

Building Hope

Strategies and Recommendations for Health

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Forward

This document draws on five sources of input: discussions during the Open Social Dialogue; “Hope is Born, Change is Coming,” the FMLN Programme of Government; input from the Citizens’ Alliance Against Health Care Privatisation (ACCP); input from the Technical Health Team at the Discussion Forum on Health, sponsored by the United Nations System agencies in El Salvador (UNDP, PAHO/WHO, UNFPA, and UNICEF); and the speech given by Mauricio Funes, then candidate for president, at this same forum.

The body of this paper reflects the position on health of the president-elect, who appealed to the country and to the international community to build a grand national alliance for health, an alliance capable of fostering real change that will benefit the entire population, in particular, those who are the most vulnerable.

This proposal is by way of a road map, pointing the way to making this dream come true, so long-awaited by the people, who have, at last, receptive ears in the people charged with governing the country.

Mauricio Funes has pledged to use his political will and his efforts to obtain the necessary resources for building a National Health System. Based on the concept of an explicit commitment to recognising health as a public good and a fundamental human right that should be guaranteed by the government, this system will be developed in a collective, democratic, and participatory manner. Its programmes will be grounded in a human-rights approach; intersectoral efforts to address the social determinants of health; a system based on equity, efficiency, solidarity, and universal access; and the integration, complementation, and implementation of health policies at the subregional and regional levels.

Developing a system with these characteristics poses a historic challenge to the health sector, which should complement itself with stronger community-level organisations and civil society, so that the people can fully exercise their right to health and ensure that the health sector fulfils its role of monitoring the government.

We would like extend our gratitude in particular to the health professionals who, through the Open Social Dialogue, the ACCP, and other organisations, or individually, provided the valuable input that gave rise to this first Health Policy Proposal, which is imbued with genuine social participation and consensus building for advancing with firm steps toward the health that we want.

San Salvador, El Salvador, May 2009

Introduction

In his keynote address at the Discussion Forum on Health, sponsored by the United Nations System, then-candidate Mauricio Funes endorsed the concept that health is a public good, a fundamental human right, and an intrinsic component of the human development strategy for El Salvador. Based on this, he stated that his first commitment to the Salvadoran people and the international community is to make health one of the priority areas of his administration.

Background

Severe social and environmental degradation, unemployment, social exclusion, and the structural impoverishment of growing numbers of Salvadorans have led to constant rural-to-urban migration and out-migration to other countries, along with a considerable increase in vulnerability and worsening health status in most people. Added to this, El Salvador has one of the lowest social expenditures in the Western Hemisphere. This is producing tremendous inequities in health care and is worsening the already skewed distribution of the disease burden, which falls disproportionately on women, the rural population, and the people living in belts of misery proliferating around large cities.

Health status

The prolonged, deliberate deterioration and dismantling of the public health system has sacrificed the expansion of coverage to foster, in a sector where government regulation has been nonexistent or insufficient, increased participation by the for-profit private sector in all medical and economic activities related to health care. This, along with unstable working conditions for many, low incomes, and increasing social tension and conflict, are contributing to outbreaks of new and re-emerging epidemic diseases and other diseases related to poverty, as well as to conditions typical of modern societies, such as chronic, degenerative diseases and intentional or accidental injuries; problems related to sexual and reproductive health; and mental health problems, including, among others, depression, addictions, and suicide.

Although historically the social security system and other autonomous public entities have provided better services than the Ministry of Public Health, they only cover a small percentage of the total Salvadoran population. They do this while using large amounts of money and providing inadequate support to the rest of the population, which produces deep inequities on top of the already unequal distribution of national wealth, weak mechanisms for community participation, and a frail sense of democracy in the government.

Up until now, the Salvadoran government has never had a health policy based on equity, efficiency, solidarity, and universal access that addresses the social determinants of health. The system also suffers from the virtual abandonment of health promotion, a lack of emphasis on disease prevention and rehabilitation, and a health services system in the

process of privatisation, which is segmented, fragmented, under-funded, and treatment oriented.

Large population groups—especially women of childbearing age, the poor, and children—lack access to health care and often, when they do seek care, are required to pay out-of-pocket for office procedures and laboratory tests for diagnosis and treatment. Conflict in the sector is a regular affair, and chronic shortages of medicines in the public sector, coupled with the highest relative prices in the world in private pharmacies, lead to complications and deaths among families and decimate the family economy, a common cause of impoverishment.

The new administration rejects the commodification of health and instead views health as a public good and fundamental human right and as the outcome of a dynamic interaction of socioeconomic, political, biological, cultural, demographic, and environmental determinants that enable individuals to attain full realisation of their potential through long, healthy, and productive lives. This concept goes beyond the mere absence of disease. It requires strengthening community organising and civic engagement, to empower society so it can successfully negotiate and take control of the determinants of people's health and the organisation and efficient performance of health and disease services.

The new administration also views health as a collective task to which we all can contribute, and therefore, it will explicitly assume responsibility for monitoring and evaluating the consequences for people's health of economic, social, and environmental policies. To this end, it will ensure conditions conducive to society playing an active, ongoing role in the development and implementation of the health policy and exercising effective social auditing of the policy and its implementation, as well as of the health consequences of policy decisions (or the lack thereof).

To respond to the aforementioned needs, principles, and values, the National Health System will be reoriented around the strategy of comprehensive primary health care (CPHC). This will result in a system that will view health as a fundamental human right and will constantly seek equity in health and social solidarity, shifting services toward promotion and prevention. The System will seek to have appropriate functions assigned to each level of government to make intersectoral action a reality. It will also integrate the functions of public health and disease care and will create an institutional framework that will encourage improving service quality.

Consequently, this document sets out the general guidelines for advancing firmly toward a unified National Health System, with universal coverage and access, based on the strategy of comprehensive primary health care.

Along these lines and in continuity with the participatory process already begun, a National Health Forum will be created immediately, which will formulate the elements for the new system and contribute to making fundamental decisions about its development.

I want to appeal to the country and to the international community, for us to build a grand national alliance for health. This alliance should be capable of fostering real change in the health area that will benefit the entire population, in particular, those who are the most vulnerable.

