EXECUTIVE DIRECTION

1.1 EXECUTIVE MANAGEMENT (EXM)

Leading the Pan American Sanitary Bureau to provide relevant, efficient, and creative technical cooperation in health in support of Member States. Includes legal counsel and internal audit.

ISSUES AND CHALLENGES

- Evolving health profiles in the Americas with changing burdens of disease, persistent or increasing inequities, and the challenge of new and emerging disease patterns.
- Increasingly complex political, economic, and social environments, with many actors in health, both nationally and regionally.
- Ensure effective and creative implementation of the Strategic Plan 2003-2007 to address priority needs of Member States while seeking greater equity in health through solidarity and health for all.
- Provide optimal support for the work of the Bureau through sound management, based on adequate information and knowledge and with improved efficiency.
- Provide legal services and advice to all elements of the Organization, while protecting the Organization and facilitating its work in a complex international environment.

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

AREA OF WORK GOAL

Health of all peoples of the Americas would be improved in the most equitable manner possible and in the context of global initiatives.

AREA OF WORK OBJECTIVE(S)

Lead, inspire, and direct all staff and offices of PAHO to work as one team with one goal, in order to respond to the national priorities and to the mandates of the Governing Bodies of PAHO and WHO.

STRATEGIC APPROACH

- Implement the Strategic Plan 2003-2007 and other mandates of the Governing Bodies, while addressing the Millennium Development Goals and other major global and regional initiatives.
- Provide leadership and direction for all staff in all offices to insure integrity, excellence, efficiency, and the highest level of performance.
- Ensure that the technical cooperation of PAHO serves the needs and interests of the Member States and is provided in an integrated and coherent manner.
- Ensure sound financial management and adherence to all rules and regulations of the Organization.
- Protect the legal status and interests of PAHO within both the Inter-American and United Nations systems.
- Establish and operate the full administrative program for PAHO and the Regional Office of WHO, producing maximum economy and efficiency in Headquarters and all Field Offices and Centers.

EXPECTED RESULTS	INDICATORS
1. The Bureau's work complies with all mandates of the Governing Bodies.	• Governing Bodies record satisfaction with results of assessments of compliance with mandates.
2. Internal Audit and legal processes of PAHO remain sound.	• All recommendations of internal audits acted upon, • All agreements signed on behalf of the organization executed in accordance with PAHO's policies, rules and regulations; and successful resolution of 90% of all cases involving the Organization before international or national tribunals.
3. Relations with Member States are managed successfully.	• Senior government authorities express satisfaction with PAHO.
4. Available information better meets needs of internal and external clients.	• Increased use of intranet and internet to share knowledge among stakeholders and greater satisfaction among internal and external users of information systems.
5. Technical cooperation activities of the Bureau address Member States' priorities in a coherent, integrated, and effective manner.	• More cross-Organizational work in the development of the program budget. • New concept of "regional" program operationalized in at least 3 topic areas.
6. PAHO staff is aware of the direction of the Organization and satisfied with the support received from senior management.	• Staff complaints are resolved and few staff bring action against the Organization. • Vision, mission and values drive the work of the Organization and current priorities of the Director known by staff.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		5,370,800	418,200	5,789,000
Total 2004-2005		5,206,300	418,200	5,624,500
Percentage of estimated expenditure	Country	-	-	-
	Intercountry	-	-	-
	Regional	100%	100%	100%

EXECUTIVE DIRECTION

1.2 PROGRAM DEVELOPMENT AND MANAGEMENT (GPD)

Coordinating and defining the corporate processes for planning, programming, monitoring, and evaluating technical cooperation with emphasis on results-based management.

ISSUES AND CHALLENGES

- It is important that the Secretariat addresses in its policies the constantly changing environment and the impact of macrodeterminants of health and development. These policies must also reflect and articulate with global mandates such as the WHO corporate strategy and the Millennium Development Goals.
- PAHO's institutional development within the United Nations and Inter-American systems is a requisite for increasing the effectiveness of its cooperation with Member States. It must be complemented by the Organizational development thrusts identified in the Strategic Plan (SP) 2003-2007.
- As 2004-2005 will be the first complete biennium within the SP period, it will be important to monitor progress towards the achievement of the objectives defined by the SP and *Official Document 307*.
- Since this will also be the Secretariat's first biennium under a new administration, it will be important to monitor the transformation process in order to make any necessary realignments in a timely fashion.
- The culture of and capacity for evaluation is limited, and PAHO's pioneering efforts in results-based management must now be enhanced by increasing the organizational learning from more in-depth evaluations.
- Project management in countries and within the Secretariat is fragmented and varies in quality. It is also burdened by different monitoring and reporting approaches demanded by different donors. This is aggravated by the lack of effective, routine use of the AMPES/OMIS/FMIS system for project management.

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

AREA OF WORK GOAL

Member States and external partners satisfied that the regional priorities are being effectively and efficiently addressed by PASB's technical cooperation.

AREA OF WORK OBJECTIVE(S)

Improved articulation of PAHO's policy-making and implementation and institutional development with relevant global and regional fora.

STRATEGIC APPROACH

- Promoting the institutional development of PAHO within the framework of the United Nations and Inter-American systems, through an increased understanding of this process by managers and staff.

- Mainstreaming of PAHO's corporate policies related to poverty, gender, ethnicity, and globalization throughout the Organization and in its work with Member States.
- Adapting to PAHO's context of best practices in policy and project planning, management, and evaluation.
- Building capacity in countries as well as in the Secretariat for policy analysis and development and for project management.
- Maximizing the intranet for capacity-building and for sharing experiences in the areas of policy analysis, planning, and evaluation.
- Integrating all monitoring and reporting needs into the AMPES/OMIS/FMIS system.

EXPECTED RESULTS	INDICATORS
1. PAHO corporate policies developed taking into consideration the global directions.	• Strategic analyses conducted in support of formulation of PAHO corporate policies. • Select PAHO corporate policies developed in response to current or anticipated trends, mainstreamed at all levels and evaluated annually. • Increased articulation of policy and planning with the global level and among Regions.
2. PASB institutional development promoted and supported.	• Specific objectives and targets of PASB institutional development defined, and action research and/or interventions executed annually. • Reports on institutional development submitted annually to managers.
3. Programming, monitoring, and evaluation coordinated.	• Annual process for BPB management and evaluation coordinated and relevant reports disseminated to the Executive Management and staff. • Field and HQ staff trained to use AMPES process and instruments for more effective project management. • Key reports disseminated by deadlines: 2004 and 2005 Annual Reports of the Director; BPB 2002-2003 evaluation report to EC and report on AMRO contribution to Global Expected Results in 2004. • AMPES/OMIS modified to become more user friendly, to address WHO reporting needs and to facilitate the SP monitoring. • BPB 2006-2007 proposal submitted to the Governing Bodies in 2005. • PAHO participation in the global planning process, including the preparation of the GPW and the BPB 2006-2007, monitored and coordinated.

4. Program-budget managed in a timely, informed manner.	• 2004-2005 program-budgets managed within the authorized appropriation and allocation levels. • Required budgetary information and reports submitted to Governing Bodies, Executive Management, and financial partners.
5. Key elements provided for capacity building on project cycle management.	• Guidelines, manuals, and toolkits for development and management of the project cycle widely disseminated in countries and the Secretariat. • Selected country and Secretariat staff trained on project development and management. • Information System modules for registration, review, monitoring, and evaluation of EB projects designed, and installed, and staff trained in HQ and in the field.
6. Support to countries and the Secretariat for project preparation.	• 80% of country and Secretariat requests for TC in project identification and design addressed. • 80% of country requests for TC in investment projects, identification and planning addressed. • All required projects reviewed through a streamlined multidisciplinary Project Review Process.
7. EB project monitoring and evaluation in progress.	• Annual reports for selected EB projects each year submitted to Executive Management. • Progress reports submitted to donors as scheduled for each project. • Annual evaluation of selected EB projects according to respective agreements.
8. Capacity building in the area of evaluation.	• Evaluation tools and methodologies adapted and disseminated. • Country and PASB staff trained to conduct or manage evaluations. • Evaluation design and results shared by Intranet and Internet.
9. Evaluations conducted.	• Regional and country evaluation of TC programs, projects, themes, management, and effectiveness executed biennially. • Preliminary results of the Strategic Plan mid-term evaluation discussed with the Executive Management.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		2,386,000	155,000	5,789,000
Total 2004-2005		2,332,400	155,000	2,487,400
Percentage of estimated expenditure	Country	-	-	-
	Intercountry	100%	100%	100%
	Regional	-	-	-

EXECUTIVE DIRECTION

1.3 STAFF DEVELOPMENT (SDP)

Fostering the development of a creative, competent, and committed workforce to maximize their potential in providing the highest level of technical cooperation to Member States.

ISSUES AND CHALLENGES

- Providing opportunities for staff to be updated in the competencies needed in a time of rapid change and turbulent external environment where the nature of technical cooperation and technology are continuously being redefined.
- Enabling staff in different locations to adjust and adapt successfully to the new PAHO structure, new culture, and way of working in the Organization.
- Staff work in a fast-paced environment and need to be supported to become part of a continuous learning community.
- Continuously updating staff in the latest technology and tools so that they work more efficiently.
- Successfully incorporating new staff into the Organization at a time when a high number of staff are retiring.

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

AREA OF WORK GOAL

Productive, creative and committed workforce maximizes their potential and cooperates effectively with national and international partners in accomplishing the mission of the Organization.

AREA OF WORK OBJECTIVE(S)

Competencies of PAHO's workforce enhanced and advantage taken of full potential of individuals and teams.

STRATEGIC APPROACH

- Consistent and fair allocation of staff development resources.
- Working collaboratively at all levels of the Organization in identifying and developing competencies needed to achieve the Strategic Plan.
- Use a variety of learning methodologies to meet the needs of staff throughout the Region.
- Application of best practices in learning methodologies and learning delivery.
- Partner with WHO and other international organizations and agencies to provide optimum opportunities for learning and development in both agencies.
- Ensure accessibility of information and learning opportunities via the Intranet.

EXPECTED RESULTS	INDICATORS
1. Staff development policies formulated and executed.	• Policies, including those of the rewards program, revised or formulated based on approved recommendations of workgroup. • Rewards program executed annually.
2. Competencies enhanced.	• Staff at all levels of the Secretariat trained/coached in areas of competence pertinent to their work objectives and surveyed managers report improvements.
3. New staff oriented to function in PAHO's environment on a timely basis.	• Program of orientation revised, related information updated and managers briefed accordingly. • 80% of new staff have advanced orientation within 2 years of recruitment.
4. Collaboration and cooperation in work environment supported.	• Teamwork in PASB defined and staff trained and supported to use teamwork modalities to achieve the project/unit objectives.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		1,583,300	2,400	1,585,700
Total 2004-2005		1,855,700	2,400	1,858,100
Percentage of estimated expenditure	Country	-	-	-
	Intercountry	100%	100%	100%
	Regional	-	-	-

GOVERNANCE AND PARTNERSHIPS

2.1 EXTERNAL RELATIONS AND PARTNERSHIPS (ECO)

Building and strengthening partnerships for health within the United Nations and Inter-American systems in the Region, with other multilateral, bilateral, and private organizations and funds, and with NGOs and other key stakeholders for attaining public health goals agreed to by the Member States.

ISSUES AND CHALLENGES

- Health is a priority goal in its own right as well as a central input into economic development and poverty reduction. In the last few years, health issues have taken center stage in the political development agenda, and this greater visibility has led to the establishment of special funds and initiatives designed to address the world's health problems (UNAIDS, GAVI, GFATM).
- Summits of the Americas and the Ibero-American Summits present an important opportunity to highlight the health agenda in the Region and to heighten PAHO's profile through its participation.
- Mandates issued by leaders at regional and international fora clearly have moved the health agenda forward, facilitated the work among countries, and shaped the activities of institutions such as PAHO.
- PAHO needs to participate meaningfully in the interagency coordination for advancing the health-related Millennium Development Goals (MDGs) in relation to reduction of child mortality, maternal mortality ratios, and halting or reversing the spread of HIV/AIDS, malaria, and other diseases.
- Need to increase resource mobilization for special groups and key countries in order to reduce inequities among and between countries and people.
- Cooperating with evolving approaches of the international community to address social and economic development issues at the country level.

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

AREA OF WORK GOAL

Health development issues and the regional and national health priorities are included in the global, hemispheric, and sub regional political agendas, and accordingly adequate resources mobilized nationally and internationally for the improvement of the health conditions in the Americas.

AREA OF WORK OBJECTIVE(S)

Partners sensitized to regional health priorities and the Organization's presence and influence in the international community strengthened.

STRATEGIC APPROACH

- Positioning of the Organization in international health issues.
- Anticipating international environment changes and suggesting organizational response.
- Strengthening PAHO alliances and partnerships with other international organizations.
- Promoting regional priorities and PAHO policies with the international community, making every effort to sustain current levels of support and, identifying other potential partners in this endeavor.
- Providing information and communication for internal and external clients using Intranet and Internet.

EXPECTED RESULTS	INDICATORS
1. Relevant global and hemispheric processes, political agendas, and activities of sister organizations, have been influenced.	• Health included in agendas of Summits and participation of key health personnel from more countries in related subregional and regional meetings. • Papers/ reports on external environment in relation to partnerships and resource mobilization updated and disseminated internally and to countries once a year.
2. UN reform process and policy changes monitored.	• UN Reform policies analyzed and PAHO managers informed at least twice a year. • PAHO experience with UN reform at country level monitored.
3. Increased coordination with WHO, that facilitates better awareness of PAHO's special characteristics.	• Participation in all scheduled WHO regional joint meetings and in meetings of interested parties., • Promotional events with different audiences organized.
4. Articulation with foundations, the public, and CSO strengthened.	• Official relations with requesting NGOs or CSOs working in health established in the biennium. • Policy, operational, and administrative processes with NGOs revised and monitoring of relations increased.
5. Alliances and partnerships with sister agencies, other international organizations, foundations, and private sector nurtured.	• Joint declarations and plans are approved and executed. • Events to promote health and support international development efforts are planned and celebrated jointly during the biennium.
6. Shared Agenda Initiative expanded.	• New areas of work, new partners included in the initiative, by the end of biennium. • One joint seminar on a relevant health issue in the biennium. • Shared Agenda process reflected at country level

	in at least three countries.
7. Efforts to support advancetowards the MDGs coordinated.	• PAHO participates in the interagency coordination to develop strategies and initiatives for the achievement of the health-related Millenium Development Goals.
8. Resource Mobilization Strategy monitored.	• Effectiveness of approaches to donors continually assessed in light of changing donor environment and to capitalize on new opportunities with nontraditional donors and HQ and countries informed regularly.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		1,667,100	884,400	2,551,500
Total 2004-2005		1,684,900	627,200	2,312,100
Percentage of estimated expenditure	Country	-	-	-
	Intercountry	100%	100%	100%
	Regional	-	-	-

GOVERNANCE AND PARTNERSHIPS

2.2 GOVERNING BODIES (GOB)

Supporting the operations of Governing Bodies.

ISSUES AND CHALLENGES

- The policy making function by PAHO's Governing Bodies must reflect challenges and opportunities for regional health development within the framework of WHO mandates.
- Documents submitted to PAHO Governing Bodies must contribute to the definition of a coherent set of mutually supportive corporate policies.
- Logistical and operational support is required for the effective performance of PAHO's Governing Bodies.

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

AREA OF WORK GOAL

PAHO's Governing Bodies operation is effective and efficient

AREA OF WORK OBJECTIVE(S)

Technical and logistical support provided to PAHO's Governing Bodies.

STRATEGIC APPROACH

- Analyzing the issues considered and decisions taken by PAHO's Governing Bodies.
- Maintaining and disseminating the database of GB documents, resolutions.
- Coordinating the preparation of policy documents for submission to the GB.
- Planning, organizing, implementing, and assessing the specific sessions of the GB.
- Assisting GB elected officers in the performance of their functions.

EXPECTED RESULTS	INDICATORS
1. Improved policy content and relevance of documents for the Governing Bodies.	• % of documents completed on time according to Rules of Procedure of the Government Bodies.
2. Logistical support effectively provided to meetings of the Governing Bodies.	• On-time implementation of support services to the Governing Bodies meetings. • Recommendations of evaluation made of each GB session in collaboration with participant

	delegations incorporated into planning for subsequent meetings.
3. Database of GB document, resolutions updated, and disseminated.	• Quarterly updating of GB webpage. • Ongoing updating of GB databases.

RESOURCES (EUA$)

		Regular budget	Other sources	All funds
Total 2002-2003		2,465,300	122,000	2,587,300
Total 2004-2005		2,465,300	122,000	2,587,300
Percentage of estimated expenditure	Country	-	-	-
	Intercountry	-	-	-
	Regional	100%	100%	100%

GOVERNANCE AND PARTNERSHIPS

2.3 PUBLIC INFORMATION (INF)

Sharing key institutional and public information with stakeholders and the public at large to promote awareness and support for health.

ISSUES AND CHALLENGES

- PAHO must remain proactive, transparent, and quick to compete in the glutted information marketplace to ensure its message stands out, especially on the Internet.
- Technical advisers need to be made aware of the value added by having communications strategies included in all programs and projects, as called for in the Strategic Plan.
- A significant challenge is to use cutting edge technology and retain experienced staff within a competitive market, while trying to curtail costs.

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

AREA OF WORK GOAL

The work of the Organization is promoted to a wider range of publics, bringing greater recognition to the Regions' public health policies and the Organization's policies, priorities and goals.

AREA OF WORK OBJECTIVE(S)

Communication strategies will be incorporated into technical cooperation programs and projects to enhance effectiveness and sustainability of technical cooperation.

STRATEGIC APPROACH

- All health messages and materials will invoke sensitivity to the need for equity and protection of the most vulnerable groups.
- Produce high quality materials and disseminate them in different forms to different audiences.
- Promote the integration of communication strategies in all phases of technical cooperation.
- Promote organizational branding, in all materials including audio and visual products.

