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DEVELOPMENT AND STRENGTHENING OF LOCAL HEALTH SYSTEMS IN THE TRANSFORMATION OF NATIONAL HEALTH SYSTEMS

It has been approximately 10 years since the countries of the Region of the Americas assumed the commitment of attaining health for all by the year 2000, defining as a basic strategy the development of primary care and its principal components.

Despite the important efforts made, it is possible to affirm today the persistence in the Region of situations of inequity and poverty that keep broad sectors of the population from leading a socially and economically productive life.

In the countries of Latin America and the Caribbean area, some 700,000 deaths occur each year that could be prevented through the timely and appropriate application of existing knowledge about public health, prevention, and medical care. Approximately 130 million of the total population of 423 million do not have regular access to health services.

This situation, which is the result of various political, economic, and social factors, was aggravated at the beginning of the present decade as a consequence of the economic crisis facing the countries of the Region, especially the problems related to the external debt and the limitations of their productive systems. Within this context, resources for health care have suffered the effects of the adjustment measures taken and the economic constraints imposed on the social sectors.

Thus there arises the need to revise the tactics adopted to implement the political commitment of attaining health for all by the year 2000 and its basic strategy of primary health care, along with the need to work within the processes of democratization and social justice that are under way in the countries.

The programming priorities defined by the XXII Pan American Sanitary Conference in its Resolution XXI establish the need to transform the national health systems through the development of the health services infrastructure with emphasis on primary health care, on addressing the priority health problems of vulnerable human groups through specific programs implemented under the health services system, and on the process of administration of the knowledge needed to carry out the two preceding activities.

Along this same line, concrete activities have been identified in most of the countries of the Region to accelerate these processes of change vis-à-vis the development and strengthening of the local health system as a means of orienting the transformation of national health systems. Thus the health for all goal and the strategy of primary health care are reinforced through this concrete operational tactic as a crucial approach for implementing all health programs and priorities.

Based on the foregoing, the proposal to develop local health systems does not mean merely a division of the health sector's administrative tasks or a simple redefinition of the responsibility for health resources. Rather, within the context of structural and democratic changes in the countries, local health systems should favor the development of new forms of action to set up health care networks in coordination with effective community representation and participation in order to transform them into structures that are more sensitive to the population's needs.

From the point of view of the health sector, local health systems constitute a set of interrelated health resources that are organized by geographical and population criteria into urban or rural areas, being based on the population's needs as defined in terms of risks. They assume responsibility for providing care to individuals, families, social groups, and the environment, and they have the capacity to coordinate the resources available from within and outside the health sector, to facilitate social participation, and to contribute to the development of the national health system, giving it vitality and new direction.

With this background the need to accelerate the process towards HFA by the year 2000 was discussed fully at the 101st Meeting of the Executive Committee. It was accepted that local health systems already exist in most of the countries but they have problems of coordination and efficacy in the use of resources. Activities in operation were presented as examples of conceptual and methodological development and as a way to identify constraints and possible solutions. It was agreed that the proposal to strengthen local health systems is an important operational tactic to improve equity, efficacy and efficiency of health services, especially those oriented towards more vulnerable groups. Thus the concept of local health systems is inextricably linked to the primary health care strategy and the HFA goal.

Some important requisites were considered for the development of local health systems such as proper financing, organization, decentralization and social participation, as well as the development of new approaches in the development of health personnel.

Also mentioned was the need to achieve a balance between the development of health systems and the programs to be delivered. Local health systems could provide the organizational framework for adequate continuity of health programs.

Local health systems can be viewed also as a means to achieve cooperation with other sectors, such as public works (drinking water and sanitation), education, and agriculture, and as a means for providing special relevance to health promotion.

Some areas identified for further development were:

- a) The need to consider new financing mechanisms other than State funds provided through general revenue and social security;
- b) The need to study ways for development of administrative and managerial capacities at local level; and to meet the associated costs;
- c) The importance of national and regional guidelines for local health systems and to avoid atomization of resources;
- d) The role of external financing vis-à-vis national resources;
- e) The need to take into consideration different sociocultural realities;
- f) The importance of social participation and the role of women in the delivery of health care and leadership in health.

Based on the discussion by the Executive Committee, changes have been introduced in the original document in order to reflect Member Country experiences.

The Directing Council is asked to review the proposed approach and to consider the resolution recommended by the Executive Committee in Resolution X, presented below:

THE 101st MEETING OF THE EXECUTIVE COMMITTEE,

Having seen Document CE101/25, "Development and Strengthening of Local Health Systems in the Transformation of National Health Systems," and Resolution WHA41.34 of the World Health Assembly,

RESOLVES:

To recommend to the XXXIII Meeting of the Directing Council the adoption of a resolution along the following lines:

THE XXXIII MEETING OF THE DIRECTING COUNCIL,

Having seen Document CD33/14, "Development and Strengthening of Local Health Systems in the Transformation of National Health Systems," Resolution WHA41.34 of the World Health Assembly, and the observations of the 101st Meeting of the Executive Committee;

Taking into account Resolution CSP22.R21 of the XXII Pan American Sanitary Conference, which defined the orientation and programming priorities of PAHO for the quadrennium 1987-1990;

Recognizing the urgent need to accelerate the transformation of the national health systems in order to promote application of the primary health care strategy and to attain the goal of health for all by the year 2000;

Concerned about the constraints on the proper development of health care imposed by the present economic crisis and by limitations within the health sector itself;

Convinced that the challenge of improving the health of the neediest populations should be met, despite the crisis, with innovative measures for the structuring and administration of available resources;

Cognizant of the exercises already under way in most of the countries for transformation of the national health systems based on the development of local health systems as part of national decentralization and deconcentration processes; and

Agreeing that it is at the local level that policies and strategies for social development and health care can be implemented on the basis of social participation, intersectoral action, coordination of financial sources, and integration of programs,

RESOLVES:

1. To thank the Director for Document CD33/14, "Development and Strengthening of Local Health Systems in the Transformation of National Health Systems."

2. To urge Member Governments:

- a) To continue and strengthen their work of defining policies, strategies, programs, and activities for the transformation of national health systems through the development of local health systems;
- b) To ensure coordinated participation in the strengthening of local health systems by all government institutions responsible for the delivery of services, especially the social security administrations, and the international cooperation agencies;
- c) To place special emphasis on the provision of resources and decentralization to strengthen the operating capacity of local health systems, and on specific programs for dealing with priority health problems;
- d) To give special attention to the aspects cited in Section IV of Document CD33/14 as a response by the sector for the attainment of greater equity, efficiency, effectiveness, and participation;
- e) To define and apply suitable indicators and processes for evaluating the development of local health systems and the progress made;
- f) To promote research on health system services at the local level.

