

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

- > Persistency 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 reform 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 (policies, human resources, regulations, systems and procedures) for 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

- > Development of frames of reference, methodologies, and tools for sector analysis, evaluation of the reform processes, and of the performance of health systems.
- > Production, systematization and dissemination of information and relevant knowledge for the improvement of the performance of the systems of health and of the Essential Public Health Functions.
- > Generate, systematize, and disseminate relevant information and knowledge.
- > Train human resources for management and planning of health systems and services.

- > Create opportunities for dialogue among countries, agencies and institutions for consensus-building among social actors on strategic policies and interventions.
- > Sustain direct cooperation to assist countries to maximize efforts among different reform processes.
- > Promote cooperation among countries to share successful experiences and other lessons learned.
- > Coordinate with other institutions of multi and bilateral cooperation in order to join efforts and improve the effectiveness of the interventions.

EXPECTED RESULTS**INDICATORS**

1. Institutional capacity to carry out the sectoral steering role function will be strengthened, for the definition of policies and the intervention development in health oriented to the equity in the access and the quality of care.

- Nationals in selected countries trained to use tools and methodologies for sector analysis and for evaluation of the health systems performance.
- Processes of organizational review and change evaluated and procedural and regulatory frameworks developed with ministries of health.
- Regional analyses of the infrastructure for the practice of public health completed based on the results of performance measurements of essential public health functions carried out in countries to date.

2. Health systems performance of the essential functions and infrastructure of the public health evaluated and improved.

- Analysis of the infrastructure and practice of performance measurements of the essential public health functions carried out in ten countries of the Region.
- Two subregional and five national plans for public health services and infrastructure designed or in the process of being designed.
- Sectoral analyses using the methodology developed by the reform initiative carried out in five countries.
- Experiences with evaluations and with the development of strategic interventions discussed at national, regional and sub regional levels.

3. The process for sector reform reoriented to include criteria for equity and experiences shared.

- An accessible and up-to-date system to disseminate relevant information on national reform processes.
- Experiences with reform in Europe and LAC shared annually at interregional fora.
- Flagship Course on Health Sector Reform, revised to strengthen equity focus and two courses conducted.

4. National institutional capacity to develop health policies and health objectives will be strengthened.

- Tools and methodologies available for the public policy analysis and for the design of national sanitary objectives developed and tested.
- System to disseminate information on health policies and planning available on the Virtual Campus of Public Health.

- National health objectives formulated in five countries.

5. National institutional capacity to design health legislation and regulatory frameworks and tools will be strengthened.

- LEYES database and Virtual Health Library for (VHL) legislation up to date and available on the Virtual Campus of Public Health and the PAHO website.
- National teams competent to formulate health legislation and regulations prepared in countries.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		13,293,900	13,825,500	27,119,400
Total 2004-2005		12,198,300	2,858,700	15,057,000
Percentage of estimated expenditure	Country	85%	84%	85%
	Intercountry	15%	16%	15%
	Regional	-	-	-

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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 policies and interventions for the extension of the social protection.
- > 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 information, and knowledge concerning approaches for effective insurance systems .
- > Improve institutional capacity regarding economic-financial and regulatory methods and tools of management used for interventions that extend social protection.
- > Train human resources in the diagnosis of the social exclusion and in formulation of plans for social protection and health insurance.
- > Strengthen networks among countries, agencies, and institutions, and open opportunities for dialogue and consensus-building amongst social actors in order to promote the extension of the social protection in health.
- > Promote cooperation among countries to share successful experiences and other lessons learned.

EXPECTED RESULTS

INDICATORS

1. Social exclusion in health in the Region will be evaluated.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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 produce the respective regional and national profiles on health and gender equity.	<ul style="list-style-type: none"> • Development of the PAHO gender database. • Biannual statistical publication on gender, 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.	<ul style="list-style-type: none"> • Training in six countries for persons in competencies related to EPSS and gender issues. • Inclusion of the gender perspective in dialogue, policies, and monitoring systems in six countries.
9. Information on gender and health will be widely disseminated.	<ul style="list-style-type: none"> • 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 cares for the elderly in the Region.	<ul style="list-style-type: none"> • 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		4,878,100	692,400	5,570,500
Percentage of estimated expenditure	Country	27%	0%	24%
	Intercountry	73%	100%	76%
	Regional	-	-	-

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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 in 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 States of the Region.

- > Advocate and discuss health policies with the Member States.
- > 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 States, 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.

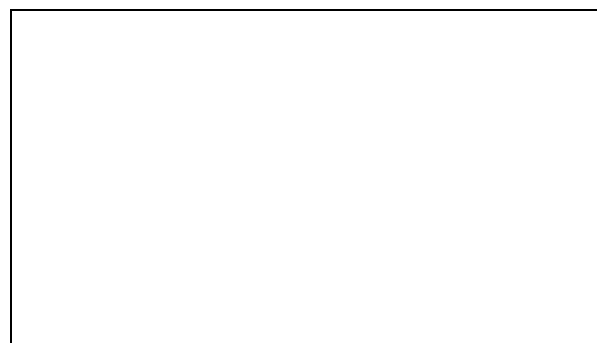
2. Support will be provided to the countries in developing health service systems that are population-based, directed toward the most vulnerable groups, and organized on the basis of primary health care, and that make predominant use of ambulatory services, and employ a multisectoral approach to health 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 the biennium.
- Support for the design and implementation of prehospitalization 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

	<p>the Region by the end of the biennium.</p> <ul style="list-style-type: none"> 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.
<p>4. Organization and development in the countries of ongoing programs to ensure and improve the quality of care will be supported.</p>	<ul style="list-style-type: none"> 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.
<p>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.</p>	<ul style="list-style-type: none"> 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.
<p>6. Institution-building will be supported for programs for fluoridation and odontological services developed in the Region.</p>	<ul style="list-style-type: none"> 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.
<p>7. Normative and operational strengthening of ocular health programs will be promoted within the framework of health service development.</p>	<ul style="list-style-type: none"> 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		8,331,000	1,659,800	9,990,800
Percentage of estimated expenditure	Country	52%	75%	56%
	Intercountry	48%	25%	44%
	Regional	-	-	-

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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 in the field of human resources development for health.
- > 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 with regard to integral development of human resources for health.
- > Promote cooperation among countries to share successful experiences and lessons learned in policies, regulations, management and education of human resources for health.

EXPECTED RESULTS

INDICATORS

<p>1. National capacity for policymaking, planning, and regulation of human resource processes will be strengthened.</p>	<ul style="list-style-type: none"> • 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 for exchange of modes of resolutions of problems and to share experiences of consensus-building of policies.
<p>2. Two regional seminars on human resource policies will be developed.</p>	<ul style="list-style-type: none"> • Ten national teams trained in decentralized human resource management and public health services. • Five systematized sets of operative tools and methods for human resource management developed and available. • Five intercountry studies on common problems in human resource management.
<p>3. The performance, management, and professional development of the public health work force will be improved.</p>	<ul style="list-style-type: none"> • 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.
<p>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.</p>	<ul style="list-style-type: none"> • The Virtual Campus of Public Health will have completed its pilot phase, demonstrated good coverage and high quality, and be operating regularly. • A 30% increase in the number of educational institutions with the ability to develop competency-based long distance education programs.
<p>5. Reorient professional profiles and training processes to improve their relevance and quality in terms of health needs and care models.</p>	<ul style="list-style-type: none"> • 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		9,674,600	581,600	10,256,200
Percentage of estimated expenditure	Country	41%	0%	39%
	Intercountry	59%	100%	61%
	Regional	-	-	-