

# HEALTH INFORMATION AND TECHNOLOGY

## 5.1 RESEARCH AND KNOWLEDGE SHARING (RKS)

Strengthening national capacity in health science and technology. Promoting biomedical and public health research. Fostering the sharing of knowledge in public health priority areas.

### ISSUES AND CHALLENGES

- > Inadequate sharing and access to public health knowledge, organizational knowledge and partnership knowledge.
- > Weak culture of research and its limited utilization for decision-making and policy formulation at country and regional levels.
- > Low utilization of information technology to support exchanges and sharing of evidence-based work for innovation and creation of knowledge.
- > Increasing competition in the field of health publications.

### AREA OF WORK GOAL/AREA OF WORK OBJECTIVE(S)

#### AREA OF WORK GOAL

Knowledge and practice of public health improved by reducing the inequity in the access to information and knowledge generated at national level and by PAHO/WHO and other regional and international partners.

#### AREA OF WORK OBJECTIVE(S)

Equitable and ethical knowledge-based culture established within the Secretariat supported by the generation of quality documents, research, innovative processes and optimal use of technology.

### STRATEGIC APPROACH

- > Strengthen the capacity of research for innovation and knowledge creation.
- > Promote the development of mechanisms for transfer of knowledge and best practices among Member States, external agencies and partners and the Secretariat.
- > Strengthen intellectual asset management.
- > Improve the utilization of information technology for the above.

### EXPECTED RESULTS

1. Intellectual Asset Management strengthened.

### INDICATORS

- Policy and guidelines for Institutional Memory revised and disseminated by June 2004.
- Information technology for institutional memory management defined by March 2005.

<p>2. Mechanisms and tools for dissemination of scientific and technical information developed and functioning.</p>	<ul style="list-style-type: none"> <li>• VHL Science and Health functioning in at least five countries by the end of 2005.</li> <li>• Information on PAHO's technical cooperation in health research available on the PAHO website and through the VHL Science and Health link and includes at least a) Reports on the WHO/PAHO Collaborating Centers b) Reports on the recommendations of the Director's Advisory Bodies on Research (CAIS, CAII and PAHOERC)</li> <li>• At least two agreements signed with collaborating institutions by the end of 2005</li> <li>• A minimum of two sources of information on scientific issues operational in the VLH Science and Health by the end of 2005.: CvLAC and Base C&amp;S Literature</li> </ul>
<p>3. Virtual Health Library promoted and developed at national and international levels.</p>	<ul style="list-style-type: none"> <li>• Assessments and plans for VHL completed in 10 countries by the end of 2005.</li> <li>• Persons trained in the management of VHL in 10 countries by the end of 2005.</li> <li>• Information on the role of BIREME/VHL in the international and national scientific community disseminated through monthly bulletins, press releases and other media.</li> </ul>
<p>4. Capacity for information dissemination improved to support increased access to knowledge.</p>	<ul style="list-style-type: none"> <li>• Guidelines for Electronic Publishing revised and staff in HQ trained in same by the end 2005.</li> <li>• Procedures to manage Web pages developed by the end of 2004.</li> <li>• New search tools available by the end of 2004.</li> </ul>
<p>5. Mechanisms for the transfer of knowledge and best practices developed.</p>	<ul style="list-style-type: none"> <li>• Communities of practices developed in five Program Areas by the end of 2005.</li> <li>• Listing of desired competencies linked to the Strategic Plan available by the end of 2004.</li> <li>• Lessons learnt from technical cooperation on the Website and updated annually.</li> </ul>
<p>6. Research capacity strengthened and research on relevant regional health problems by individuals, institutions or intercountry collaborative groups supported.</p>	<ul style="list-style-type: none"> <li>• At least ten research projects identified and financed through regional grants by the end of 2005.</li> <li>• At least 20 groups of researchers organized and functioning and four country networks functioning around the projects.</li> <li>• Program for strengthening capacity among health workers in one subregion developed and executed by the end 2005.</li> <li>• At least two agreements signed with collaborating institutions by the end of 2005.</li> <li>• At least 30 young researchers awarded grants for</li> </ul>