3. To request the Director:

- a) To strengthen technical cooperation to the Member Countries so that resources will be mobilized for activities to transform national health systems and support priority programs through the development of local health systems and, particularly, to develop the planning process and information systems, administration, community participation, the leadership of the sector, and personnel training.

- b) To encourage exchanges of experiences between countries and groups of countries as a form of technical cooperation among countries, and to disseminate among governments and local organizations the available information on advances in the development of local health systems and the transformation of national health systems;
- c) To promote the coordinated participation of all health-related agencies, including those providing services, training human resources and pursuing research, and those for international cooperation;
- d) To disseminate to the governments and their ministries and agencies the information available on methodological aspects and advances in the development of local health systems and the transformation of national health systems;
- e) To support the monitoring of the evaluation of progress in the countries, and to include this topic in his annual reports during the present quadrennium (1987-1990).

Annex

THE DEVELOPMENT AND STRENGTHENING OF HEALTH SYSTEMS
IN THE TRANSFORMATION OF NATIONAL HEALTH SYSTEMS

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I. INTRODUCTION

The fact that large sectors of the population in most of the countries of the Americas still do not have real access to health services and the fact that this deficit in coverage has occurred in the midst of a considerable constriction of the resources available for the sector pose a major challenge to the organizational and managerial capacities of the national health systems. It is for this reason that emphasis has been placed on the idea that, in order to reduce the effects of the economic crisis, it is of vital importance that the countries utilize their resources for comprehensive health service in the most efficient way possible and that, at the same time, there be an intense mobilization of national resources, supplemented by a mobilization of external resources in order to transform the health systems and thereby meet the growing needs of the population.

Recent evaluations carried out by the Governments on the progress made towards the goal of health for all by the year 2000 have revealed the complexity of the undertaking and the major efforts that still need to be made. As a result, it is necessary to intensify the analysis of the existing situation with a view to reorienting national and international resources with greater precision in order to translate political discourse into more effective and efficient concrete actions. Attainment of this goal will require very significant social and economic transformations, as well as a review of the orientation, organization, and administration of the national health systems. Each Government should undertake a careful analysis of the means and the sequence of actions needed to achieve these changes.

The transformation of the national health systems in the countries of the Region is necessary in order to respond to problems that impinge on their development, which include: a) the serious economic, political, and social crisis of the present decade; b) the insufficiency of institutional responses in the face of the growth and evolution of the problems confronting the health sector; c) the accumulated health debt, which translates into an accumulation of unsatisfied needs in the unprotected population groups; and d) the lack of equity, effectiveness, and efficiency in health actions.

Resolution XXI of the XXII Pan American Sanitary Conference defined the programming priorities for the quadrennium 1986-1990 on the basis of three areas:

- Development of the health services infrastructure with emphasis on primary health care;
- Attention to the priority health problems of vulnerable human groups through specific programs implemented under the health services system; and

- The process of administration of the knowledge needed in order to carry out the two preceding activities, in accordance with the management strategy for optimum utilization of PAHO/WHO resources.

In an effort to identify an approach that makes it possible to effectively advance in the development of that objective, it is considered that the strengthening and development of local health systems is an operational tactic suited for the application of the basic principles of the strategy of primary care.

Local health systems can provide a suitable environment for achieving social participation, intersectoral action, effective decentralization and control of decisions, and the use of more effective methods of planning and management in relation to the needs of each population group.

II. CURRENT SITUATION

1. Socioeconomic and Political Context

In order to analyze the situation of the health sector in particular, it is indispensable to understand its relationship with the national economy, as well as the insertion of the Latin American and Caribbean economies in the world context.

The development models that prevailed in previous decades in this Region have led the Latin American and Caribbean countries to an extremely difficult situation that has been further aggravated in the 1980s. Of most paramount concern is the fact that formulas have not yet been identified for renewing the process of expansion of the productive bases, an indispensable element in order to eliminate underdevelopment and poverty.

The economic recession of recent years has detracted from the credibility of the political currents that were always associated with achieving goals related to growth, employment, and social development. The transnationalization of the economies on a world-wide scale along with the external debt have considerably restricted the scope and effectiveness of national policy instruments.

Fluctuations in the international market have also affected national economies in the form of worse terms of exchange with the more developed countries. The countries of Latin America and the Caribbean area are suffering from the consequences of the trade imbalances between the industrialized countries and the lack of coordination among those countries' policies. This limits access to markets and has an impact on financial currents.

These trends all share one unmistakable symptom: the Latin American debt crisis. Such a situation emphasizes the Region's

structural insufficiency to sustain growth rates and the inability of the intersectoral structure to respond to the problem of underdevelopment.

Today, rather than transfer resources that would promote the formation of capital in Latin America and the Caribbean area, the industrialized countries are absorbing savings on a large scale. In 1987, more than US\$28 billion was transferred out of Latin America and the Caribbean, and in the last five years the funds that were "lost," mainly on the payment of the accumulated external debt, totalled \$130 billion.

With regard to the social situation, it is necessary to reexamine the development strategies and to begin the search for new ways to promote economic growth without ceasing to respond to social demands, including those in the health area. The economic crisis has not only caused detriment to the well-being of vast sectors of the population, it has also limited the economic resources available for the public institutions that provide health services.

In the labor field, coexisting with the work force that is part of the modern sectors of the economy, there is now a population mass that is engaged in the so-called informal activities, especially in the urban fringes. At the same time, the modernization of agriculture and of the types of agricultural development, combined with ecological deterioration, has caused an increase in the number of displaced workers, who are then forced to seek seasonal work or to migrate to the cities, where they are normally incorporated into the informal sector.

The process of urbanization has been rapid, and the differences in the levels of income and consumption of the various social groups have become more marked as well. Despite the growth of the per capita product in the Region, at present nearly one-third of the population is below the level of absolute poverty. This poverty is not distributed evenly within each country, rather it is concentrated in the most depressed areas, thereby aggravating the Regional disparities observed today in Latin America and the Caribbean.

In the face of the crisis triggered by the constraints of the prevailing economic models and aggravated by the magnitude of the external debt and by the world economic situation, the countries have defined adjustment policies in order to cope with this serious situation.