President Mauricio Funes

Objective

Guarantee the right to health of all Salvadorans through a National Health System that steadily strengthens its public segments (including social security) and effectively regulates its private segments, and provides access to health promotion, prevention, care, and rehabilitation, and a healthy, safe environment, including (but not limited to) the creation and maintenance of an efficient health care system, with high problem-solving capacity and equitable access to quality services for all.

...stronger community organisation and participation is a necessity.

President Mauricio Funes

Structure, Organisation, and Operations

Strategy 1: A National Health System based on comprehensive primary health care

Develop a National Health System based on comprehensive primary health care (CPHC) as a key strategy for attaining the Millennium Development Goals and for effectively addressing the determinants of health and inequities in health.

Recommendations

- 1.1 Reorient the National Health System toward comprehensive primary health care, adapting health services to prioritise promotion and prevention, facilitating the allocation of functions to other government levels as needed.
- 1.2 The National Health System shall provide comprehensive health services, which shall include promotion, prevention, early detection, treatment, rehabilitation, palliative care, and support for self-care at all levels of care.
- 1.3 Develop a communications programme for promoting primary health care (PHC) based health systems.
- 1.4 Create the necessary mechanisms for strengthening intersectoral collaboration and developing networks and alliances.
- 1.5 Establish the legal framework and the mechanisms that will ensure the sustainability of the system and its adequate funding, even during times of political or economic instability or change.
- 1.6 Define a mechanism for the progressive integration of the public sub-system's health service networks, which will enable:
 - Coordination, as an initial measure, between the steering entity and the network of health services and facilities of the Ministry of Health (MSPAS), the social security system (ISSS), FOSALUD, Military Health, teachers' health insurance (ISBM), and the Salvadoran Institute for Comprehensive Rehabilitation (ISRI), for the purposes of management, administration, planning, and implementation of activities in the framework of the National Health Policy, maintaining their character as autonomous entities. Subsequent steps toward integration shall be determined in the National Health Forum.
 - Increasing efficacy and efficiency by designing the necessary indicators for monitoring the new system.
 - Equity in funding will be sought for population groups under the responsibility of the different public health-service providers.

Strategy 2: Steering role and development of health policy and plans

Establish and build the capacity of the Ministry of Health (MSPAS) to develop health policies and plans, and to ensure adequate service provision and coverage, according to prioritised needs.

Recommendations

- 2.1 Convene a National Health Council to be a consultative body for the development of national health policies and plans, with the participation of all public and private social agents linked to development (agriculture, food, animal husbandry, industry, education, housing, public works, environment, communications, et al.) and delegates from civil society.
- 2.2 Forge broad consensus around comprehensive health reform, especially with regard to: the human rights perspective; intersectoral work for addressing the social determinants of health; the comprehensive primary health care strategy; and unification of the system and parameters for allocating human resources, funding, facilities, drugs, technologies, and others, based on criteria regarding population, location, vulnerability, and risk. To this end, a mechanism will be designed to progressively align the service model with per capita expenditure that will ensure unification of the system, without cutting back on the services provided.
- 2.3 Steering functions of the Ministry of Public Health and Social Assistance (MSPAS):
 - Formulate, supervise, and enforce the National Health Policy and Plan, following consultation with the National Health Council.
 - Guarantee universality, solidarity, and accessibility in health care for all Salvadorans.
 - Seek the necessary funding for properly implementing the National Health Plan, including external cooperation as complementary funding.
 - Formulate, supervise, and enforce technical standards and procedures and the legislative proposals that will ensure compliance with the policies that are designed.
 - Strategic planning with social and intersectoral participation.
 - Develop standardised, universal health indicators for decision-making, which ensure monitoring and oversight of compliance with the National Health Plan and Policy by service providers, whether public or private.
 - Define the necessary Human Resources policy for implementation of the National Health Plan.
 - Authorise the catchment area and population to be covered by the different public service-providers.
 - Design corrective procedures to prevent inequalities in service provision.
 - Improve and oversee quality at all levels of the health system, establishing standards and instruments for monitoring and evaluation.
 - Coordinate the public-access National Health Information System.
 - Provide guidance and support to the policy on participatory action research in health and to clinical research.

- Public health surveillance, research, and control of risks and threats to public health.
 - Health promotion
 - Promoting changes in lifestyle and environmental conditions that will promote the development of a health culture.
 - Strengthening of intersectoral partnerships to make health promotion actions more effective.
 - Assessing the impact of public policies on health.
 - Developing educational actions and social communication that promote healthy conditions, lifestyles, behaviour, and environments.
 - Reorienting health services to develop models of care that support health promotion.
- 2.4 Develop a code of health rights for the entire Salvadoran population, based on the criteria of universality, social accessibility, the right to accurate and understandable information, respect for personal dignity, confidentiality of personal health information, democracy, and social equality.
 - 2.5 Establish Provincial Health Councils as instruments for the participation of health professionals, unions, cooperatives, and NGOs present in the province.
 - 2.6 Coordinate all the public health-services networks (MSPAS, ISSS, CEL, ISBM, Military Health, ISRI).
 - 2.7 Reorganise the services network using epidemiological, population, geographic, vulnerability, and risk criteria.
 - 2.8 The National Health Council shall analyse the structure, functioning, and viability of the Basic Integrated Health Systems (SIBASIs).
 - 2.9 Establish integrated organisational procedures by levels of care in the National Health System, following criteria for complexity in the levels of care and ensuring, in particular, the appropriate linkage between the primary and secondary levels of care.
 - 2.10 Prioritise the comprehensive primary health care strategy throughout the National Health System (NHS).
 - 2.11 Deconcentrate, to the corresponding levels of the NHS, personnel and processes for planning, management, administration, evaluation, oversight, and delivery of health services, avoiding bureaucracy and overlapping functions. To this end, regulations, standards, and competencies will be established for each level, including the creation of entities that facilitate community participation in decision-making and evaluation.
 - 2.12 In line with the Central American Health Agenda, strengthen the social integration of Central America and the Dominican Republic, through the definition and implementation of regional health policies, strengthening health as a central focus of the regional political agenda.
 - 2.13 Reduction of the impact of emergencies and disasters on health.