	<p>postgraduate thesis work. By the end of 2005.</p> <ul style="list-style-type: none"> <li>• At least 20 researchers awarded scholarships by recognized institutions and awarded grants for their research projects by the end of 2005.</li> </ul>
<p>7. Mechanisms for facilitating the participation of society in scientific activity tested.</p>	<ul style="list-style-type: none"> <li>• Methodology for "Citizens Consensus Conferences in Science and Health" adapted for and in use in at least four countries by the end of 2005.</li> </ul>
<p>8. BIREME's and VHL's technology operating to support international level of service.</p>	<ul style="list-style-type: none"> <li>• BIREME's local network and the regional website for VHL connected full-time to the Internet and working at a speed of 100Mps.</li> <li>• Servers for electronic mail, lists and communication operating full time in Internet.</li> </ul>
<p>9. VHL upgraded.</p>	<ul style="list-style-type: none"> <li>• VHL tools and methodologies and methodologies upgraded annually in accordance with international standards.</li> <li>• Site developed for the capture of structured information, news, experiences, evidence and knowledge will be operational in the VHL by July 2005.</li> </ul>
<p>10. Situation with respect to scientific information and communication reviewed continuously.</p>	<ul style="list-style-type: none"> <li>• Current indicators on the state of scientific communication in health in LAC based on the scientific production indexed in Web of Sciedel ISI, MEDLINE, LILACS and SciELO posted on VHL.</li> <li>• Annual report on the state of communications en LAC disseminated.</li> <li>• Level of utilization of the indicators developed by BIREME, in publications of national and international agencies, monitored.</li> </ul>
<p>11. Quality health information available through a range of publications made accessible to stakeholders.</p>	<ul style="list-style-type: none"> <li>• Original research articles from throughout the Region, on the gamut of public health issues will have been published in monthly issues of the Pan American Journal of Public Health/Revista Panamericana de Salud Publica after peer review.</li> <li>• Texts on topics relevant to the organizations technical work issued according to the highest editorial standards.</li> </ul>
<p>12. Health information and marketing needs determined and used in decision-making and marketing coordinated with partners.</p>	<ul style="list-style-type: none"> <li>• A health information country profile completed for every country in the Region by 31 December 2004.</li> <li>• A range of marketing research to assess market competition and readers' use PAHO information</li> </ul>

	<p>products and services completed each year and results incorporated in the decision-making process of every editorial project.</p> <ul style="list-style-type: none"> <li>• PUB/DM, WHO/DMI and marketing operations of other publishers will have collaborated in the dissemination of their respective territories.</li> <li>• The publication site on ingenta.com. will have continued being developed.</li> <li>• CD-ROM's of PAHO titles will have been produced and selective dissemination of PAHO titles on www.paho.org will have proceeded.</li> </ul>
<p>13. Institutional memory database updated.</p>	<ul style="list-style-type: none"> <li>• 100 % of new records are included in the institutional memory database, including records from PWR Offices by the end of each year.</li> <li>• All historical documents available in the institutional memory database by the end of 2005.</li> </ul>
<p>14. Management of PAHO's web pages improved and staff trained to use the web more effectively.</p>	<ul style="list-style-type: none"> <li>• Utilization of PAHO internet and intranet sites analyzed at least semi-annually.</li> <li>• Comprehensive guidelines for the organization and management of Web pages developed by the end of 2004.</li> <li>• Terms of reference of content managers defined; work flows for all Areas and 30% of PWR Offices analyzed and mapped by 2005; and 70% of content managers trained.</li> <li>• 30% of PAHO staff from Headquarters trained in information/data search and retrieval techniques.</li> <li>• All staff trained in the use of on-line catalogue of the library</li> </ul>

**RESOURCES (US\$)**

		Regular budget	Other sources	All funds
Total 2002-2003		14,781,900	3,679,500	18,461,400
Total 2004-2005		14,277,600	1,957,200	16,234,800
Percentage of estimated expenditure	Country	8%	0%	7%
	Intercountry	92%	100%	93%
	Regional	-	-	-

# HEALTH INFORMATION AND TECHNOLOGY

## 5.2 HEALTH INFORMATION AND ANALYSIS (HST)

Strengthening capacities for generating and utilizing information for assessing health status, its determinants and trends at the sub-national, national, sub-regional and regional levels. Supporting the analytical base for the definition of health priorities, policies and intervention strategies.