The search for equilibria in fiscal and monetary terms and in the balance of payments for the purpose of servicing the debt has resulted in many cases in increased unemployment and zero purchasing power for large sectors of the population. This is generating and aggravating situations of critical poverty and deteriorating the attention given to basic needs, especially in the neediest groups.

This same policy of adjustment in the economic area is felt as well in the social sector in the form of lower levels of investments and current expenditures, with the consequent effect on such basic services as health, housing, education, sanitation, and transportation.

In the health sector the impact of these adjustment measures has taken various forms: limited capital investments for key areas, such as basic sanitation and the maintenance and preservation of equipment and physical plants, and for the replacement of the minimum facilities necessary for providing care to marginal populations; limitations for current expenditures, thereby affecting the normal operation of programs that address problems that are prevalent in the Region; and constraints that limit the administrative development of the sector and the training and development of personnel.

Another manifestation of the adjustment policies in the health sector is the concentration of resources in programs of action that focus on priority problems and that have greater immediate impact, as is the case of the immunization, child survival, or food supplement programs.

The constraints limiting the access of large masses of population to the health services thus have multiple and interrelated causes. Not only are there are fewer opportunities for development, owing to high unemployment and the limited ability of the neediest population groups to pay for services, but the operation of the health system has deteriorated, as the result of inadequate investments, budget cutbacks for operating expenses, and low efficiency and effectiveness in management.

Consequently, such situations have aggravated the scenario of inequity in access to health services. There is a small fraction of population that has a high level of income and therefore has access to all the possibilities that private consumption can provide. Urban, and in some cases rural, workers attain an intermediate level of access using mixed schemes that involve resources from the State, the social security system, and direct payments to the private sector. Finally, there is a great mass of population in the informal sector--the displaced and marginal groups, both rural and urban--that is in a situation of extreme poverty. Their low levels of income increase their risk of disease and death; their basic needs, including health services, should be met by the State's health care systems, but these systems' response is increasingly insufficient, in quality and in quantity, in order to meet the growing needs of these groups.

It is evident then that most of the countries have accumulated an enormous social debt that is expressed in, among other things, relative differences in levels of health and in access to services. The economic crisis, the factors that gave rise to it, and the difficulties in recovering from it and adopting new models of development are the most important constraints limiting the possibilities for socioeconomic

development. At the same time, they represent a challenge to seek a new balance between meeting the requirements of economic growth and meeting social demands, including those in the health sector.

Within this socioeconomic panorama it is important also to observe the role of the State. In the sphere of political organization, there has been a prevalence of models with concentrated power and concrete manifestations in the control of the sources of resources and in the overall decisions on economic and social policies. Administratively, there has been excessive centralization, which has reduced the capacity of the provincial and local levels of government to respond to the needs of their populations and severely limited the political participation of broad sectors of society.

At the same time, these constraints have contributed to a generalization of bureaucratic formats in the management of the public sector. The manifestations of inefficiency and lack of commitment to community interests have become frequent even in the health sector of many countries.

Even with the political and historical diversity that exists in most of the countries of Latin America and the Caribbean, the State should play a decisive role in the promotion and guidance of development. In addition to facilitating the growth of the productive infrastructure, mediating in conflicts of interest, and coordinating the operation of the economy, it should also play a key role in social development and services as a fundamental means of ensuring growth with equity.

In recent years, the Region has seen a trend toward changes in its formal political organization and these changes have opened the way for the establishment of Governments that are more committed to the needs of broad sectors of the population.

This is a situation, then, that requires new roads that combine economic growth with a social project that is geared toward greater equity, with more participatory forms of guidance, and in which the development of health plays a key role as a motivating element.

2. Health Situation

In the Region of the Americas, as well as in the entire world, there is sufficient awareness of the special significance of the present stage of development of our societies and the projections of this situation for the coming years. We are witnessing, without a doubt, a rapid period of change that is producing an impact on all aspects of our lives as well as deep repercussions on the health situation and on the resources available for coping with it. An understanding of this process of change and the consequent adjustment of actions in the health sector and in society itself are an ineluctable responsibility if the goal that

has been set by the Governments is to be attained: to achieve health for all by the year 2000 with equity, effectiveness, efficiency, and participation.

As socioeconomic development progresses, changes occur in the health situation as well, both in the populations' profile of diseases and in the organization of the health systems that are to handle them.

Thus, there is an initial stage--in which there is a predominance of the infectious diseases linked with poverty, malnutrition, and precarious environmental health and personal hygiene--that would respond to greater availability of food, improved housing, higher literacy levels, and certain public health measures, particularly extended coverage of drinking water services, sanitation, and vaccination.

A predominance of cardiovascular diseases, cancer, strokes, mental problems, and other degenerative diseases, such as diabetes, characterizes what could be termed the second stage. The public health measures needed in the previous stage are assigned to the normative level and models of individual care now predominate as instruments for the prevention and treatment of this type of health problems. The development of expensive and complicated technologies for diagnosis and treatment contributes to the transfer of medical care from the physician's office to specialized hospitals. These technologies, when they are introduced to the market without adequate evaluation of their safety, efficiency, and effectiveness, or when they are used in excess, result in higher costs for the models of individual care, thereby further limiting the already poor access of the population to health care.

The third stage in the evolution of the health situation is characterized by a predominance of health problems caused by environmental exposure to a growing number of chemicals and other toxic substances. Also, modifications are observed in the social conditions of families, communities, and work that influence behavior and that are associated with violence, alcohol abuse, and drug addiction in epidemic proportions. The search for rapid economic development, without proper protection of the environment and the population, accelerates the occurrence of such health problems as occupational diseases, traffic accidents, and environmental pollution. Similarly, migration, unemployment, and the breaking up of families and communities are associated with a variety of disorders, such as alcoholism, violence, and promiscuity, each with its own physical, mental, and social repercussions. Higher life expectancies and the resulting increase in the economically inactive populations, i.e. children and the elderly, add new dimensions to these problems. The problems generated by this stage pose the need to adapt health and sanitation services and systems so that they can focus their attention on health promotion and on the application of collective and individual preventive measures through effective commitment and coordination with other sectors.

The developed countries took more than a century to go through these three stages. The developing countries face the challenge of living with the three models simultaneously. In the poorer populations, which constitute the majority, there is a predominance of the first-stage problems; in better off populations, especially in urban areas, the second-stage problems are more common; while the large cities are already experiencing problems of the third stage as a result of the environmental and social deterioration that accompanies disorderly urban growth and unemployment.