EXPECTED RESULTS	INDICATORS
1. A wide range of products supports technical cooperation and target more audiences.	• Campaigns designed and executed to promote annual program of international days and selected technical areas as requested. • Video public service announcements produced with more partners and sent to at least 20 more stations than in the previous biennium. • Distribution of the radio program "Salud Siempre" will be increased by 10%. • Perspective magazine and PAHO Today Newsletter reach 10% more readers respectively, than in last biennium. • The number of news releases and fact sheets produced increased by 10% and disseminated to 15% more journalists.
2. Increased outreach to promote the Organization and enhance partnerships.	• The number and type of partnership with civil society increased and each year the speakers bureau reached more organizations/publics.
3. Capacity for formulating and utilizing communication strategies increased.	• At least 60% of all EB technical cooperation projects approved have communication components. • Staff at all levels trained to develop communication strategies and to partner with media.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		2,689,700	429,500	3,119,200
Total 2004-2005		2,801,000	429,500	3,230,500
Percentage of estimated expenditure	Country	-	-	-
	Intercountry	100%	100%	100%
	Regional	-	-	-

GOVERNANCE AND PARTNERSHIPS

2.4 RETIREES' HEALTH INSURANCE (RHI)

The Pan American Health Organization's share of the health insurance contribution ("Premium") for PAHO/WHO staff that retire in the Region of the Americas.

ISSUES AND CHALLENGES

- The cost to the Organization for retirees' health insurance is mandated by the United Nations system, and represents a real fixed cost to PAHO.
- The escalating cost of health care world-wide contributes to the increasing cost of RHI and detracts from PAHO's already scarce financial resources needed for program activities.
- The number of staff from other regions retiring in the Americas continues to be greater than the staff from AMRO who retire abroad. This net influx of retirees into the region of the Americas adds to PAHO's RHI costs. The cost of WHO staff retiring from other Regions to the Americas in 2003 is $525,000, or over $1 million per biennium, and represents approximately one-fifth of the total budget for RHI.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		4,700,000	-	4,700,000
Total 2004-2005		6,000,000	-	6,000,000
Percentage of estimated expenditure	Country	43%	-	43%
	Intercountry	43%	-	43%
	Regional	14%	-	14%

COUNTRY PROGRAM SUPPORT

3.1 EMERGENCY AND HUMANITARIAN ACTION (EHA)

Support to countries in disaster preparedness and emergency relief, and in mitigating and reducing their vulnerability to natural and man-made disasters.

ISSUES AND CHALLENGES

- The Region of the Americas is prone to a range of natural disasters. In addition, bioterrorism is emerging as a priority. The economic and social cost of disasters is significant and the recovery phase can be prolonged, often delaying development goals.
- The poorest segments of the population are disproportionately affected because of inappropriate location and construction of housing. A rapid multisectoral response capacity is needed to provide humanitarian assistance, prevent the spread of communicable diseases, and maintain the mental health of populations in stressful post-disaster environments.
- In-country capacity has improved, especially at the technical level. However, there is still a long way to go before disaster reduction is institutionalized and adequately resourced.
- Disaster mitigation remains even more of a challenge, as countries do not see benefits unless a disaster has just occurred. Mitigation needs to focus on water utilities as well as health infrastructure and services. It has to be part of the development process.

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

AREA OF WORK GOAL

Vulnerability and impact of disasters on health and on health-related systems reduced.

AREA OF WORK OBJECTIVE(S)

Countries demonstrate increased national and intersectoral capacity for preparedness for natural and manmade disasters and are able to assess their post-disaster health needs and efficiently manage the aftermath of disasters.

STRATEGIC APPROACH

- Policy support to enhance mitigation, including sensitization of policy-makers.
- Cross-sectoral training of human resources development in health, environment, and other related sectors and agencies supported by updated materials and guidelines.
- Development of inter-country SUMA teams as an expression of Pan Americanism and promotion of SUMA/LSS.
- Strengthening of the capacity of local communities and PASB country offices to manage disaster response and integrate a disaster management approach into emerging efforts to combat bioterrorism.
- Expanded partnerships at all levels.

EXPECTED RESULTS	INDICATORS
1. Strengthening of disaster management systems at the national level.	• Health sector plans at national and subregional levels developed and evaluated. • Inter-country cooperation and mutual assistance initiatives increased. • Manuals and training materials developed or updated and nationals from related sectors at the national and sub regional levels trained.
2. Greater awareness of mitigation issues and increased and capacity to manage this will exist in countries.	• More publics, such us, government and private sector institutions, professional associations, the media, and beneficiaries aware of disaster mitigation and its link to development. • Methodologies for conduct of vulnerability analysis of priority health facilities and water and sanitation systems promoted throughout the Region. • Training materials for mitigating the effects of natural hazards on health facilities and water and sanitation systems designed. • Nationals from related sectors and staff from PAHO country offices trained in disaster mitigation.
3. PASB would have responded effectively and efficiently to disasters.	• Appropriate financial and human resources mobilized and international health assistance at all levels coordinated, in response to disasters within 48 hours. • PAHO's post disaster supply management system (SUMA) adapted and adopted by humanitarian agencies at global and regional level and SUMA deployment supported in emergency situations. • Emergency health information disseminated to a wide range of publics in a timely manner.
4. Support for disaster management mobilized internally and externally.	• Capacity for strengthening disaster management built in PAHO country offices and centers and more components of disaster management integrated into other technical programs. • Agreements/projects with a wider range of actors in the disaster community at all levels.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		987,800	11,681,700	12,669,500
Total 2004-2005		1,444,800	1,790,700	3,235,500
Percentage of estimated expenditure	Country	100%	100%	100%
	Intercountry	-	-	-
	Regional	-	-	-

COUNTRY PROGRAM SUPPORT

3.2 STRENGTHENING COUNTRY PRESENCE (CPS)

Ensuring continuous country presence and the required organizational infrastructure for the optimal delivery of technical cooperation at the national level.

ISSUES AND CHALLENGES

- There are 50 countries served by 27 country offices and the border office in El Paso Texas, and the PAHO/WHO country presence needs to complement or supplement the relative capacity already developed by the countries and ensure the principle of equity in the distribution of PAHO/WHO resources, both technical and financial.
- The local environment for the execution of TC differs in each case. The efficiency of the execution of the TC programs depends on the administrative support available. Country offices need to be developed to support the technical cooperation demands ensuring the best use of physical, human, and financial resources to effectively and efficiently implement the approved technical cooperation program.
- The use of electronic information and communication technology must be expanded to improve the corporate efficiencies as well as to expand the coverage and impact of TC. It will be important to ensure the involvement of the country offices in the broader area of PAHO/WHO institutional development.
- Increasing recurrent costs and general operations expenses reduce the funds available for technical work. In addition management has to address the different needs of donors for execution and reporting on EB projects and numerous unplanned demands.
- Close collaboration is needed among several offices at Headquarters to provide timely and appropriate support to country offices.

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

AREA OF WORK GOAL

Approved country technical cooperation programs executed effectively and efficiently.

AREA OF WORK OBJECTIVE(S)

PAHO/WHO country presence is relevant, adequate, and receives the necessary political, technical, administrative and managerial support from all levels of the Secretariat.

STRATEGIC APPROACH

- Facilitate the appropriate mix of political, technical, and managerial perspectives in the formulation and execution of corporate policies that have implications for country presence.
- Engage in analysis, facilitation, negotiation, coordination, and the proposal of recommendations, to ensure optimal country support and PAHO/WHO country presence.

- Provide institutional memory and act as an information clearinghouse regarding technical issues and administrative procedures.
- Develop and share sound and agile administrative mechanisms and procedures to support decentralized technical cooperation and encourage team approach for results-based management.

EXPECTED RESULTS	INDICATORS
1. Country offices supervised and supported in the design, implementation, and evaluation of the technical cooperation programs.	• Comprehensive and updated country office profile maintained for each country office. • Each one of the countries BPBs reviewed for coherence and adequacy to agreed country technical cooperation program and country cooperation strategy and execution monitored.
2. Support to country offices provided and future development planned.	• For each country office ensured development plan, orientation to bridge the gap between the current state of the Organization's presence in the country and the desired state in terms of the CCS cooperation strategy and program, plan reviewed annually, and resources mobilized for implementation. • For each administrative CO, efficiency and effectiveness of operations, as defined in the management protocol monitored annually.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		18,531,800	1,009,900	19,541,700
Total 2004-2005		19,357,600	540,100	19,897,700
Percentage of estimated expenditure	Country	100%	100%	100%
	Intercountry	-	-	-
	Regional	-	-	-

COUNTRY PROGRAM SUPPORT

3.3 SUPPORT TO NATIONAL HEALTH DEVELOPMENT (NHD)

ISSUES AND CHALLENGES

- The health development process challenged by: increased inequalities in the health situation; mixed and complex epidemiological profile; transitional stages of health sector reform: unclear roles of different institutions as a result of decentralization; proliferation of actors and stakeholders; reduction of resources; and the impact of integration processes. Country offices have a catalytic role in health systems reform to deliver the essential public health functions. The increased role of civil society and NGOs in the area of health, has implications for the governance and management of the health programs. Negotiations skills and strong advocacy are needed to advance health public policies.
- It is essential to increase the knowledge and ownership of the ministries of health about the Organization (PAHO and WHO) in order for them to participate effectively in the governance and normative functions of the Organization.
- Country offices must take the lead in helping countries to establish policy coherence, forge cooperative and collaborative mechanisms, and maintain useful partnerships with other UN and bilateral agencies.
- The various reforms taking place complicate the planning and execution of technical cooperation: a) The UN reform seeking for closer coordination and integration of all UN agencies country programs; b) the WHO reform seeking to strengthen organizational presence and performance at country level; b) the state and health systems reforms advancing decentralization and recognizing the multiplicity of players including civil society and the private sector.
- Country offices must assist countries to integrate the proliferation of planning frameworks and parallel projects competing for human resources—UNDAF, CDF, PRSP, CCS, sector-wide approach (SWAP)—and to participate in the complex negotiations with financial partners.
- Reduced financial resources for technical cooperation: WHO/PAHO budgetary constraints; external cooperation changing focus; IFI's conditions and policies.
- Time consuming responsibilities in UNAIDS, UN system groups, questionnaires.

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

AREA OF WORK GOAL

Health positioned at the center of the national development agenda, coordinating national and international efforts for the achievement of the national health objectives.

AREA OF WORK OBJECTIVE(S)

To assist country offices in leading strategic collaborative efforts to assist the health sector in its steering role and in coordination of international development to optimize the use of TC resources towards the health priorities.

STRATEGIC APPROACH

- Country Cooperation Strategies (CCS) will be developed to define strategic cooperation for PAHO/WHO and linked to AMPES to ensure optimal support for the national health development process.
- Support to MOH to play new roles, especially the lead role in coordinating international cooperation.
- Negotiate and cultivate support to countries from the global/regional levels and among country offices and centers in order to promote country specificity and sensitivity in responding to country needs and corresponding TC programs.
- Advocacy and consensus building among national and international partners for addressing health priorities.

EXPECTED RESULTS	INDICATORS
1. National capacity to manage and coordinate national and international cooperation to strengthen National Health Development.	• With particular emphasis on priority countries, the MOHs receive PAHO/WHO support for discharging coordinating role.
2. PAHO/WHO country offices and TC programs to advance the national health agenda supported.	• Advocacy with relevant health development partners at country, sub-regional/regional levels for coordinated support to national priorities and our TC program.
3. Informed and equitable participation by the national authorities in the Governing Bodies.	• Composition of technical groups monitored for geographic representation and Governing Bodies provided with updated history of participation of countries when making relevant decisions. • Nationals briefed about plans for, and proceedings of meetings of the Governing Bodies.
4. Strategic planning of TC at country level promoted.	• CCS developed for each one of the priority countries, as well as for other countries where conditions are met for optimal outcome in collaboration with health sector and partners.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		17,430,300	55,900	17,486,200
Total 2004-2005		20,203,500	-	20,203,500
Percentage of estimated expenditure	Country	100%	-	100%
	Intercountry	-	-	-
	Regional	-	-	-

COUNTRY PROGRAM SUPPORT

3.4 TECHNICAL COOPERATION AMONG COUNTRIES (TCC)

Promotion and support of activities of technical cooperation among countries within the scope of the different areas of work of the Organization.

ISSUES AND CHALLENGES

- Many countries have developed capacity for addressing some of the common health problems and are willing to share information and expertise with sister countries. PASB needs to continue to explore innovative and effective ways to nurture these expressions of solidarity in the collective quest for reduced inequities in health.
- The subregional integration processes in Central America, the Caribbean, Andean and Southern-Cone regions are opportunities to ensure the full and collective participation in the formulation of health policies within the general development policies.

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

AREA OF WORK GOAL

In any country, national health development supported by other countries and the advancement of subregional health agendas through the various integration process, and country groupings.

AREA OF WORK OBJECTIVE(S)

TCC understood and used routinely as one of the technical cooperation modalities for health development.

STRATEGIC APPROACH

- Continue promoting horizontal cooperation as an expression of Pan Americanism and support country offices to identify opportunities for technical cooperation among countries (TCC).
- Strengthen national capacity for TCC, linking health and external affairs interests to (1) address the technical cooperation needs in the countries, and (2) influence and support the integration process.
- Support the integration processes and the country offices that serve these institutions.
- Promote inter-regional collaboration and participation in WHO global action.

EXPECTED RESULTS	INDICATORS
1. Initiatives in health in subregional integration processes or among other groups of countries monitored and supported.	• Technical cooperation provided for the Caribbean Cooperation in Health. • Technical cooperation provided as requested for

	MERCOSUR and SGT-11. • Technical cooperation provided as requested for Andean health agenda. • Technical cooperation provided as requested for Central America health agenda. • Technical cooperation for health development provided as requested to groups of countries such as Small Island Developing Countries, Association of Caribbean States, US-México Border, etc. and plans monitored.
2. Technical Cooperation among Countries initiatives supported	• Development and execution of TCC projects facilitated, monitored, and reported, and selected ones evaluated.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		3,468,400	77,200	3,545,600
Total 2004-2005		3,468,400	-	3,468,400
Percentage of estimated expenditure	Country	100%	-	100%
	Intercountry	-	-	-
	Regional	-	-	-

COUNTRY PROGRAM SUPPORT

3.5 REGIONAL DIRECTOR'S DEVELOPMENT PROGRAM (RDP)

Supporting innovative technical cooperation initiatives at regional, subregional and country levels that will contribute to the goals of the Organization.

ISSUES AND CHALLENGES

- Though PAHO has an advanced planning, monitoring, and evaluation system, unforeseen needs arise after the biennial program budget has been approved and during its implementation.
- PAHO needs to be a responsive and flexible agency that can address new issues and urgent situations.
- New initiatives are developed periodically that are worthy of support before they can be incorporated into the regular program budget process.
- Established initiatives may prove to be as effective or productive as to warrant additional support beyond that provided in the approved program budget.
- Opportunities for partnerships may arise to address priority needs that require additional resources beyond those available in the regular budget.

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

AREA OF WORK GOAL

Critical and emerging issues in health and development addressed in a timely fashion.

AREA OF WORK OBJECTIVE(S)

Valuable models and/or opportunities for TC seized and unforeseen needs addressed.

STRATEGIC APPROACH

- Ongoing monitoring of external environment to alert Directorate to emerging challenges.
- Motivate continuous development of new initiatives and increased coverage of programs that have proven to be effective by evaluation and that would yield significantly greater results with additional resources.
- Early response to emergency situations that cannot be addressed adequately within planned resources to allow time for mobilization of external resources.
- Emphasis will be placed on partnerships with other institutions, especially those that can match the resources provided by the Organization.

EXPECTED RESULTS	INDICATORS
1. Critical projects supported by the Regional Director's Development Program.	• Member States are satisfied that the RD's funds have been used appropriately for seizing opportunities, responding to emergencies and accelerating use of effective programs.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		1,683,500	-	1,683,500
Total 2004-2005		1,683,500	-	1,683,500
Percentage of estimated expenditure	Country	100%	-	100%
	Intercountry	-	-	-
	Regional	-	-	-

INTERSECTORAL ACTION AND SUSTAINABLE DEVELOPMENT

4.1 HEALTH AND HUMAN SECURITY (HHS)

Fostering intersectoral approaches aimed at reducing the negative impact of social and economic determinants of health and attaining human security.

ISSUES AND CHALLENGES

- Latin America and the Caribbean is the most inequitable region of the world and in most countries health policies have not addressed the inequities in health and health care related to poverty and ethnicity.
- PAHO policies have not properly taken into consideration the reduction of health and health care inequities among their specific objectives.
- Globalization, trade, and integration can have positive and negative impacts on health. The health sector must cooperate with other development sectors in order to increase those positive impacts and reduce the negative ones.
- The United Nation Millennium Development Goals provide a rich opportunity for promoting the incorporation of health priorities in the regional development agenda.

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

AREA OF WORK GOAL

Member States efforts to reduce health inequities based on evidence and national policy formulation considers trends on health development globally.

AREA OF WORK OBJECTIVE(S)

Strategic analysis supports corporate policy-making in PAHO and policies related to poverty reduction, ethnicity, globalization and the MDG, mainstreamed in the Secretariat work.

STRATEGIC APPROACH

- Promoting the use of household surveys data for assessing health inequities at country and regional levels, in collaboration with WHO and the IDB/World Bank/ECLAC MECOVI Initiative.
- Promoting and supporting the participation of PAHO and the health sector of its Member States in: the HIPC/PRSP and other poverty reduction initiatives; the follow-up to the UN Durban World Conference Against Racism, Racial Discrimination, Xenophobia, and Related Intolerance; global, regional, and subregional negotiations of trade and integration agreements in collaboration with WTO and WHO.
- Advocating the incorporation of health priorities into development agendas at global, regional, and national levels.

