STRATEGIC OBJECTIVE 9

To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development

SCOPE

The work under this Strategic Objective (SO) focuses on improving nutrition and health throughout the life course, especially among the poor and other vulnerable groups, and achieving sustainable development in line with the Millennium Development Goals. The SO addresses food safety (ensuring that chemical, microbiological, zoonotic and other hazards do not pose a risk to health) as well as food security (access and availability of appropriate food).

INDICATORS AND TARGETS

- Proportion of underweight children under 5 years of age in Latin America and the Caribbean. Baseline: 7.5% in 2002 (using period of 7 years, 1995 – 2002). Target: 4.7% by 2013.

- Proportion of stunted children under 5 years of age in Latin America and the Caribbean. Baseline: 11.8% in 2005. Target: 8.8% by 2013.

- Proportion of children under 5 years of age with anemia in Latin America and the Caribbean. Baseline: 29.3% in 2005. Target: 25.3% by 2013.

- Proportion of overweight and obese children under 5 years of age in Latin America and the Caribbean in those countries where information is available. Baseline: 4% in 2003 (using periods of 3 years, 2000 – 2003). Target: 4% or less by 2013.

- Reduction in the number of foodborne diarrheal disease cases per 100,000 inhabitants in the Region. Baseline: 4,467 in 2006. Target: 4,020 by 2013.

ISSUES AND CHALLENGES

Most countries face a double burden of disease where obesity and under-nutrition coexist, thus jeopardizing efforts to achieve development goals. This double burden of disease affects the poor and the wealthy, both in relative and in absolute terms, and places enormous demands on governments, individuals and families, due to the high financial and social costs of disease and disability days, loss of quality of life and productivity. In addition, suboptimal nutrition in all its forms, including micronutrient deficiencies, seriously compromises the effectiveness of other social and economic interventions, because of its direct impact on the immune system and its effects on increasing the risk of disease, disability and death. There are, moreover, critical policy-making and implementation issues that need to be addressed:

Public policies, plans and programs do not effectively address all nutrition needs at the regional, sub regional, national and local levels. Most social and economic policies at national and local levels do not include food and nutrition components and activities. Insufficient financial resources are allocated to address nutrition priorities in a sustainable fashion. Functional networks of stakeholders (public, private and civil society organizations, universities, research centers) to mobilize and allocate human and financial resources to improve health and

nutrition are weak or non-existent. In addition, most countries face deficiencies in terms of human resources competences and skills in policy analysis, planning and evaluation.

The shortcomings in planning and implementation of training programs are associated with deficiencies in food and nutrition analysis for systematic policy decision-making. Overall, food and nutrition components and activities in plans and programs at national and local levels are not being adequately monitored and evaluated. The science and technology research agenda for policy-making at the national level does not include relevant food and nutrition topics with appropriate resource allocation, which hinders the dissemination of best practices in health and nutrition. In terms of setting priorities, nutrition is not included in local government initiatives as a strategy that fosters and contributes to comprehensive local development.

The challenge is to promote the public and social policies that unequivocally address nutrition needs with a life course approach and nutrition transition problems at the regional, subregional, national, and local levels. This will require building capacities in policy design, formulation, monitoring and evaluation to enable the sustainability of these policies.

Implementation of effective prevention and treatment strategies targeted to vulnerable groups to eliminate nutritional deficiencies and suboptimal nutrition is often defective, decreasing its potential benefits. While the number of programs to implement nutrition interventions has increased, the standard "golden rule" norms and guidelines to manage, monitor and evaluate the effects of nutrition interventions on vulnerable groups are not being disseminated and followed systematically. In the Region, there is evidence that the training and technology transfer models are not actually improving the capacity of health and non-health personnel to manage and control suboptimal nutrition and nutritional deficiencies. Overall, the absence of systematic monitoring and evaluation of interventions to prevent and control suboptimal nutrition and nutritional deficiencies that produce data, information and knowledge for decision-making is a constant issue.

Additionally, there is insufficient information on nutritional deficiencies and risk factors of suboptimal nutrition that is reliable, updated, comparable and employed at national and subnational levels to monitor the nutrition conditions of different population groups. In general, activities to identify, assess and exchange best practices and lessons learned on the reduction of suboptimal nutrition and nutritional deficiencies need to be strengthened.

The challenge is to eliminate nutritional deficiencies and suboptimal nutrition through prevention and treatment strategies targeted to vulnerable groups throughout the life course and in the event of disasters.

