, immediate actions to promote infant survival, and water and sanitation. This 5-year health development initiative also will concentrate on high risk groups, including displaced persons and refugees, children under five years of age and mothers, and marginal populations. The Organization has been requested by the countries themselves, the Contadora Foreign Ministers, and the World Health Assembly to pursue the mobilization of the external resources needed to finance the projects. Efforts to fulfill this responsibility are underway.

Annex

PRIORITY HEALTH NEEDS IN CENTRAL AMERICA AND PANAMA

EXECUTIVE SUMMARY

Health

*Building a bridge for peace,
solidarity and understanding
among the peoples of Central
America and Panama*

June 1984

EXECUTIVE SUMMARY

- Priority health needs
in Central America and Panama
- Declaration by the Health Ministers
of Central America and Panama
- Resolution of Ministers of Foreign Affairs
of the Contadora Group and of the countries
of Central America
- Resolution of the Thirty-seventh
World Health Assembly

(Original in Spanish)

EXECUTIVE SUMMARY

PRIORITY HEALTH NEEDS IN CENTRAL AMERICA AND PANAMA

1. The Central American and Panamanian situation

Central America faces the most profound social and economic crisis in its history. Notwithstanding, the economic growth experienced in the past thirty years, the unfulfilled expectations generated by that growth and the failure of the political structure to integrate large segments of the population into the national society have led to widespread social unrest. These realities are cited in the Regional Report for Central America, presented to the International Financial Community at the Brussels Meeting in September 1983. Analyzing the internal factors of the crisis, the original Report states that: "even though it is premature to assess the degree of the contraction of internal demand taking place in all sectors of the economy, it can be affirmed that the socio-economic cost of this contraction, at least in the short run, is the weakening of productive activity and the more severe decrease of employment opportunities."

A recent analysis of the world-wide economic situation and its repercussions on the social sectors was made by the Development Planning Committee of the United Nations Economic and Social Council in April 1983. That analysis concludes that evidence of the profound crisis and growing unrest is so overwhelming and their implications for the future so clear that all governments should respond urgently to the new collaborative initiatives. Also the human cost of the present world's economy's condition cannot be calculated by measuring production loss or the reduction in the economic growth rate. According to the Committee, international development, generally, suffered a severe reversal and the burden of this contraction has fallen with greatest force on the weakest groups in society.

The Report of the National Bipartisan Committee for Central America, established by the President of the United States in July 1983, argues that the crisis is part of a greater reality than that observed in a narrow focus on Central America. The entire hemisphere faces both a political and an economic challenge affecting all Latin America; although the challenge is most acute in Central America.

The Heads of State of Colombia, Mexico, Panama and Venezuela, meeting in Cancun, Mexico, in July 1983, analyzed the Central American situation and expressed their "deep concern with the rapid deterioration of the situation, in view of the growing escalation of violence, the progressive increase of tension, the border incidents and the threat of a bellicose conflagration which could become generalized. If the arms race and foreign interventions are added to all this, the result is a dramatic picture affecting the region's political stability where institutions answering the democratic needs for freedom, social justice and economic development cannot grow or consolidate themselves." The Central American conflicts present a dilemma to the international community: support and emphatically strengthen political understanding by contributing constructive solutions or passively accept the accentuation of factors which could lead to more dangerous armed confrontation".

The intensity and duration of the crisis that affects each Central American country lead to the conclusion that social reform is a vital component of any effort to ease tensions or to resolve underlying causes of the crisis. Health as a general social objective, is widely accepted in a world marked by differences and conflicts. Therefore, health should and can serve as a bridge to understanding, cooperation, solidarity, justice, and peace.