Strategy 3: Regulation of the National Health System

Suggest reorganisation of the Higher Council on Public Health (CSSP) to make it an oversight agency of the National Health System (NHS), including the for-profit and not-for-profit private sector.

Recommendations

- 3.1 Recommend that an organisational, administrative, financial, and legal analysis be done of the CSSP to identify effective observance of and ambiguity in its current functions, contradictions with functions entrusted to the steering entity, and the necessary levels of autonomy and delegation of new functions for it to perform its role to oversee the NHS.
- 3.2 Study the current makeup of the CSSP and the Boards of Oversight to ensure greater participation and representativeness, to facilitate and guarantee the independence of their oversight function.
- 3.3 Allocate the necessary resources and identify funding sources for fulfilment of the assigned functions.
- 3.4 Propose needed changes to the legal framework of the CSSP, including its alignment with regional and subregional health regulations, in line with the functions of the new National Health System that is subject to its oversight.

Strategy 4: Social and community participation

Create structures and procedures for community participation in primary health care at all levels of the System

Recommendations

- 4.1 Reorganise, strengthen, and/or create local health councils that fit into the community's existing structure and that contribute to the community's integrated human development.
- 4.2 Functions of the Local Health Council:
 - Review and approve the Local Annual Operating Plan for Health.
 - Monitor and evaluate fulfilment of the plan.
 - Monitor and evaluate compliance with the budget allocated to the Local Health System.
 - Ensure that resources match prioritised health needs.
 - Take part in health activities.
 - Receive the annual activities report from the health team.
 - Contribute vital statistics to the national health information system.
 - Exercise oversight of the public administration.
- 4.3 Create the Community Assembly, made up of community residents, that will have the following functions:
 - Receive annual reports from the Local Health Council.

- Participate in the identification of needs and problems and in prioritising problems.
 - Perform social auditing of health, participate in evaluation, and participate in major decisions that will affect the community.
 - Aid the health team and the Local Health Council with the implementation of the annual operating plan for health.
- 4.4 Guarantee that public and private institutions at the municipal and provincial level assume health as an integral part of human development, relying for support on the Local Health Councils for the purpose of promoting health public policies in their catchment area.
- 4.5 At the regional level, promote the inclusion of society/communities and social organisations in defining and implementing regional health policies, creating opportunities for civil society in the Central American System for Social Integration (SISCA) for strengthening the interaction between governments and social organisations.

Strategy 5: National Health Research System

Create a National Health Research System that will enable the production of new knowledge regarding the country's health problems, the efficient allocation of resources, and the strengthening of human and interinstitutional capacities for producing the evidence necessary for supporting decisions.

Recommendations

- 5.1 Develop a National Health Research Policy, emphasising a rights-based approach to health, participatory action research (PAR), epidemiology, the social determinants of the health-disease process, social participation, intersectoral action, and health services.
- 5.2 Create a National Health Sciences and Technology Agency, closely linked to human resources training institutions and related science and technology entities.
- 5.3 Establish lasting partnerships with the education sector at the national and regional level, to support human resources training and development, in particular coordinating with the training sector and public research institutes and with the Central American University Council (CSUCA).
- 5.4 Increase spending on health research and improve its administration.
- 5.5 Develop relevant research agendas that are useful for reorienting the National Health System.
- 5.6 Coordinate intra- and inter-regional research activities.
- 5.7 Encourage basic health research, emphasising prevalent diseases of particular relevance to the country, such as Chagas, tuberculosis, chronic renal disease, HIV/AIDS, etc.

Strategy 6: Strategic Information System

Establish a quality strategic information system, as an instrument for evidence-based decision making, for facilitating social auditing and planning, and for oversight and allocation of resources.

Recommendations

- 6.1 In alignment with the other countries of the region, an integrated information system will be developed for comprehensive epidemiological surveillance in all components and levels of the system, using standardised guidelines for data collection to produce high-quality information that is comparable among countries.
- 6.2 This system will include the following components, at a minimum:
 - Analysis of social and health inequalities.
 - Exposure to risks.
 - Development and distribution of health human resources.
 - Coverage and quality of health systems and services.
 - Monitoring of the implementation of the primary health care strategy.
 - Sectoral funding.
 - Pricing and availability of drugs and other products of importance to health in the public and private sectors.
- 6.3 Intersectoral surveillance systems will also be developed in collaboration with the water and sanitation, education, labour, and agriculture sectors.
- 6.4 To guarantee transparency and facilitate social auditing, the information produced by the system will be public, while respecting the privacy of individual medical records.
- 6.5 A unified, national registry of persons with disabilities will be created, with a gender perspective, for the appropriate formulation of public policies that guarantee complete integration into society.
- 6.6 Compulsory, no-cost registration of vital statistics (births and deaths) in all municipalities of the country.
- 6.7 All the levels and components in the system shall use a universal, compulsory registry system as a mechanism for guaranteeing their evaluation and oversight.

Strategy 7: Coordination and consensus-building with the private sector

Establish distinct policies for seeking consensus with the private (for-profit and not-for-profit) service delivery sector, using criteria for increasing coverage, complementarity, and cost/benefit.

Recommendations

- 7.1 Integrate the National Health Council, the training sector, and the private for-profit and not-for-profit sectors.

- 7.2 Establish social auditing mechanisms to be used by the participation entities at the different levels that will ensure that the government performs its regulatory role with regard to the private sector.
- 7.3 Private-sector provider entities shall implement the Comprehensive Primary Health Care actions that the steering entity determines for the purpose of fulfilling national health plans and programmes.
- 7.4 Private-sector provider entities shall comply on a mandatory basis with the registries determined by the System's strategic information system.
- 7.5 The private sector shall provide health services to the public sector in exceptional cases, if and when the public sector is not able to provide them to the Salvadoran people.

We are basing the Health Policy on primary health care as a strategy for attaining universal coverage, equity, quality, and sustainability.

President Mauricio Funes

Health and Disease Care

Strategy 8: Provision of health services

The National Health System shall provide to the entire population, through the public healthcare network, a package of health services, the number and quality of which shall become progressively more comprehensive.