This situation highlights the need to identify the differences that exist between various population groups. Hence, it is indispensable that the analysis of the health situation be carried out at the local level, broken down by type and level of risk for the prevalent kinds of harm and the accessibility of health and sanitation services. The need to know this situation at the local level is fundamental since national averages mask the specific problems of population strata and of certain regions that are in a relatively worse situation.

Most of the countries of Latin America and the Caribbean thus face a complex epidemiological picture, and consequently the measures for their solution are also complex. The economic and social crisis summarized in the previous chapter surely will require considerable creativity in order to cope with these problems appropriately with equity and efficiency.

3. Situation of the Health Systems

In response to this complex health situation and in accordance with the objectives and goals of Health for All by the Year 2000 and the strategy of primary care, the countries of the Region have begun to restructure and expand their health systems with a view to enhancing their equity, effectiveness, and efficiency. However, this process is far from achieving the expected results, in part because the health sector has to compete with other sectors for extremely limited financial resources, and in part because of limitations in the organization and administration of the sector.

The countries of Latin America and the Caribbean possess a total of some 15,000 hospitals with one million beds and 65,000 units for outpatient care. Regarding human resources, the work force in health is calculated to be around 2.6 million.

Most of the countries of the Region have a pluralist system of health care in which at least three subsectors can be identified: a) the public (or official) subsector, which is often organized into units having national, provincial, municipal, or other levels of jurisdiction; b) social security (also divided into different jurisdictions), which makes financial contributions and has its own installed capacity; and c) the private subsector, with a very broad gamut of modalities ranging from individual consultations with a professional to hospitals with the most modern health care technology.

The lines of responsibility and the relationships between these subsectors are complex and varied. The role of the Ministries of Health in their function of guiding the sector has been cut back. The social security subsector often does not benefit from sufficient coordination when it finances services that are provided by private and State establishments. Since in most cases there are no explicit mechanisms to orient the relationships between the subsectors, services are often, and unnecessarily, duplicated, patients are rejected, or, paradoxically, costly examinations that are not entirely without risk are repeated.

The state health services in most of the countries of the Region are not able--in quality, quantity, or distribution--to meet the population's needs. The current economic crisis, along with the generation of greater demand, lower family incomes, proportionally lower public resources for the health sector, and the general constraints on health spending have been added to the problems facing the health services systems. The problem of the administrative systems has been aggravated, thereby hindering the rational, timely, and efficient use of resources and producing serious deficiencies in the operating capacity of the health and sanitation services. In this regard, the sector is facing enormous operational and managerial challenges.

Within the policies of adjustment to cope with the economic crisis, numerous countries have concentrated their resources on physical investments, especially at the peripheral levels, or on isolated actions to deal with pathologies or control specific risks.

Some experiences in the Region indicate the need for these proposals to be part of a comprehensive plan for the development of the health infrastructure as a way to vitalize the process of transformation and strengthen the health activities by ensuring their continuity and efficiency.

In regard to the distribution of resources, the focus continues to be on large urban areas, and much of the expenditure on high cost technologies goes to making said technologies available to groups who are able to pay, leaving a clear majority of the population without coverage.

In relation to technologies, it was recognized in the past decade and based on the definition of the strategy of primary care that the application of technologies without adapting them to the needs, sociocultural levels, and life styles of developing societies had led to inefficiency and inequity in the health systems. More than half way through this decade, the changes achieved, although they do represent important advances, had not yet produced any significant impact on the handling of health problems in the Region.

The performance of equipment and installations continues to be low, there is a lack of coordination between the various levels of care, operating capacity at the primary level is limited, and technological investments in highly complex equipment are excessive.

The sector's financial situation is another area of concern. Most of the countries in Latin America and the Caribbean fall below the world average (US\$100 per capita per year) for government spending on health. Although the social security subsector has made important advances in its definition of policies as a contribution toward attaining the goal of health for all and allotting its important resources for health care, some structural constraints persist that limit the benefits of this important financial resource.

The lack of ongoing assessment vis-à-vis the ultimate objectives of the health systems is another limitation in their operation. Developing health systems that are adapted to the reality of each country implies the need for periodic evaluation of the level of health attained and not just the level of completion of activities.

Despite the express definitions of intersectoral action within the strategy of primary care, the prevailing development models in the health sector have led, on various occasions, to a failure to realize the potential of intersectoral action in controlling the socioeconomic and environmental determinants of disease: cooperation with other sectors, such as drinking water and sanitation, education, and agriculture has still not been fully developed. This has special relevance for health promotion and actions for specific prevention of some prevalent problems.

The foregoing description summarizes structural and operational problems of the health systems that, when compounded by the countries' economic crisis, become even more difficult to solve. Ultimately, this means that broad sectors of the population in most of the countries of the Region have no real access to health and sanitation services. According to estimates on the level of coverage reached, of the total of 423 million inhabitants, some 130 million currently do not have regular access to basic health services. If we add the estimated population growth of 160 million people for the period 1986-2000, the total rises to some 290 million people for whom appropriate health care must be provided.

At present this is the most important challenge for the health systems of the countries of the Region. It means that these health systems, which in general have not yet been able to provide health care to the entire population with equity, effectiveness, and efficiency, should be reorganized and reoriented not only in order to maintain health care in the face of the crisis but also in order to cover the current gap and respond to the needs of caring for the increased population. This challenge, which began with the definition of the goal of health for all by the year 2000 on the basis of the strategy of primary care, has yet to be resolved.

However, the need for change in the health systems is not exclusively quantitative. Changing structures of morbidity and mortality, different demands in perinatal pathology and adolescent and workers' health, and the increase in the adult and elderly populations,

combined with processes of accelerated and disorderly urbanization and changes in financial systems and the availability of new technologies also require major qualitative changes in the health systems' operation and organization.

Proper administration of the health systems encompasses much more than the administration of the health services. It involves the complex process of establishing priorities, allocating resources, and carrying out activities based on the health needs of the populations to be served, taking into account their risks and the most appropriate technologies for their solution.

This capacity for planning and implementing strategies and programs in accordance with needs and available resources, as well as for evaluating the progress of actions and their results at the local level in particular, is still very limited in most of the countries of Latin America and the Caribbean.

The crisis faced by the countries calls for urgent measures in all the social and economic sectors in order to identify viable solutions that attenuate the negative impact on the health and well-being of the population and contribute as well to finding suitable and equitable solutions for development.

It is necessary then that all the health resources, oriented by a well-defined national policy, respond in a comprehensive form to the changing and growing needs of the population.