The promotion of healthy dietary habits, active lifestyles and the adequate control of obesity- and nutrition-related chronic diseases remains a low priority for governments, agencies and society. Regional networks, partnerships and agreements to prevent obesity- and nutrition-related chronic diseases and promote adequate nutrition and physical activity have not expanded to include medium- and low-income countries undergoing the nutrition transition. In most countries, the promotion of healthy eating and physical activity based upon norms and guidelines is not integrated into existing food and nutrition initiatives. Deficiencies in the design, implementation and evaluation of communication and awareness campaigns to promote healthy eating and physical activity have failed to create awareness and expertise at the national level about the need to improve the capacity of health and non-health public and private sectors and civil society organizations for promoting healthy lifestyles. Moreover, there is a lack of databases and health information systems that produce reliable, valid and quality information on overweight and obese children and adolescents for decision-making.

Best practices and lessons learned from experiences to reduce obesity- and nutrition-related chronic diseases are not being identified, documented and disseminated.

The challenge is to promote the adoption of healthy dietary habits, active lifestyles, and the adequate control of obesity and nutrition-related chronic diseases.

In the Americas, food safety activities are fragmented and developed by various actors whose mandates are often not clearly defined.

The challenge is to develop integrated effective food safety systems, which are vital to maintain consumer confidence in the food system and which provide a sound regulatory foundation for national and international trade in food, which supports economic development.

STRATEGIC APPROACHES

- Using a life course approach, enable policy environments at all levels, health promotion, primary health care, and social protection.
- Developing and disseminating macro policies targeting the most critical nutrition-related issues.
- Strengthening capacity throughout the health and non-health sectors based on standards.
- Supporting information, knowledge management and evaluation systems.
- Supporting risk assessments and risk communication.
- Mobilizing partnerships, networks, and a regional forum in food and nutrition.

ASSUMPTIONS AND RISKS

Assumptions:

- Adequate nutrition will continue to be recognized as a fundamental prerequisite for health and development.
- Health promotion and prevention will support modifications in individual behaviors, and provide supportive environments that help individuals to make more informed choices to prevent malnutrition and diseases arising from unsafe food.
- Access to adequate and safe food is prominent in policy agendas; Member States are committed to comprehensive and integrated policies and plans, and to the development and strengthening of their national food security, nutrition and food safety programs, based on reliable and current evidence.
- National and international stakeholders will have a positive attitude towards harmonization of actions that will facilitate working in synergy towards common agendas.

Risks:

- Emergence of parallel health, nutrition, and food security and safety agendas due to lack of communication and coordination among partners.
- Low investment and political commitment from governments concerning nutrition, food security and food safety.
- Large multi-country natural disasters, such as hurricanes, droughts, volcanic eruptions, which seriously affect the food and nutrition situation of vulnerable populations, and the implementation feasibility of basic nutrition, food security and food safety interventions.

REGION-WIDE EXPECTED RESULTS

RER 9.1 **Partnerships and alliances formed, leadership built and coordination and networking developed with all stakeholders at country, regional and global levels, to promote advocacy and communication, stimulate intersectoral actions, and increase investment in nutrition, food safety and food security.**

Indicator #	RER Indicator text	Baseline 2007	Target 2009	Target 2013
9.1.1	Number of countries that have coordination mechanisms to promote intersectoral approaches and actions in the area of food safety, food security and nutrition	18	22	30
9.1.2	Number of countries that have included nutrition, food-safety and food-security activities in their sector-wide approaches, Poverty Reduction Strategy Papers or development policies, plans and budgets, including a mechanism for financing nutrition and food-safety activities	10	15	25

RER 9.2 **Member States supported through technical cooperation to increase their capacity to assess and respond to all forms of malnutrition, and zoonotic and non-zoonotic foodborne diseases, and to promote healthy dietary practices.**

Indicator #	RER Indicator text	Baseline 2007	Target 2009	Target 2013
9.2.1	Number of countries implementing nutrition and food safety norms, and guidelines according to global and regional mandates	15	20	30
9.2.2	Number of new norms, standards, guidelines, tools and training materials, produced by the PASB, for prevention and management of zoonotic and non-zoonotic foodborne diseases	0	1	5

RER 9.3 **Monitoring and surveillance of needs, and assessment and evaluation of responses in the area of food security, nutrition and diet-related chronic diseases strengthened, and ability to identify suitable policy options improved.**