Recommendations

- 8.1 The public system will provide comprehensive, universal health care, which will include health promotion, prevention, treatment, and rehabilitation, and will be based on the comprehensive primary health care strategy.
- 8.2 The National Health System will guarantee people's right to comprehensive health care through activities organised in plans and programmes oriented according to population criteria, vulnerability, risk, morbidity, mortality, solidarity, and equity.
- 8.3 The Health System considers immunisation to be a right of the people, especially children, as well as a duty of parents and health workers for protecting children. Along these lines, the national immunisation programme will expand permanently to attain 95% coverage. To this end, it will actively seek children, educate parents, and reach out to other vulnerable groups, such as the elderly, as needed.
- 8.4 The Health System shall secure a Vaccination Law that will guarantee vaccine availability, priority funding for them, and good quality biologicals. The System will give priority to the constant exchange of information and to the complementary and mutually beneficial development of subregional and regional public-sector capacities for vaccine development and production.
- 8.5 Uniform, compulsory referral and counter-referral systems will be established; the medical record will be the required record-keeping mechanism accompanying the patient.
- 8.6 The System will guarantee the necessary complaint and redress mechanisms for victims of health rights violations.
- 8.7 A system for surveillance based on laboratory histopathology will be created, based on a network corresponding to the different levels and complexity of care in the health system, which, through research and post mortem pathology, will strengthen human resource training and epidemiological surveillance and will add to the quality of the diagnosis and treatment of the principal infections and chronic degenerative diseases in the country, by means of:
 - Cytopathology;
 - Complementary diagnostic techniques (immunohistochemistry, fluorescent in situ hybridisation-FISH, polymerase chain reaction-PCR);
 - Development of biotechnologies and other technologies.
- 8.8 Implementation of a registry of activities for the operational monitoring of goals and objectives for the health services provided by the system.

Strategy 9: Hospital policy

Regulate and increase the efficacy, efficiency, and quality of the secondary and tertiary levels (hospitals) as a crucially important component of the integrated services network of the National Health System.

Recommendations

- 9.1 Develop a regionalised structure for the public sector hospital network, assigning each hospital facility a specific population to cover.
- 9.2 Establish a catalogue of services in each second-level hospital, such that they have problem-solving capacity for 80% of the demand for specialised care, referring the rest to specialised third-level hospitals.
- 9.3 Allocate to each hospital, according to its level of complexity, the human resources (in number and/or hours), supplies, and equipment that enable fulfilling the responsibilities assigned.
- 9.4 Improve the managerial capacity of hospital managerial staff as a condition for the effective, efficient functioning of hospital services, and institutionalise and mainstream the use of a Management Information System to facilitate decision-making.
- 9.5 Each hospital shall develop an annual management plan that shall be approved by the Ministry of Health. The National Health Forum shall establish mechanisms for social participation that guarantee public participation in the design, implementation, and evaluation of the plan.
- 9.6 Establish priorities for human resources, equipment, and supplies based on an assessment of the hospital network.

Strategy 10: Social security

The Salvadoran Social Security Institute (ISSS) shall be restructured organisationally, administratively, legally, and financially.

Recommendations

- 10.1 Progressive integration of the ISSS into the National Health System without affecting the health services of the beneficiaries and their dependents, proposing relevant changes in the legal framework.
- 10.2 Provide all coverage established by law. Following an analysis, consider extension of coverage to agricultural workers, domestic employees, and children of contributors up until age 18.
- 10.3 Effective deconcentration of specialty care and reduction in waiting times for consultations and surgeries.
- 10.4 Ensure beneficiaries and their dependents the diagnostic methods and support their illness warrants.

- 10.5 Reorganise the hiring, distribution, work hours, and allocation of personnel based on criteria for need, suitability, and competencies.
- 10.6 Redefine megaprojects and create an external cooperation unit.
- 10.7 Address the institution's funding shortfalls through increasing its technical reserves, renegotiation of the government contribution, adjustment of the ceiling on the employee contribution, recovery of arrears of employer contributions, redefinition of priorities and expenses, expansion of the programme for joint drug purchases with other components of the public system, and implementation of an austerity policy.
- 10.8 Fight corruption, focusing on irregularities in the public bidding system and procurement of drugs and medical and surgical supplies, and the management of institutional financial resources.
- 10.9 Institute a programme at the national level that integrates care for catastrophic diseases, to improve care and make the most effective use possible of resources.

Strategy 11: Occupational health

Design a programme for the improvement of the occupational health of the working population.

Recommendations

- 11.1 Propose the alignment of national laws with the regulations, standards, and procedures of international institutions (especially the ILO).
- 11.2 Establish mechanisms for labour union participation in the design and implementation of occupational health programmes in companies.
- 11.3 Develop an epidemiological risk map for the country's productive sectors that considers the use of raw materials and the organisation of production processes, for both rural and urban areas.
- 11.4 Education on and promotion of occupational health in public and private urban and rural entities.
- 11.5 Monitor and supervise health risks and conditions and the work environment of productive units and workplaces.

Strategy 12: Food and nutritional security

Establish a Food and Nutritional Security Programme covering the entire lifecycle and the entire population, as a fundamental component for health promotion, based on the social determinants of the country's food and nutritional status.

Recommendations

- 12.1 Encourage healthy dietary practices and the appropriate use of available resources and prevent infectious disease in vulnerable groups, through health and nutrition promotion in local and municipal venues, with social participation.