III. LOCAL HEALTH SYSTEMS IN THE TRANSFORMATION OF THE NATIONAL HEALTH SYSTEMS

In most of the countries of the Region, proposals have already been formulated for the political, technical, and administrative reorientation and reorganization of the health systems in keeping with the national contexts of social and economic development. Under this approach, decentralization and local development have been identified as suitable instruments within the processes of democratization and greater participation and social justice, as well as serving as a means to achieve equity, effectiveness, and efficiency in administrative management.

The proposal to reorganize and reorient the national health systems on the basis of the processes of decentralization and local development was initiated in Resolution XXI of the XXII Pan American Sanitary Conference in September 1986, which established the programming priorities of the Organization.

In response to this need to establish priorities for the development of health services infrastructure and to address priority

problems and groups from the approach of the strategy of primary care, and in accordance with the mandate from the XXII Pan American Sanitary Conference, the present proposal has been drawn up with an eye toward the transformation of the national health systems through the development of local health systems and as an operational tactic in order to accelerate the application of the strategy of primary care and its essential components.

Bearing in mind the different historical, political, technical, and administrative characteristics of the countries, their size, and the distribution of their populations and resources, it should be acknowledged that the definition of "local health system" will differ from one country to the next and even from one region to the next. However, and in order to facilitate their development and evaluation, it is possible to identify some common characteristics that need to be taken into consideration in most of the cases.

Hence, as the capacity to analyze the health situation at the local level becomes more developed and as the resources for the production of services are identified and directly coordinated, it becomes possible to offer a better response to the health needs and problems of the population. Furthermore, the local health systems should move away from the vertical schemes of management in which the decision-making levels are located exclusively at the center of the structure and the periphery merely implements the standards and programs that emanate from the higher administrative levels. In this way, the proposal to develop local health systems will become a broad-reaching proposal for the reorganization and restructuring of the health sector as a whole.

The concept of local health systems can be defined by identifying various points of view that converge on a given purpose.

From the standpoint of developing the State, local health systems fill the requirement of decentralizing and deconcentrating the State apparatus in an effort to ensure greater democratization and efficiency. They should be viewed therefore as part of the process of democratic development which is under way in most of the countries of the Region. Hence, the local health systems can be defined on the basis of the political-administrative divisions of the State, independently of their denomination, e.g. municipality, canton, etc.

From the standpoint of community social development, a local health system presupposes the existence of an identified population that has an existing or potential capacity to act as a whole to the benefit of its collective health. In this case, a local health system should utilize the resources of the health sector and of other sectors involved in social development at the local level.

As was mentioned above, the health sector should follow, organize, and participate in these processes of local development. Therefore, the

definition of local health systems, from the standpoint of the health sector, is geared to achieving greater adaptation and capacity of response to the changing and specific requirements of population groups affected by common socioeconomic, environmental, and epidemiological problems. This gives rise to a series of elements that are specific to the health sector and that can be observed in two complementary areas: on the one hand, the reorganization and reorientation of the sector's overall structure through the processes of decentralization and, on the other hand, the reorganization of the network of services within defined populations.

From the health sector's standpoint, a local health system is an integral part of the health sector that bears the characteristics of decentralization and deconcentration as defined by the State and that has the capacity to coordinate all of the existing health resources to form a network of services within a given population, be it urban or rural.

A local health system should also have a management structure that is responsible for the administration of the health actions in that particular population. This means having the capacity for direct administration of certain resources and coordination of all the social infrastructure assigned to health in a given geographical area, along with a structure capable of solving a significant proportion of the health problems of individuals, families, social groups, communities, and the environment in addition to facilitating social participation, all of this as an element of the national health system, to which it gives vitality and new direction.

The managerial level should assume responsibility, therefore, for the coordination of all the existing resources (hospitals, health centers and posts, water supply systems and other sanitation services, and extrasectoral resources) for a given population with a view to ensuring optimum utilization and adaptation to the local reality. Within this responsibility, it is of paramount importance to establish a relationship with reciprocal responsibilities for the population in regard to the development of health.

This relationship should be manifested in all aspects that touch on individual and public health, the definition of policies, establishment of priorities, the origin and distribution of resources, programming, execution, and evaluation, as well as individual and group behavior vis-à-vis the health-disease process. Since both the population and the territory to be served have been defined, it is possible to evaluate the actions that are carried out or that should be undertaken in order to respond to the local health needs.

Thus, a better definition of the population and territory that are to be covered and of the specific responsibilities of the services will promote more active participation of the population both in health promotion and in the delivery of services, two areas that require the support and follow-up of the community.

The formats and mechanisms of interaction between the population and the services, as well as the population's own behavior with regard to protecting its health and seeking solutions to its health problems, are fundamental components of the system. Naturally the social structure in support of health at the individual and collective levels is an essential element.

In light of the foregoing, it should now be clear that a local health system does not refer simply to a dividing up of the administrative tasks in the health sector or to a mere redefinition of the responsibility for health resources. Rather, in the context of the structural and democratic changes in the countries, they should promote the development of new forms of action that help to set up networks of comprehensive health services in coordination with effective community representation and participation, thereby becoming structures that are more sensitive to the needs of the population.

Local health systems should be viewed as the basic organizational units of a much broader, fully articulated structure--the national health system. That is to say, local health systems are the focal point for the peripheral planning and management of health services under the integrative and normative guidance of a national structure for coordination of the health system, which formulates overall policies and defines the systems of logistical, technical, and administrative support required for the execution of programs and the delivery of services at the local level. Within this national scheme, local health systems can serve as the base for the definition of regional health systems.

In relation to this, a topic of interest is the size or scope of the local health systems. As was pointed out above, there is no single formula for this. Their size will depend on the political-administrative contexts of each country as well as other factors, such as the country's size, population distribution, communications and transportation systems, the distribution, complexity, and operating capacity of the resources of the health sector, and the levels of technical and administrative efficiency.

As a result, although political-administrative divisions may be of use in defining a local health system, as is the case of municipalities in some countries, the aforementioned characteristics also allow for other solutions. Using this same approach, local health systems can also be defined by grouping municipalities or other political-administrative units together; in other cases, especially in urban areas, local health systems may cover a geographical or populational division within a given municipality.

In synthesis, the population covered by a local health system should not be so small that the system becomes inefficient nor so large that it impedes the proper control and coordination of the resources.

In addition, the development of health services at local level should be done in coordination with the development and decentralization process involving other sectors, thus introducing the possibility of an intersectoral approach at local level.