EXPECTED RESULTS	INDICATORS
1. Mainstreaming of PAHO corporate policy on health and poverty reduction.	• Corporate policy formulated, implemented, and monitored. • Impact of corporate policy assessed every year.
2. Mainstreaming of PAHO corporate policy on ethnicity and health.	• Corporate policy formulated, implemented, and monitored. • Impact of corporate policy assessed every year.
3. Mainstreaming of PAHO corporate policy on globalization, trade, integration and health.	• Corporate policy formulated, implemented, and monitored. • Impact of corporate policy assessed every year.
4. Mainstreaming of PAHO corporate policy on health and the MDG in the Region.	• Corporate policy formulated, implemented, and monitored. • Impact of corporate policy assessed every year.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		7,106,100	966,100	8,072,200
Total 2004-2005		6,021,500	584,600	6,606,100
Percentage of estimated expenditure	Country	21%	0%	20%
	Intercountry	79%	100%	80%
	Regional	-	-	-

INTERSECTORAL ACTION AND SUSTAINABLE DEVELOPMENT

4.2 HEALTHY SPACES AND LOCAL DEVELOPMENT (HSC)

Strengthening national capacity to foster public policies and social initiatives for the promotion and development of healthy spaces such as homes, schools, workplaces and municipalities.

ISSUES AND CHALLENGES

- Although there is abundant evidence that promoting healthy lifestyles and behaviors requires a combination of health promotion strategies, few countries in the Region have integrated health promotion plans of action reflecting this.
- Among the strategies for health promotion, advocacy is weak, as is intersectorial coordination and civil society participation in policy and planning. This lack of investment in health promotion presents an obstacle to sustainable social development.
- The 2000 Mexico Declaration and PAHO's Directing Council Resolution CD43.R14 adopted in 2001are global and regional commitments among nations that provide a mandate and an opportunity to strengthen countries' capacity for the creation of enabling and supportive environments that make healthy choices easy and sustainable.
- Latin America has not yet established coherent and integrated local development policies to harmonize the development, health and environment objectives with the need to reduce social inequities.

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

AREA OF WORK GOAL

Risk to people's health reduced through application of health promotion strategies and establishing wide range of healthy settings created with the participation of stakeholders and with emphasis on needs of special population groups.

AREA OF WORK OBJECTIVE(S)

Countries better able to design, plan, implement, and evaluate health promotion strategies in support of local development.

STRATEGIC APPROACH

- Train national and local governments and communities to implement health promotion plans of action, including healthy public policy and healthy settings.
- Develop guidelines, models and methodologies to create healthy spaces, including healthy municipalities, communities, worksites and schools that promote and support health, resiliency and protective factors, while preventing and minimizing risks.

- Formulate healthy public policies and emphasize participation of all sectors and civil society to improve the determinants of health and equity, thus contributing to local development.
- Support and strengthen partnerships to improve physical and psychosocial work environment and general well-being of workers in order to advance towards sustainable development with equity and social justice.
- Strengthen alliances, networks, and inter-unit collaboration, and facilitate exchange of knowledge, best practices and lessons learned relevant to settings for health promotion.
- Strengthen information, surveillance, and monitoring systems to evaluate health promotion policies and plans of action.

EXPECTED RESULTS	INDICATORS
1. Country capacity to promote health strengthened.	• Implementation of policies and plans of action supported in six countries. • Regional and national networks advocating for healthy public policy supported in six countries. • One health promotion nucleus operating at HQ.
2. Country capacity to create healthy municipalities and communities strengthened.	• Eight additional countries supported to design, implement, and evaluate healthy municipalities and communities. • Capacity of eight more academic institutions in different countries built to support healthy municipalities' processes in the countries.
3. Technical and institutional capacity in the countries to promote the Healthy Workplace Initiative developed.	• Models of healthy workplaces validated in El Salvador, Guatemala, Honduras and Nicaragua. • National occupational health councils coordinating national and local activities in Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras and Nicaragua.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		4,209,600	1,094,100	5,303,700
Total 2004-2005		4,598,100	230,000	4,828,100
Percentage of estimated expenditure	Country	61%	0%	59%
	Intercountry	39%	100%	41%
	Regional	-	-	-

INTERSECTORAL ACTION AND SUSTAINABLE DEVELOPMENT

4.3 NUTRITION AND FOOD SECURITY (NUT)

Supporting food availability and promoting good nutrition for reducing morbidity and mortality related to the quantity and quality of food intake.

ISSUES AND CHALLENGES

- Chronic malnutrition persists among children under 2 years of age, with consequent manifestations in growth retardation (low height-for-age) and development. This problem is the result of inadequate breast-feeding and supplementary feeding, as well as the high prevalence of diarrheal and respiratory diseases, beginning almost immediately after birth and continuing up to the age of 24 months.
- Iron deficiency anemia continues to be a problem, especially in children under 2 and pregnant women; however, it also affects adolescents and women of childbearing age. Vitamin A deficiency persists in several countries of the Region and affects young children and pregnant women in particular. Folate, vitamin B12, and calcium deficiencies are among the micronutrient deficiencies found in the aging population.
- The growth of overweight and obesity, especially in the school-age, adolescent, and adult population in poor urban sectors, constitutes one of the major risk factors for hypertension, cardiovascular disease, and type II diabetes.
- Inactivity and a sedentary lifestyle, especially in low-income sectors.
- A steady deterioration in the quality of life of the population, exacerbated by the negative impact of poverty in terms of access to food and food intake, high social vulnerability, and persistent economic crises
- Weak institutional administrative capacity to formulate, implement, monitor, and evaluate policies, plans, and programs
- The need to give priority to several problems competing for resources

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

AREA OF WORK GOAL

The Member States will adopt policies, plans, and programs that improve the nutritional status of the population and promote healthy lifestyles, healthy eating, and an active life.

AREA OF WORK OBJECTIVE(S)

Strengthening the capacity of the Member States to design, implement, and evaluate national, regional, and local programs to modify the nutritional and health status of the population, increase access to food, and improve the health status of the highly vulnerable population living in poverty.

STRATEGIC APPROACH

- Promotion of national and local public policies.
- Advocacy and lobbying to secure commitments from government, civil society, and private enterprise, as well as international cooperation, to achieve a basic consensus on social investment
- Promotion of networks and partnerships among the State agencies, international organizations, civil society, and NGOs at the national and local level

EXPECTED RESULTS	INDICATORS
1. The adoption of policies, plans, and programs for optimal nutrition, healthy eating , and an active life promoted at the national level.	• Policies, plans, and programs promoted in 15 countries, with viable interventions for improving the health and nutrition of the population identified and financed. • In negotiating free trade agreements, the countries have considered topics related to the fortification of foods, food safety, and nutritional labeling.
2. Networks for the dissemination of technical and scientific information created; program guides, instruments,, and methodologies supported and promoted .	• At the end of the biennium, networks for the dissemination of scientific and technical information promoted in 10 countries, together with guidelines, instruments, and methodologies for program support.
Guidelines, methodologies, and instruments that guarantee the success of the interventions disseminated.	• Guidelines, methodologies, and instruments disseminated in 15 countries for the execution of interventions that promote optimal nutrition.
3. Review and strengthening of epidemiological surveillance systems promoted at the national level.	• Review of national and local surveillance systems conducted in 10 countries, and indicators adopted that reflect the current epidemiological situation of the population
4. Information disseminated on research and evidence-based activities, policies, plans, programs, and effective environmental measures.	• Receipt by the countries of information on research and shared evidence-based activities, policies, plans, and effective programs for promoting optimal nutrition
5. Institutional capacity to respond to the problems of malnutrition and achieve optimal nutrition and healthy lifestyles through research, training, and advocacy, strengthened.	• Reports disseminated that document the impact of efforts to develop institutional capacity with ex-ante and ex-post evaluations.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		7,599,300	2,015,200	9,614,500
Total 2004-2005		7,430,800	1,365,100	8,795,900
Percentage of estimated expenditure	Country	4%	0%	3%
	Intercountry	96%	100%	97%
	Regional	-	-	-

INTERSECTORAL ACTION AND SUSTAINABLE DEVELOPMENT

4.4 FOOD SAFETY (FOS)

Promoting the development of policies and interventions aimed at ensuring food quality and safety. Harmonizing international and national security norms and standards to facilitate access of food products to international markets. Developing inspection and integrated epidemiological surveillance systems to prevent and control food-borne diseases.

ISSUES AND CHALLENGES

- Poor epidemiological characterization of food hazards, food borne diseases and its public health impact;
- Lack of comprehensive policy to promote share responsibility of stakeholders, including producers and consumers;
- Countries must understand and comply with international standards in order to develop their trade in food.
- Standards must be applied to food for internal consumption as well as external markets.
- Increase the use of the farm to table food safety system approach, particularly in small and middle size industries;
- Inadequate development and promotion of the use of risk management and communication tools, and sharing of successful experiences.
- Street vendors require special attention.

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

AREA OF WORK GOAL

The leadership role of the health sector in the development of food safety, policies, plans and programs as an essential public health function strengthened.

AREA OF WORK OBJECTIVE(S)

The national institutional capacity, both managerial and technical, to develop and carry out comprehensive food safety programs, plans and projects based on scientific epidemiological information enhanced.

STRATEGIC APPROACH

- Increase the use of the farm to table food safety system approach, particularly in small and middle size industries;
- Develop and promote the use of risk management and communication tools, and successful experiences.
- Resource mobilization : a) financial extra-budgetary project resources; b) human resources within the region and among WHO regions; c) media; d) political (COPAIA; RIMSA); USDA; FDA; etc; and e) institutional resources ; collaborating centres and academic and research institutions;
- Evaluate and validate existing training plans/programs and update accordingly;

- Conduct operational/community based applied intervention research targeted to high risk and vulnerable population groups;
- Direct technical cooperation.

EXPECTED RESULTS	INDICATORS
1. Risk management and national epidemiological surveillance systems for FBDs strengthened at the national level	• Managerial and technical capacity to manage epidemiological surveillance systems and investigate outbreaks of FBDs strengthened in 75% of the countries. • Assessments of the public health impact of FBDs conducted in 5 countries. • Technical support provided to the countries in food safety emergencies.
2. Intersectoral cooperation promoted for food safety programs and legislative harmonization.	• Pan American Commission on Food Safety operating in integrated food protection programs. • Integrated/intersectoral national programs promoted in 50% of the countries. • Food legislation modernized and harmonized on the basis of the Codex Alimentarius standards in at least 10 countries by the end of the biennium.
3. Science-based national food inspection systems promoted	• Model HACCP systems and risk analysis protocols adapted to the needs of least 10 countries by the end of the biennium. • Proposals for healthy markets programs available in 5 countries.
4. Programs and strategic plans of action promoted in on education, consumer protection, and social participation in food safety.	• WHO and PAHO/INPPAZ educational materials adapted and validated in 10 countries. • Proposals for integrating food safety into the primary school curriculum available in at least 12 countries by end of the biennium. • Plan to address the issue of food sold on the street available in 10 countries of the Region.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		4,109,700	1,646,500	5,756,200
Total 2004-2005		4,109,800	208,500	4,318,300
Percentage of estimated expenditure	Country	16%	24%	16%
	Intercountry	84%	76%	84%
	Regional	-	-	-

INTERSECTORAL ACTION AND SUSTAINABLE DEVELOPMENT

4.5 HUMAN ECOLOGY AND ENVIRONMENTAL HEALTH (PHE)

Supporting intersectoral actions including equitable access to basic sanitation services for enhancing environmental quality and balance to improve health status and the quality of human life.

ISSUES AND CHALLENGES

- Modern production process introduced new or magnifies old chemical, physical and biological health risks in the Region.
- Consumers' health is a new area that demands a revision of sanitary surveillance and regulation process in the Region.
- Local governments are challenged to find a suitable sanitary sound solution for 360,000 tons of garbage produced daily in Latin America.
- Water coverage reached 90.3% and 84.6% of the population had access to drinking water in Latin America.
- The Region does not have policies on urban development that promote health, social equity and environmental justice.

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

AREA OF WORK GOAL

Health promoted as an essential element to assess and drive the sustainability of local communities and cities, including metropolis.

AREA OF WORK OBJECTIVE

Environmental health institutions and community participation strategies strengthened as key elements to improve urban health, local development, equity and social justice.

STRATEGIC APPROACH

- Improve the availability of technically suitable human resources.
- Continuous enhancement of various methodologies for the evaluation and management of risks and services.
- Update the normative and regulation processes.
- Adequate use of technologies that improve the sensitivity and specificity for better surveillance in environmental health.
- Improvement of data recording and indicators formulation systems.
- Promotion of research projects.
- Development of sectoral analysis in basic sanitation services.
- Development of alliances and networks.
- Promote technologies aimed to reduce the coverage deficit and to improve the quality of services to achieve sustainable development.

EXPECTED RESULTS	INDICATORS
1. Institutional capacity in health for sustainable development, including alliances with other sectors, strengthened at country level.	• The programs for strengthening of capacity of the Environmental Health Units of the Ministries of Health have been defined and implemented in five countries. • The Shared Agenda in environmental health is operational.
2. Urban health and epidemiological determinants in the urban environments studied and published.	• The regional diagnosis on urban health and three case studies on health determinants in urban areas will have been published in the Region.
3. Instruments for the definition of policies, national strategies, and identification of priority projects with criteria for health and equity developed and applied.	• The guidelines for the development of regulatory frameworks of PHC and RS services, with emphasis on health protection will have been disseminated in the Region.
4. The strategy for the citizen mobilization consolidated and the networks for the formation of leadership in environmental health strengthened.	• The guidelines for the strategic participation of PAHO will have been implemented. • The program for strengthening networks (network of municipalities and international network of eco-clubs) will have been designed. • Methodologies to improve the participation and decision-making in processes of local development have been applied and supported.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		14,395,800	3,108,300	17,504,100
Total 2004-2005		14,449,300	942,800	15,392,100
Percentage of estimated expenditure	Country	58%	0%	55%
	Intercountry	42%	100%	45%
	Regional	-	-	-

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	INDICATORS
1. Intellectual Asset Management strengthened.	• Policy and guidelines for Institutional Memory revised and disseminated by June 2004. • Information technology for institutional memory management defined by March 2005.

2. Mechanisms and tools for dissemination of scientific and technical information developed and functioning.	• VHL Science and Health functioning in at least five countries by the end of 2005. • 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) • At least two agreements signed with collaborating institutions by the end of 2005 • 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&S Literature
3. Virtual Health Library promoted and developed at national and international levels.	• Assessments and plans for VHL completed in 10 countries by the end of 2005. • Persons trained in the management of VHL in 10 countries by the end of 2005. • Information on the role of BIREME/VHL in the international and national scientific community disseminated through monthly bulletins, press releases and other media.
4. Capacity for information dissemination improved to support increased access to knowledge.	• Guidelines for Electronic Publishing revised and staff in HQ trained in same by the end 2005. • Procedures to manage Web pages developed by the end of 2004. • New search tools available by the end of 2004.
5. Mechanisms for the transfer of knowledge and best practices developed.	• Communities of practices developed in five Program Areas by the end of 2005. • Listing of desired competencies linked to the Strategic Plan available by the end of 2004. • Lessons learnt from technical cooperation on the Website and updated annually.
6. Research capacity strengthened and research on relevant regional health problems by individuals, institutions or intercountry collaborative groups supported.	• At least ten research projects identified and financed through regional grants by the end of 2005. • At least 20 groups of researchers organized and functioning and four country networks functioning around the projects. • Program for strengthening capacity among health workers in one subregion developed and executed by the end 2005. • At least two agreements signed with collaborating institutions by the end of 2005. • At least 30 young researchers awarded grants for

	postgraduate thesis work. By the end of 2005. • At least 20 researchers awarded scholarships by recognized institutions and awarded grants for their research projects by the end of 2005.
7. Mechanisms for facilitating the participation of society in scientific activity tested.	• Methodology for "Citizens Consensus Conferences in Science and Health" adapted for and in use in at least four countries by the end of 2005.
8. BIREME's and VHL's technology operating to support international level of service.	• BIREME's local network and the regional website for VHL connected full-time to the Internet and working at a speed of 100Mps. • Servers for electronic mail, lists and communication operating full time in Internet.
9. VHL upgraded.	• VHL tools and methodologies and methodologies upgraded annually in accordance with international standards. • Site developed for the capture of structured information, news, experiences, evidence and knowledge will be operational in the VHL by July 2005.
10. Situation with respect to scientific information and communication reviewed continuously.	• Current indicators on the state of scientific communication in health in LAC based on the scientific production indexed in Web of Sciencedel ISI, MEDLINE, LILACS and SciELO posted on VHL. • Annual report on the state of communications en LAC disseminated. • Level of utilization of the indicators developed by BIREME, in publications of national and international agencies, monitored.
11. Quality health information available through a range of publications made accessible to stakeholders.	• 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. • Texts on topics relevant to the organizations technical work issued according to the highest editorial standards.
12. Health information and marketing needs determined and used in decision-making and marketing coordinated with partners.	• A health information country profile completed for every country in the Region by 31 December 2004. • A range of marketing research to assess market competition and readers' use PAHO information

	products and services completed each year and results incorporated in the decision-making process of every editorial project. • PUB/DM, WHO/DMI and marketing operations of other publishers will have collaborated in the dissemination of their respective territories. • The publication site on ingenta.com. will have continued being developed. • CD-ROM's of PAHO titles will have been produced and selective dissemination of PAHO titles on www.paho.org will have proceeded.
13. Institutional memory database updated.	• 100 % of new records are included in the institutional memory database, including records from PWR Offices by the end of each year. • All historical documents available in the institutional memory database by the end of 2005.
14. Management of PAHO's web pages improved and staff trained to use the web more effectively.	• Utilization of PAHO internet and intranet sites analyzed at least semi-annually. • Comprehensive guidelines for the organization and management of Web pages developed by the end of 2004. • 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. • 30% of PAHO staff from Headquarters trained in information/data search and retrieval techniques. • All staff trained in the use of on-line catalogue of the library

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		14,781,900	3,679,500	18,461,400
Total 2004-2005		14,591,600	1,957,200	16,548,800
Percentage of estimated expenditure	Country	7%	0%	7%
	Intercountry	93%	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
1. Standardized methods and models for health situation analysis, as an essential public health function, available in the countries and the Secretariat	• Methodological guidelines established for the design, development, and execution of health situation analyses, including impact assessment. • At least 2 model subregional situation analyses conducted using the updated core data of PAHO. • 45 country health profiles updated. • The CRAES and its subcommittees in operation.
2. Standards for public health surveillance produced to support the exercise of this function.	• At least 3 policy documents available on the design, analysis, and evaluation of surveillance in public health. • Model performance evaluation conducted of a public health surveillance system.
3. Human resources of Ministries of Health and the Secretariat trained in the use of epidemiological analysis in health situation analysis.	• 60 professionals trained in intermediate epidemiology and biostatistics. • Design and contents of epidemiology program and ASIS prepared. • 40 professionals trained as facilitators/teachers in public health surveillance and the measurement of inequalities. • Regional inventory of ASIS training resources available.
4. Strategic information for public health administration accessible and widely disseminated.	• 8 issues of the PAHO Epidemiological Bulletin of PAHO produced. • ASIS norms, standards, and methodologies available in electronic format.
5. Public health information systems and analytical capacity strengthened, including core health data.	• 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. • Information in those integrated systems accessible on the common platform.