The Central American countries are committed to trying to develop health systems to achieve the social goal of "Health for All by the Year 2000". In seeking to satisfy basic health needs with a primary care strategy, the Central American community is taking a leading role in adopting health as a bridge for understanding and peaceful coexistence among peoples. The crisis affecting the region is so great that the social sectors, including health, are having a hard time even maintaining previously achieved levels of progress. General indicators of mortality rates and life expectancy at birth still show progress when contrasted with the distant past. However, the present income levels of the poor are too low to avoid hunger. Mortality due to infectious diseases and malnutrition is increasing. Resources for providing health services and care have decreased, and many countries now face the recurrence of malaria. Despite these dangers, countries have been forced to reduce health funds, and they lack sufficient foreign currency to cover the costs of essential medication and other critical materials.

2. General Characteristics of Central America and Panama

In 1983, the total population of Central America and Panama was 24,431,100 inhabitants living on 497,358 square kilometers. Analysis of the figures indicate a large percentage of young people and a high growth rate. Approximately half the population lives in widely scattered rural communities of fewer than 2,000 inhabitants. Nevertheless, expanding migration to urban areas has added to the numbers of people who live on the margins of the national society. Exemplifying this tragedy, in three Central American countries, close to 50 percent of the population is illiterate.

The birth rate is high, more than 30 per 1000 inhabitants. Life expectancy is beyond 70 years in Costa Rica and Panama but barely 60 years in the other countries in the region.

Infant mortality is low in Costa Rica and Panama, while in other countries it is more than 80 per 1000 live births. On average, more than 10 percent of all infants born in Central America are born underweight (less than 2,500 grams). Malnutrition affects about 2 of every three children in the under five population, the rate varying between 38.6 percent in Costa Rica and 80 percent in Honduras. The main causes of morbidity and mortality in the under five population are diarrheal diseases and acute respiratory infections. Even these health indicators are limited by the continuing difficulty in maintaining adequate vital statistics.

Current data show that of approximately 850,000 children born annually, more than 100,000 will be underweight at birth. And 100,000 will have died before their fifth birthday. Almost two thirds of those who survive will suffer to some degree from malnutrition, and, as a result, about ten percent will endure physical or mental development problems.

The Central American countries include only 3.5 percent of the population of the Americas; yet, there were 237,104 recorded cases of malaria in 1982, 33.4 percent of the total number of cases on the continent.

Inadequate levels of immunization and of water and sanitation services still persist in most of the countries. The average annual range of medical attention is 0.4 to 2.6 visits per person. The over-all average annual rate in the region is one medical attention per inhabitant. That rate is quite low since the definition of "attention" is much broader than only professional visits.

About 40 percent of the population (close to 10 million people) do not have permanent access to health services. The access limitation not only refers to quantitative obstacles, such as lack of funds, but also to the uneven quality of health care technology and to administrative deficiencies in the capacity of the health ministries and the social security institutions in five of the six countries to achieve a better distribution of existing resources, in light of the needs of human priority groups. To further complicate the problem, it is estimated that more than a half million people have been displaced by the region's conflicts and crises. This situation makes the urgent development of innovative measures necessary. In almost all the countries, information available on human health resources is not complete, largely due to an absence of health manpower planning. It is estimated that there are deficiencies in certain categories of health personnel and inadequate training facilities to carry out the changes proposed in the service delivery system in order to achieve the goal of "Health for All by the Year 2000". The need to improve the utilization of trained personnel and to promote the use of appropriate educational techniques in the new training programs must be included among the region's serious problems.

Precarious health and welfare conditions prevalent in most Central American countries are accompanied by low expenditure levels on health. Three countries spend less than U.S. \$40.00 per capita/year. This makes expanding health service coverage and maintaining biomedical equipment and installations difficult.

3. Priority areas in the health sector

Current problems and the possibility of a prolonged crisis in Central America oblige us to concentrate on priority areas where international cooperation can produce immediate results. Short-term activities should be designed to increase coverage, targetting the most vulnerable populations with the highest exposure to risk.

Central American health systems are at different development levels and the countries vary in their patterns of morbidity and mortality. The highest priority areas were selected not only because they show an urgent need for action but also because they contribute to Central American integration. These priority actions would save and/or generate foreign currency, satisfy needs and reflect national realities. They would complement the country's overall development process, guaranteeing levels of health and well-being

sufficient to permit all citizens an opportunity to participate productively in the society. The general framework for this undertaking is one of satisfying basic needs and promoting social justice.