Indicator #	RER Indicator text	Baseline 2007	Target 2009	Target 2013
9.3.1	Number of countries that have adopted and implemented the WHO Child Growth Standards	0	10	25
9.3.2	Number of countries that have nationally representative surveillance data on one major form of malnutrition	12	15	22
9.3.3	Number of countries that produce and publish scientific evidence and information for public policy and programs on at least one of the following topics every year: 1) Nutritional deficiencies and risk factors in different population groups; 2) Social, economic and health determinants of food and nutrition insecurity; 3) Overweight and obesity in children and adolescents; and 4) Program effectiveness	11	15	22

RER 9.4 **Member States supported through technical cooperation for the development, strengthening and implementation of nutrition plans and programs aimed at improving nutrition throughout the life-course, in stable and emergency situations.**

Indicator #	RER Indicator text	Baseline 2007	Target 2009	Target 2013
9.4.1	Number of countries that have developed national programs that implement at least 3 high-priority actions recommended in the Global Strategy for Infant and Young Child Feeding	5	12	20
9.4.2	Number of countries that have developed national programs that have implemented strategies for prevention and control of micronutrient malnutrition	11	16	25
9.4.3	Number of countries that have developed national programs that implement strategies for promotion of healthy dietary practices in order to prevent diet-related chronic diseases	11	16	25
9.4.4	Number of countries that have incorporated nutritional issues in their comprehensive response programs for HIV/AIDS and other epidemics	11	14	25
9.4.5	Number of countries that have strengthened national preparedness and response capacity for food and nutrition emergencies	11	16	25

RER 9.5 **Zoonotic and non-zoonotic foodborne diseases, and foot-and-mouth disease surveillance, prevention and control systems strengthened and food hazard monitoring programs established.**

Indicator #	RER Indicator text	Baseline 2007	Target 2009	Target 2013
9.5.1	Number of countries with established operational and intersectoral collaboration for the surveillance, prevention and control of foodborne diseases	16	22	30
9.5.2	Number of countries that have initiated or strengthened programs for the surveillance and control of at least one major foodborne disease	2	7	18
9.5.3	Number of South American countries that have achieved at least 75% of the Hemispheric Foot-and-mouth Disease Eradication Plan objectives	4/11	6/11	11/11

RER 9.6 **Technical cooperation provided to National Codex Alimentarius Committees and the Codex Commission of Latin America and the Caribbean.**

Indicator #	RER Indicator text	Baseline 2007	Target 2009	Target 2013
9.6.1	Number of Latin American and Caribbean countries participating in relevant Codex Meetings	36/36	36/36	36/36
9.6.2	Number of countries that have built national systems for food safety and foodborne zoonoses with international links to emergency response systems	18	22	30

STRATEGIC OBJECTIVE 10

To improve the organization, management and delivery of health services

SCOPE

This Strategic Objective (SO) focuses on strengthening health services to provide equitable and quality health care for all people in the Americas, especially the neediest populations. The Regional Declaration on the New Orientations for Primary Health Care and PAHO's position paper on Renewing Primary Health Care in the Americas (CD46/13, 2005) provide the framework to strengthen the health care systems of the countries in the Americas.

INDICATORS AND TARGETS:

- Percentage of rural population living more than one hour away from a first level of care center, in six countries of the Region where a study was completed. Baseline: 10.6% in 2004. Target: 7% by 2013.

- Percentage of population covered by the healthcare network in six countries of the Region where a study was completed. Baseline: 30% in 2004. Target: 40% by 2013. (The healthcare network includes all health services {public, social security, community, private, etc.} in the respective country.)

ISSUES AND CHALLENGES

The Region of the Americas is one of the most unequal regions of the world, not only in terms of income distribution, but also in terms of access to social services. Profound inequities and inequalities in access to health services exist among the different countries of the Region, as well as within each one of them. It is estimated that 125 million people living in Latin America and the Caribbean do not have access to basic health services (about 27% of the population). While in Canada 100% of children are delivered by trained health personnel, this figure is only 24.2% in Haiti, 31.4% in Guatemala, and 60.8% in Bolivia. Within countries, inequities affect primarily low-income, rural and indigenous populations. Although average rates of utilization of health services have improved in recent years, inequities still persist or have worsened.

Several types of barriers explain inequities in access to, and utilization of, health services. Some of these are social and cultural (e.g. education level, language, cultural beliefs), economic (ability to pay, having health insurance), geographical (e.g. distance from adequate services), organizational (hours of operation, availability of medicines and of trained personnel to meet the needs, preferences, and demands of the population attitudes and behaviors of providers) and individual (e.g. lifestyle choices, health beliefs).