### ISSUES AND CHALLENGES

- > Demographic and epidemiological profiles at the beginning of the 21st century reveal the simultaneous existence of communicable and noncommunicable diseases, coupled with accidents y violence, which require new analytical approaches and methodologies, especially at the local level.
- > The capacity of the Secretariat and the Member States to perform the necessary operational situation analysis to support decision-making in public health, document inequalities in health, and assess the impact of population-based interventions is deficient.
- > Public health administration requires core data and basic information, disaggregated at the subnational level, to produce evidence and relevant epidemiological studies. Measurement based on national averages does not reflect the unequal distribution of health.
- > There has been a serious deterioration in vital statistics and routine data collection systems; it is necessary to standardize the data validation and verification processes, which includes the codification of events using the International Classification of Diseases and other classification tools.
- > The lack of linkage among the 51 or more internal technical information systems of the Secretariat has led to the duplication of efforts and resources and inconsistencies in health analysis.
- > The Strategic Plan 2003-2007 addresses three critical organizational areas: closing the gaps in information and analysis; maximizing the use of technology and improving the capacity for strategic anticipation; and utilizing advances in sciences and technology.

### AREA OF WORK GOAL/AREA OF WORK OBJECTIVE(S)

#### AREA OF WORK GOAL

Policy-making in public health based on health situation analysis that employs valid core data and epidemiological evidence.

#### AREA OF WORK OBJECTIVE(S)

Epidemiology's analytical and problem-solving capacity in public health administration in the Region strengthened and support provided to improve the Secretariat's capacity for situation analysis. Technical information systems of the Secretariat linked, the Regional Core Data Initiative consolidated, data disaggregated to the subnational level, and the national health and vital statistics system developed.

## STRATEGIC APPROACH

- > Design, adaptation, and provision of norms and standards, analytical methodological guidelines, and tools.
- > Strengthening of training programs in statistics and health analysis.
- > Strengthening of surveillance systems and their links.
- > Linkage of technical information systems in the Secretariat, employing common standards for quality, consistency, and validation, and the use of networking platforms.
- > Promotion of mechanisms to coordinate population and health statistics under the harmonization process of the Statistical Commission and the United Nations agencies.

### EXPECTED RESULTS

### INDICATORS

<p>1. Standardized methods and models for health situation analysis, as an essential public health function, available in the countries and the Secretariat.</p>	<ul style="list-style-type: none"> <li>• Methodological guidelines established for the design, development, and execution of health situation analyses, including impact assessment.</li> <li>• At least 2 model subregional situation analyses conducted using the updated core data of PAHO.</li> <li>• 45 country health profiles updated.</li> <li>• The CRAES and its subcommittees in operation.</li> </ul>
<p>2. Standards for public health surveillance produced to support the exercise of this function.</p>	<ul style="list-style-type: none"> <li>• At least 3 policy documents available on the design, analysis, and evaluation of surveillance in public health.</li> <li>• Model performance evaluation conducted of a public health surveillance system.</li> </ul>
<p>3. Human resources of Ministries of Health and the Secretariat trained in the use of epidemiological analysis in health situation analysis.</p>	<ul style="list-style-type: none"> <li>• 60 professionals trained in intermediate epidemiology and biostatistics.</li> <li>• Design and contents of epidemiology program and ASIS prepared.</li> <li>• 40 professionals trained as facilitators/teachers in public health surveillance and the measurement of inequalities.</li> <li>• Regional inventory of ASIS training resources available.</li> </ul>
<p>4. Strategic information for public health administration accessible and widely disseminated.</p>	<ul style="list-style-type: none"> <li>• 8 issues of the PAHO Epidemiological Bulletin of PAHO produced.</li> <li>• ASIS norms, standards, and methodologies available in electronic format.</li> </ul>
<p>5. Public health information systems and analytical capacity strengthened, including core health data.</p>	<ul style="list-style-type: none"> <li>• Prototype of a model technical health information system available at the regional level, as well as appropriate standards for linking information systems in the Secretariat.</li> <li>• Information in those integrated systems accessible on the common platform.</li> </ul>