Given the objective of promoting Central American integration, common health needs among the Isthmus countries will be the basic component of the criteria to identify cooperation priorities. This component includes inter-country activities to facilitate understanding and cooperation. The people who benefit from a proposed project will be another important element of the criteria in determining priorities. Children, economically marginal groups and displaced persons will be awarded the highest priority in the organization and development of projects.

Keeping these criteria in mind, the following are some health sector activities to be emphasized:

- a) Strengthen health services by an accelerated increase of the coordination, definition of functions and operative capacity of the ministries of health and the social security institutions so that currently available resources of those institutions are used more efficiently. Complement this in the near term by widening and strengthening the entire service network to overcome the major restrictions to coverage, thereby increasing the possibility of access to adequate service under equitable and effective conditions. Community participation should be pursued to solve the main health problems and intra- and inter-sectoral coordination should be strengthened to unify the global development process.
- b) Develop the right quantity and quality health personnel to carry out the national and sub-regional health strategies, especially for the priority groups already mentioned. National programs selected by countries will be supported; but emphasis will be placed on sub-regional and inter-country programs. The existing institutions and resources in the sub-region will be strengthened and continuous improvement of the health labor force will be sought.
- c) Increase the availability of quality essential drugs at accessible prices for supporting the extension of health care to all sectors of the sub-region's population. Special emphasis should

be placed on the following: creating joint programs of the health ministries and social security institutions and establishing basic drugs policies; stressing diagnosis of therapeutic needs and appropriate medication; improving all aspects of the supply system; i.e., shared purchase, storage and distribution; supporting local production when advisable and feasible; promoting quality control; using appropriate medication at all levels. Emphasis will be placed on organizing joint purchase mechanisms as well as a revolving fund for buying medication and other critical materials.

- d) Develop food and nutrition programs focused on solving short- and medium-term problems. In the short-term, intra- and inter-country cooperation is urgent to correct existing nutritional deficiencies and satisfy high risk populations' nutrition needs. These groups include the displaced, marginal urban and rural populations, with special emphasis on mothers and children. Activities with a medium-term impact should also be initiated for these groups to improve their food and nutrition on a broader and more permanent basis by both improving the quality of basic foods and by increasing their availability. Consumption of high quality foods should be increased, the biological utilization of the food consumed should be improved, and appropriate food technologies should be strengthened.
- e) Reinforce malaria and dengue fever prevention and control programs which are particularly vital in areas affected by severe epidemiological conditions such as those of the Central American Isthmus. A plan of action to control these diseases should be coordinated with other health program activities. General services should be used to their maximum capacity to support primary health care strategies with community support and participation. Intense emergency measures should be applied in the most affected areas, organizing coordinated personal protection and control activities and putting the most efficient vector control measures into operation.
- f) Development of a maternal and child health program, designed to solve those urgent problems which will guarantee the survival of children in the Central American Isthmus.

4. Action Strategies

Developing the previously mentioned priority areas requires a smooth integration of the basic health sector operative elements. On the one hand, organized action should relate directly to the levels of care within the health systems, building from the community, its basic institutions to the health workers throughout the entire service system. Special attention should be placed on the participation of social security institutions whose full incorporation in this process, as agreed in the joint meeting of Ministers of Health and Directors of Social Security Institutions on April 30, 1984, will permit the rapid restructuring of actions to guarantee more adequate care at all levels. On the other hand, developing priority areas will be useful in supporting existing programs and in extending coverage. The actions will reflect priority groups' immediate needs, emphasizing activities which can be strengthened or implemented quickly. Some examples of low-cost/high-impact measures are: immunization, oral rehydration, acute respiratory infection control, and breast feeding. The following basic aspects should be taken into account in developing strategies for priority areas:

- a) Joint actions by the ministries of health and the social security institutions in order to achieve greater rationality in the application of resources for short-term improvements in the existing services' operational capacity.
- b) Improvement and a shared extension of the health service infrastructure to guarantee continuing effects on health conditions and on the environment.
- c) Increased coordination with other economic and social sectors within the countries and within the sub-region.
- d) Developing the capability to manage national and inter-country projects considered to have maximum social impact and a potential for external financing.
- e) Application of risk factors in health services delivery.