- 12.2 Develop a mass and targeted communication strategy on breastfeeding, appropriate complementary feeding, and a healthy, low-cost family diet.
- 12.3 In coordination with the Ministry of Education, encourage healthy eating habits and lifestyles in schools (training for teachers, students, parents). Promote healthy lunchboxes and school stores.
- 12.4 Develop and promote foods and food blends that have a high nutritional value and low cost, focusing on vulnerable groups.
- 12.5 Early detection and timely treatment of malnourished individuals, especially children.
- 12.6 Develop a national programme for the management, prevention, and control of chronic non-communicable diseases (obesity, diabetes, hypertension, and others) that are directly related to diet.
- 12.7 Development of standards and regulations for the management, control, safety, and marketing of processed foods.
- 12.8 Strengthen the National Programme for the Elimination of Micronutrient Deficiencies (fortification and monitoring of staple foods, micronutrient supplementation for vulnerable groups, and nutrition education).
- 12.9 Surveillance, monitoring, and reporting on nutritional status (identification of vulnerable groups and geographic areas, and priority prevention and treatment interventions) and promotion of intersectoral participation in decision-making.
- 12.10 Inclusion of the health and nutrition component as one of the fundamental pillars for attaining food and nutrition security nationally, in coordination with the sectors involved (Ministry of Agriculture, Centre for Agricultural Technology, Ministry of Education, Ministry of Economy, Ministry of Labour, and other government entities).
- 12.11 Research to identify new food consumption patterns in the population and the search for dietary alternatives.
- 12.12 Nutrition care for patients with HIV/AIDS.
- 12.13 Updating the basic market basket of food, based on a healthy, affordable diet, to ensure the quality of life of the population.

Strategy 13: Reducing the impact of emergencies and disasters

The National Health System shall guarantee appropriate health care during emergencies, epidemics, and natural and anthropogenic disasters, using a risk-reduction approach.

Recommendations

- 13.1 Develop policies, plans, and programmes for prevention, mitigation, preparedness, relief, and early rehabilitation, for reducing the impact of disasters on public health, with an integrated approach to harm and aetiology for each and every possible emergency and disaster in the country.
- 13.2 Develop and update standards, protocols, and procedural guidelines for the appropriate, timely management of emergencies, epidemics, and natural and anthropogenic disasters.

- 13.3 Establish an efficient emergency care system linked to all levels of care. It will function 24 hours a day, using the referral and counter-referral system among the different levels of the system.
- 13.4 Health Posts will have sufficient staffing to cover the demand for services.
- 13.5 Establish transport and communications mechanisms and procedures for appropriate case resolution and referral.
- 13.6 The National Health System as a whole will activate to provide a timely, effective response in cases of national emergency, epidemics, or disasters as part of the Civil Protection and Disaster Prevention and Mitigation System.
- 13.7 Participation of the entire health system and the broadest intersectoral and interinstitutional collaboration possible, for reducing the impact of emergencies or disasters.
- 13.8 Efforts to attain intersectoral and international cooperation to resolve health problems produced by emergencies and disasters.
- 13.9 Establish traffic accident (road safety) information and prevention campaigns.

Strategy 14: Substance abuse, violence, and mental health

Develop strategies aimed at improvements in comprehensive mental health care, the reduction of alcoholism and substance abuse, and aspects of mental health linked to social violence and violence against women.

Recommendations

- 14.1 Promote mental health, including prevention, early detection, treatment, and rehabilitation for persons with mental health problems.
- 14.2 Establish mechanisms to assess the extent of the problem produced by the levels of structural risk and its manifestations (poverty, uprooting, dysfunction, family violence, violence against women, and social violence in general).
- 14.3 Establish intersectoral interventions with special emphasis on education and prevention, as well as services for victims and perpetrators of family violence or intimate partner violence.
- 14.4 Promote the rehabilitation and reintegration into society of persons affected by mental health problems.

Strategy 15: Sexual and reproductive health

Priority programmes will be established in coordination with the “*Ciudad Mujer*” Programme on sex information and education and on sexual and reproductive health services, aimed at school-age groups, preadolescents, adolescents, and women and men throughout the lifecycle.

Recommendations

- 15.1 Establish an intersectoral programme for sex education and prevention of adolescent pregnancy.
- 15.2 Guarantee the sexual and reproductive health rights of women, based on the criteria of free will and cultural and economic accessibility.
- 15.3 Guarantee the right to privacy and confidentiality in the record-keeping systems for this area.
- 15.4 Establish procedures for the prevention of cervical, breast, and prostate cancer.
- 15.5 Early detection, follow-up, and treatment of STIs, HIV, and AIDS.
- 15.6 Professionalise, accredit, and supervise midwives as support personnel for the women's programme; integrate them into the record-keeping system and the public service delivery network.
- 15.7 Comprehensive detection and care for women and children who suffer from physical, psychological, and/or sexual abuse.
- 15.8 Education and care for preconception, prenatal, perinatal, postnatal, and internal reproductive health.
- 15.9 Comprehensive menopause and andropause care.

Strategy 16: Oral health

Establish, in the framework of comprehensive primary health care, a participatory system made up of programmes and short, medium, and long range actions for the promotion of oral health and the prevention and treatment of dental morbidity nationwide.

Recommendations

- 16.1 Conduct a national assessment of oral health, involving the sectors concerned: public health and social security institutions, the dental profession, schools of dentistry, and civil society.
- 16.2 Develop a participatory intersectoral Oral Health Policy, based on PHC, that ensures equitable, free-of-charge, universal access for the Salvadoran population. This policy shall define:
 - How to ensure the participation of communities and other sectors, taking into account gender, individual, family, and community, in the following health promotion and protection actions: fluoridation (of water, salt), health education, and supervised oral hygiene.
 - Training for the provision of care, working conditions, and parameters for oral rehabilitation, involving the total or partial recovery of lost skills and the reintegration of the individual into his or her social and work environment.
- 16.3 In coordination with the Bureau for Human Resources Development, have a bearing on the training of professional and technical human resources by allocating resources for training and promoting curricular reforms that prioritise a comprehensive, multidisciplinary approach.
- 16.4 As part of the Strategic Information System, create a national information network that enables monitoring the dental health-disease process and producing reliable information for decision-making.

Strategy 17: Comprehensive services for people with disabilities

Take on the government's responsibility for the prevention of disabilities, as well as for the care, comprehensive rehabilitation, and social integration and reintegration of persons with disabilities.