<p>6. Geographic information systems in Epidemiology and Public Health (SIG-Epi) strengthened and developed conceptually, methodologically, and operationally.</p>	<ul style="list-style-type: none"> <li>• Documents available on methods and concepts for the application and instrumentation of SIG-Epi.</li> <li>• SIG-Epi available in Spanish, English, and Portuguese under cooperation agreements.</li> <li>• Capacity of SIG-Epi transferred to INCAP for Central America.</li> <li>• Regional Health Atlas and SIG-Epi applications available.</li> <li>• Shared digital databases available on border areas in the Americas. (Geodatabase).</li> </ul>
<p>7. Virtual communities and technology instruments created and maintained to support training in epidemiology, statistics, and health analysis.</p>	<ul style="list-style-type: none"> <li>• Technical document produced with recommendations on virtual communities and cooperation and communication networks in health analysis.</li> <li>• Two prototypes of computer-assisted systems developed to support epidemiology and biostatistics training.</li> <li>• Websites where AIS disseminates and shares information, content, and knowledge updated and maintained.</li> <li>• Chat room available for virtual meetings of AIS and the countries.</li> </ul>
<p>8. The definition, collection, validation, and dissemination of the core health data and data from the information systems on mortality and population improved.</p>	<ul style="list-style-type: none"> <li>• Regional Core Health Data Initiative consolidated through its integrated platform and up-to-date, accessible database.</li> <li>• Norms and standards available for the definition, calculation, collection, consistency, and validation of core health data.</li> <li>• 2 regional pamphlets published and distributed.</li> <li>• Specific technical files for each indicator available on the Web.</li> <li>• Technology transferred to at least one WHO Region for the development of its Regional Core Health Data System.</li> <li>• Modules for data entry, verification, and production of the standard tables necessary for producing mortality and population publications, functioning.</li> <li>• PAHO users able to access mortality data on the Web that meet the needs of the Organization.</li> <li>• Guidelines available for analyzing mortality in small areas and for studying the underreporting of mortality at the subnational level in the countries of the Region.</li> </ul>
<p>9. Development and training procedures linked with systems for the classification of diseases and health problems improved.</p>	<ul style="list-style-type: none"> <li>• Countries of the Region able to access members of the Family of Classifications in Health</li> <li>• Implementation Plan for the ICD-10 available</li> </ul>



- for the countries that require it.
- Short lists on regional morbidity and mortality available.
  - Two virtual networks on classifications in health in operation.

**RESOURCES (US\$)**

		Regular budget	Other sources	All funds
Total 2002-2003		12,061,800	3,238,300	15,300,100
Total 2004-2005		12,035,100	537,800	12,572,900
Percentage of estimated expenditure	Country	57%	65%	57%
	Intercountry	43%	35%	43%
	Regional	-	-	-

# HEALTH INFORMATION AND TECHNOLOGY

## 5.3 INFORMATION AND COMMUNICATION TECHNOLOGY (ICT)

Developing and maintaining corporate information systems that support technical cooperation and program management.

### ISSUES AND CHALLENGES

- > The rapid pace with which technology changes and the vast set of products and options available to resolve any given problem.
- > The high cost of technology vis -à-vis the limited resources of the Organization.
- > Demands/requirements of the users continually changing as a result of exposure to technology and potential use of technology in the conduct of their work.
- > Staff skills need to keep current.
- > The number of corporate applications that are seriously outdated; their use is manually intensive and personnel with the skills to support them are difficult to find.
- > The ever-present potential discord between the needs of the users to access information and the security needs of the Organization to protect information, particularly as it applies to Internet use.

### AREA OF WORK GOAL/AREA OF WORK OBJECTIVE(S)

#### AREA OF WORK GOAL

PAHO is able to effectively use technology to produce and disseminate meaningful and useful information in the conduct of its role as a strategic public health partner in the Americas.

#### AREA OF WORK OBJECTIVE(S)

Viable, stable and robust technology and information systems support the management and technical information requirements of the Organization without compromising the security of the Organization's information.