Joint research needs among countries are included in all priority areas to allow for greater information about the problems, their causes and the most appropriate regional solutions and technologies. Improving the quality of health information also is needed to facilitate the national decision-making process.

Joint country decisions, agreements, and actions are the essence of the Plan. They must organize a coherent utilization of their institutions to overcome the problems of the Central American Isthmus which cross geographical and other borders.

5. Immediate actions for infant survival

Infant mortality throughout Central America remains at extremely high levels.

Most of these deaths and chronic malnutrition take place in those parts of Central America where health services are inadequate or nonexistent. Most of these deaths will be caused by diarrhea and infectious diseases whose dangers are magnified significantly by high degrees of malnutrition.

This situation requires an immediate, massive response and an intense effort with the following strategies is required:

- a) Concentration on activities which can be implemented quickly.
- b) Concentration on infant survival.
- c) Emphasis on low cost and high-impact measures.
- d) Focus on primary health care with special emphasis on maternal health care.
- e) High level political and private support.
- f) Multi-sectoral and multi-agency focus.
- g) Self-sufficient primary health care systems.
- h) Risk focus in maternal and child health programs.

The proposed action plan based on this strategy will concentrate on six main areas:

- a) Monitoring child development and growth.
- b) Oral rehydration therapy.
- c) Breast feeding.
- d) Immunization.
- e) Prevention and monitoring of high-risk pregnancies and family planning.
- f) Prevention and control of acute respiratory infections.

Concentrating on these six areas, infant mortality can be reduced by the end of this decade to fewer than 50 per 1000 in those countries where the present rate is higher, and maintained or improved in countries where it is already lower than 50 per 1000. Mortality among 1 to 4 year old children also can be reduced by 50 percent.

Achieving this goal implies: establishing growth monitoring systems which will serve more than half of the population from birth to one year, with check-ups at least four times a year; extending complete immunization programs for children to cover at least 75 percent of the population; eradicating diarrhea and acute respiratory infections as the main causes of infant mortality; reducing the number of infants born underweight by 50%; maintaining the present breast feeding levels among the rural population and increasing them in urban areas.

Two basic conditions must be met for this plan to achieve its proposed goals. First, the plan must have equal access to all those populations affected by the violence of the past few years. And, second, governments must agree to re-organize institutions and re-order budget priorities, for a period of five years, in order to support the primary health care system on which this type of program is based.

6. The International Community's Responsibility

An immediate response to some of the most urgent health needs is the most objective way for the international community to demonstrate its real interest in peace and in improving the living conditions of the people of Central America. Mothers, children, young people and senior citizens, displaced from their homes, suffer the consequences of conflict and adverse living conditions and are denied the opportunity to use their energies and abilities for work, health and peace.

The financial crisis which affects the Central American countries has been described in terms of a decrease in production, a deterioration of income, growing unemployment and a growing external debt. The deterioration of the population's standard of living must be added since it can be defined as a profound social debt expressed in terms of disease and death which available health technology in the region could prevent or reduce.

Health needs are of such magnitude and urgency that they require the mobilization of resources in a more intense and coherent fashion even than those called into action during natural disaster emergencies. The present situation is more complex and intense than that of a natural disaster, such as, a hurricane or an earthquake, which also affect Central America. These natural disasters end at a given moment and allow for reconstruction. The present situation is defined by factors which have existed for decades, making the development of fair and equitable solutions difficult.

The initiative taken at the Cancun Meeting and the effort made by the Contadora Group are recognized on a worldwide basis and should be followed by concrete cooperation in priority areas. The willingness of countries, especially the most developed ones, to support these initiatives, is the most important factor to direct resources and minds towards peace in the Central American Region.