Until now, most efforts by governments, NGOs, donors, bilateral and multilateral agencies have addressed inequities in access to health services by expanding coverage of basic services in underserved areas. Although positive, this approach has been supply-driven, often neglecting local cultural preferences and social realities. Users and consumers have been left out of important decision-making regarding their health services. Moreover, some of these efforts have been hindered by organizational problems such as lack of personnel, shortages of medicines and inadequate hours of operation.

Another important challenge in the Region is the poor quality of health care, which leads to ineffective, inefficient and costly health services, as well as low user satisfaction. Quality problems affect all levels of the system, from the individual provider to the facility and system levels.

A frequent problem in most countries is the poor resolution capacity of primary care services. In addition to their poor effectiveness and efficiency, most primary care services are reactive, fragmented, disease-oriented and predominantly curative. Primary care services have little or no individual and community participation, poor intersectoral collaboration and weak accountability for results.

Another important problem is the poor performance of hospitals in terms of clinical outcomes and patient safety. Hospitals are not doing enough in terms of providing the best care possible to their patients. Patients are often submitted to ineffective, unnecessary, or even harmful diagnostic and therapeutic procedures. This situation contributes to inefficient use of resources, high fatality, hospital infection and early readmission rates. The levels of variation observed in the use of procedures in hospitals of similar characteristics represent a measure of ineffective or unnecessary care.

Lack of coordination among the different levels of care and points of service leads to duplication of services, unnecessary increases in health costs, as well as fragmented and inopportune care.

A particular problem of organizing and managing services relates to emergency care systems. In many cities of the Region, emergency services have not been systematically organized and are not properly managed. Although the development of emergency service systems is not a priority for most countries (only five of the twelve PAHO-surveyed countries provide public funding for emergency services), the increased incidence of motor vehicle and other severe injuries, in addition to the burden of acute medical conditions, indicate the pressing need to improve the effectiveness of emergency care systems.

The main foundation for promoting effective health services with good management practices is the availability of reliable, timely and accurate information for decision-making and the translation of information into knowledge and action. Situation analyses, best practices, and evidence on health services and population health needs are essential for exposing underlying factors related to the services being delivered and the basis for modifying the status quo and improving the health of populations.

STRATEGIC APPROACHES

- Implementing the Primary Health Care (PHC) approach in all health systems and services of the Region based on PAHO/WHO's Working Document CD46/13 and the Regional Declaration of the New Orientations for Primary Health Care.
- Building the institutional development of the health sector to improve national capacity for implementation of health policies to increase health services coverage.
- Promoting universal access to information and knowledge to overcome existing asymmetries in access and to share vital information among countries of the Region.
- Building on lessons learned, and the exchange of experiences and best practices among the countries.

- Establishing partnerships, alliances and networks with governments, universities, research centers, collaborating centers, professional associations and others.

ASSUMPTIONS AND RISKS

Assumption:

- Social and political stability will continue in the Region.

Risks:

- A large portion of the increase in health funding from external sources will be directed to disease-specific interventions, reducing the resources available for system-wide approaches, and reinforcing separate vertical programs.
- The persistence of segmentation will hinder the efficiency of the healthcare delivery system and will compromise its potential to decrease exclusion.
- Health authorities will concentrate on the first level of care at the expense of addressing disparities and inefficiencies at the second and third levels of care.

REGION-WIDE EXPECTED RESULTS

RER 10.1 **Member States supported through technical cooperation for equitable access to quality health care services, with special emphasis on vulnerable population groups.**

Indicator #	RER Indicator text	Baseline 2007	Target 2009	Target 2013
10.1.1	Number of countries that have implemented policies to increase access to basic health care services (PASB's initiatives on Primary Health Care renewal)	14	18	21
10.1.2	Number of countries that report progress in their quality improvement programs	11	19	24

RER 10.2 **Member States supported through technical cooperation to strengthen the organizational and managerial capacities of service delivery institutions and networks to improve their performance.**

Indicator #	RER Indicator text	Baseline 2007	Target 2009	Target 2013
10.2.1	Number of countries that have applied the PAHO health services Productive Management Methodology and its supporting tools	5	14	23

RER 10.3 **Member States supported through technical cooperation for developing mechanisms and regulatory systems to ensure collaboration and synergies between public and non-public service delivery systems.**

Indicator #	RER Indicator text	Baseline 2007	Target 2009	Target 2013
10.3.1	Number of countries that have adopted PAHO's policy recommendations for integrating the health care delivery network, including public and non-public providers	3	12	22