Bearing these points in mind, a local health system should: take into consideration the country's political-administrative structure; be defined for a given population; cover all the resources for health and social development existing in said space; respond to the processes of decentralization of the State and of the health sector, to the needs of the population, and to the structure of the health service network; and be organized in such a way as to facilitate the overall coordination of actions.

Finally, an important area of discussion will be the resources needed to promote and develop local health systems. In this respect it is necessary to stress that the emphasis on the process of change should focus on increasing effectiveness and on the rational use of available financial, technological and human resources. Additional investment should be considered only after proper evaluation of the efficiency and efficacy of the use of existing resources. On the other hand, special consideration must be given to resources needed to strengthen managerial capacity and for proper manpower training.

IV. ASPECTS TO BE CONSIDERED FOR THE DEVELOPMENT OF LOCAL HEALTH SYSTEMS

The development of local health systems cannot be approached in isolation. It was mentioned above that they represent the health sector's response to the processes of democratization and decentralization of the State. They also represent an internal response of the sector in an effort to achieve greater equity, effectiveness, and efficiency in its actions.

Based on this approach, it is possible to identify ten fundamental aspects that need to be developed:

- 4.1 Reorganization of the central level in order to ensure the guidance of the sector and the development of local health systems.
- 4.2 Decentralization and deconcentration.
- 4.3 Social participation.
- 4.4 Intersectoral action.
- 4.5 Adjustment of financing mechanisms.
- 4.6 Development of a new care model.
- 4.7 Integration of prevention and control programs.
- 4.8 Strengthening of administrative capacity.

4.9 Training of the work force in health.

4.10 Research.

4.1 Reorganization of the Central Level in Order to Ensure the Guidance of the Sector and the Development of Local Health Systems

The strengthening of the capacity and leadership of the central level is a fundamental aspect for guiding the processes involved in the development of local health systems.

As the regulatory entity of the sector, the Ministry of Health should have the capacity to orient the action of the rest of the institutions, organizations, and persons with respect to the Government's national health policy and the policies of socioeconomic development within the processes of democratization, decentralization, and deconcentration as defined.

Guidance of the sector should be accompanied by the development of leadership in health. For this, it is necessary to promote the development of human resources, including aspects of planning, training, and utilization of personnel (university leaders, upper-level staff from the Ministries of Health, social security institutes, and planning offices), and bearing in mind their impact and the outlook for the next 20 years as concerns health, labor, and education, while at the same time providing the essential elements for scientific handling of the strategy.

This regulatory function of sectoral guidance will guarantee the necessary cohesion in the development of local health systems, ensuring the redistributive capacity of the resources in order to satisfy the different needs of populations at greater risk by applying the principle of equity.

This guiding role of the health sector should also be manifested in the financing of the sector in order to coordinate all the financial resources and thereby ensure the proper operation of the local health systems. Coordination and agreements with the social security system also play a key role in this strategy.

This proposal in no way implies any expansion of the central level; on the contrary, it requires a new orientation for greater administrative agility to provide assistance at the operational level. Nor does it mean a transfer of responsibilities without assuming ultimate responsibility for overall management, which should always remain at the central level.

4.2 Decentralization and Deconcentration

In order to ensure the complete development of the local health systems, it is necessary to transfer areas of jurisdiction and decision-

making powers to other levels of the national health system. This will involve aspects related to the decentralization and deconcentration of the State, in general, and of the health sector, in particular.

Decentralization and deconcentration are viewed as vitalizing elements for the development of local health systems, and their implementation should be consistent with the country's political-administrative organization. In this order of ideas, it will be necessary to analyze possibilities and identify the restrictive and facilitating factors that contribute to or inhibit the operation of these administrative processes.

Decentralization, as a social phenomenon, is essentially a political process that has legal and administrative manifestations and that is fed by economic, cultural, historical, and geographical processes. It is a proposal to change the use and distribution of power in the sector and in society.

In order for the process to be carried out, certain requirements need to be met, such as:

- A firm political decision to carry out the process effectively. Ideally, the decision should be made by the Government and apply to all sectors. However, the process can be carried out, although with greater difficulty, if the Government's decision is only sectoral;
- Transfer of the necessary political power from the central level, not only through legal and administrative provisions, but by effectively transferring the necessary financial, economic, human, technological, and other resources;
- Development of local political power, provided in part by the direct management of the resources (mainly financial and economic), but especially by the formation of a base of political support through the direct, active, and pluralist participation of community organizations;
- Development of the capacity to manage the delivery of services, including technical capabilities in the coordination of resources and in the definition, execution, and evaluation of health activities.

In regard to the strategies of application, it should be remembered that decentralization is a process that should be carried out in stages--under especially formulated strategies that are readjusted regularly--and on the basis of specific and well defined elements, in accordance with a duly detailed program. Thus, for example, it is not enough to define the element that is transferred; it is also necessary to adapt it to the reality and possibilities of the decentralized area, to the desirability of the use of new technologies, and to the need for political support, and this requires making sure that the benefits of decentralization are visible.

Within the topic of the distribution of power and local responsibilities, there is also the strategy of deconcentration. This is understood to be a form of delegation of powers to different levels within a given organization, while maintaining the hierarchical dependency with the central level.

It is important to note, in regard to the aspects indicated, that some countries are undertaking processes of decentralization in some cases and processes of deconcentration in others. Now, although this trend is more common in administration than in technical areas, it represents an excellent opportunity for developing innovative schemes within the management process at the local level with a view to preparing concepts and methodologies for the tools that will provide better local operation of the health systems.

In any process of decentralization and deconcentration, it is also necessary to view centralization and concentration as harmonious forms of management that are not mutually exclusive but rather that complement each other. Taken together, these strategies form a dynamic and continuous process that occurs at each level of the organization. Within this process, there is consequently no one level that defines standards, strategies, and priorities and another level that carries them out. Rather each level assumes these responsibilities within a common line of action. Therefore, decentralization or deconcentration does not mean the division and/or atomization of the health system, nor should it be confused with the anarchic dissolution of the system. On the contrary, properly developed, they will strengthen the overall structure of the system by helping its constitutive parts to achieve their greatest operating capacity.

Centralization on the political and normative aspects should ensure as well a redistributive capacity throughout the system in order to prevent any growth or deepening of inequities between local health systems.