The challenge offered to developed countries and to the international community is to demonstrate, in an urgent but organized fashion, that it is possible to build and not to destroy, and that the efforts of the people of Central America to achieve social justice and development in an environment of peace, can be rescued and supported.

The requests presented to the international community require urgent attention, not only to avoid greater human suffering but to restore Central American unity and to preserve peaceful coexistence among nations.

7. Estimated funds for developing the Plan

Research done by the countries of the Central American Isthmus (January-February 1984) indicates that developing the priority areas mentioned in paragraph 3 requires resources estimated at 1,310 million dollars of which U.S. 679,685,100 (51.8 percent) must be generated from external sources. The immediate action strategy activities directed at the infant population require an additional 66 million dollars, including national contributions.

Additional sanitation and environmental protection needs have been determined after an analysis of on-going programs in Central America and Panama. They constitute an important additional area which will be considered along with the other priority areas.

The following table illustrates the needs for external resources by priority areas over a five year period:

PRIORITY HEALTH NEEDS IN CENTRAL AMERICA AND PANAMA

(Resources necessary over a five-year period in \$US. dollars)

PRIORITY AREA	INVESTMENT	TECHNICAL COOPERATION	TOTAL
. Strengthening of health services	385,546,150	30,619,450	416,165,600
. Human resources for health	19,146,600	33,550,100	52,696,700
. Essential drugs	57,122,300	18,472,400	75,594,700
. Food and nutrition improvement	46,378,050	40,848,850	87,226,900
. Tropical diseases	36,829,200	11,172,000	48,001,200
. TOTAL	545,022,300	134,662,800	679,685,100

Immediate Action Program for Infant Survival 66,000,000

DECLARATION ON PRIORITY HEALTH NEEDS MADE BY THE
MINISTERS OF HEALTH FROM CENTRAL AMERICA AND PANAMA

The Ministers of Health of Guatemala, Honduras, El Salvador, Nicaragua, Costa Rica and Panama, meeting in San Jose Costa Rica, on March 16, 1984, after thoroughly analyzing the draft document, as well as the health situation within the context of the overall situation in the Central American Isthmus, state that:

CONSIDERING

1. That the political, social and economic situation of the sub-region has suffered a progressive deterioration in the past several years, significantly affecting the well-being and health standards of our peoples;
2. That the progressive deterioration implies avoidable diseases, disability, mortality and human suffering expressed by the following indicators, among others:
 - a) Close to 100 thousand annual deaths of the under five population;
 - b) Two out of every three children suffer from some degree of malnutrition;
 - c) The sub-region, with only 3.5% of the total population of the Americas recorded 33% of the region's malaria cases;
 - d) Approximately 10 million Central Americans, 40% of the total population, do not have access to basic health services;
3. That this situation also contributes to the political instability of the sub-region and severely affects the possibilities for social and economic recuperation and progress.
4. That health also is seriously conditioned by high rates of illiteracy, deficient supplies of potable water and sanitation services, unemployment, low and poorly distributed income and inadequate housing.
5. That our governments have agreed at different international forums to achieve the social goal of Health for All by the Year 2000.

6. That this commitment implies extending the coverage of health and welfare services to all the population, seeking the satisfaction of basic needs through a primary care strategy.
7. That health, due to its extraordinarily valued consensus in a world so marked by differences and conflicts, can and should be a bridge as well as a permanent source for solidarity, understanding, cooperation, building justice and contributing towards peace, which are among the many dimensions of health.
8. That PAHO/WHO, an international organization within the United Nations and the Inter-American system, has a long record and the technical capability for coordinating efforts to improve the health situation in the Central American Isthmus, therefore; they declare:

DECLARE

1. Our governments' commitment to confront the health situation of the peoples of Central America.
2. The concern for the negative effect of the regions' political and economic instability on health and welfare.
3. The decision to support the basic commitment to establish peace, democracy, security and cooperation for the countries' economic and social development, an essential condition to raise the level of health of our peoples;
4. The commitment to organize and maintain the integrating and coordinating mechanisms which may allow all the regional institutions' resources to be used to benefit the health and welfare of the Central American family;
5. The interest and determination to, jointly, seek additional resources for financing priority health activities in order to meet the urgent needs of Central America and Panama and to act, jointly and with solidarity, in carrying out programs of common interest, complementing each country's efforts.