Recommendations

- 17.1 Coordinate efforts among the sectors and institutions concerned to strengthen health care for people with disabilities.
- 17.2 In order to make comprehensive rehabilitation effective, the facilities in the National Health System will be provided with specialised human resources and equipment, in accordance with their complexity and catchment areas (hospitals, health posts, health centres, ISRI, others).
- 17.3 Enforce and expand where needed, with the participation of the associations in the sector, the Policy on the Equalisation of Opportunities for Persons with Disabilities, to guarantee:
 - Accessibility in health care, including mental health, for the individual and his or her family group.
 - Architectural and urban planning accessibility in all public services in accordance with international standards, for which it shall coordinate with the Ministers of Labour, Education, Public Works, and Justice; municipal governments; and others, for eliminating the architectural and social barriers that limit integration and access to the benefits and exercise of citizenship.
 - Educational activities for the general population and institutions on non-discrimination and respect for the dignity of disabled persons.
- 17.4 In compliance with the Law on the Equalisation of Opportunities for government and private institutions, the National Health System shall guarantee that 4% of its employees are persons with disabilities and will implement Professional Rehabilitation programmes in line with international standards.

We cannot tolerate waste, corruption, or inefficiency in the health sector.

President Mauricio Funes

Human Resources Development for the National Health System

Strategy 18: Human resources development

Develop and implement the Health Human Resources Development Policy.

Recommendations

- 18.1 Create, at the central level of MSPAS, the Bureau of Human Resources Development.
- 18.2 Develop the National Human Resources Development Policy in consultation with the National Health Council.
- 18.3 Create the necessary mechanisms and conditions for responding to the health human resources challenges identified in relation to attaining the Millennium Development Goals:
 - Define long-range policies and plans for adapting the workforce to the anticipated changes in the health system.
 - Post the appropriate people in the appropriate places for achieving equitable distribution in accordance with the health needs of the different communities.
 - Promote national and international action so that countries affected by migration can retain their health personnel and prevent staffing shortages.
 - Create work environments that foster commitment to the institutional message of guaranteeing the delivery of quality health services to the entire population.
- 18.4 Assign MSPAS the function of quantifying and qualifying, in general, the different categories and characteristics needed for human resources in the National Health System and the functions assigned them (professional and occupational profile).
- 18.5 Foster employment stability for health workers, encouraging the Salvadoran government to join the Policy on Decent Work of the International Labour Organisation (ILO).
- 18.6 Coordinate with the education and professional sectors, especially the public university, for the training, accreditation, and standardisation of undergraduate and graduate level health human resources in accordance with the National Health Policy and Plan and international commitments to reorient health systems toward primary health care.
- 18.7 Promote the development of leadership among health personnel.
- 18.8 Equitably distribute human resources across the national health system.
- 18.9 Increase the hiring of nursing human resources in the National Health System to attain a doctor-nurse ratio of at least 1:1.
- 18.10 Guarantee deconcentration of medical specialties to second-tier hospitals.

Strategy 19: Coordination with the training sector

Create mechanisms for cooperation between educational institutions and health services for the purpose of adapting the education of health professionals to ensure the delivery of good quality care that meets the health needs of the entire population.

Recommendations

- 19.1 Coordinate with trainers of human resources, especially with the public training sector, on the prioritisation of a training programme for health technicians and technologists and reorient the curriculum for undergraduate and doctoral degrees in accordance with:
 - Comprehensive Primary Health Care.
 - A health-rights approach.
 - The social determinants of health.
 - Equity and community needs.
 - New trends in health education.
- 19.2 Standardise the curriculum for community health workers, guaranteeing standardisable levels in their training, as well as in procedures for technical supervision.
- 19.3 Develop a human resources continuing education and training programme for all levels of the system.

Strategy 20: Community health workers

Develop the “*promotor de salud*” (community health worker) profession as a basic element of the National Health System at the first level of care, based on comprehensive primary health care.

Recommendations

- 20.1 Guarantee that the community health worker (CHW) resides in and is nominated by the community in which he or she will work.
- 20.2 CHWs trained by NGOs, churches, communities, and municipal governments who are already working in their communities shall have priority for training, accreditation, and integration into the public service network.
- 20.3 Implement technical training programmes and supervision of the functions of community health workers under the responsibility of the basic integrated health team in each region.
- 20.4 The functions of the CHW shall be community organising, health promotion, disease prevention, and care for common mild diseases, based on standards.
- 20.5 Review the base wage for CHWs and adjust it to their new functions and performance.
- 20.6 The population assigned to the CHW shall depend on criteria of geographic distribution, resources, and accessibility.

20.7 Reach agreement on a uniform technical and academic curriculum for all CHWs in the Ministry of Health, NGOs, churches, communities, and municipal governments.

Assurance of the availability, accessibility, and quality of drugs across the entire public services network is also a part of the Health Policy.

President Mauricio Funes

Drug Policy

Strategy 21: Availability, quality, and rational use of medicines

Guarantee the quality, efficacy, safety, and access to essential drugs for the Salvadoran people, as well as their rational use by both health professionals and consumers.

Recommendations

- 21.1 Develop a Unified National Essential Drugs List of drugs that shall be available at all times in sufficient quantities and appropriate doses, through appropriate provision to the facilities belonging to the National Health System.
- 21.2 Increase government budget allocations for drugs to maintain availability of the drugs on the Unified Essential Drugs List required for meeting the needs of the population served by the National Health System, eliminating all cost recovery measures and waste, making drug purchasing efficient, democratising it, and making transparency the norm, through good procurement practices and through joint national and subregional purchases by the public system.
- 21.3 Ensure an efficient system for the supply, storage, and distribution of drugs, using centralised management and procurement mechanisms, but decentralising storage and distribution at all levels of the National Health System.
- 21.4 Design a policy aimed at drug price containment that involves interinstitutional and intersectoral coordination for monitoring prices by comparing them with international reference prices, emphasising abolition of monopolistic practices and exorbitant profit margins at all levels of the marketing chain; elimination of import taxes and tariffs on final products and raw materials; fostering the production, importation, prescription, and marketing of non-brand name generic drugs; and use of the mechanisms established by the World Trade Organisation (WTO), such as parallel imports from countries such as Brazil and others, which would enable procurement of patented drugs during national emergencies.
- 21.5 Guarantee drug quality, safety, and efficacy through a transparent, impartial registration system that oversees the use of good manufacturing practices and the certification of drug quality, and in addition, that uses post-registration quality control measures and a drug surveillance system at all levels of drug distribution and dispensing, in both the public and private systems, aligning the regulatory framework with the other countries in the Central American subregion, using international WHO-accepted standards as a reference.
- 21.6 Promote the adoption of a regulatory framework that effectively regulates drug promotion and publicity, based on ethical criteria that ensure accurate, exact, true, balanced, current, and verifiable information, and that severely punishes immoral practices and excessive incentives by the pharmaceutical industry and drug prescribing and dispensing establishments and professionals.
- 21.7 Ensure the rational use of medicines in the public and private sectors, by:

- The development, review, and generalised use of a National Therapeutic Formulary and evidence-based clinical care guidelines, as well as the constitution of Drug Therapy Committees at the national, provincial, and institutional levels that coordinate ongoing review of these guidelines.
 - Coordination with human resources education institutions for training on good prescribing practices and prescription quality at undergraduate and graduate levels, as well as continuing education for all health workers on the rational use of medicines.
 - The design of an ongoing campaign with interinstitutional participation using the mass media, underscoring the importance of decreasing self-medication practices in the population.
 - Assurance of public access to impartial, accurate information on the use, side effects, and drug interactions of the most common drugs on the market.
 - Establishments that dispense prescription-only medicines shall document their operations with the doctor's prescription.
- 21.8 Promote research by health care and academic institutions that enables the National Health System and civil society to monitor and evaluate compliance with the pharmaceutical policies and strategies that are implemented, using international standardised indicators validated by WHO, which enable solving problems, reorienting strategies if necessary, and making comparisons among countries.
- 21.9 Create the necessary conditions for implementing the broad participation of organised citizens in the adoption and review of pharmaceutical policies and strategies, for the purpose of obtaining consensus-based measures that guarantee their application, through the creation of a National Pharmaceutical Council that will be consultative in character and will be coordinated and facilitated by the Ministry of Public Health and Social Assistance and shall be made up of the Ministry of Economy, Ministry of the Treasury, CSSP, government Office for Consumer Defence, National Centre for Registries, non-governmental consumer defence agencies, associations of health professionals, and human resources training institutions.

The primary health care strategy should not be confused with the first level of care. PHC includes efficient, high-quality health services for treating disease as well as activities aimed at health promotion and disease prevention. It also involves a substantial investment to ensure the provision of potable water to the entire population—water that is safe for human consumption—as well as basic sanitation services.

President Mauricio Funes

Water and Sanitation

Strategy 22: Water and environmental sanitation

Promote a policy on potable water and basic sanitation with the participation and consensus of the sectors concerned (MARN, MINED, ANDA, MAG, municipal governments, civil society, et al.).

Recommendations

- 22.1 Create a National Commission to be in charge of formulating the National Policy on Water and Environmental Sanitation.
- 22.2 The Policy on Water and Environmental Sanitation shall be implemented by the members of the National Commission.
- 22.3 The National Policy on Water and Environmental Sanitation shall define the following aspects:
 - Mechanisms for citizen participation and social auditing.
 - Legal competencies and a regulatory framework for water and sanitation, including setting priorities for access, quality, and stratification, from the perspective of water as a human right and a determinant of people's health.
 - Monitoring of water quality and pollution.
 - Competencies and scope for the elimination of vectors and cleaning of rivers, streams, and drainage channels.
 - Facilitate increased coverage through sewerage systems, wastewater treatment plants, and construction of latrines, including expanded coverage of latrine construction programmes in rural and marginal urban areas.
 - Mechanisms for sanitary controls over food handling at all levels to ensure food safety, including production, processing, storage, and consumption.
 - Integrated solid waste management: reduction, separation, recycling, reuse, collection, final disposal, and education on waste management.
 - National regulations on sanitation and prevention of animal-related diseases (zoonoses).
 - Control of domestic animals and animals on public rights of way (pigs, cattle, dogs, etc.), and proper handling of dead animals.
- 22.4 Priorities for the use of water resources shall include the following, in order of priority:
 - Human consumption.
 - Public health facilities.
 - Public education facilities.
 - Agriculture and livestock systems.
 - Commercial establishments.
 - Industrial use.
 - Tourism and recreation.

- 22.5 Conduct ongoing campaigns on hygiene and environmental education in coordination with other ministries and the public about reforestation, forest protection, protection of water sources, and the rational use of water resources.
- 22.6 Strengthen the role of health inspector, with legal and technical tools on water and sanitation.

Administration and Financing

Strategy 23: Health expenditure

Increase the amount and efficient use of the public health expenditure.

Recommendations

- 23.1 Progressively increase the percentage of public spending on health to 5% of the GDP during the 2009-2014 administration.
- 23.2 Out-of-pocket health spending by the public will decrease progressively and substantially with respect to the total health expenditure.
- 23.3 Integration of external cooperation funding into the financial plan that covers the activities and resources of the National Health Plan.
- 23.4 Develop and organise financing from external cooperation, avoiding overlapping and duplication, to increase the effectiveness of the health actions implemented by national and international technical and financial cooperation agencies.
- 23.5 The historical dynamics of external cooperation in the country will require negotiations and agreements in order to guarantee sustainability of the system and continuity in programmes and activities.
- 23.6 Convene a Donor and Cooperation Agency Roundtable to plan and organise their contributions and establish common oversight systems that will enable demonstrating the good use and impact of their assistance.
- 23.7 Allocate reality-based budgets (not historically-based) to the establishments in the health services network, using criteria for population assigned, existing facilities, productivity, conditions treated, demand, vulnerability, geographic accessibility, and risk.
- 23.8 Increased tax compliance based on socially progressive criteria, could be a funding source for increasing the health expenditure.
- 23.9 Add to the Solidarity Health Fund (FOSALUD) money from other taxes on substances that are harmful to the health and on polluting industries, fines for reckless driving and vehicular pollution, seizure of funds from drug trafficking, among others.
- 23.10 Efficiency and transparency in spending shall be a condition for increasing the same.

Strategy 24: Funding mechanisms and sources

Coordinate funding procedures and sources.