6. Geographic information systems in Epidemiology and Public Health (SIG-Epi) strengthened and developed conceptually, methodologically, and operationally.	• Documents available on methods and concepts for the application and instrumentation of SIG-Epi. • SIG-Epi available in Spanish, English, and Portuguese under cooperation agreements. • Capacity of SIG-Epi transferred to INCAP for Central America. • Regional Health Atlas and SIG-Epi applications available. • Shared digital databases available on border areas in the Americas. (Geodatabase).
7. Virtual communities and technology instruments created and maintained to support training in epidemiology, statistics, and health analysis.	• Technical document produced with recommendations on virtual communities and cooperation and communication networks in health analysis. • Two prototypes of computer-assisted systems developed to support epidemiology and biostatistics training. • Websites where AIS disseminates and shares information, content, and knowledge updated and maintained. • Chat room available for virtual meetings of AIS and the countries.
8. The definition, collection, validation, and dissemination of the core health data and data from the information systems on mortality and population improved.	• Regional Core Health Data Initiative consolidated through its integrated platform and up-to-date, accessible database. • Norms and standards available for the definition, calculation, collection, consistency, and validation of core health data. • 2 regional pamphlets published and distributed. • Specific technical files for each indicator available on the Web. • Technology transferred to at least one WHO Region for the development of its Regional Core Health Data System. • Modules for data entry, verification, and production of the standard tables necessary for producing mortality and population publications, functioning. • PAHO users able to access mortality data on the Web that meet the needs of the Organization. • 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.
9. Development and training procedures linked with systems for the classification of diseases and health problems improved.	• Countries of the Region able to access members of the Family of Classifications in Health • Implementation Plan for the ICD-10 available

	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		12,090,800	537,800	12,628,600
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
1. ICT strategic plan developed and guides work.	• IT strategic plan and policies in accordance with PAHO's overall strategic plan for information management, issued and adequate resolves identified. • Travel is relevant to the goals of the assignment and is successfully scheduled and executed. • ITS staff has the resources and training to enable them to execute assigned IT projects successfully.
2. The development, implementation, and maintenance of applications are done with increased efficiency and effectiveness.	• No project overruns in cost or time against predetermined project timelines and budgets. • Declining numbers of problems reported or enhancements requested for each application. • Country office and HQ staff can support daily operations using these corporate applications.
3. Stable and secure computing environment and network for PAHO is provided.	• A minimum of 99% accessibility to the network during working hours. • A trend towards reduction of helpdesk trouble tickets and the length of time required to resolve them. • Reductions in identified network security infractions, such as network intrusions or e-mail viruses that are propagated within PAHO's system(s).
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.	• 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. • Satisfactory speed of access to Internet for queries or communications provided to all PAHO offices.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		6,548,400	774,400	7,322,800
Total 2004-2005		8,158,500	774,400	8,932,900
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
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	• Country staff updated through educational seminars on pharmaceutical policies or selected components and at least six countries supported in specific components of pharmaceutical policy. • Scheme of the Observatory's thematic blocs finalized and profiles from at least 50% of the countries prepared for the Regional Drug Observatory. • Financing of systems for access to essential drugs reviewed in at least three countries. • Policies on generics analyzed in at least six countries.
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.	• Professionals trained and updated in priority areas of harmonization such as GMP, BE, GCP, GLP, registry, medicinal plants. • Proposals drafted by the technical groups analyzed by the PARF Network and harmonized. • 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.
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.	• Modalities for the accreditation of pharmacy schools analyzed and a regional proposal formulated. • Proposal prepared for the organization of the Pan American Commission on Pharmaceutical Education. • Designated activities of the Secretariat of the Pharmaceutical Forum carried out • Community pharmacy participation in priority public health programs analyzed in 3 countries.
4. National and regional supply systems analyzed, strategies for the management of health inputs developed, and process for prequalification of suppliers strengthened	• Drug supply systems in at least three countries analyzed and the pertinent recommendations issued. • Staff involved in the drug supply system trained in modern methodologies of supply management. • Database on prequalified suppliers in operation and prequalification application forms for suppliers and prequalification criteria up-to-date and available on the Web page. • Quality controls applied in selected samples of drugs purchased through PAHO/WHO.

5. Quality products facilitated for the Member States and systems for managing health inputs developed.	• Revolving Fund redesigned to adapt to the needs of the member countries. • 80% of the countries use the fund as an appropriate procurement mechanism. • Interprogrammatic cooperation achieved to optimize the rational and appropriate use of necessary inputs for priority programs.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		2,127,000	9,606,300	11,733,300
Total 2004-2005		2,179,200	461,600	2,640,800
Percentage of estimated expenditure	Country	44%	19%	40%
	Intercountry	56%	81%	60%
	Regional	-	-	-

HEALTH INFORMATION AND TECHNOGLOY

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 countries, 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.	• Official accreditation available in 20 countries. • Institutional development as part of the national surveillance system promoted in 20 countries. • Events to promote a quality assurance system in national health public laboratory networks held in at least 20 countries
2. The dissemination of laws and standards and the development and implementation of mechanisms that contribute to the safety of blood for transfusion, promoted.	• All the countries of the Region have plans for achieving 100% screening for HIV, HCV, HVB, and syphilis • distance education programs and national courses in quality management designed in 15 countries • standards for national blood commissions developed and proposed in 15 countries • national programs for voluntary blood donation formulated in 15 countries
3. Support provided in the countries to develop 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 3 countries. • National standards for radiological emergencies developed in at least 5 countries. • 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		2,113,500	625,000	2,738,500
Percentage of estimated expenditure	Country	2%	0%	1%
	Intercountry	98%	100%	99%
	Regional	-	-	-

UNIVERSAL ACCESS TO HEALTH SERVICES

6.1 LEADERSHIP AND PUBLIC HEALTH INFRASTRUCTURE (PHI)

Strengthening the steering role of health authorities, developing public health infrastructure and public health systems, supporting health sector reform processes, and accessing and improving the overall performance of the health system

ISSUES AND CHALLENGES

- Persistent and in some cases worsening inequity in access to health care and in allocation of strategic resources for health systems.
- Sector reform processes that are based on economic-financial criteria, but which neglect public health interventions, infrastructure, and human resource development.
- Inadequate institutional capacity to carry out the steering role function.
- Public health policies that are weak, absent, or lack viability and sustainability.

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

AREA OF WORK GOAL

Reorientation of health sector reform processes in all countries of the Region towards promoting a new generation of reforms based on the health of the population; strengthening the steering role of health authorities and the institutional capacity to effectively carry out essential public health functions; and improving the performance of health systems.

AREA OF WORK OBJECTIVE(S)

Improve the institutional capacity of governments and civil society to develop and manage equitable, effective, and sustainable health systems, and improve the strategic function of the steering role of the sector, including adequate performance of essential public health functions.

STRATEGIC APPROACH

- Develop frames of reference, methodologies, and tools for sector analysis, reform processes, and the performance of health systems.
- Generate, systematize, and disseminate relevant information and knowledge.
- Train human resources.
- Develop and strengthen inter-country, inter-agency, and inter-institutional networks, and open opportunities for dialogue and consensus-building amongst social actors.
- Provide direct cooperation to national processes.
- Promote cooperation among countries.

EXPECTED RESULTS	INDICATORS
1. Institutional capacity to carry out the sectoral steering role function will be strengthened.	• Use of tools and methodologies for sector analysis in the countries. • Processes of organizational review and change, and development of procedural and regulatory frameworks in ministries of health. • Results of performance measurements of essential public health functions carried out in 40 countries of the Region.
2. The performance of essential public health functions and infrastructure will be evaluated and strengthened.	• Results of performance measurements of essential public health functions carried out in 40 countries of the Region. • Two subregional and five national plans for public health services and infrastructure designed or in the process of being designed.
3. The performance of health systems will be evaluated and improved.	• Sectoral analyses using the methodology developed by the reform initiative carried out in five countries. • The number of regional, subregional, and national meetings held with the goal of evaluating health system performance.
4. The reorientation of sector reform processes toward the use of criteria for equity and health of the population will be monitored, evaluated, and supported.	• An accessible and up-to-date system to disseminate relevant information on national reform processes. • Two inter-regional forums (EUROLAC) carried out to debate and share experiences about reforms. • Two Flagship Courses on Health Sector Reform held.
5. National institutional capacity to develop health policies and define and plan national health objectives will be strengthened.	• Tools and methodologies available. • System to disseminate information on and tools for health policies and planning available on the Virtual Campus of Public Health. • National health objectives formulated in five countries.
6. National institutional capacity to design health legislation and regulatory frameworks and tools will be strengthened.	• LEYES database and Virtual Health Library (VHL) legislation up to date and available on the Virtual Campus of Public Health and the PAHO website. • Creation of national teams that are prepared and competent to formulate health legislation and regulations.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		13,293,900	13,825,500	27,119,400
Total 2004-2005		12,390,200	2,858,700	15,248,900
Percentage of estimated expenditure	Country	85%	84%	85%
	Intercountry	15%	16%	15%
	Regional	-	-	-

UNIVERSAL ACCESS TO HEALTH SERVICES

6.2 SOCIAL PROTECTION IN HEALTH (SPH)

Ensuring equitable access to health services through the reduction of social, economic and cultural exclusion related to health and by advancing schemes of financial protection and publicly-guaranteed portfolios of entitlements

ISSUES AND CHALLENGES

- Two decades of sector reforms in the Region have not succeeded in guaranteeing citizens a basic level of health protection that provides them access to universal and equitable care, which means that more than 200 million people in the Region are excluded from health protection.
- Latin America and the Caribbean have high unemployment rates, large informal economies, and worsening levels of absolute and relative poverty. Inequity in income distribution is getting worse, and existing social protection mechanisms for health (based on current social security systems) are inadequate.
- The number and proportion of elderly people without a pension, income, or savings has increased dramatically in all countries of the Region. An estimated 80% of the elderly are now considered to lack social or health protection as well as access to quality services.
- In most countries, there is evidence of gender inequities in health, access to health, and health care provision and financing—inequities that are exacerbated by health sector reforms.
- Information on gender and health is not sufficiently available to improve policies, training, advocacy, and research.

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

AREA OF WORK GOAL

Social welfare in the Region will improve through the extension of social protection in health to excluded groups, including the poor, women, and the elderly.

AREA OF WORK OBJECTIVE(S)

Promote the development and adoption of policies, institutional reforms, and regulatory and financial mechanisms that guarantee public access—regardless of gender, ethnic group, economic level, or age—to priority health services, under conditions where there is financial protection and care with dignity.

STRATEGIC APPROACH

- Advocate and promote specific proposals.
- Develop frames of reference, methodologies, and tools for diagnostic analysis of exclusion in health, social dialogue, public policies, and evaluation of social interventions.
- Generate, systematize, and disseminate relevant information and knowledge.

- Improve institutional capacity regarding economic-financial and regulatory methods and tools used for interventions that extend social protection.
- Train human resources.
- Develop and strengthen networks between countries, as well as inter-agency, and inter-institutional networks, and open opportunities for dialogue and consensus-building amongst social actors.
- Provide direct cooperation to national processes.
- Promote cooperation among countries.

EXPECTED RESULTS	INDICATORS
1. Social exclusion in health in the Region will be evaluated.	• Tools to evaluate conditions of social exclusion available and in use in 12 countries. • Reports on socioeconomic surveys (household surveys) conducted in the countries.
2. Opportunities for social dialogue and consensus that generate policies and interventions for social protection in health will be created and strengthened.	• Entities for social dialogue functioning in 10 countries of the Region. • Tools and methodologies for social dialogue and consensus-building for social protection in health in use in 10 countries.
3. Proposals will have been made to improve capacity for economic analysis, reorient financing, and optimize sectoral expenditure.	• Methodological frameworks and tools for analysis of health expenditure and social protection in health financing and interventions developed and in use in 12 countries of the Region. • Studies and evaluations of health expenditure and social protection in health interventions and modalities in 12 countries.
4. Development and implementation of basic social service packages within the framework of social protection in health processes will be promoted.	• Methodologies and tools produced to design basic social service packages in use in 12 countries. • Evaluation reports on implementation of the basic packages of services.
5. Proposals will have been prepared to reorganize and extend benefits provided by Social Security institutions in the countries of the Region.	• Technical cooperation tools and reports that support the reorganization of Social Security institutions. • Evaluation reports of reorganization processes and the coverage of Social Security institutions.
6. National institutional capacity to design legislation and regulatory frameworks and tools for social protection in health will be strengthened.	• National teams trained to formulate social protection in health legislation and regulations in 12 countries.
7. Capacity will be developed to apply a gender perspective to health data analysis and to	• Development of the PAHO gender database. • Biannual statistical publication on gender,

produce the respective regional and national profiles on health and gender equity.	health, and development. • Collaboration agreements with the United Nations and other agencies.
8. Intersectoral action and interagency collaboration on gender and health actions will be promoted.	• Training in six countries for persons with interest in the gender issue. • Inclusion of the gender perspective in dialogue, policies, and monitoring systems in six countries.
9. Information on gender and health will be widely disseminated.	• Information, communication, and training materials on gender and health produced. • Increase in the number of members and users of the gender portal, the Virtual Library on Gender, and the discussion list. • Module on gender violence included in the Virtual Campus of Health.
10. The use of integrated models will be promoted for health and community care for the elderly in the Region.	• Production and distribution of materials that provide information on models for integrated community care for the elderly (ICCE). • ICCE strategies developed, implemented, and made available to the countries.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		5,349,000	3,425,100	8,774,100
Total 2004-2005		4,924,400	692,400	5,616,800
Percentage of estimated expenditure	Country	27%	0%	24%
	Intercountry	73%	100%	76%
	Regional	-	-	-

UNIVERSAL ACCESS TO HEALTH SERVICES

6.3 HEALTH SERVICES DELIVERY (OSD)

Developing the institutional capacity to manage integrated service networks based on primary care strategies, including implementation of programs to improve quality.

ISSUES AND CHALLENGES

- There continue to be serious difficulties in health service delivery on the continent in terms of trying to improve equitable access to services, as well as their effectiveness, efficiency, and financial sustainability.
- The principal overall challenges with regard to health services are the following: limited (or in some cases, nonexistent) access to them by large segments of the population; a supply of health services that is not always adjusted to address the expectations, social values, and cultural preferences of the population; ineffective and poor quality health service delivery; and often inadequate allocation and use of resources for service delivery.
- The poor have less access to health services and receive worse quality care, as do other groups such as rural populations, socially excluded ethnic groups, and, in particular, indigenous populations.
- The problems previously analyzed generally affect the delivery of all services, but it is necessary to pay more attention to certain health programs that traditionally have not been priorities on the health agendas of the countries of the Region. These include oral and visual health programs and school health services.
- The lack of organized information precludes defining priorities and orienting the development of health service delivery systems in a particular direction.

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

AREA OF WORK GOAL

The countries of the Region of the Americas will have improved the delivery of health services, and those services will be more equitable, effective, efficient, and financially sustainable, with special emphasis on the most affected groups, including indigenous and rural populations.

AREA OF WORK OBJECTIVE(S)

Improve the response capacity of health services in order to minimize inequalities in access to them, organize services more efficiently, respond more effectively to the health needs of the population, meet the needs and expectations of users, and attain financial sustainability in the medium and long term.

STRATEGIC APPROACH

- Mobilize a network of international and bilateral entities, academic and scientific associations, NGOs, and service, educational, and research agencies, among others.
- Prioritize the poorer member countries of the Region.

- Advocate and discuss health policies with the member countries.
- Strengthen institutional capacity at all levels of the health system.
- Promote technical cooperation between health services and the academic world.
- Promote and coordinate collaborative projects among the member countries, as well as collaboration with cooperating centers and with professional and scientific associations in the sector.
- Coordinate actions with other units of the Office.

