

INTERSECTORAL ACTION AND SUSTAINABLE DEVELOPMENT

4.1 HEALTH AND HUMAN SECURITY (HHS)

Fostering intersectoral approaches and comprehensive human development strategies aimed at reducing the negative impact of social and economic determinants of health, at mainstreaming health in the development agenda in light of the Millenium Declaration and the Millenium Development Goals 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 social and economic determinants such as poverty and ethnicity.
- > 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 Nations Millenium Declaration and the Millennium Development Goals provide a rich opportunity for promoting the incorporation of health priorities in the national development agendas of the Member States, particularly for reducing health disparities and overcoming the situation of marginalized population groups that are lagging behind the national averages
- > Health related issues need to be placed in the center of the poverty reduction strategies that are being advanced by many Member States
- > Investing in health constitutes a fundamental element of human security and economic growth .However, there is a need for advocating this dimension of social policy among the macroeconomic decision makers as well as for substantiating the elements that can support this line of policy making.

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

AREA OF WORK GOAL

Member States intensify their efforts to include health related issues and the reduction of health inequities in their agendas aimed at the attainment of human security.

AREA OF WORK OBJECTIVE(S)

Strategic analysis, policy formulation and advocacy conducted at country, subregional and regional level, to support Member States in their efforts aimed at addressing the challenges of the Millenium Development Goals, the Poverty Reduction Strategies, the reduction of health inequities and at fostering investment in health.

STRATEGIC APPROACH

- Identifying the specific contributions of the health sector as well as the necessary intersectoral actions for the attainment of the health related Millennium Development Goals, in order to advocate and support, at country, subregional and regional level, the formulation of human security policies that place health and the reduction of health inequities in the center of the development agendas.
- Analyzing opportunities to advance the development of health related regional and global public goods.
- Fostering the development of subregional and national mechanisms of analysis and identification of opportunities for investing in health, taking into account the global findings and conclusions of the Commission on Macroeconomics and Health.
- Promoting and supporting the participation of PAHO's 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 and the global, regional, and subregional negotiations of trade and integration agreements.
- Take into consideration the evidence of the impact of macro determinants of health and development to contribute to the acceleration of the reduction of inequities in health, a major thrust for the reduction of poverty in the region.

EXPECTED RESULTS

INDICATORS

<p>1. Policies for increasing impact of technical cooperation for the reduction of health inequities mainstreamed in Secretariat's work.</p>	<ul style="list-style-type: none"> • Corporate policies on health and poverty and ethnicity formulated and implemented through plans, programs and projects. • Implementation of corporate policies monitored and at least one evaluated. • Special initiatives to accelerate support of countries in the achievement of the MDGs established.
<p>2. Secretariat's capacity for implementation of corporate policies increased.</p>	<ul style="list-style-type: none"> • Policy instruments developed and disseminated to all staff. • Staff at all levels trained in the approaches for mainstreaming the corporate policies.
<p>3. Countries build on the work of the global Commission on Macroeconomics and Health.</p>	<ul style="list-style-type: none"> • National and subregional Commissions on Macroeconomics and Health supported to conduct research, and to formulate policy recommendations related to investment in health.
<p>4. Countries supported to implement poverty reduction strategies.</p>	<ul style="list-style-type: none"> • Five countries supported to analyze relationship between health and poverty. • Five countries supported to integrate health into its policies/plans and/or its projects to mobilize resources for the implementation of their Poverty Reduction Strategies.

<p>5. Countries supported to follow-up the commitments of the UN Conference Against Racism, Racial Discrimination, Xenophobia and Related Intolerance.</p>	<ul style="list-style-type: none"> • In five more countries national statistics broken down by race and/or ethnicity and related health inequities identified.
<p>6. Global and Regional public goods.</p>	<ul style="list-style-type: none"> • More countries and subregions able to demonstrate inclusion of health priorities in negotiation of trade and agreements.
<p>7. MDG Related Issues addressed.</p>	<ul style="list-style-type: none"> • Conceptual framework on the relationship between health and the Millenium Development Goals developed and shared. • Content and processes for monitoring the progress of countries towards the health-related MDGs harmonized among key international and national agencies. • Countries supported to develop and implement action plans to reduce the inequities related to the achievement of the MDGs among selected geographic and/or marginalized groups.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		7,106,100	966,100	8,072,200
Total 2004-2005		5,903,200	584,600	6,487,800
Percentage of estimated expenditure	Country	22%	0%	20%
	Intercountry	78%	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 that reflect an effective combination of strategies.
- > 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 2001 are 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		4,582,800	230,000	4,812,800
Percentage of estimated expenditure	Country	62%	0%	59%
	Intercountry	38%	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 population in the Americas will adopt healthy lifestyles, healthy eating, and an active life and the nutritional status of all ages will be improved.

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

- > Life cycle approach for continued focus on early childhood to promote healthy development and adoption of healthy eating habits that contribute to the reduction of the problems of later years, such as obesity.
- > Promotion of public policies that make healthy nutrition choices easier, especially for the poor.
- > Surveillance of health risks and behaviors.
- > Facilitating of inter-sectoral approach among agencies in the public and private sector and the civil society through networks and partnerships.

EXPECTED RESULTS**INDICATORS**

1. The adoption of policies, plans, and programs for improved nutrition, healthy eating, and an active life promoted at the national level.	<ul style="list-style-type: none"> • In each of 15 countries, policies and/or plans, and/or programs adopted and or evaluated to include or improve related health objectives in national plans, or policies or interventions for nutrition, active living, and iron–fortification of flour. • Scientific evidence, for supporting the inclusion of topics related to the fortification of foods, food safety, and nutritional labeling in negotiation of free trade agreements, provided to all countries. • In at least 3 high-risk countries, plans for increasing coverage of Vitamin A supplementation to children under 3 years developed and implementation supported.
2. Epidemiological surveillance systems strengthened at the national level.	<ul style="list-style-type: none"> • National and local surveillance systems in 10 countries reviewed and strengthened to increase the availability of information on dietary and physical activity patterns in the population.
3. Information for program planning and evaluation developed and or disseminated.	<ul style="list-style-type: none"> • Guidelines, methodologies, and instruments for program planning and evaluation to promote healthy eating and physical activity developed and disseminated to public and private sectors, in all countries. • Results of research relevant to nutrition policy formulation and strategy development and information on evidence-based activities disseminated to all countries. • At the end of the biennium, networks for the sharing of scientific and technical information and of experiences established in 10 countries.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		7,599,300	2,015,200	9,614,500
Total 2004-2005		7,084,000	1,365,100	8,449,100
Percentage of estimated expenditure	Country	4%	0%	4%
	Intercountry	96%	100%	96%
	Regional	-	-	-

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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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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		4,025,600	208,500	4,234,100
Percentage of estimated expenditure	Country	16%	24%	17%
	Intercountry	84%	76%	83%
	Regional	-	-	-

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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.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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		14,256,800	942,800	15,199,600
Percentage of estimated expenditure	Country	59%	0%	55%
	Intercountry	41%	100%	45%
	Regional	-	-	-