RER 10.4 **Service delivery policies and their implementation in Member States increasingly reflect the Primary Health Care (PHC) approach.**

Indicator #	RER Indicator text	Baseline 2007	Target 2009	Target 2013
10.4.1	Number of countries that report progress in implementing PHC-based Health Systems according to PAHO's Position Paper and Regional Declaration on PHC	1	15	23

STRATEGIC OBJECTIVE 11

To strengthen leadership, governance and the evidence base of health systems

SCOPE

This strategic objective aims at improving the leadership and governance of the health sector and the capacity of the national health authority to exercise its steering role, which includes policy making, regulation, and performance of the essential public health functions. Paramount to the achievement of this objective is the improvement of national health systems and the production of quality data, information and knowledge for planning and decision-making.

INDICATORS AND TARGETS

- Number of countries with legislation aimed at increasing access to health (non-personal services and public health) and health care. Baseline: 5 countries in 2007. Target: 15 by 2013.
- Number of countries that have established national health objectives to improve health outcomes. Baseline: 3 countries in 2007. Target: 10 countries by 2013.
- Number of countries that have implemented monitoring and performance evaluation of the health information systems according to the standards of PAHO/WHO and the Health Metrics Network. Baseline: 3 countries in 2007. Target: 15 countries by 2013.
- Number of countries incorporating knowledge management and technology-based health strategies to strengthen their health systems. Baseline: 10 countries in 2007. Target: 20 countries by 2013.
- Number of countries that fulfill the Mexico Summit commitment to devote at least 2% of the public health budget to research. Baseline: 0 countries in 2006. Target: 10 countries by 2013.

ISSUES AND CHALLENGES

Uncertainty, complexity and turbulence in a highly networked but unequal world define a challenging landscape for health systems in the Region. Policy agendas have become more intricate, and policy arenas more crowded with expanded policy and epistemic communities, networks and advocacy coalitions that exercise power and influence through collective action. This fluid environment affects the overall capacity of the public sector to formulate and implement policies, as well as the quality of its governance and leadership. For the health sector and health systems, this translates into an often weakened ability of the national health authority to discharge its essential public health functions, to anticipate issues, establish priorities vis-à-vis competing demands, influence and negotiate, and to manage complex relationships with a growing number of agents. Thus, the crucial challenges are to increase the capacity of the health sector, and the capacity of the national health authority to exercise its steering role. Lack of universal access and poor utilization of health services disproportionately affect vulnerable population groups and increase exclusion in health. Segmentation and fragmentation of health systems and of the delivery networks remain the most salient features of health systems and

delivery networks. Therefore, reducing inequalities in health conditions and increasing access to personal and non-personal health services represent significant challenges for the health systems.

Legal frameworks and regulations (obligations, roles, functions, and definition of interactions among public, private and social actors at national and international levels) are insufficient to support the implementation of nationally-defined guarantees. Moreover, some critical requisites for increasing access, ensuring social protection and respect for patient's rights are not always safeguarded. Enforcement capacity is also weak. The challenge is to improve the performance of the health systems by strengthening strategic planning, policy-making and analysis, legislation, and regulation; the challenge is also to strengthen enforcement capacity.

Health information systems are fragmented, and production of quality data is uneven and often unreliable. Moreover, availability and use of scientific evidence and quality data for planning and decision-making, including reliable vital and health statistics and epidemiological data, is limited. This reflects the existing difficulties that some countries face in identifying and satisfying their own knowledge and information needs. This also results from the limited analytical capacity of many countries, as well as their inability to tackle new metrics. The nature of current health problems requires quality, timely health and non-health data disaggregated by sex, age and place of residence, and robust analytical capacity. The challenges are to consistently produce reliable quality data with appropriate periodicity, increasing the analytical capacity, and promoting its use for decision-making.

Research for health is essential for development, yet the national health research systems are often incipient or too weak to address priority needs in health research, and to translate products into meaningful contributions that improve health systems. The paucity of regional scientific production reflects inadequate priority setting for health research, low investment and the lack of needs-driven research agendas. The challenges are to develop, implement or strengthen national health research policies with political support and funding; to improve capacity to conduct health research of national interest, including public health and health systems research; and to translate research findings into policy and practice.