6. The need to foster and increase humanitarian help for the most vulnerable population groups; specifically, children, the economically marginal population, and those displaced by present conditions; and
7. The recognition of the Contadora Group's initiatives for peace as well as those initiatives directed towards health, sponsored by the Pan American Health Organization and supported by UNICEF and other cooperation agencies; consequently, they resolve:

RESOLVE:

1. To present, jointly, to the countries of the American Continent and to the International Community in general, the Basic Plan For Priority Health Needs in Central America and Panama, prepared jointly and with the intention of unified execution, as an expression of these commitments and as an instrument for their fulfillment;
2. To express the confidence that support will be received from the Contadora Group countries, other countries on this Continent and other regions, as well as from international and cooperation agencies, that is, from all those concerned with the grave situation in which the sub-region lives, with peace and with the minimum well-being of our peoples;
3. To request the Pan American Health Organization to join this effort and in cooperation with our governments and other agencies, to take those actions necessary to ensure the Plan's viability and to help in its execution, with a special request to this Organization for the following:
 - a) That it support the efforts, together with the Contadora Group, to incorporate the Plan into the Contadora's endeavors to achieve peace in the sub-region;
 - b) That it promote the immediate participation of the United Nations and Inter-American agencies, especially WHO, UNICEF, UNDP, and OAS;

- c) That it promote the necessary contacts and support the negotiations to obtain support from: governments of other American countries, international cooperation agencies as well as governments from countries in other regions and their corresponding organizations;
 - d) That it support, on an immediate basis, our efforts to draw up the respective programs and projects, the implementation of immediate measures and all other activities necessary to execute the Plan, re-orienting its cooperation programs as necessary.
4. To affirm their decision to adopt and promote the necessary measures in each country to mobilize, organize and direct national resources in the most efficient way to execute the proposed programs and achieve the desired objectives.

IN WITNESS WHEREOF, THE UNDERSIGNED,

For health as a bridge and permanent source of mobilization for peace, solidarity and understanding among the peoples of Central America and Panama.

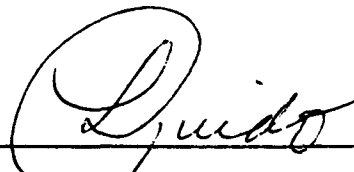
(Ministers signed the original Spanish version)

EN FE DE LO CUAL, SUSCRIBEN:

Por la salud, como puente y fuente permanente de movilización para la paz, la solidaridad y el entendimiento entre los pueblos de Centroamérica y Panamá,



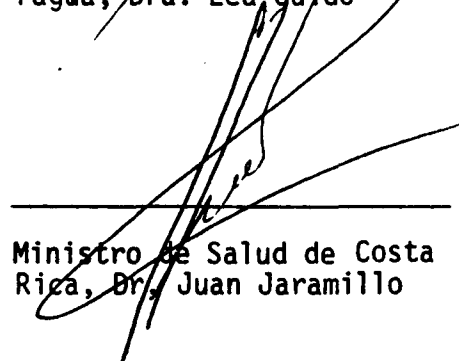
Ministro de Salud de Guatemala
Dr. Ramiro Rivera



Ministro de Salud de Nicaragua,
Dra. Lea Guido



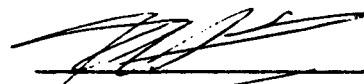
Ministro de Salud de Honduras
Dr. Rubén García