EXPECTED RESULTS	INDICATORS
1. Care models will be reviewed, developed, and implemented in accordance with the needs and expectations of users in the countries.	• Review of the care model and development of a proposal for the necessary modifications in eight countries by the end of biennium. • Guidelines by the end of the biennium for delivery of home care services, in accordance with the health system developed and tested in three countries of the Region. • Development of technical cooperation programs that redirect the health care model toward prioritized groups. Such programs should be in the process of implementation in each country of the Region by the end of the biennium.
2. Support will be provided to the countries in developing health service systems that are population-based, directed toward the most vulnerable groups, and organized on the basis of primary health care, and that make predominant use of ambulatory services, and employ a multisectoral approach to health care.	• Development of integrated health service systems based on primary health care, and establishment of health service networks in at least five countries of the Region by the end of biennium. • Support for implementation and expansion of the family and community health model in at least five countries of the Region by the end of biennium. • Support for the design and implementation of pre-hospitalization care schemes in the medical emergency systems of three countries of the Region by the end of the biennium.
3. Support will be provided for development in the countries of the institutional capacity for national and local management of health service networks and health facilities.	• Modern management systems and institutional processes to foster managerial capacity developed and updated in at least 15 countries of the Region by the end of the biennium. • Modernization processes for hospital management supported in at least 10 countries of the Region by the end of biennium. • Planning and programming processes for local service delivery supported in at least 15 countries of the Region by the end of the biennium. • Better use of information in the management, monitoring, and evaluation of health system services and facilities in at least 15 countries of

	the Region by the end of the biennium. • Guidelines to implement measures to reduce the physical vulnerability of facilities incorporated and in use in the hospital plans of at least four countries of the Region by the end of the biennium.
4. Organization and development in the countries of ongoing programs to ensure and improve the quality of care will be supported.	• Operation of programs to improve the quality of care in three new countries by the end of the biennium. • At least five countries provided with methodologies and training to improve the quality of care. • Centers with guidelines and auditing procedures functioning in at least one country of each subregion by the end of the biennium.
5. Support will be provided for development of national capacity to define and address inequalities that affect the health outcomes and needs of indigenous peoples, as well as their access to services.	• Intrasectoral and intersectoral cooperation networks and mechanisms that support the development of indigenous peoples strengthened in priority countries. • Intercultural adaptation of care models to ensure equitable access to health care by indigenous peoples in five countries. • Development of information and monitoring systems in five countries regarding the health needs of indigenous peoples and their access to health services.
6. Institution-building will be supported for programs for fluoridation and odontological services developed in the Region.	• A DMF-12 (damaged missing or filled teeth) of no more than 3 attained and/or maintained in all the countries of the Region by the end of the biennium. • Stronger epidemiological surveillance systems for fluoridation programs in at least 15 countries of the Region by the end of the biennium. • Oral health programs evaluated and their staff trained in new care models in at least six countries of the Region by the end of the biennium. • Intercultural adaptation by oral health programs and training of their staff in the Integrated Management of Childhood (IMCI) strategy in at least six countries of the Region by the end of the biennium.
7. Normative and operational strengthening of ocular health programs will be promoted within the framework of health service development.	• Formulation of standards and policies for ocular health based on the knowledge generated from rapid surveys in at least two countries of the Region by the end of the biennium.

	• Programs for the delivery of ocular services initiated, strengthened, or reviewed in at least five countries of the Region by the end of the biennium. • Programs to produce low-cost inputs launched in two countries of the Region by the end of the biennium. • Education-communication programs for ocular health in development in two countries of the Region by the end of the biennium.
8. National capacity will be strengthened to prevent disabilities and develop rehabilitative care and services.	• Global intersectoral policies for comprehensive detection and rehabilitation of disabilities, community-based rehabilitation, and defined national care plans developed in at least 10 countries of the Region. • Care models for comprehensive rehabilitation reviewed in 10 countries of the Region. • Disability information systems implemented in 10 countries of the Region. • Plans, standards, and programs for the prevention of disability from mines and for assistance to victims in place for at-risk countries in the Region by the end of the biennium.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		9,001,200	8,769,200	17,770,400
Total 2004-2005		8,413,400	1,659,800	10,073,200
Percentage of estimated expenditure	Country	52%	75%	56%
	Intercountry	48%	25%	44%
	Regional	-	-	-

UNIVERSAL ACCESS TO HEALTH SERVICES

6.4 HUMAN RESOURCES FOR HEALTH (HRH)

Promoting the development of human resources to support health systems. Fostering professional development of the health workforce to attain the necessary competencies.

ISSUES AND CHALLENGES

- The economic and labor situation in the Region is critical, with worsening unemployment and deterioration in the quality of employment (informal economy, flexibility and lack of stability).
- Problems persist in the distribution/concentration of human resources in almost all the countries, with a deficit in many of them, problems with structures for professional development, and increased migratory flows.
- Sector reform processes did not take into account problems with human resources and resulted in deterioration in the institutional capacity for human resource policies and management.
- Educational processes for degree programs are of poor quality, professional profiles lack relevance in light of changes in care models (specialization models), and there are problems in public health.
- There is limited regulation of human resource processes.
- Institutional capacity is weak and educational offerings for continuing and permanent education limited.

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

AREA OF WORK GOAL

To focus the process for developing human resources in health towards an approach that is comprehensive, related to the needs of the population and the health system, equitable and sustainable, formulated through high-quality educational and performance processes, and based on planned, regulated and sustainable policies**.**

AREA OF WORK OBJECTIVE(S)

Improvement in the performance of human resources in health through the strengthening of policies, the steering role function, management, regulation, and training and ongoing professional development.

STRATEGIC APPROACH

- Expand the initiative for the Observatory of Human Resources.
- Develop frames of reference, methodologies, and tools for human resource policies and for the planning, management, and regulation of human resource processes.
- Generate, systematize, and disseminate relevant information and knowledge.
- Train human resources, including distance training through the Virtual Campus of Public Health.
- Develop and strengthen networks between countries, as well as inter-agency and inter-institutional networks, and open opportunities for dialogue and consensus-building amongst social actors.

> Provide direct cooperation to national processes.
> Promote cooperation among countries.

EXPECTED RESULTS	INDICATORS
1. National capacity for policymaking, planning, and regulation of human resource processes will be strengthened.	• Ten countries incorporated into the Observatory of Human Resources initiative and producing annual basic human resource data. • Human resource policies defined and priorities and strategic objectives set by 15 countries. • Two regional seminars on human resource policies developed.
2. Two regional seminars on human resource policies will be developed.	• Ten national teams trained in decentralized human resource management. • Five systematized sets of operative tools and methods for human resource management developed and available. • Five inter-country studies on common problems in human resource management.
3. The performance, management, and professional development of the public health work force will be improved.	• Ten national in-service training programs carried out to develop competencies in the performance of essential public health functions. • Two international consortia of public health education institutions developed and operating in order to improve the quality of public health education.
4. Human resource coverage and access to high-quality in-service education will be increased by developing and strengthening institutional capacity for in-service and distance education.	• The Virtual Campus of Public Health will have completed its pilot phase, demonstrated good coverage and high quality, and be operating regularly. • A 30 percent increase in the number of educational institutions with the ability to develop competency-based long distance education programs.
5. Reorient professional profiles and training processes to improve their relevance and quality in terms of health needs and care models.	• Evaluation of the quality of professional health education shows an improvement in the relevance of profiles and programs as they relate to the epidemiological profile and the care model. • An increase in the number of schools that develop competency-based curriculum and employ innovative pedagogical methods. • Six countries developing programs with broad coverage to professionalize nursing auxiliaries and community health workers.

6. Strengthen health leadership in the development of universal health.	• Two graduates of the International Health Training Program. • The Project to Develop Pan American Leadership in Health is formulated, financed, and under way. • The number of fellowships arranged and the sustained functioning of the system to identify international opportunities for professional development. • Two annual plans of the Expanded Textbook Program (PALTEX) carried out, with an improvement in the quality of materials.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		9,674,600	852,300	10,526,900
Total 2004-2005		9,710,400	581,600	10,292,000
Percentage of estimated expenditure	Country	41%	0%	39%
	Intercountry	59%	100%	61%
	Regional	-	-	-

DISEASE CONTROL AND RISK MANAGEMENT

7.1 TOBACCO (TOB)

Supporting the development and implementation of public policies to reduce tobacco consumption.

ISSUES AND CHALLENGES

- Although tobacco use is responsible for a large proportion of presentable morbidity and mortality in most countries (one-third of all cancer and cardiovascular deaths in the Americas, for example), only three countries in the Region have comprehensive policies addressing tobacco use.
- The tobacco industry maintains a powerful political influence in many countries, while civil society advocacy for tobacco control is weak. This situation presents an obstacle to building the political will of governments to implement effective tobacco control policies.
- The Framework Convention on Tobacco Control (FCTC), supported by most countries in the Region, provides a unique opportunity to strengthen government and civil society capacity to implement effective policies and programs.

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

AREA OF WORK GOAL

The countries of the Region design and implement cost-effective policies and programs to reduce mortality attributable to tobacco use.

AREA OF WORK OBJECTIVE(S)

National capacity strengthened for the promotion of risk management, including tobacco use prevention, providing the necessary elements to influence other sectors responsible for reducing risks that can damage health.

STRATEGIC APPROACH

- Emphasize the creation of smoke-free environments as a public health entry point for more comprehensive tobacco control approaches.
- Promote the implementation of the FCTC through assessment and strengthening of current national tobacco control policies and programs.
- Provide training to strengthen capacity of communities (national or sub-national) to advocate for smoke-free environments and of governments to implement effective policies.
- Develop guidelines and information to support implementation of policies and programs.
- Support and strengthen capacity for research directly relevant to achieving policy goals.

> Provide specialized technical cooperation on request, with priority to those countries committed to implementing effective tobacco control policies.
> Support and strengthen capacity for evaluation and monitoring to assess progress toward goals.

EXPECTED RESULTS	INDICATORS
1. National capacity to implement smoke-free environments in public places and workplaces will be increased in all countries.	• Publications of guidelines, research, and evidence developed by PAHO, and disseminated to and used by countries • Technical cooperation interventions in eight countries • Financial resources mobilized to four countries to create smoke-free environments
2. Countries will have increased capacity to implement effective tobacco control policies.	▪ Guidelines, evidence and research published and disseminated to countries to support effective policies. ▪ Technical cooperation interventions to ten countries to support implementation of effective policies.
3. Countries will have produced surveillance data pertaining to youth tobacco use, exposure to second hand smoke or tobacco control policies.	• Thirty countries with published reports from the Global Youth Tobacco Survey (GYTS), National Tobacco Information Online System (NATIONS) or Environmental Nicotine Exposure Surveillance System (ENESS)

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		259,400	1,117,400	1,376,800
Total 2004-2005		832,700	69,000	901,700
Percentage of estimated Expenditure	Country	1%	0%	1%
	Intercountry	99%	100%	99%
	Regional	-	-	-

DISEASE CONTROL AND RISK MANAGEMENT

7.2 ENVIRONMENTAL RISK ASSESSMENT AND MANAGEMENT (ERA)

Promoting the use of risk assessment and risk management concepts to foster safe, sustainable and health-enhancing environments, including the protection from biological, chemical and physical hazards, and the prevention of violence.

ISSUES AND CHALLENGES

- Environmental and occupational risks contribute to a large proportion of morbidity and mortality in the Region, but few countries have comprehensive policies to perform analysis and establish public policies to manage it. These risks affect the present and future generation due to their long-term health effects.
- It has been estimated that every year 5 million occupational accidents occur in Latin America, of which 90,000 are fatal, equivalent to 300 deaths daily. However, only three countries have established national surveillance systems for occupational accidents directed to preventive interventions.
- It is estimated that 150 million occupational diseases occur every year in the world, however, in Latin America only 1% to 5% of occupational diseases are reported.
- An estimated 500 million people worldwide are exposed daily to highly contaminated air in the home, and about 2 million children under 5 die every year from acute respiratory infections. Indoor and outdoor air pollution is a major factors associated with acute and respiratory diseases. It is estimated that approximately 20 million children are working under conditions that affect their physical, mental, social and spiritual development, and the health aspects of the problem has not been addressed properly within the health system.
- Latin America is one of the areas of the world in which there is major consumption of pesticides (e.g., in Central America imported 1.5 kg of pesticides per habitant, which is 2.5 times higher than the world average). There is still import of banned pesticides in many countries of Latin America. There is a need for more stringent national and international legislations, and comprehensive interventions.
- There is an increase in recognition on the deleterious health effects from POPs, heavy metals such as lead, mercury and others. However, there are no information systems that permit to analyze risks and disseminate knowledge about the identification control and/or elimination of these risks nor the other previously mentioned.

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

AREA OF WORK GOAL

Countries will use risk analysis/management concepts and shared information to guide decision making to prevent and control environmental and occupational risks.

AREA OF WORK OBJECTIVE(S)

More countries in the Region will conduct environmental and occupational risk assessment, epidemiological surveillance, will develop environmental and occupational health indicators.

STRATEGIC APPROACH

- To improve the development and training of technical human resources.
- To develop and/or improve methodologies to evaluate and manage risks and preventive services
- Establish information systems to identify, analyze, monitor, and control environmental and occupations risks
- To develop and strengthen intersectoral and interagency networks
- To promote the adequate use of technology to improve the sensitivity and specificity of environmental surveillance
- To improve notification and registry of data to develop environmental and occupational indicators
- To promote a research project

EXPECTED RESULTS	INDICATORS
1. National technical and institutional capacities strengthened to reduce or eliminate the occupational risks and to control occupational diseases and accidents.	• The Information System for notification, registry and occupational surveillance for three sentinel events (osteomuscular, accidents, pesticide poisoning) would have been established and functioning in at least five countries.
2. Regional Plan on Worker's Health implemented in 20% of the Region based on Resolution XIII (DC42-1999).	• The joint effort among WHO, EPA, and the ILO continues to be active and they carry out at least one regional event. • The National Workers' Health Plans publish progress reports.
3. Projects would have been implemented and supervised on environmental and occupational surveillance, control of environmental health problems, occupational diseases and accidents, and environmental health indicators.	• The regional initiative on pesticides and health demonstrates positive progress in the Region. • The studies regarding evaluation of environmental burden are continued and their results are disseminated.
4. A regional network for the promotion of healthy environment for children established.	• At least five countries participate in the regional network. • At least three countries would have eliminated the use of lead in the gasoline (monitoring from the Summit of Miami).
5. The Regional network of chemical safety continues operating.	• At least one of the recommendations of the Declaration of Bay of the IFCS will have been implemented in three countries.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		6,221,800	4,190,200	10,412,000
Total 2004-2005		4,871,600	-	4,871,600
Percentage of estimated expenditure	Country	37%	-	37%
	Intercountry	63%	-	63%
	Regional	-	-	-

DISEASE CONTROL AND RISK MANAGEMENT

7.3 TUBERCULOSIS AND EMERGING DISEASES (TED)

Preventing and controlling tuberculosis based on the global DOTS expansion plan and supporting actions to combat other emerging diseases including anti-biotic resistance.

ISSUES AND CHALLENGES

- The numbers of cases of tuberculosis and deaths from it have remained high, making the disease an international priority that demands sustained efforts by the countries and by PAHO.
- Emerging infectious and reemerging diseases such as the West Nile virus, SARS, and pandemic influenza make it necessary for the countries to develop their capacity to participate effectively in international detection and control activities.
- Mutation of microorganisms is producing drug resistance in strains of *Mycobacterium tuberculosis,* staphylococci, pneumococci, gonococci, malaria parasites, and other microorganisms, a phenomenon that in turn is becoming a major obstacle to controlling these infections.

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

AREA OF WORK GOAL

The Member Countries will advance in their efforts to eradicate, eliminate, prevent, and control diseases.

AREA OF WORK OBJECTIVE(S)

Implementation of programs to prevent and control tuberculosis and emerging and reemerging diseases in the Region of the Americas.

STRATEGIC APPROACH

- Update and adapt national policies and strategies to protect against communicable diseases.
- Strengthen the countries' technical capacity to implement strategies to protect against communicable diseases.
- Strengthen the national infrastructure of health services in order to expand the coverage of strategies to protect against the communicable diseases.
- Develop national capacity to evaluate progress in the use of strategies to protect against communicable diseases.

EXPECTED RESULTS	INDICATORS
1. Coverage of the strategy for DOTS/TAES (Directly Observed Treatment, Short Course/Strictly Supervised Treatment, Short Course) will be expanded and completed in 25 countries.	• Three additional countries (Argentina, Mexico, and Paraguay) attain total DOTS/TAES coverage and reach WHO goals by the end of 2004, bringing the total number of countries to 18. • Seven countries (Brazil, Dominican Republic, Ecuador, Colombia, Haiti, Guyana, Suriname) and the English-speaking Caribbean attain total DOTS/TAES coverage and reach WHO goals by the end of 2005, bringing the total number of countries to 24. • National programs for TB control evaluated annually in 25 countries and the English-speaking Caribbean. • Extended budget projects to expand the DOTS/TAES strategy in place in 17 countries.
2. Programs will be promoted to contain resistance to antimicrobial drugs, consistent with the international strategy on the topic.	• Four of the nine countries that participate in the initiative to contain antimicrobial resistance have plans in place. • Clinical guidelines for treatment with antibiotics.
3. The countries will be prepared with actions to confront the West Nile virus.	• Three countries of the Region have laboratory conditions to detect the West Nile virus. • Fifteen countries of the Region have participated in training activities related to the West Nile virus. • Three collaborating centers of PAHO/WHO are in a position to support the countries in identifying the West Nile virus.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		8,323,200	15,387,900	23,711,100
Total 2004-2005		8,509,800	5,527,500	14,037,300
Percentage of estimated expenditure	Country	53%	20%	40%
	Intercountry	47%	80%	60%
	Regional	-	-	-

DISEASE CONTROL AND RISK MANAGEMENT

7.4 MALARIA AND OTHER VECTOR-BORNE DISEASES (VEC)

Preventing and controlling vector-borne diseases including Dengue, Chagas and Filariasis, with emphasis in reducing the burden of Malaria.