STRATEGIC APPROACHES

- Developing and maintaining a comprehensive approach, customized to fit the political, cultural, social and technological national contexts, that: encourages the participation and establishment of partnerships with relevant stakeholders; develops sustainable structures, processes, and capacities to achieve national goals and objectives; and strengthens the steering role of the national health authorities.
- Expanding and improving access to information and knowledge, and bridging the gap between knowledge and practice through sharing and dissemination of health information, knowledge and communication technologies.
- Establishing or strengthening national health information systems to generate, analyze, and utilize reliable information from public and private sources (e.g. administrative data sources, disease registries, surveillance, screening data, clinical [unless privacy protected] and laboratory, vital records, census, surveys, etc), including concrete efforts to secure technical and financial support, and the meaningful collaboration of relevant stakeholders and partners.
- Building and sustaining the necessary capacity for conducting research on issues of national interest in the areas of public health, health policies and health systems, and translating the

findings into policy and practice. An important component of this approach is the formulation of a regional policy of health research.

ASSUMPTIONS AND RISKS

Assumptions:

- All relevant stakeholders are committed to achieving health equity while dynamic leadership and governance is maintained.
- External partners change the way they operate in terms of financing and execution to strengthen national activities, and they put in practice the principles of the Paris Declaration on Aid Effectiveness.
- Strategic partnerships are established or strengthened, while the participation of stakeholders at the national, subregional and regional levels is maintained and expanded.
- Member States and development partners make increasing use of quality data for resource allocation, priority setting, policy and program development.

Risks:

- Lack of international and national investment in health systems, especially in the middle-income countries, where the majority of the Region's poor reside.
- Equity-enhancing public policies are unsustainable and intersectoral coordination is weak.
- A preference for short-term solutions, rather than applying greater foresight and investing in long-term, sustainable measures.

REGION-WIDE EXPECTED RESULTS

RER 11.1 **Member States supported through technical cooperation to strengthen the capacity of the national health authority to perform its steering role; improving policy analysis, formulation, regulation, strategic planning, implementation of health system changes; and enhancing intersectoral and inter-institutional coordination at the national and local levels.**

Indicator #	RER Indicator text	Baseline 2007	Target 2009	Target 2013
11.1.1	Number of countries that have assessed the performance of their national health systems as measured by a regionally agreed and validated tool.	0	5	10
11.1.2	Number of countries that show improvement in the performance of the steering role as measured by the assessment of Essential Public Health Functions	N/A	8	12
11.1.3	Number of countries with regulatory institutions that produce legal frameworks and regulations	4	8	12
11.1.4	Number of countries that have developed resourced medium or long-term sectoral plans or defined national health objectives	3	5	10

RER 11.2 **Member States supported through technical cooperation for improving health information systems at regional and national levels.**

Indicator #	RER Indicator text	Baseline 2007	Target 2009	Target 2013
11.2.1	Number of countries that have implemented the monitoring and performance evaluation process of the health information systems based on the standards of WHO/PAHO and the Health Metrics Network	3	7	15
11.2.2	Number of countries that have resourced plans to strengthen vital and health statistics, including the production of information and the use of the Family of International Classifications (FIC) in accordance with international standards established by PAHO/WHO and the Health Metrics Network	3	8	40
11.2.3	Number of countries that have implemented the Regional Core Health Data Initiative and that periodically produce and publish the basic health indicators at sub-national levels (first or second administrative levels)	18	22	26

RER 11.3 **Member States supported through technical cooperation to increase equitable access to, and dissemination and utilization of, health-relevant information, knowledge and scientific evidence for decision-making.**

Indicator #	RER Indicator text	Baseline 2007	Target 2009	Target 2013
11.3.1	Number of countries that use the standardized basic health indicators and other available statistical information	5/33	8/33	12/33
11.3.2	Number of countries that have improved their analysis capacities for generating information and knowledge in health measured by periodic updates of the country profiles	5/33	7/33	10/33
11.3.3	Number of countries that participate in Evidence Information Policy Network (EVIPNet)	8	12	16
11.3.4	Number of countries with a public health sector strategy for updating protocols, procedures and processes of technical programs with the latest evidence	8	15	25
11.3.5	Number of countries that have access to essential scientific information and knowledge as measured by access to Virtual Health Libraries (VHL) at national and regional levels	10	15	25

RER 11.4 **Member States supported through technical cooperation for facilitating the generation and transfer of knowledge in priority areas, including public health and health systems research, and ensuring that the products meet WHO ethical standards.**

Indicator #	RER Indicator text	Baseline 2007	Target 2009	Target 2013
11.4.1	Number of countries that show improvement in the cluster indicator for Essential Public Health Function #10 (public health research)	0	5	10
11.4.2	Number of LAC countries with national commissions aimed at monitoring compliance with ethical standards in scientific research	14/36	20/36	30/36