Ministro de Salud de Costa Rica,
Dr. Juan Jaramillo

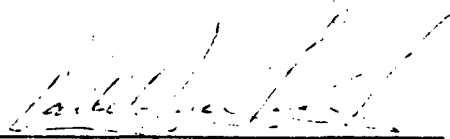


Ministro de Salud de El Salvador
Dr. Napoleón Cárdenas



Ministro de Salud de Panamá
Dr. Alberto Calvo

Testigo de Honor:



Director de la Organización Panamericana de la Salud
Dr. Carlyle Guerra de Macedo

San José, 16 de marzo de 1984

CONTADORA RESOLUTION

The Ministers of Foreign Affairs of the Contadora Group and of the countries of Central America and Panama, having heard the recommendations of the Socioeconomic Commission and listened to the Director of the Pan American Health Organization, who on 30 April 1984, presented the Plan, "Priority Health Needs in Central America and Panama", in the presence of the Ministers of Health and Directors of Social Security of the Central American Isthmus and the Ministers of Health of Colombia, Mexico and Venezuela,

CONSIDERING:

- That the Plan, "Priority Health Needs in Central America and Panama", prepared by the Governments of the respective countries with the support of the Pan American Health Organization, represents a bridge and a source of peace, solidarity and understanding between the peoples of Central America and Panama.
- That said Plan seeks to mobilize resources on behalf of the most vulnerable sectors of the population, particularly children, the rural and urban poor and those displaced by the current situation, striving to satisfy basic needs and to contribute to the well-being of the people.

- That the proposals included in the Plan coincide with the objectives of the Contadora Group, in that they will contribute to the establishment of peace, democracy, social justice, security, stability and cooperation for the economic and social development of the Central American Region.

RESOLVES:

1. To recognize the efforts of the Governments, of the Pan American Health Organization and of UNICEF in the formulation, presentation and development of the Plan "Priority Health Needs in Central America and Panama".
2. To support, without reservation, the Plan "Priority Health Needs in Central America and Panama". submitted jointly by the Ministers of Health and the Directors of Social Security, through the Pan American Health Organization.
3. To recommend that the Governments of Central America and Panama take whatever action may be necessary to enhance their capacity to develop projects, to encourage the integration of health services for the rational utilization of existing resources, and to select appropriate technologies that will reduce costs and increase the sector's efficiency.

4. To request the Pan American Health Organization to support and coordinate with the health authorities of the countries of Central America and Panama, the preparation and execution of specific national and inter-country projects that will improve the health and well-being of the priority groups designated in the Basic Plan.
5. To request that the Pan American Health Organization cooperate in the search for funding sources for the Plan.
6. To request international development agencies, international credit agencies and developed countries to support and contribute to the Plan's funding, as a contribution to social progress and peace in the area.
7. To request other countries to cooperate with the national and sub-regional projects included in the Plan, as a contribution to peace in the area.

(Original in Spanish, signed in the city of Panama, on 30 April 1984.)

BASIC PLAN ON PRIORITY HEALTH NEEDS OF CENTRAL AMERICA AND PANAMA

The Thirty-seventh World Health Assembly,

Informed of the initiative taken by the governments of the countries of Central America and Panama, embodied in the "basic plan on priority health needs" in that subregion, which they have drawn up in concert and are mutually committed to executing;

Considering the special significance of this initiative for social development, for the solution of health problems, and as a link to promote understanding, solidarity and peace among the peoples of Central America and Panama at a particularly difficult juncture in their history;

Noting that this initiative is in keeping with the principles of solidarity and cooperation that guide WHO's activities aimed at the attainment of the goal of "Health for All",

1. CONGRATULATES the governments of the countries of Central America and Panama on this initiative;
2. EXPRESSES its full support for the initiative and the measures for implementing it properly;
3. INVITES WHO Member States to support the initiative effectively and to the fullest extent possible;
4. RECOMMENDS that the Director-General take appropriate action and seek any possible means of supporting the implementation of activities aimed at ensuring the success of the initiative; and
5. REQUESTS the Director-General to submit a report on the matter to the Thirty-ninth World Health Assembly.

Twelfth plenary meeting, 15 May 1984
A37/VR/12