### STRATEGIC APPROACH

- > Strategic planning that ensures capacity for anticipated growth, compatibility with global technology, and responsiveness to changing requirements of PAHO and its clients, while remaining mindful of judicious use of public funds.
- > Development of clearly defined requirements and objectives of the PAHO staff for the collection, use, and dissemination of information.
- > Increased emphasis on the effective and proper use of the technology, through security awareness programs, education of staff in technology issues, and issuance of appropriate policies.

- > Sharing of applications across the United Nations system to reduce the cost of development or implementation of new software solutions.
- > Continual monitoring of developments in technology which may reduce the cost of ongoing services, such as Internet access and long distance telephone calls.

**EXPECTED RESULTS**

**INDICATORS**

<p>1. ICT strategic plan developed and guides work.</p>	<ul style="list-style-type: none"> <li>• IT strategic plan and policies in accordance with PAHO's overall strategic plan for information management, issued and adequate resolves identified.</li> <li>• Travel is relevant to the goals of the assignment and is successfully scheduled and executed.</li> <li>• ITS staff has the resources and training to enable them to execute assigned IT projects successfully.</li> </ul>
<p>2. The development, implementation, and maintenance of applications are done with increased efficiency and effectiveness.</p>	<ul style="list-style-type: none"> <li>• No project overruns in cost or time against predetermined project timelines and budgets.</li> <li>• Declining numbers of problems reported or enhancements requested for each application.</li> <li>• Country office and HQ staff can support daily operations using these corporate applications.</li> </ul>
<p>3. Stable and secure computing environment and network for PAHO is provided.</p>	<ul style="list-style-type: none"> <li>• A minimum of 99% accessibility to the network during working hours.</li> <li>• A trend towards reduction of helpdesk trouble tickets and the length of time required to resolve them.</li> <li>• Reductions in identified network security infractions, such as network intrusions or e-mail viruses that are propagated within PAHO's system(s).</li> </ul>
<p>4. Effective communications capabilities to headquarters and country offices is provided for telephone, voice, video, e-mail and Internet access, enabling users to communicate in a timely manner.</p>	<ul style="list-style-type: none"> <li>• Telephone and e-mail services are available at least 99% of the time during working hours; personnel have access to e-mail and other remote applications via the Internet when on travel status.</li> <li>• Satisfactory speed of access to Internet for queries or communications provided to all PAHO offices.</li> </ul>

**RESOURCES (US\$)**

		Regular budget	Other sources	All funds
Total 2002-2003		6,548,400	774,400	7,322,800
Total 2004-2005		7,597,700	774,400	8,372,100
Percentage of estimated expenditure	Country	-	-	-
	Intercountry	100%	100%	100%
	Regional	-	-	-

# HEALTH INFORMATION AND TECHNOLOGY

## 5.4 ESSENTIAL MEDICINES: ACCESS, QUALITY AND RATIONAL USE (EDV)

Strengthening of national capacity to improve equity in access to essential drugs of the highest quality, safety, and efficacy, including traditional medicine. Promotion of the rational use of drugs.

### ISSUES AND CHALLENGES

- > Access to drugs continues to be the main focus of pharmaceutical policies, and updating policies remains a challenge for the countries in their search for legal frameworks and strategies to optimize access, quality, and the rational use of drugs, taking generic drugs, sanitary regulations and drug financing into account.
- > Economic integration efforts through subregional agencies and bilateral and multilateral relations promote opportunities for information exchange and support among the subregions of the Hemisphere.
- > The opening of markets between the countries of the Region will require continued improvements in the quality of the pharmaceutical market and the harmonization of sanitary registry, with a view to adopting international quality standards, combating counterfeit drugs, and promoting the rational use of drugs.
- > Drug supply systems are being affected by the reform processes, especially privatization and decentralization. Central and local governments continue to debate financing and management strategies to guarantee the drug supply and strategic inputs in the public health services.

### AREA OF WORK GOAL/AREA OF WORK OBJECTIVE(S)

#### AREA OF WORK GOAL

The population of Region of the Americas has equitable, effective, efficient, and financially sustainable access to drugs.

#### AREA OF WORK OBJECTIVE(S)

National and regional capacity for policy-making, management, and quality assurance of drugs and other health inputs improved.