Both decentralization and deconcentration represent models of management that are linked to the effectiveness and efficiency of an organization; they should not be conceived as conflictive or exclusive. On the contrary, their timely and proper use can help to solve specific problems in health service organization, keeping in mind that the goal is to strengthen the health system and the operating capacity of the local levels.

The processes of deconcentration and decentralization that are implemented in the sphere of public administration have a decisive and determining impact on similar processes that are promoted in the health system. The existence or lack of government policies, decisions, and programs for administrative deconcentration and decentralization are external factors that do indeed affect the health system. When the public sector has limited control over these processes or weak levels of technical and legal implementation, it becomes an obstacle to any form of

management of governmental services. Hence, the overall policies of governmental organization and the normative technical and legal framework are the main factors that affect the health system.

4.3 Social Participation

The next key aspect in the development of local health systems is support for the processes of social participation. Motivating social participation and directing it toward health care requires flexible strategies that take into account the formal and informal groups and the sectoral institutions that are present in a given territory. It is necessary at the same time to promote coordination among these groups and institutions for the preparation and execution of specific proposals.

In order to achieve this, the strategy needs to allow for deliberation among the organized agents (community and institutional) on the health problems and ways of handling them. In addition, it should promote coordination between the various social agents regarding ways to improve health care, how this can be achieved, and commitments and responsibilities that need to be assumed. The processes of deliberation and coordination should be supported by ongoing consultation with the population through existing organizations in the local health systems.

In order to activate these processes, it is necessary to keep in mind the possibilities for deliberation and coordination in the communities and the possibility of expanding or opening new areas in which collective analyses and common programs can be carried out through participatory planning, as well as a continuous process of human resource development.

4.4 Intersectoral Action

The development of intersectoral health policies as a basic element of the strategy of primary care should be implemented at the local level. Any effort with a broad approach in the area of health development will need to involve all the social and economic forces in order to ensure the collective well-being. Intersectoral action and social participation are thus two fundamental forces for the development of local health systems.

At the community level, the intersectoral approach should be expressed in the form of comprehensive care for basic needs, particularly of the large population groups that have less access to the benefits of development. At the national level, intersectoral action should be used to coordinate financial and any other type of resources with a view to satisfying basic needs. At both the local and national levels, it is necessary to view the development of health as an integral part of well-being, giving preference therefore to health promotion actions.

The proposal for intersectoral development is linked to the concept of healthy communities in which all the sectors contribute to achieve this social and economic goal.

4.5 Adjustment of Financing Mechanisms

The debate on the amounts to be assigned to health, sources of financing, and the distribution of resources should bear in mind the processes of local development and decentralization. This means that health funding should undergo not only quantitative changes but qualitative changes as well, focusing on support for specific actions aimed at the decentralization of decisions regarding the use of alternative sources of financing and expenditure allocation mechanisms that are geared to guarantee comprehensive health care, including basic sanitation.

It will be necessary to change the traditional forms of distribution and control of financial resources in order to ensure that they are utilized with greater efficiency and that they respond to the needs of priority social groups.

The coordinated use of State funds provided by general revenue, as well as the different forms of social security and new forms of collecting and utilizing additional funds, should provide total coverage, giving priority to local health systems and population groups in greatest need.

4.6 Development of a New Health Care Model

As was pointed out earlier, the development of local health systems should not be limited simply to a division of labor within a decentralized scheme of government. Rather, it should be a process of fundamental change in the technical procedures of service delivery, in the use of available technologies, in the integration of knowledge, in the way resources are used, and in how to ensure social participation. Based on these elements, a series of methodologies and basic principles can be defined in order to facilitate the development of these new health care models.

The development of local health systems should be based on an analysis of the health situation, a projection of knowledge about needs, and the identification and qualification of the conditions of risk in order to orient the definition of priorities, organization, and utilization of the available resources.

In order to facilitate local programming and the evaluation of health services, a local health system should be subdivided into the smallest possible geographical units of analysis, taking into account the characteristics of the health services structure and the distribution of the population groups.

The development of the local health systems' analytical capacity will help to better identify the information that is required and will permit increasingly pertinent and relevant analyses.

The activities of the local health systems should be organized with a view toward the entire population and its highest priority needs, using a participatory process of programming that includes all the available resources and defines the activities to be carried out, the goals in terms of coverage and impact, and adjustments in accordance with periodic strategic evaluations.

Each family and population group should be assigned explicit health resources and personnel to provide them with care at either the institutional or community level through a network of coordinated services with the necessary levels of care in order to respond to the needs of the population.

In this way, the best format for coordinating all the existing resources--national, local, social security, and private--will be found in order to achieve a common action strategy.

An attempt should be made to maintain an overall approach in actions that are grouped in accordance with the set of problems of the population. These actions should be carried out comprehensively by the various categories of personnel, avoiding grouping by pathology or related programs.

The service network as a whole should assume responsibility for providing comprehensive care to the entire population. This means that the resources of the local health systems should find appropriate solutions either through their own installed capacity or through the development of the necessary interrelationships. The entire demand should be met and no request for care should be rejected.

In this topic, hospitals should be regarded as part of the local health systems. Upon being inserted into a local health system, hospitals undergo a change that affects all their services in one way or another. In addition to meeting the demand of the population in their area of responsibility, they should also work with the other services in the network, and this causes changes in the quantity and quality of services and makes it necessary to seek new forms of organization.

The health service should be organized with a view to bringing about a change in the population's epidemiological profile as concerns individual and collective health problems and risks. Hence, assessment of the impact and quality of care should be an ongoing activity.

The local health systems should implement, within their territory, processes of delegation of authority, decentralization, and concentration as a suitable means of distributing responsibilities and facilitating technical and administrative management.

4.7 Integration of Prevention and Control Programs

The area of activity of the local health systems should provide an opportunity to combine the efforts of the community with those of the sector's resources in order to produce joint actions in health.

Thus, the development of health programs and their capacity of mobilization should be utilized to promote the development of the health infrastructure so as to be able to assign resources to the most socially relevant needs, as identified by a convergence of clinical knowledge, epidemiology, and administration.

Local health systems present more concrete possibilities for coordinating the development of programs that seek to meet the needs of the population within the structure and operation of existing installed capacity for the production of the necessary services. These ties can be activated more easily when the technical and administrative management process is part of the specific plan of the health system, i.e. when the local health problems are brought into as close contact as possible with the design of programs and the adjustment of the service organization.

The basic capacity of response of the resources that make up the service network should include the set of programs and activities that are defined for the solution of the community's priority health problems in order to respond to the health needs of the vulnerable human groups and to reorient resources toward the principal health problems at the local level.

