NETHERLANDS ANTILLES/ARUBA

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- Health reform.
- Leadership, organization, and human resources development at the Ministry of Health and Social Development.
- Essential public health functions at the central and local levels.
- Communicable and noncommunicable disease control.
- Health promotion.
- Environment and health.

PROJECTS

HEALTH IN NETHERLANDS ANTILLES

PURPOSE
To strengthen the steering role of the Ministry of Health, based on the national and PAHO strategic plan and the implementation of the essential public health function (EPHF) scheme at the islands level.

EXPECTED RESULTS
- Islands and national capacity strengthened to monitor, evaluate, and analyze health status.
- National capacity improved to achieve results and carry out key processes in public health, surveillance, research, risk control, and public health threats (EPHF # 2).
- National capacity improved to achieve results and carry out key processes in health promotion (EPHF # 3).
- National capacity improved to achieve results and carry out key processes in social participation in health (EPHF # 4).
- National capacity strengthened to develop policies, and institutional capacity strengthened in public health planning and management.
- National capacity improved to achieve results and carry out key processes to strengthen the institutional capacity to regulate and enforce public health (EPHF # 6).
- National capacity strengthened to evaluate and promote equitable access to necessary health services.
- National capacity improved to define human resources development policies and public health training (EPHF # 8).
- National capacity improved to ensure the quality of personnel and population-based health services.
- National capacity improved to develop policies and national research in health (EPHF # 10).
- National capacity improved to achieve results and carry out key processes to minimize the impact of emergencies and disasters on public health (EPHF # 11).
HEALTH IN ARUBA

PURPOSE
To strengthen the steering role of the Ministry of Health by implementing the national strategic plan and the essential public health function scheme.

EXPECTED RESULTS
• Monitoring, evaluation, and analysis of health status strengthened (EPHF # 1).
• Public health surveillance, research, and control of risks and threats to public health improved (EPHF # 2).
• Health promotion improved (EPHF # 3).
• Social participation in health improved (EPHF # 4).
• National capacity strengthened to develop policies, and institutional capacity strengthened in public health planning and management.
• Institutional capacity strengthened to regulate and enforce public health (EPHF # 6).
• National capacity strengthened to evaluate and promote equitable access to necessary health services.
• Human resources development and public health training improved (EPHF # 8).
• National capacity improved to ensure the quality of personnel and population-based health services.
• Public health research improved (EPHF # 10).
• Minimizing the impact of emergencies and disasters on public health (EPFH # 11) improved.

RESOURCES (US$)

<table>
<thead>
<tr>
<th>Percentage of estimated expenditure</th>
<th>Regular budget</th>
<th>Other sources</th>
<th>All funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total 2002-2003</td>
<td>199,200</td>
<td>100,000</td>
<td>299,200</td>
</tr>
<tr>
<td>Intersectoral action and sustainable Development</td>
<td>23%</td>
<td>-</td>
<td>23%</td>
</tr>
<tr>
<td>Health information and technology</td>
<td>8%</td>
<td>-</td>
<td>8%</td>
</tr>
<tr>
<td>Universal access to health</td>
<td>44%</td>
<td>-</td>
<td>44%</td>
</tr>
<tr>
<td>Disease control and risk management</td>
<td>23%</td>
<td>-</td>
<td>23%</td>
</tr>
<tr>
<td>Family and community health</td>
<td>2%</td>
<td>-</td>
<td>2%</td>
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</tbody>
</table>