STRATEGIC OBJECTIVE 12

To ensure improved access, quality and use of medical products and technologies

SCOPE

Medical products include chemical and biological medicines, vaccines, blood and blood products, cells and tissues mostly of human origin, biotechnology products, traditional medicines and medical devices. Technologies include, among others, those for diagnostic testing, imaging, radiotherapy and laboratory testing. The work under this Strategic Objective (SO) will focus on more equitable access (as measured by availability, price and affordability) to essential medical products and technologies of assured quality, safety, efficacy and cost-effectiveness, and on their sound and cost-effective use.

INDICATORS AND TARGETS

- Number of countries in Latin America and the Caribbean (LAC) where access to essential medical products and technologies is recognized in national constitutions or legislations. Baseline: 6 countries in 2006. Target: 14 countries by 2013.

- Number of countries in LAC where quality of medical products and technologies is monitored by the national regulatory authority. Baseline: 5 countries in 2006. Target: 10 countries by 2013.

- Number of countries in LAC where public sector procurement systems include planning, procurement and distribution of quality medical products and technologies. Baseline: 6 countries in 2006. Target: 16 countries by 2013.

- Number of countries in LAC where the national regulatory authorities have the capacity to perform the following basic functions, as measured by international standards: a) licensing; b) pharmaco-surveillance; c) lot release system; d) access to a quality control laboratory; e) inspection of manufacturers; and f) evaluation of clinical results. Baseline: 14 countries with basic-level, 6 with intermediate level, 2 with high-level regulatory functions in place in 2006. Target: 10 countries with basic-level, 7 with intermediate level and 7 with high-level regulatory functions in place by 2013.

ISSUES AND CHALLENGES

Health technologies form the backbone of health services, yet the level of access to health technologies differs greatly between rich and poor countries. Some technologies are inherently safe, but the vast majority are not, and require systematically established quality assurance and quality control measures if undesired effects are to be avoided in their application. Even though most developing countries cannot afford the vast variety of health technologies, if they are carefully chosen, a country may still be able to offer its citizens a safe and reliable health service, even with limited resources.

The cost of medical products and technologies is substantial, especially in developing countries. While spending on pharmaceuticals represents less than one-fifth of total public and private health spending in most developed countries, it represents 15% to 30% of health spending in

transitional economies and 25% to 66% in developing countries. In most low income countries pharmaceuticals are the largest public expenditure on health after personnel costs, and the largest household health expenditure. Despite the potential positive health impact of essential drugs, lack of access to these drugs remains an issue. Although there is substantial spending on drugs in general, irrational use of drugs and poor drug quality remain serious global public health problems. The free trade agreements that are being negotiated or implemented in subregions, and their impact on the population's access to new products launched in the market, constitute an additional concern to Member States.

Most national immunization programs in the Region utilize vaccines that have been procured through PAHO's Revolving Fund. The quality of these vaccines is assured by the WHO prequalification system, including both assessments of the manufacturer and of the National Regulatory Authority (NRA) of the country. Responsibility for oversight is delegated to the NRA.

Assessment of NRAs, using WHO's standard methodology, has become an important tool in identifying NRA strengths and weaknesses in performing basic regulatory functions. The principal causes of noncompliance are: lack of organizational and independent structures, lack of qualified human resources, lack of coordination of activities, and poor infrastructure.

The World Health Organization (WHO) and the International Federation of Red Cross and Red Crescent Societies (IFRCRCS) have estimated that, for a community to have enough blood to cover its needs, 50 blood units per 1,000 inhabitants must be collected each year. The aggregated donation rate for the Region of the Americas is 24.5 blood units per 1,000 inhabitants, with 20 million units of blood collected for a population of 815 million. Inequity in the availability of blood among countries of the Region of the Americas is also manifested within the countries, with some major urban areas having access to the majority of blood available. Voluntary blood donation not only ensures the availability of blood, but also contributes to blood safety. Voluntary blood donors are less likely to be infected with transfusion-transmitted infections (TTIs), especially if they donate repeatedly. The high prevalence rates of TTI markers among blood donors and the number of unscreened blood units result in the transmission of infections to patients. There is a strong correlation of blood safety with availability and efficiency of the national blood system.