4.8 Strengthening of Administrative Capacity

Concerning the development of the health systems' capacity of administration and management, it should be pointed out that the achievement of the goal of total coverage and health for all with equity and efficiency within the political-economic context of the countries depends for the most part on increasing the operating capacity of the health services and rationalizing health expenditures. The insufficient operating capacity of the services and unproductive expenditures are the result, in many cases, of deficient administrative and managerial systems, procedures, and practices.

The concept of management should be understood as an action that is aimed at optimizing resources in order to attain the objectives of the health institutions through a continuous process of planning, programming, organization, and coordination of resources for the development of actions, using an appropriate form of execution and with regular supervision, follow-up, and evaluation. This management process should receive input from the continuous flow of information which generates the knowledge that is needed for analyzing the situation and for making timely decisions in order of priority.

The local health systems should have an administrative capacity that permits adequate support for the delivery of services to the

population in a given geographical area. This administrative capacity should be defined as the ability to fulfill some minimum requirements, such as:

- a) A unit for technical and administrative guidance staffed with properly trained human resources and covering the general administration of services, while also handling the information system and providing support services;
- b) An information system that collects data on the health situation and service delivery, incorporates the epidemiological and administrative analysis of that information, and utilizes the analysis in the management process;
- c) A basic supply of physical resources and critical supplies for carrying out the activities mentioned above;
- d) The capacity to execute and coordinate financial resources for the development of activities at the local level;
- e) The capacity to coordinate health care activities with the process of community organization in order to promote health in the area.

4.9 Training of the Work Force

The challenge of attaining the goal of HFA/2000 poses, among other aspects, the need to promote studies and develop procedures geared to the optimum rational utilization of existing personnel by providing continued training to the human resources that are already part of the sectoral work force.

To achieve this, health personnel and the community need new processes of communication, integration, and collaboration that will be able to produce an impact on health problems, on their determining factors, and on community dynamics.

The magnitude of the challenge of reorganizing the infrastructure of the health sector basically through the development and strengthening of local health systems requires that, in order to increase the effect of decentralization, the duties of the personnel be redefined, that mechanisms be implemented to link the personnel to the service system, and that personnel receive continued training and supervision in keeping with the comprehensive and strategic proposals that guide the new approach.

The local health systems need sufficiently qualified personnel to perform the tasks and responsibilities created by the reorganization. They also need a staff that is closely linked to the process of social participation, a process whose dynamics transcend the "institutionality" that is so deeply rooted in the health sector.

The dynamics that arise from the concept of local health systems require health agents who interact as teams that are closely linked to the context in which they operate. The values and customs of the population are key considerations that provide a framework for the activities of each and every one of the agents involved in the network.

The development of ongoing educational programs for health personnel will promote knowledge and the sensitivity of the staff to the problems and local health needs of the population. Closer contact between health personnel and the population should result in better information, greater exchange, and joint actions that are aimed essentially at promoting and developing social participation in the planning and administration of the health systems.

It is necessary that the process undertaken by the countries of the Region with reference to local health systems and decentralization receive support for the training of health workers. The incorporation of health personnel in educational activities at the Schools of Health Sciences should be promoted through education-service integration in the local health systems. It is also important to have, at the level of graduate studies and continuing education, programs for training the administrators of local health systems, epidemiologists, and highly qualified personnel in the guidance of the sector.

4.10 Research

Bearing in mind the need to continue and intensify the development of innovative models of health service at the level of the local health systems, research on health services should accompany--from the very beginning--the entire process of reorganization and reorientation of the sector through the development of local health systems.

In this way, studies on the local health systems will develop new operational models or their critical components and they will assess the level of equity achieved, effectiveness and quality, the coverage obtained, the efficiency of the use of resources, as well as the degree of social participation obtained.

Research on the local health systems should be carried out in coordination basically with the providers of the services, the community, and the users, thereby enhancing the possibility that the results will be used to introduce corrective actions and, consequently, move a step closer to better health for the population.

V. BASES OF A PLAN OF ACTION FOR PAHO COOPERATION

The general guidelines for formulating a PAHO plan of action for the next years to support the Member Countries in their efforts to develop local health systems focus on three specific areas:

1. The collection, evaluation, and dissemination of national experiences in the development of local health systems;
2. Conceptual analysis and methodological development;
3. Support for the national processes of development of the local health systems.

In order to know the efforts of the countries in relation to the strengthening of local health systems, it is necessary:

- a) To draw up an inventory of experiences identifying the efforts developed in the past and the experiences under way in all the countries;
- b) To undertake a critical analysis of the experiences described in order to detect their virtues and problems;
- c) To promote prospective field research on some selected experiences taking into account the structure, the processes and the results of the local health systems. A comparison should be done of, among others, productivity, effective coverage, program development, the efficiency and effectiveness of services, and the participation and satisfaction of the population. The conceptualization and methodologies of research on health services should also be taken into account;
- d) To continue and strengthen activities aimed at identifying the results obtained in the various countries.

Thus, there should be a regional awareness among the health workers, leaders in the health area, and political and administrative leaders, as well as in the community, in order to support and participate in this process.

The conceptual analysis and methodological development will be a consequence of the activity of collection and evaluation geared to obtain experiences on the approaches and methodologies utilized.

The collection and evaluation of experiences as well as the conceptual analysis and methodological development have to be expressly oriented to support specific activities at the national and local levels. Hence, the Organization's resources and cooperation at both the country and regional levels should focus on supporting the processes of transformation that are identified in the Region. This will require a joint interprogrammatic and interdisciplinary effort of all PAHO's areas and programs in order to facilitate the integration of actions for the achievement of a given objective.

It must be emphasized that the proposal for development of local health systems does not signify the substitution for or replacement of other strategies, nor of other programs of the Organization. On the contrary, it must be viewed as an essential means of facilitating the proper delivery of all health programs.

The programming of technical cooperation for the quadrennium should reflect this operational tactic as a crucial approach for implementing the priorities that have been defined for achieving HFA/2000.

The aspects to be considered for the development of local health systems described in point IV will be used to orient the cooperation activities and their possible openings in specific projects of work that identify the objectives to be attained, the mobilization of resources, and indicators for assessment. Special consideration will be given to the difficulties involved in achieving the proposed changes. Five specific issues have been identified as having to be addressed as first steps, namely, strengthening local planning and information systems; development of managerial capacity; social participation; overall leadership of the health sector, and the proper development of health manpower.