### STRATEGIC APPROACH

- > Strengthening and construction of strategic partnerships.
- > Strengthening of institutional capacity.
- > Information and dissemination of methodologies.
- > Updating of knowledge for health policy and health systems development.
- > Institutional mobilization with international agencies, regulatory authorities, the pharmaceutical industry, academia, and civil society organizations.

**EXPECTED RESULTS**

**INDICATORS**

<p>1. Development, implementation, and evaluation of drug policies that facilitate access to essential drugs supported with computerized information on the pharmaceutical sector in the Region of the Americas</p>	<ul style="list-style-type: none"> <li>• Effectiveness of pharmaceutical policies including that on generics, and practices in at least six countries analyzed and guidelines developed to support strengthening of the sector.</li> <li>• Scheme of the Observatory's thematic blocs finalized and profiles from at least 50% of the countries prepared for the Pharmaceutical Clearinghouse.</li> <li>• Financing of systems for access to essential drugs reviewed in at least three countries.</li> </ul>
<p>2. Harmonized regional proposals developed within the framework of the Pan American Network for Drug Regulatory Harmonization (PARF Network) and countries supported in the application of quality standards for pharmaceutical products.</p>	<ul style="list-style-type: none"> <li>• Professionals trained and updated in priority areas of harmonization such as GMP, BE, GCP, GLP, registry, medicinal plants.</li> <li>• Proposals drafted by the technical groups analyzed by the PARF Network and harmonized.</li> <li>• Recommendations by the GT/GMP for application in the area of GMP harmonized; in the area of Bioequivalence, formulated by the GT/BE, and in the area of GCP, by the GT/GCP.</li> </ul>
<p>3. Rational use of drugs promoted, including joint programs with medical and pharmacy schools, greater access to scientific information from independent sources, and improvements in patient information sources.</p>	<ul style="list-style-type: none"> <li>• Modalities for the accreditation of pharmacy schools analyzed and a regional proposal formulated.</li> <li>• Proposal prepared for the organization of the Pan American Commission on Pharmaceutical Education.</li> <li>• Community pharmacy participation in priority public health programs (diabetes, hypertension) analyzed in three countries.</li> </ul>
<p>4. National and regional supply systems analyzed, strategies for the management of health inputs developed, and process for prequalification of suppliers strengthened</p>	<ul style="list-style-type: none"> <li>• Model options available based on the analysis of supply systems in three countries.</li> <li>• Database on prequalified suppliers in operation and prequalification application forms for suppliers and prequalification criteria up-to-date and available on the Web page.</li> <li>• Quality controls applied in selected samples of drugs purchased through PAHO/WHO.</li> </ul>
<p>5. Procurement of public health supplies is facilitated for Member States to ensure the continuous availability of low cost quality products for priority public health programs.</p>	<ul style="list-style-type: none"> <li>• Revised operating procedures and technical manuals for the Strategic Fund implemented in participating countries.</li> <li>• 80% of the countries participating of the Fund using it as the procurement mechanism for essential public health supplies (HIV/AIDS, TB, malaria).</li> </ul>



- Supplier prequalification strengthened with the implementation and operation of a quality management system

**RESOURCES (US\$)**

		Regular budget	Other sources	All funds
Total 2002-2003		2,127,000	9,606,300	11,733,300
Total 2004-2005		2,160,000	461,600	2,621,600
Percentage of estimated expenditure	Country	44%	19%	40%
	Intercountry	56%	81%	60%
	Regional	-	-	-

# HEALTH INFORMATION AND TECHNOLOGY

## 5.5 CLINICAL TECHNOLOGY AND BLOOD SAFETY (CLT)

Support national capacity to improve access to safe blood, blood products, and health technologies. Promote the application of quality standards in clinical laboratories and public health and contribute to the development of institutional capacity.