ISSUES AND CHALLENGES

- The transmission of malaria continues to be a significant social and economic burden on the least-served population in the Region, and the threat of resistance of the organisms should be monitored.
- The number of cases of dengue, although varying by country, has continued its upward trend since the second half of the 1970s, with the potential probability of a greater number of cases of dengue hemorrhagic fever.
- Infestation rates of *T. infestans*, the principal vector of Chagas' disease in the Southern Cone, have been drastically reduced in the last 10 years. However, subregional initiatives are still being developed by the Central American and Andean countries to eliminate transmission of *T. cruzi.*
- Three of the seven endemic countries of the Region—Trinidad and Tobago, Suriname, and Costa Rica—are near the goal of eliminating filariasis.

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

AREA OF WORK GOAL

The Member Countries have made progress with their efforts to eradicate, eliminate, prevent, and control vector-borne diseases.

AREA OF WORK OBJECTIVE(S)

Promote implementation of the overall strategies for vector-borne disease control.

STRATEGIC APPROACH

- Update and adapt national policies and strategies to protect against communicable diseases.
- Strengthen the countries' technical capacity to implement strategies to protect against communicable diseases.
- Strengthen national health infrastructure and services in order to expand the coverage of strategies to protect against communicable diseases.
- Develop national capacity to evaluate progress in the use of strategies to protect against communicable diseases.

EXPECTED RESULTS	INDICATORS
1. Coverage of the strategy to prevent and control malaria will be implemented and expanded in countries that have the disease and where it is endemic, within the context of the Roll Back Malaria initiative.	• Continued implementation of the Roll Back Malaria initiative in the 21 endemic countries, including joint activities in areas of common epidemiological interest, and strengthened surveillance of cases imported into countries free of transmission. • Systematization and consolidation of common epidemiological and managerial indicators and their use in the 21 endemic countries.
2. The integrated strategy to prevent and control dengue will be implemented, on the basis of Resolution CD43.R4, approved on September 26, 2001 by the Directing Council.	• Twenty countries of the Region have information on policy, technical, and training aspects of the comprehensive strategy. • Evaluations based on the Decalogue of the comprehensive strategy carried out in 10 countries with national dengue programs. • Ten countries have case reporting, patient health care, and laboratory systems.
3. Areas of interruption of the transmission of Chagas by *T. infestants* in the Southern Cone and by Rhodnius prolixus in Central America will be expanded and consolidated, and the initiatives of Mexico, the Andean countries, and the Amazon basin will be fully operational, with control results.	• Interruption of transmission by *T. infestants* in five countries of the Southern Cone (Argentina, Brazil, Chile, Paraguay, and Uruguay). Broad control results in Bolivia. • Broad area of elimination of *R. prolixus* in Guatemala, El Salvador, Honduras, Nicaragua, and southern Mexico. • Reduction of the seroprevalence of Chagas' in schoolchildren in all of Central America. • Andean, Amazon, and Mexican initiatives fully functional, with some national control and/or surveillance results. • Increase in the coverage and consolidation of the quality and sustainability of Chagas' screenings in blood banks.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		5,217,200	6,192,800	11,410,000
Total 2004-2005		5,220,700	2,785,000	8,005,700
Percentage of estimated expenditure	Country	35%	28%	33%
	Intercountry	65%	72%	67%
	Regional	-	-	-

DISEASE CONTROL AND RISK MANAGEMENT

7.5 NEGLECTED DISEASES AND RESEARCH (NDR)

Supporting research in tropical diseases and fostering initiatives to deal with the control and elimination of neglected diseases such as meningitis, plague, yellow fever, hemorrhagic fever, hantavirus pulmonary syndrome, viral hepatitis and leprosy.

ISSUES AND CHALLENGES

- Control measures must be adapted to the sectors of the population that live in precarious conditions in terms of deficient housing, hygiene, food, etc.
- Geohelminthiasis is a serious health problem that primarily affects the school-age population, preventing proper physical and intellectual development.
- Coverage of more than 85% must be maintained to interrupt transmission of onchocerciasis.
- To improve knowledge of communicable diseases and design effective prevention and control measures in this Region, it is critical to promote the countries' research capacity.

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

AREA OF WORK GOAL

The Member Countries have made progress in their efforts to eradicate, eliminate, prevent, and control neglected communicable diseases that are susceptible to elimination.

AREA OF WORK OBJECTIVE(S)

The countries implement regional policies to reduce the burden of neglected diseases and improve research capacity.

STRATEGIC APPROACH

- Update and adapt national policies and strategies to protect against communicable diseases.
- Strengthen countries' technical capacity to implement the strategies that protect against communicable diseases.
- Strengthen national health infrastructure and services in order to expand the coverage of strategies to protect against communicable diseases.
- Develop national capacity to evaluate progress in the use of strategies to protect against communicable diseases.

EXPECTED RESULTS	INDICATORS
1. Conditions will be created to carry out strategies for comprehensive control of geohelminthiasis/schistosomiasis within the framework of other ongoing strategies, such as the lymphatic filariasis elimination program, the healthy schools program, micro-nutrient programs, etc.	• At least 12 countries of the Region will have a comprehensive and coordinated strategy (in the context of other initiatives) to control geohelminthiasis.

2. Research projects will be designed and carried out to strengthen programs to prevent, control, and eliminate communicable diseases, and to coordinate the WHO Program for the control of Chagas'.	• The TDR/WHO Program (Special Programme for Research and Training in Tropical Diseases – TDR) coordinated by PAHO. • Development of research on Chagas' disease. • Studies of the effectiveness of intervention measures to prevent and control communicable diseases conducted in 10 countries. • Development of young researchers through the TDR small grant program.
3. Activities to eliminate leprosy, as well as the consolidation and sustainability of those activities, will be promoted and evaluated.	• Evaluated countries have 100% coverage of multi-drug therapy (MDT), with adequate logistics to provide small quantities. • The disease will be eliminated at the national level in Brazil by the end of 2005 and observatories for analysis of the process of elimination will be in place in 10 states.
4. Strategies will be promoted and implemented to eliminate lymphatic filariasis, onchocerciasis, geohelminthiasis, and schistosomiasis.	• Plans for the elimination of lymphatic filariasis under way in the seven endemic countries in accordance with the commitments made at the Annual Meeting of National Program Coordinators. • The criteria to certify elimination of onchocerciasis validated in one more country of the Region. Monitoring and impact assessment of the program in six countries with endemic onchocerciasis will continue in accordance with the schedule established for each program. • A plan for the elimination of schistosomiasis will have been prepared in the Dominican Republic.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		890,400	1,463,500	2,353,900
Total 2004-2005		894,900	500,000	1,394,900
Percentage of estimated expenditure	Country	12%	100%	43%
	Intercountry	88%	0%	57%
	Regional	-	-	-

DISEASE CONTROL AND RISK MANAGEMENT

7.6 NONCOMMUNICABLE DISEASES (NCD)

Supporting the development of programs for reducing the premature mortality and morbidity related to noncommunicable diseases with particular emphasis in reducing risk factors and improving health care as well as promoting healthy lifestyles. Among others, emphasis will be given to cancer, cardiovascular diseases and diabetes.

ISSUES AND CHALLENGES

- The magnitude of NCDs and the associated risk conditions is higher among the poor, and is as high in the poorest countries of the Regions as is in those with middle and high income.
- Chronic noncommunicable diseases and poverty form a two-way street, each potentiating the other.
- Countries with high burden of NCDs have only limited capacity to respond and often do not have a public health approach. Chronic illness can account for almost 70% of all medical spending.
- Many countries do not have basic information on NCDs and its risk conditions.
- Countries implementing programs of unknown efficacy and effectiveness, without proper evaluation.
- The challenge is to design national programs with a population basis, use of appropriate technology, equitably and accelerate surveillance to support sound policy and program formulation and evaluation.

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

AREA OF WORK GOAL

Burden of premature mortality and morbidity related to NCDs reduced

AREA OF WORK OBJECTIVE(S)

Countries would have developed a public health approach to NCD prevention and control, and based on appropriate health information, and including improved standards of care.

STRATEGIC APPROACH

- Assessment of the burden of NCDs and risk conditions; the policy environment for prevention and care and promote dialogue among stakeholders.
- Demonstration effect for program development and capacity building.
- Develop methodological approaches for the evaluation of new interventions and technologies, to assess their cost-effectiveness in different contexts.
- Strengthen within and between countries networks, such as CARMEN by involving government agencies, academic institutions nongovernmental organizations and civil society in NCD prevention and control strategies.
- Disseminate information and develop a line of communication by using information technology and intercountry cooperation.

EXPECTED RESULTS	INDICATORS
1. Integrated community-based NCD prevention programs developed and evaluated, within the framework of the CARMEN network.	• Cost-effective models for surveillance, prevention and management of noncommunicable diseases of major public health importance, such as cancer, diabetes and cardiovascular diseases disseminated. • At. least 20 countries will be supported in the implementation of a model for integrated prevention of NCDs and will be participating in the CARMEN network by 2005.
2. Interventions for behavior change management of NCDs evaluated	• At least one multicountry NCD evaluation project would be on-going by 2005.
3. Local surveillance systems for NCDs and its risk conditions established, with particular emphasis on behaviors.	• Information on NCD risk conditions from priority countries that have over 30% under-registration of mortality made available. • Five countries would have been supported to implement local continuous surveillance for NCD or risk conditions.
4. Knowledge and information available for NCD program implementation and management.	• Virtual library, with bibliographic and other technical resources for the prevention of cervical cancer established by the end of 2004. • Virtual community established within the CARMEN network by the end of 2005.
5. Population-based management models for the detection and control of chronic conditions evaluated in terms of costs and effectiveness, with particular emphasis in, diabetes, hypertension and cervical cancer.	• Evaluation of country capacity (technology assessment) for the management of chronic conditions in at least six countries by 2004. • Implementation of innovative models for care of chronic conditions in at least three countries by 2005.
6. A “Regional” program for the prevention of cervical cancer developed.	• Evaluation protocol for key programmatic aspects (translational research) defined by mid-2005. • Comprehensive program for prevention and control of cervical cancer with measurable objectives to be attained by the countries and the Secretariat, defined by the end of 2004, and mobilization of resources initiated by the Secretariat. • Plans for resource mobilization.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		4,458,100	5,935,500	10,393,600
Total 2004-2005		4,370,600	1,766,900	6,137,500
Percentage of estimated expenditure	Country	62%	2%	45%
	Intercountry	38%	98%	55%
	Regional	-	-	-

DISEASE CONTROL AND RISK MANAGEMENT

7.7 VETERINARY PUBLIC HEALTH (VPH)

Preventing and controlling principal zoonoses and foot-and-mouth disease.

ISSUES AND CHALLENGES

- The extreme poverty that affects millions of people in the Region of the Americas generates immense inequalities in health, access to public services, and living conditions.
- Globalization demands that the countries meet their polemic standards for imports and exports of meat and other foods of animal origin.
- There is a need to adapt foot-and-mouth disease and zoonosis control programs in small communities.
- The effects of unplanned urbanization and environmental disasters contribute to the emergence and reemergence of zoonoses.

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

AREA OF WORK GOAL

The Member Countries will have advanced in their efforts to eradicate, eliminate, prevent, and control the principal zoonoses and foot-and-mouth disease.

AREA OF WORK OBJECTIVE(S)

Member Countries formulate policies and carry out plans and activities to prevent and control zoonoses, and to eradicate foot-and-mouth disease.

STRATEGIC APPROACH

- Cooperate with the Member Countries to develop plans and mobilize resources to eliminate rabies and control other zoonoses that impact public health.
- Cooperate with the Member Countries to develop plans and mobilize resources to eradicate foot-and-mouth disease.
- Maintain existing information and surveillance systems, and send periodic reports to the countries.
- Train human resources.
- Promote cooperation among countries.
- Carry out and comply with the recommendations of the Inter-American Meeting at the Ministerial Level on Health and Agriculture (RIMSA), the Commission for the Eradication of Foot-and-Mouth Disease (COHEFA), and the South American Commission for the Control of Foot-and-Mouth Disease (COSALFA).

EXPECTED RESULTS	INDICATORS
1. Human rabies transmitted by dogs will be eliminated; sylvatic rabies will be epidemiologically monitored; and bovine tuberculosis, brucellosis, and parasitic zoonoses that affect animal and human health will be controlled.	• Elimination of human rabies transmitted by dogs in 70% of the countries of Latin America. • Canine vaccination campaigns carried out in countries with transmission of the urban cycle of rabies. • Controlled rabies vaccines in accordance with WHO standards. • Rabies surveillance systems (SIRVERA) in operation. • Support provided for Latin American and Caribbean countries in training health services staff to treat people exposed to rabies. • Holding of a Regional Meeting of National Directors of Rabies Control Programs (REDIPRA). • Control programs for bovine tuberculosis, bovine and caprine brucellosis, and hydatidosis in operation in priority countries, and a study on the status of *Taenia solium*/cysticercosis concluded.
2. Conditions will be ensured for eradicating foot-and-mouth disease, protecting free areas, and keeping the Region free of "mad cow" disease (Bovine spongiform encephalopathy – BSE).	• Countries of the Southern Cone and Brazil (except for Amazon region) free of foot-and-mouth disease, and countries of the Andean Area have operational eradication plans. • Epidemiological surveillance system of vesicular diseases in operation. • Audit of national foot-and-mouth disease programs and design of risk analysis for "mad cow" disease (Bovine spongiform encephalopathy – BSE). • Holding of the 10th COHEFA and the 31st and 32nd COSALFAs.
3. Systems will be structured for surveillance of equine encephalitis, leptospirosis, and parasitic zoonoses, and for mechanisms for the early detection of animal reservoirs, emerging diseases, and agents of animal diseases with potential use for bioterrorism.	• Surveillance systems structured and operational in priority countries for zoonotic diseases that impact health, in accordance with epidemiological needs. • Countries provided with a scientific orientation and basis for policy decision-making and preparation of national standards for zoonoses that impact public health and could potentially be used as bioweapons.
4. Biomedical models in vivo and in vitro and ways to conserve and reproduce primates will be developed.	• Availability ensured of biomedical models, particularly neo-tropical primates, for vaccine development and use as sentinel animals. • Studies conducted to ensure the conservation and reproduction in captivity of these species.

5. Public services for veterinary and animal health will be developed and adapted.	• Development of municipal level services supported in 10 countries. • Strengthening of veterinary services in countries that request it. • Strengthened teaching of veterinary public health at veterinary medicine faculties in 10 countries. • Development of tools for training human resources in planning, management, and leadership.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		12,025,200	2,582,600	14,607,800
Total 2004-2005		9,100,400	1,922,000	11,022,400
Percentage of estimated expenditure	Country	17%	0%	14%
	Intercountry	83%	100%	86%
	Regional	-	-	-

FAMILY AND COMMUNITY HEALTH

8.1 WOMEN'S AND MATERNAL HEALTH (WMH)

Supporting the development of policies and interventions addressing high-priority health issues of women throughout their lifespan with particular attention to reproductive health aimed at making pregnancy safer.

ISSUES AND CHALLENGES

- Poor access to quality services for women and mothers and poor realization of sexual and reproductive health and rights.
- Lack of an integrated approach in policies, plans and programs for women health care.
- Inadequate use of modern methods of contraception, high prevalence of unsafe abortion and adolescent pregnancy.
- High maternal mortality in some countries and high perinatal mortality and morbidity in many more.
- Limited involvement of males in sexual and reproductive health promotion, prevention and service.
- Inadequate use of evidence-based interventions in women, maternal and perinatal health care and practice.
- A need to strengthen maternal and perinatal surveillance focusing on the use of information for decision-making.

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

AREA OF WORK GOAL

The quality of life and well-being of the women of all ages improved and by 2015, maternal mortality ratio reduced by 75% of its 1990 level and a reduction of perinatal mortality would have contributed to the lowering of infant mortality.

AREA OF WORK OBJECTIVE(S)

Countries better equipped to develop and implement holistic and integrated women, maternal and perinatal health programs, and interventions.

STRATEGIC APPROACH

- Health and rights approach to the development of public policies, plans and programs for sexual and reproductive health.
- Strengthen surveillance and evaluation systems for women, mothers and newborns and develop indicators to assist countries in monitoring the Milleneum Development Goals (MDG).
- Develop research that responds to regional and country needs in women and perinatal health.
- Strengthen partnership with other agencies and NGOs working in the area of women and maternal health.
- Dissemination of information to stakeholders at national and regional levels through the network of associated centers of CLAP.
- Reorient health services to provide care in an integrated manner for women, mothers and newborns and empower communities and families.
- Support human resource development in implementing evidence-based practice.