Recommendations

- 24.1 Coordinate all funding sources (national budget, FOSALUD, and repayable and non-repayable external cooperation) in the financial structure of MSPAS.
- 24.2 Develop a consolidated annual Financial Plan, in accordance with the different sources mentioned in the National Health Plan and Policies.
- 24.3 Establish public, unified, common accounting instruments that will enable transparent oversight and appropriate allocation of financial resources.
- 24.4 Implementation of the Financial Plan will be aimed at reinforcing national sovereignty and control of the budget policy in the health sector.
- 24.5 Allocate reality-based budgets to the service delivery units, demanding quality, transparency, efficacy, and efficiency in budget execution.
- 24.6 The contribution of resources from the public funding system to the private, commercial, or social sector (through fees, agreements, accords, etc.) shall comply with criteria for disclosure of information, rationality, and accountability, in accordance with the Financial Plan.
- 24.7 Review the Contracting and Procurement Law in accordance with the nature of the institution, in order to adjust it to the conditions and needs of health work.

Strategy 25: Supervision, oversight, and monitoring

Establish mechanisms for technical supervision and quality assurance at all levels of the system (including the private and not-for-profit sectors), as an indispensable instrument for guaranteeing compliance with the goals, objectives, and activities in the National Health Plan.

Recommendations

- 25.1 Monitoring and periodic evaluation of the essential public health functions.
- 25.2 In the framework of Comprehensive PHC, develop and implement a manual of community health worker activities for promotion, prevention, treatment, and rehabilitation.
- 25.3 Design and implement a multi-tiered system for technical supervision (with participation of health agents) for all professionals and units in the system.
- 25.4 Establish mechanisms for ongoing regulation and accreditation in the public and private sectors.
- 25.5 Strengthen procedures for user and community participation in quality assurance in the different levels of the system.
- 25.6 Implement continuous auditing in the different health institutions.

My dream is that no child will see his or her life endangered from an illness that can be prevented if the government does its job well.

Mauricio Funes

Ten Priority Actions for the First One Hundred Days in Office

1. Elimination of voluntary fees or any other form of payment in the public system, offset by corresponding budget allocations that prevent deterioration of service quality.
2. Stocking of essential medicines and basic medical supplies in all Public Health System facilities, gradually and according to priorities, taking into account the assessment of the conditions in each facility.
3. Reduce waiting times for surgery and specialty care, which will require the hiring of additional personnel but which urgently needs to be done, since at present an individual must wait up to two years or more for cataract or hernia surgery.
4. Allocation of medical specialties to regional hospitals, which will decongest the national hospitals and resolve the needs of the public more quickly, increasing public satisfaction.
5. Expand coverage of health services in rural areas and in more socially vulnerable urban areas across the country, which can be done through well-trained community health workers from the communities themselves.
6. The President shall lay the cornerstone for the new Maternity Hospital during his first one hundred days in office.
7. Institutionalise social participation through the formation of intersectoral committees at the local, municipal, provincial, and national levels, which shall identify the basic needs most affecting people's living conditions and prioritise their resolution, through communities working together with government institutions, where true community participation is crucial in decision-making and in resolving these problems.
8. Conduct a National Environmental Sanitation Campaign for the prevention of epidemics with the participation of all social leaders in the country, including government structures.
9. Initiate, as soon as possible, a process to reorganise the entire public sector (MSPAS, ISSS, FOSALUD), aimed at making services more efficient and at laying the groundwork to increase coverage.
10. Convene the NATIONAL HEALTH FORUM.

Acronyms

ACCP: *Alianza Ciudadana Contra la Privatización* / Citizens' Alliance Against Health Care Privatisation

ADD: Acute Diarrhoeal Disease

AIDS: Acquired Immune Deficiency Syndrome

ANDA: *Administración Nacional de Acueductos y Alcantarillados* / National Water and Sewerage Administration

ARI: Acute Respiratory Infections

CEL: *Comisión Ejecutiva Hidroeléctrica del Río Lempa* / Executive Hydroelectric Commission of the Lempa River

CHW: Community Health Worker (*promotor de salud*)

CPHC: Comprehensive Primary Health Care

CSSP: *Consejo Superior de Salud Pública* / Higher Council for Public Health

CSUCA: *Consejo Superior Universitario Centroamericano* / Central American University Council

FMLN: Farabundo Martí National Liberation Front (political party)

FOSALUD: *Fondo Solidario para la Salud* / Solidarity Health Fund

GDP: Gross Domestic Product

HIV: Human Immunodeficiency Virus

ILO: International Labour Organisation

ISBM: *Instituto Salvadoreño de Bienestar Magisterial* / Salvadoran Institute for Teachers' Welfare

ISRI: *Instituto Salvadoreño de Rehabilitación Integral* / Salvadoran Institute for Comprehensive Rehabilitation

ISSS: *Instituto Salvadoreño del Seguro Social* / Salvadoran Social Security Institute

MAG: *Ministerio de Agricultura y Ganadería* / Ministry of Agriculture and Livestock

MARN: *Ministerio de Medio Ambiente y Recursos Naturales* / Ministry of Environment and Natural Resources

MINEC: *Ministerio de Economía* / Ministry of Economy

MINED: *Ministerio de Educación* / Ministry of Education

MSPAS: *Ministerio de Salud Pública y Asistencia Social* / Ministry of Public Health and Social Welfare

NGO: Non-governmental organisation

NHP: National Health Policy

NHS: National Health System

PAHO: Pan American Health Organisation

PAR: Participatory action research

PHC: Primary Health Care

RHESSA: *Proyecto de Reconstrucción de Hospitales y Extensión de Cobertura de los Servicios de Salud* / Project for Reconstruction of Hospitals and Expansion of Health Services Coverage: loan agreement BIRF-7084-ES

SIBASI: *Sistema Básico de Salud Integral* / Basic Integrated Health System

SISCA: *Sistema de Integración Social Centroamericano* / Central American System for Social Integration

STIs: Sexually Transmitted Infections

UNDP: United Nations Development Programme

UNFPA: United Nations Population Fund

UNICEF: United Nations Children's Fund

WHO: World Health Organisation

WTO: World Trade Organisation