Access to image diagnosis services in LAC is much lower than in most developed countries, where the annual frequency is above 1,000 diagnostic explorations per 1,000 inhabitants. In 22 countries of our Region the frequency is around 150 per 1,000 inhabitants, while in five countries this value is approximately 20 per 1,000 inhabitants, representing 50 times less diagnostic explorations than what happens in high income countries. Access is also unequal, due to the costs of these services, poor insurance coverage and concentration in large urban areas; quality is essential to achieving the expected results of diagnoses.

Access to radiotherapy services is critical. Developed countries have 4 to 5 high-energy radiotherapy units per million inhabitants, while most countries in our Region have less than one, and few radiotherapy professionals.

Costs associated with these services, diagnostic imaging and radiotherapy, both in terms of the capital investment and operational costs for working and maintenance; require adequate planning and management, which is not present in most countries. This can be more critical when dealing with more complex equipment, such as computerized tomography, Nuclear Magnetic Resonance, linear accelerators and high dose brachytherapy.

The physical infrastructure and technology for health services has not improved significantly during 2006-2007. There is a continuous deterioration and outdating of infrastructure and equipment, and health authorities do not have a clear idea of the situation in the private sector. Several donors and banks are working simultaneously in this area, sometimes duplicating efforts. Most governments lack specific programs to regulate the importation, distribution, use and disposal of equipment.

The public health role of the laboratory includes the sustainable implementation of a system for quality assurance within the laboratory networks, strong interaction with epidemiologic surveillance in disease control, an integrated response to outbreaks and follow-up of the epidemiologic investigation process. National laboratory networks should be supported and reoriented towards a more intensive role in health surveillance and care by providing evidence for health interventions.

STRATEGIC APPROACHES

- Providing advocacy and support to Member States in the development, implementation and monitoring of national policies that facilitate access to, and affordability of, medical products and technologies.
- Implementing tools for improving cost-efficient medicine supply systems with emphasis in the public health services and targeted population groups through PAHO's Strategic Fund.
- Applying evidence-based international norms and standards, developed through rigorous, transparent, inclusive and authoritative process.
- Promoting a public health approach to innovation and intellectual property rights issues, and adapting interventions that have proved successful.
- Identifying, supporting and expanding regional networks to facilitate the implementation of new technology.

ASSUMPTIONS AND RISKS

Assumptions:

- Access to medical products and technologies will continue to be an important strategic issue for ministries of health.
- Subregional integration schemes will implement harmonized regulatory frameworks ensuring the circulation of quality products and technologies within the Region.
- Procurement systems will ensure appropriate availability of health products and technologies.
- Interagency coordination and joint efforts will continue.

Risks:

- Investments in technology and infrastructure without proper assessments and evaluation of needs.
- Negotiation and implementation of free trade agreements introduce restrictive issues that hamper access to medical products and technologies in the Region.

REGION-WIDE EXPECTED RESULTS

RER 12.1 **Member States supported through technical cooperation for the development and monitoring of comprehensive national policies on access, quality and rational use of essential public health supplies (including medicines, vaccines, herbal medicines, blood products, diagnosis services, medical devices and health technologies).**

Indicator #	RER Indicator text	Baseline 2007	Target 2009	Target 2013
12.1.1	Number of countries that have developed or implemented policies and regulations for essential medical products and technologies	15/36	23/36	27/36
12.1.2	Number of countries that have designed or strengthened comprehensive national procurement and supply systems	20/36	21/36	21/36
12.1.3	Number of countries with 100% voluntary non-remunerated blood donations	5	8	12
12.1.4	Number of countries that have increased access to essential public health supplies (medicines, blood products, vaccines and technologies).	11	20	24

RER 12.2 **Member States supported through technical cooperation to implement international norms, standards and guidelines for the quality, safety, efficacy and cost-effectiveness of essential public health supplies.**

Indicator #	RER Indicator text	Baseline 2007	Target 2009	Target 2013
12.2.1	Number of countries with integrated capacity for regulation of essential medical products and technologies, per application of WHO standard assessment	2	5	7
12.2.2	Number of countries that have adapted and implemented international norms, standards or guidelines on quality and safety of essential health products and technologies	3	7	10

RER 12.3 **Member States supported through technical cooperation to implement evidence-based policies to promote scientifically sound and cost-effective use of medical products and technologies by health workers and consumers.**

Indicator #	RER Indicator text	Baseline 2007	Target 2009	Target 2013
12.3.1	Number of countries promoting sound and cost effective use of medical products and technologies	11/36	16/36	20/36
12.3.2	Number of countries with a national list of essential medical products and technologies updated within the last five years and used for public procurement and/or re-imbursement	30	31	34