EXPECTED RESULTS	INDICATORS
1. Public policies, plans, programs and projects on sexual and reproductive health (SRH), male involvement and maternal mortality reduction at regional, national and local level.	• At the end of 2005, a resolution on sexual and reproductive health will have been presented to the Directing Council. • At the end of 2005, a common conceptual interprogrammatic regional framework for skilled care will have been developed. • 50% of the priority countries will receive technical cooperation in the development of policies and plans for the reduction of maternal morbidity-mortality, using as a reference the new regional strategy. • At the end of 2005, the case studies on successful experiences in maternal mortality reduction will have been developed and disseminated • Norms for male sexual reproductive health (SRH) services developed based on results of intervention in seven Central American countries. • Norms for male sexual reproductive health (SRH) services developed based on results of intervention in seven Central American countries.
2. Evidence-based norms, standards and guidelines on selected aspects of sexual and reproductive health, developed and disseminated.	• Norms, standards and guidelines on SRH, including contraceptive technology and methods, women, maternal and perinatal health and male reproductive health, adapted and disseminated to 75% of the countries in the Region. • 30% of the countries will have received technical cooperation to implement sexual and reproductive health and maternal mortality standard norms and guidelines.
3. Monitoring, surveillance and evaluation systems for women's health programs and maternal, and perinatal programs strengthened and countries' progress towards the MDGs monitored.	• At the end of 2005 the policy document on monitoring will be disseminated in 20% of selected priority countries. • At the end of 2005, 50% of the prioritized countries with high maternal mortality will have been supported to introduce epidemiological surveillance tools incorporating the Simplified Integrated perinatal (SIP) module. • By the end of 2005, a study will be designed to study the impact of gender based violence on perinatal maternal morbidity and mortality in three selected countries. • By the end of 2005, 50% of the countries would have been supported to incorporate SRH

	components within the epidemiological surveillance system. • At the end of 2005, 50% of the countries should incorporate SRH aspects within the epidemiological surveillance systems and 10% of the countries should promote integral models of care.
4. Alliances, networks and inter-agency coordination at regional and country level in maternal mortality reduction and SRH supported.	• At the end of 2005 the consensus strategy developed by the regional Inter-agency Task Force for Maternal Mortality Reduction will be disseminated. • At the end of 2005, 50% of the prioritized countries will have established national committees with stakeholders participation in maternal mortality reduction. • At the end of 2005 the inter-agency group on male involvement have revised and approved the models for male involvement in SRH.
5. Reorientation of services in SRH including EOC and male involvement; empowering women, families and communities as effective interventions for making pregnancy safer.	• At the end of 2005, support will have been provided to four selected Central American Countries to develop a SRH model of care for male involvement. • 50% of the prioritized countries will receive technical cooperation to promote the empowerment of WFC for the reduction of maternal morbidity/mortality.
6. The Network of Associated Centers of the Latin American Center for Perinatology and Human Development (CLAP) will be coordinated, strengthened, and extended.	• Incorporation of at least one additional center every year. • Completion of 100% of the work plans agreed upon with the associated centers.
7. The Perinatal Information System will be coordinated and refined as a tool for maternal and perinatal epidemiological surveillance.	• The training system, forms, and manuals of the Perinatal Information System reviewed and updated.
8. Maternal and perinatal health care practices will be based on scientific evidence.	• Utilization of selected practices in at least 50% of the target population.
9. Multi-center research and activities of the Network of Associated Centers of CLAP will be strengthened and supported.	• Completion of a multi-center research project within the network, and at least one local project in 50% of the participating centers.
10. Capacity for analysis and use of the Perinatal Information System will be strengthened.	• Availability of statistics based on information generated by the Perinatal Information System. • Up-to-date usage rates of a series of selected practices in 15 countries of the Region. • Collaborative international research carried out.

11. Up-to-date information will be available on beneficial practices for maternal and perinatal health and strategies for adopting them.	• Development of two research protocols to evaluate practices or strategies that facilitate their adoption. • Development of a data management system for research projects that are original, generic, and at the disposal of the research centers in the Region.
12. Training will continue for staff of the Network of Associated Centers of CLAP.	• Sufficient infrastructure capacity to promote the development of maternal and perinatal health in 100% of the centers participating in the Network of Associated Centers. • At least 15 training workshops carried out for 120 participating professionals on the use of the Perinatal Information System. • At least six workshops on evidence-based clinical guides held in CLAP or in the countries. • Four workshops on the research methodology held in CLAP or in the countries. • 300 professionals trained in at least 10 countries. • Content of the training workshops available on the Internet.
13. Scientific and technological information will be disseminated through the Network of Associated Centers to providers and recipients of maternal and perinatal health services	• 5,000 bulletins distributed. • Publications prepared using data generated from the Perinatal Information System. • Formulation of six clinical guidelines for management of six priority conditions for maternal and perinatal health. • Participation in 12 regional scientific events on evidence-based practices. • Twelve scientific articles sent for peer review and publication in journals. • CLAP websites, user websites, and the Virtual Health Library operational, freely accessible and periodically updated. • Six publications with recommendations for maternal and perinatal care prepared and distributed to the mass media. • Fifteen issues of "New Developments at CLAP" distributed via e-mail to at least 2,500 subscribers.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		5,808,700	3,616,100	9,424,800
Total 2004-2005		5,895,300	1,132,500	7,027,800
Percentage of estimated expenditure	Country	36%	28%	35%
	Intercountry	64%	72%	65%
	Regional	-	-	-

FAMILY AND COMMUNITY HEALTH

8.2 CHILD AND ADOLESCENT HEALTH (CAH)

Developing and implementing integrated approaches and strategies to address children's and adolescents' health issues that will contribute to lengthening and improving quality of life throughout adulthood.

ISSUES AND CHALLENGES

- Newborns, children and adolescents represent a large portion of the population in the Americas and they are among the most vulnerable groups with health problems and diseases. All three age groups need safe and supporting environments in which to grow and develop.
- The principal causes of mortality in children under 5 years of age (acute respiratory infections, diarrehal diseases, malnutrition, etc.) account for almost 30% of total deaths in this age group and 38% of these deaths are due to perinatal causes.
- Further reductions in childhood deaths and long-term disabilities cannot be achieved without making the health of the mother, newborns and adolescents a higher priority.

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

AREA OF WORK GOAL

Within the context of the Millennium Development Goals, by 2015, the infant and child mortality rate in the most vulnerable populations would be reduced by 20%.

AREA OF WORK OBJECTIVE(S)

Countries would have adopted a broader development approach to the health needs of children and adolescents and key components of effective and sustainable, integrated, child health actions in place.

STRATEGIC APPROACH

- Advocacy for steadfast political commitment to child and adolescent health and development agenda and support to formulating and implementing policies.
- Establishing safe and supportive environments by engaging families and communities in the prevention of diseases, and providing appropriate care for their children and adolescents for their well-being.
- Increasing the efficiency and responsiveness of the health system to provide services that respond to community needs and sustain levels of coverage.

EXPECTED RESULTS	INDICATORS
1. Support will be provided for implementation of programs and actions related to the Millennium Development Goals in health.	• Twenty priority countries in the Region supported to implement activities to meet the relevant Millennium Development Goals set for 2010. • Extra-budgetary financial resources sought from major partners to strengthen country work and collaboration and planning with civil societies and nongovernmental organizations (NGOs) and regional approaches of Secretariat. • PAHO staff in the field Country support staff in twelve countries trained to support Ministry of Health integrated strategies and collaboration with international agencies. • Increased efforts in eight countries to strengthen collaboration and planning with civil societies. • Guidelines and norms established to work in an interagency fashion.
2. Healthy lifestyles in the community will be strengthened through actions directed toward key practices.	• In fifteen countries, Ministry of Health, Red Cross volunteers and community sectors supported to provide services and to orientate the community. • Ministries of Health in fifteen countries supported to create community conditions including improved health care attention and information on the key family practices. • In ten countries community participation in primary health care issues and decision-making increased. • Baseline and KAP surveys and other monitoring and evaluation activities carried out in ten countries to measure behavior change. • Ten countries supported to improve information collection at the district level and to incorporate monitoring and evaluation methodologies. • Health and other community personnel trained in community IMCI and key family practices in fifteen countries. • Success stories published; tools and experiences shared with other regions in ten countries.
3. Coordination will be strengthened between the Catholic Church's health network and the Ministries of Health in order to promote implementation of the IMCI strategy	• Eight countries supported to strengthen the collaboration of the Ministry of Health and faith-based organizations for the promotion of preventive and curative integrated healthcare practices using IMCI and PMTCT (prevention of mother to child transmission).

4. The countries will have the capacity to carry out better national planning and expand coverage of the IMCI strategy.	• Nine countries in which the Ministry of Health, NGOs, and other international organizations use key methodologies or tools developed by the initiative. • Nine countries which have incorporated monitoring and evaluation findings into annual IMCI national plans. • Nine countries have developed plans with NGOS to expand the IMCI strategy.
5. Support will be provided to incorporate new content into the clinical component of IMCI; accelerate incorporation of IMCI into health-related schools; and strengthen and implement the strategy in four South American countries.	• Production of 100% of the technical materials on management of problems associated with the perinatal period, oral health, diabetes, violence and abuse, epilepsy, asthma, and broncho-obstructive syndrome. • IMCI implemented in at least 50% of health services that serve children in selected regions of Paraguay, Peru, Ecuador, and Venezuela. • IMCI regularly incorporated into the teaching programs of at least 20 medical schools and 10 nursing schools.
6. National capacity to prepare, analyze, and evaluate policies, plans, programs, and services will be strengthened in order to improve the integral development and health of boys and girls 10 years old or younger. This will be done by implementing care models with a family approach and by expanding the IMCI strategy.	• Four countries implementing comprehensive and integrated models that include the promotion and monitoring of child development. • Four new components of IMCI designed and published. • Pre-service, service, and community training activities in the expanded IMCI developed in 12 countries. • Four research protocols available for implementation. • Mass communications training for health workers carried out in five countries. • Countries of the region have a basic set of child development indicators. • The Childhood Information System (SINZ) adapted and modified for use in the region. • Consolidation of an interagency working group on early development. • At least two countries of the region implementing family and community empowerment models that contribute to disease prevention and control and promote health and child development.
7. The countries' technical capacity to develop policies, plans, programs, and services using an integrated strategy will be strengthened in order to improve the health and development of	• Seven priority countries have received support to design and implement policies for youth and legislation to protect their rights. • Service reorientation plans in place at the

adolescents and young adults.	primary level in five countries using the Integrated Management of Adolescent and Adult Illness (IMAN/IMAI) strategy. • Initiation in five countries of the process of incorporating IMAN/IMAI and Adolescent-Friendly Health Services (AFHS) strategies into instruction in medical faculty and school programs. • Seven countries have access to document, CD-ROM and Internet versions of primary-level training content and courses. • Access to the unit's publications and materials increased by 25%.
8. Plans and programs that promote sexual and reproductive health and the prevention of HIV/AIDS in adolescents and young adults will be developed and implemented.	• Multisectoral projects to prevent AIDS in adolescents and young adults developed in at least five countries. • Five countries have received support in preparing baseline diagnoses to implement policies, strategies, and plans to prevent AIDS in adolescents and young adults. • Five priority countries have models, guides, and standards to promote sexual health and prevent AIDS in adolescents. • The network of individuals and institutions working for prevention of AIDS in adolescents and young adults initiated in 10 countries.
9. Support will be provided to selected Central American countries to promote juvenile development and sexual and reproductive health.	• Support for the design or review of sexual and reproductive health policies provided to Honduras, Guatemala, El Salvador, Nicaragua, and Belize. • Norms and standards to improve health services in place in 100% of the selected countries. • Networks of individuals and institutions working with sexual and reproductive health in place. • All the countries have received training courses on this topic at the primary care level.
10. The countries' technical capacity to promote the development of adolescents and young adults and prevent violence will be strengthened.	• Support for developing intersectoral plans to prevent juvenile violence provided to Argentina, Peru, El Salvador, Nicaragua, and Colombia. • Technical cooperation for policy and legislative development on the topic provided to 100% of the selected countries. • 100% of the countries have access to information and bibliographical systems on the topic. • All the countries have a diagnosis of the situation and of the resources at different levels.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		4,390,300	6,734,400	11,124,700
Total 2004-2005		4,920,900	7,517,100	12,438,000
Percentage of estimated expenditure	Country	42%	1%	17%
	Intercountry	58%	99%	83%
	Regional	-	-	-

FAMILY AND COMMUNITY HEALTH

8.3 EDUCATION AND SOCIAL COMMUNICATION (HED)

Supporting actions that strengthen health education and social communication to influence healthy lifestyles throughout the lifecycle and with emphasis on special groups

ISSUES AND CHALLENGES

- In spite of compelling evidence that a multi-pronged approach in disease prevention saves lives and saves resources, the investment in health promotion strategies is still inadequately low.
- There is solid evidence that public health education and social communication combined with healthy public policy and the creation of healthy and supportive environments in a context with community participation is effective in promoting healthy behaviors and lifestyles.
- Although literacy rate in the Americas is over 90 %, the health literacy of population groups and individuals is still to be addressed in most countries of the Region. Few countries have health literacy targets to contribute to reduced burden of illness.
- Health risk behaviors in children and adolescents are the major cause of chronic and nontransmissible diseases, especially tobacco consumption, violence, accidents, obesity and sedentary lifestyles.
- Although there is strong evidence that life skills education is effective in preventing risk behavior in children and adolescents, health education in schools has mostly focused on the transmission of information about disease.
- The increasing burden of disease in the Americas is due to chronic and nontransmissible diseases, preventable with healthy lifestyles and behaviors. In addition to promoting health, public health education and social communication is a key strategy in protecting the environment. Environmental education and public policy have increased awareness among the general public and contributed to recycling and basic sanitation.

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

AREA OF WORK GOAL

Risk to health of children and youth reduced through integrated health promotion actions that target school population.

AREA OF WORK OBJECTIVE(S)

Governments and stakeholders better able to jointly plan, implement, and evaluate comprehensive, multi-sectoral programs school health programs.

STRATEGIC APPROACH

- Develop and disseminate frameworks, models and methodologies to create healthy spaces, including healthy municipalities, communities, worksites and schools, to promote and support health, resiliency and protective factors, as well as to prevent and minimize risks, obesity, sedentary lifestyles, tobacco, alcohol, drugs, violence, accidents and other injuries.
- Strengthen countries' capacities to promote health and improve and protect quality of life, by incorporating health promotion strategies, including the planing and evaluation of policies and programs.
- Increase awareness of the impact of context and policy on human behavior, and its importance in promoting healthy lifestyles.
- Disseminate the evidence base of health promotion strategies to prevent illness and improve population health as well as contributing to equity and sustainable development.
- Build capacity at all levels in the countries and the Secretariat for the design, implementation and evaluation of health education and social communications programs.
- Strengthen social and behavioral factors information and surveillance systems to input in the planning of health promotion strategies, health education and communication, healthy literacy and life skills education.
- Strengthen alliances, networks and partnerships with key stakeholders, especially the education sector, sports and food industry and the media.

EXPECTED RESULTS	INDICATORS
1. All countries will have increased capacity to implement health and life skills education in schools at all education levels	• Countries supported to develop partnerships with education, sports, food sectors and the media to advocate and model healthy lifestyles and behaviors. • Countries supported to develop partnership with different sectors and actors in support of health and life skills education in schools. • Parenting skills education programs adapted, disseminated to municipalities and schools and support provided for the implementation. • Countries supported to implement teacher training activities in health and life skills education, health literacy, parenting skills, and prevention of health risk behaviors.
2. Capacity for managing social communication and mobilization programs for health improvement strengthened.	• Countries and municipalities supported to develop, implement and evaluate social communications campaigns to reduce violence, traffic accidents and other injuries. • Countries and municipalities supported to create opportunities for citizen and community participation and in advocacy for healthy lifestyles and behaviors.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		3,197,000	298,800	3,495,800
Total 2004-2005		3,409,800	18,100	3,427,900
Percentage of estimated expenditure	Country	75%	0%	74%
	Intercountry	25%	100%	26%
	Regional	-	-	-

FAMILY AND COMMUNITY HEALTH

8.4 MENTAL HEALTH AND SUBSTANCE ABUSE (MNH)

Promote policies and interventions that target mental health and reduce the use of alcohol and addictive substances.

ISSUES AND CHALLENGES

- The problems caused by stressful lifestyles, at-risk behavior, and unhealthy environments affect mental health. Mental illnesses are prevalent in the Region. They account for 24% of the disease burden and are the cause of great suffering and disability.
- Despite recent progress in developing new interventions recognized as effective in treating mental disorders, most mental health care continues to be based in old psychiatric hospitals and involve serious violations to patients' human rights. The development of integrated services at the community level is still very limited in most countries.
- The fact that mental illnesses account for an enormous share of the disease burden indicates that mental health is still not a health sector priority in most Member Countries in the Region. As a result, positioning mental health on the public health agenda and implementing national mental health plans are major challenges and a priority for PAHO.
- In the Americas, more than 300,000 deaths annually are directly attributable to alcohol consumption, and among those, three-fourths are males in Latin America and the Caribbean (LAC). Two principal challenges are to reduce the easy availability of these beverages and to eliminate exposure to alcohol advertising.
- The development of actions to control the use of illegal substances is also justified by their impact on the disease burden and their association with problems of violence and social exclusion.

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

AREA OF WORK GOAL

The countries of the Region will have managed to reduce the burden of mental disorders, improve the mental health of the population, and reduce the damage attributable to the use of alcohol and illegal drugs.

AREA OF WORK OBJECTIVE(S)

The countries of the Region will implement policies and mental health plans that promote the mental health of the population and achieve the goal of reducing the damage attributable to the use of alcohol and illegal drugs.

STRATEGIC APPROACH

- Support implementation of mental health policies and national plans.
- Support a reorientation of services that replaces hospital-based services with community-based services.
- Protect and advocate the human rights of people with mental health disorders and support actions that mitigate stigmas and discrimination against them.

- Acquire information to support the implementation of mental health policies and plans by promoting research and developing monitoring and surveillance systems.
- Support the implementation of policies and programs to control the use of alcohol and illegal drugs.

EXPECTED RESULTS	INDICATORS
1. Capacity to develop new legislation in mental health in accordance with international recommendations will be strengthened, and measures that promote the human rights of people with mental health problems will be developed.	• New legislation on mental health implemented or in the project phase in eight countries. • Concrete measures to promote the human rights of people with mental disorders in place in eight countries.
2. The ability of the countries to use programs that meet the mental health needs of vulnerable groups will be expanded and strengthened.	• Implementation in eight countries of programs for at least one of the following vulnerable groups: children and adolescents, women, the elderly, victims of disasters and violence, indigenous populations, and the unemployed.
3. The availability of quality interventions and programs to prevent and treat mental disorders will be increased and strengthened.	• Availability of programs to prevent and treat depression, psychosis, and epilepsy increased in six countries.
4. Support will be provided to the countries to improve their capacity to formulate and implement mental health policies and plans that include reform of mental health services.	• Written mental health policies and plans implemented with the support of PAHO in 10 countries. • Demonstration projects involving mental health policies and plans developed in three countries with support from PAHO.
5. Capacity will be increased to develop research that supports implementation of mental health policies and services, as well as training and education.	• Activities developed to strengthen mental health research in six countries. • At least one research project implemented that involves the participation of countries from Latin America and North America.
6. Capacity will be improved to collect and disseminate information on problems relating to mental health policies and alcohol and drug abuse services in the countries of the Region.	• Mental health information systems developed or improved in four countries. • Information on the Mental Health Survey in the Region of the Americas collected and analyzed. • Ten countries have staff trained in monitoring the use of alcohol and drugs and related policies.
7. Support will be provided to the countries to develop policies and programs for the control of alcohol and drug use.	• Ten countries have written legal policies that prohibit the sale of alcohol to minors, prohibit alcohol consumption at educational sites, and restrict the time and place of alcohol sales and advertising.