### ISSUES AND CHALLENGES

- > Public health laboratories cannot fulfill their role in the health systems, since there is limited integration among laboratory and epidemiology services. The information generated is neither complete nor timely, limiting public health interventions--a situation that becomes critical when emergencies or unexpected events arise.
- > To improve quality in clinical laboratories and optimize intersectoral complementarity in an integrated fashion, it is essential to formalize accreditation processes and to operationalize and expand them to hospitals and the public health sector; this would include the certification of technical personnel and equipment.
- > Blood for transfusions is limited in the Region of the Americas, services are not timely, and while screening for HIV, HBV, and HCV markers in blood has increased, it has not reached the goal of 100%.
- > A high percentage of the blood used still comes from replenishment donors, when it should come from volunteers.
- > With the changes occurring in the population, the incidence of cardiovascular disease and cancer is growing, leading to heightened demand for diagnostic and radiotherapy services.
- > Most regulatory authorities in the area of radiation safety are atomic or nuclear energy agencies whose objective is to minimize exposure to radiation, rather than ensuring the proper use of ionizing radiation in medical procedures.
- > The main problems detected in terms of physical infrastructure and technology in the health services stem from the lack of institutional development to guarantee the planning, procurement, operation, maintenance, evaluation, retirement, and replacement of equipment and significant personnel deficits in terms of numbers and the training required for administration, program management, and technical support.

### AREA OF WORK GOAL/AREA OF WORK OBJECTIVE(S)

#### AREA OF WORK GOAL

The population of the Region of the Americas has equitable, effective, efficient, and sustainable access to laboratories, blood banks, transfusion services, and appropriate medical technology.

#### AREA OF WORK OBJECTIVE(S)

Strengthened national and regional capacity for policy-making and quality assurance in public health and clinical laboratories, blood banks, and transfusion services and in the regulation and use of medical technology.

## STRATEGIC APPROACH

- > Human resources development.
- > Development of national quality assurance programs.
- > Strengthening and construction of strategic partnerships and interinstitutional coordination.
- > Implementation of standards and guidelines.
- > Studies of supply, demand, and costs for the services.
- > Promotion and coordination of projects for collaboration among the Member States, and work with collaborating centers and professional and scientific associations in the sector and academia.
- > Generation and dissemination of information and knowledge.

### EXPECTED RESULTS

### INDICATORS

1. Quality of clinical laboratory operations strengthened and support provided for the institutional development of public health laboratories.

- The number of countries with official operational accreditation systems increased from 3 to 13.
- Based on minimum requirements developed and promoted by PAHO, standard operating procedures for the diagnostic of 10 priority diseases updated and in operation in 20 countries.
- Quality assurance systems in national health public laboratory networks promoted in at least 20 countries

2. Availability of quality blood improved and capacity for implementation of QA programs increased.

- All the countries in the Region have donation rates above 3/1,000 inhabitants and 35 countries have over 10/1,000 inhabitants.
- In all the countries of the Region, 100% of blood transfused screened for HIV, HCV, HVB, and syphilis and in continental Latin American for *T. cruzi* additionally.
- In 20 countries, national programs ensure that at least 50% of the blood is collected from voluntary, altruistic, nonremunerated donors .
- In 15 countries distance education programs on quality designed and implemented and establishment of national commissions supported.

3. Support provided to strengthen diagnostic imaging and radiation therapy services, enforce regulations to protect against ionizing and non-ionizing radiation, and boost the capacity to respond to radiological or nuclear emergencies.

- Radiation therapy services evaluated in at least three countries, and at least three ministries of health have specific proposals to set standards.
- Policies to protect patients undergoing medical procedures involving radiation evaluated in at least three countries.
- National standards for radiological emergencies developed in at least five countries.

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- Education and training for at least 100 people in quality diagnostic and therapeutic procedures, radiation protection, and radiological emergencies.

4. Capacity to operate and maintain the physical plant and equipment of the health services network in the countries of the Region strengthened and support provided for the regulation and operation of medical devices.

- Two proposals prepared for policies and programs to operate and maintain the physical plant and equipment of the health services network in countries of the Region.
- Methodology (inventory or technical census) proposed for evaluating equipment in the public hospital network.
- Network of experts created to exchange information on technology, accessible by all the countries of the Region
- Methodology developed for the organization of programs to regulate medical devices, for application in four countries.
- All regulatory authorities in the Region have access to information exchange through the MED-DEVICES Network

**RESOURCES (US\$)**

		Regular budget	Other sources	All funds
Total 2002-2003		1,954,600	6,638,200	8,592,800
Total 2004-2005		2,097,800	625,000	2,722,800
Percentage of estimated expenditure	Country	1%	0%	1%
	Intercountry	99%	100%	99%
	Regional	-	-	-