8. Development and strengthening of services capable of handling clinical situations attributable to alcohol and drugs will be promoted.	• Five countries have access to health institutions that provide clinical services for treating patients addicted to alcohol and cocaine.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		1,447,200	675,100	2,122,300
Total 2004-2005		2,150,200	75,000	2,225,200
Percentage of estimated expenditure	Country	32%	0%	31%
	Intercountry	68%	100%	69%
	Regional	-	-	-

FAMILY AND COMMUNITY HEALTH

8.5 IMMUNIZATION AND VACCINE DEVELOPMENT (VID)

Stimulating and supporting research on new vaccines, and supporting the implementation of sustainable immunization programs.

ISSUES AND CHALLENGES

- The constant improvement of the regional immunization program and its sustenance even in crisis situations.
- Maintaining sufficient funding and technical expertise to allow PAHO to support the regional program.
- Sustain and improve PAHO's technical expertise to maintain PAHO's relevance among member countries in the vaccination field.

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

AREA OF WORK GOAL

Member States deliver equitable vaccination programs ensuring quality, and appropriately introduce new vaccines for the control and eradication of diseases.

AREA OF WORK OBJECTIVE(S)

National capacity strengthened to deliver equitable vaccination with high coverage and quality.

STRATEGIC APPROACH

- Maintaining sustainability of the Regional Program to guarantee equitable access to vaccinations for all with the consensus and support of all Member States.
- PAHO's technical cooperation will play a catalytic role in the efforts of countries to reduce inequalities in vaccination coverage, mainly through supporting the achievement of uniform high coverage in all municipalities.
- Support the consolidation of the interruption of indigenous measles transmission, the accelerated rubella control and prevention of congenital rubella syndrome, the elimination of neonatal tetanus and diphtheria as public health problems, the decrease in the burden of hemophilus influenzae, hepatitis B and pertussis, and the maintenance of the region's polio-free status.
- The Regional Program will become the building block to which other essential public health functions can be integrated.
- The infrastructure developed by the Regional Program will be used to start regional surveillance for important diseases for which vaccines are under development, and the information obtained will allow PAHO to advise countries on the appropriateness (or not) of introduction of these vaccines.
- This infrastructure will also continue to be essential for the introduction of underutilized vaccines including influenza.

EXPECTED RESULTS	INDICATORS
1. Plans and policies for improving the management and delivery of sustainable programs develop and discussion.	• Countries plans of action developed by countries by PASB yearly. • Countries hold Interagency Cooperation Committee meetings twice a year. • Policies related to bioterrorism developed and disseminated to countries.
2. Strengthen national, regional, and local management capabilities for the delivery of immunization services and for sustaining and improving vaccination data quality.	• Training modules prepared and made available by PAHO, and countries supported to use regular supervision as a training tool. • Funds required for effective implementation of the Regional Program mobilization.
3. Surveillance systems for vaccine-preventable diseases working efficiently.	• 80% of countries meet surveillance indicators. • All outbreaks are detected and controlled.
4. Efficient procurement and transportation of vaccines through the revolving fund.	• All countries would have received the vaccines needed each quarter as requested, trough the revolving fund. • Countries supported to develop national cold chain norms, to publish and disseminat them. • Health personnel updated in maintenance of cold chain.
5. Epidemiological surveillance systems developed to monitor diseases for which vaccines are being developed.	• Regional surveillance systems for bacterial meningitis, rotavirus and pneumonia in place.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		4,147,900	15,279,700	19,427,600
Total 2004-2005		4,189,800	7,242,000	11,431,800
Percentage of estimated expenditure	Country	30%	3%	13%
	Intercountry	70%	97%	87%
	Regional	-	-	-

FAMILY AND COMMUNITY HEALTH

8.6 AIDS AND SEXUALLY-TRANSMITTED INFECTIONS (HIV)

Supporting national health systems in implementing interventions to prevent and control HIV/AIDS and other sexually transmitted infections, as well as developing comprehensive care for people living with HIV/AIDS.

ISSUES AND CHALLENGES

- The number of cases of HIV infection continue increasing all over the Region, in particular in some areas such as urban centers throughout the continent, the Atlantic coast of Central America, the English-speaking Caribbean, and the Island of Hispaniola (Haiti and the Dominican Republic).
- The impact of the HIV/AIDS epidemic is taking a toll among all groups of the society at large, but with it is causing an excessive burden among the most vulnerable groups, contributing thus to widen social inequities.
- The number of actors involved in the international, national and local responses against AIDS has increased in a significant manner, which requires better coordination mechanisms to face the challenge of the HIV/AIDS epidemic.
- The long duration of the problem and the existence of non-curative treatments to manage the clinical manifestations of HIV infection have caused some complacency and loss of interest on preventive approaches. Therefore, interest on prevention should be rekindled.
- A very limited number of persons have access to state-of-the art comprehensive care that would contribute to improve their overall well-being and quality of life.
- The access to treatments is limited due to excessive costs.
- The interest on prevention and control of other STI is weaker in contrast to HIV/AIDS, despite the fact that they play a synergic role in the dynamics of HIV transmission and their control.

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

AREA OF WORK GOAL

The number of new cases of HIV infection, as well as the morbidity and mortality associated to HIV/AIDS have been significantly reduced as a result of effective prevention and comprehensive care strategies carried out by health systems, organized community responses and families in an articulated manner.

AREA OF WORK OBJECTIVE(S)

National and Inter-country technical and managerial capacity to prevent and control HIV/AIDS/STI improved and expanded.

STRATEGIC APPROACH

- Support the development of strategic and sectoral plans, as well as projects for the prevention and control of HIV/AIDS/ST, at the regional, subregional, country, inter-country, and local levels.
- Provide guidance and orientation in the development of interventions directed at preventing the transmission of HIV/AIS and STI, including the adaptation and use of evidence-based strategies, approaches and models conceived for specific settings and target groups.
- Support the establishment of comprehensive care policies and strategies, which include the whole gamut of interventions necessary to provide well-being, comfort, and better quality of life to persons living with HIV/AIDS and their families.
- Strengthen the capacity of countries in the utilization of second-generation HIV/AIDS/STI surveillance strategies.
- Support the adoption of appropriate strategies for STI prevention and control.

EXPECTED RESULTS	INDICATORS
1. Successful plans and projects for the prevention and control of HIV/AIDS/STI prepared and under implementation.	• All new and ongoing plans, projects and programs for the prevention and control of HIV/AIDS/STI prepared with HCA's collaboration will be supported, updated, monitored, and expanded when necessary. • At least ten countries will have developed internationally competitive and successful projects for submission to financing sources. • At least five countries will conduct or collaborate in national or international research activities utilizing PAHO's infrastructure and resources, including collaborating centers and established networks of academic, research institutions and NGOs. • By the en of 2005 there will be an increase in 50% of the multi-country and inter-country programs and projects developed in collaboration with HCA compared to the number that are under implementation at the end of 2003.
2. Evidence-based strategies and models of HIV/AIDS/STI preventive interventions developed.	• At least seven countries will be developing or implementing a monitoring and evaluation plan to ascertain the effectiveness of preventive interventions appropriate. • In at least ten countries of the Region, resources for prevention will be allocated on the basis of evidence and targeting of specific and epidemiologically relevant groups.

3. Comprehensive care policies and strategies established.	• Ten countries will adopt and implement the "Building Blocks" model to provide comprehensive care to people living with HIV/AIDS. • In all countries providing ARV treatments as part of the Accelerated Access Initiative, HCA will collaborate in the design, implementation and/or evaluation of national and inter-country programs to provide training and continuous education to health care practitioners. • Countries in the Region will have expanded by 150% their coverage for people with HIV/AIDS, as compared to coverage at the end of 2003.
4. Second-generation HIV/AIDS/STI surveillance strategies operational.	• 70% of the countries of the Region that have operational surveillance systems by the end of 2003 will have produced useful and quality surveillance data by the end of 2005. • By the end of 2005, 50% of the countries will have strengthened capacity to conduct second generation surveillance, monitoring and evaluation and research. • By the end of 2005, two new tools/publications will be provided to the countries as part of the technical cooperation of the Epi-Network.
5. Adoption of appropriate STI strategies will be further promoted to strengthen national control activities.	• In at least ten countries of the Region there will be a comprehensive national strategy for the prevention and control of STIs under implementation. • Training and continuous education of health professionals working in all aspects of STI prevention and control, including clinical care, surveillance, laboratory methods, and STI program management, in at least seven countries.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		1,270,500	9,634,600	10,905,100
Total 2004-2005		1,850,800	3,060,100	4,910,900
Percentage of estimated expenditure	Country	19%	5%	10%
	Intercountry	81%	95%	90%
	Regional	-	-	-

ADMINISTRATIVE SUPPORT

9.1 HUMAN RESOURCES MANAGEMENT (HRM)

Managing the PAHO workforce to maximize its ability to carry out the programs and activities of the Organization to ensure technical excellence. Developing and maintaining the necessary competencies for ensuring that staff are fully equipped to design, implement and support technical cooperation programs at country and regional levels.

ISSUES AND CHALLENGES

- The restructuring of PAHO into a more dynamic team oriented and country focused Organization.
- The ageing PAHO staff population and the loss of corporate knowledge that this may engender.
- The diverse contractual mechanisms that are being used from one country to another and the need to streamline and standardize them to have a more consistent approach.
- Human Resources systems that are not properly linked to other corporate systems creating redundancy while increasing possible errors in information.
- Expanding the advertising of professional posts in order to reach a wider audience to enhance the likelihood of recruiting the best possible candidates.
- The difficulty that international staff face when relocating and providing useful and timely information about the local living area, housing, schools, services, etc.

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

AREA OF WORK GOAL

To foster the development of a creative, competent and committed workforce to maximize their potential in providing the highest level of technical cooperation to Member States.

AREA OF WORK OBJECTIVE(S)

Human resources management services provided to all PAHO offices, in an efficient and timely manner while ensuring compliance with established manuals, rules and procedures.

STRATEGIC APPROACH

- Develop policies and practices for the consistent application of rules and procedures.
- Interact with staff members at all levels to provide sound human resources services.
- Interpret the rules and regulations in a consistent, predictable and objective manner to take into account the interests and needs of the Organization and staff members.

EXPECTED RESULTS	INDICATORS
1. Good human resources practices are implemented throughout PAHO.	• Human resource management policies are revised and updated continuously to meet changing circumstances. • All queries and issues of individuals and managers responded to and resolved within established timeframe standards.
2. Staff with the necessary skills and competencies are recruited for the work of the Organization on a timely basis.	• All vacancies filled within no more than six months after issuance of public vacancy notice, employing strategies to ensure to promote gender and geographic balance in the Secretariat.
3. Staff facilitated to work effectively towards the mission of the Organization.	• All staff would have benefited from periodic consultative evaluation of their performance, in accordance with the staff rules and required interventions for improvement of effectiveness initiated.
4. Health of staff monitored to ensure that individuals are physically fit and able to carry out their assigned duties and responsibilities.	• All staff would have had periodic medical examinations, in accordance with the rules, and basic urgent or preventive health care and travel advice provided to staff at headquarters.
5. Staff are physically fit and able to carry out their assigned duties and responsibilities.	• Basic health care, vaccinations, periodic medical examinations and travel advice are given to staff.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		5,207,500	1,084,100	6,291,600
Total 2004-2005		5,293,200	1,084,200	6,377,400
Percentage of estimated expenditure	Country	-	-	-
	Intercountry	-	-	-
	Regional	100%	100%	100%

ADMINISTRATIVE SUPPORT

9.2 SUPPORT SERVICES AND PROCUREMENT (SUP)

Managing general support services. Providing a safe and secure office environment for all PAHO staff. Supporting countries in the procurement of essential drugs, vaccines and medical supplies and equipment.

ISSUES AND CHALLENGES

- Timely receipt of information on proposed purchases, specific orders and transfer of money for the purchases is essential to adequately support Member States.
- Delays in the approval of immunization campaigns or national budgets can hamper the GSP procurement section and often results in unnecessary financial expenses and other negative impacts.
- The continuing flat budgetary levels place a strain on GSP to deliver desired and expected services at the same levels when more funds were available in the past.
- Increasing world tensions bring new demands for higher security levels at Headquarters and the PAHO field offices. The need for additional and costly security measures is another drain on PAHO financial resources.

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

AREA OF WORK GOAL

The organization successfully delivers its program of work and contributes to national and goal objectives for technical cooperation.

AREA OF WORK OBJECTIVE(S)

The Secretariat responds effectively and efficiently to changing demands in technical cooperation in the areas of procurement and other services.

STRATEGIC APPROACH

- Using various methods of communications such as meetings (including subregional), e-mails, and others, work with PAHO HQ area administrators and field offices through PWRs and administrators to improve existing services and develop alternative procedures and practices to deliver high level GSP support services to all consumers.
- Maintain a continuing dialogue with HQ administrators and field offices through PWRs and administrators regarding security of staff within the office environment. Travel as necessary to field offices to ascertain conditions in person.
- Promote an exchange of views and needs through frequent meetings, e-mails and other means between GSP/Procurement and HQ and field consumers to ensure that procurement services are provided at the highest quality level possible.

EXPECTED RESULTS	INDICATORS
1. GSP/Procurement provides procurement services in an efficient and timely manner.	• Goods and services obtained at lowest cost consistent with technical requirements, quality and time frame. • Quality of procurement improved by minimizing errors/omissions in purchase requests through increased training of HQ and field staff.
2. GSP/Translations provides the translation services in a timely manner at the lowest possible cost for the Organization.	• Document translation deadlines are met for Governing Body and other meetings. • Maintain lowest cost per word for translations through use of machine translation system. • Maintain and improve functionality of machine translation system used at PAHO Headquarters and promote purchase of software licenses by potential outside users.
3. GSP/Office Services provides safe and secure environment and logistical services at PAHO HQ and to the field offices in a timely and cost-effective manner.	• Security-related issues analyzed and recommendations promptly made to PAHO Director and to the Director for Administration. • UNSECOORD phase alerts communicated immediately to PAHO staff in Washington and the field. • Security services provided at Headquarters including 24 X 7 building guard services with coordination and technical advice for field offices. • Conferences, special events and meetings and other services arranged promptly at reasonable costs. • Support services provided at Headquarters including maintenance of office space, in-house travel agency, purchase/ distribution of supplies and equipment plus mail and pouch operations.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		13,446,100	2,182,800	15,628,900
Total 2004-2005		13,547,800	2,182,800	15,730,600
Percentage of estimated expenditure	Country	8%	0%	7%
	Intercountry	-	-	-
	Regional	92%	100%	93%

ADMINISTRATIVE SUPPORT

9.3 FINANCIAL MANAGEMENT (FNS)

Ensuring PAHO's fiscal soundness and maintaining integrity and transparency in the financial management of public resources.

ISSUES AND CHALLENGES

- Global economic weaknesses impact Member States' ability to meet financial obligations to the Organization.
- US economic situation impacts the return on PAHO's investment portfolio and miscellaneous income available to finance the Regular Budget.
- Implementation of inter-related financial systems to modernize and facilitate accurate and efficient accounting and financial reporting.
- The reform initiatives in the United Nations system require PAHO to refine approach to financial management to demonstrate accountability to its Member States.
- Ensuring the financial viability of the SHI, including the funding of the organizational share of premiums for non PAHO/AMRO retirees (RHI).

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

AREA OF WORK GOAL

Maintain the financial viability of PAHO to ensure that the Secretariat can successfully deliver its program of work and contribute to national and global objectives for technical cooperation.

AREA OF WORK OBJECTIVE(S)

Ensure the efficient and effective management of financial resources entrusted to the Organization.

STRATEGIC APPROACH

- **Client Focus**: To provide satisfactory service efficiently, consistently, and in a collegial manner to all of our clients.
- **Results Orientation**: To achieve intended results through the setting of clear objectives and levels of performance, monitoring that performance and adjusting strategies and approaches based on analyses of results.
- **Authority with Responsibility**: To provide staff members with the authority to make and implement decisions which are in consonance with the Organization's strategic plan. In turn, staff members are held accountable for results and for operating within the legal and ethical parameters established by the Organization.
- **Teamwork**: To establish collaborative and collegial work relations between staff members and units, with mutual respect and a comfortable work environment guaranteed for all staff members.

> FMR also will give special attention to working collaboratively with overseas administrators to ensure that the financial management activities of those administrators are being performed effectively. This effort involves continued training of field staff, both in headquarters and in field sites, and additional travel of FMR staff to field offices to support specific initiatives and to respond to individual needs that arise throughout the biennium.

EXPECTED RESULTS	INDICATORS
1. Efficient and effective management of the Organization's financial resources achieved.	• Financial records and audit opinion confirm a sound financial position in terms of income and expenditure.
2. Ensured the Organization's compliance to established financial accounting standards, regulations, and rules.	• Financial regulations and rules are maintained current and consistent with industry and UN standards.
3. Improved the effectiveness of mechanisms and computer technology available to manage financial resources.	• Computer programs are updated/enhanced and hardware is made available to support FMR's financial services.

RESOURCES (US$)

		Regular budget	Other sources	All funds
Total 2002-2003		9,994,600	3,440,100	13,434,700
Total 2004-2005		10,029,600	3,440,100	13,469,700
Percentage of estimated expenditure	Country	-	-	-
	Intercountry	-	-	-
	Regional	100%	100%	100%