

FAMILY AND COMMUNITY HEALTH

8.1 WOMEN'S AND MATERNAL HEALTH (WMH)

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

ISSUES AND CHALLENGES

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

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

AREA OF WORK GOAL

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

AREA OF WORK OBJECTIVE(S)

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

STRATEGIC APPROACH

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

EXPECTED RESULTS**INDICATORS**

1. Public policies, plans, programs and projects on sexual and reproductive health (SRH), male involvement and maternal mortality reduction at regional, national and local level.

- At the end of 2005, a common conceptual interprogrammatic regional framework for skilled care will have been developed.
- 50% of the priority countries will receive technical cooperation in the development of policies and plans for the reduction of maternal morbidity-mortality, using as a reference the new regional strategy.
- At the end of 2005, the case studies on successful experiences in maternal mortality reduction will have been developed and disseminated.
- Norms for male sexual reproductive health (SRH) services developed based on results of intervention in seven Central American countries.

2. Evidence-based norms, standards and guidelines on selected aspects of sexual and reproductive health, developed and disseminated.

- Norms, standards and guidelines on SRH, including contraceptive technology and methods, women, maternal and perinatal health and male reproductive health, adapted and disseminated to 75% of the countries in the Region.
- At least 11 countries with high MMR and other 10 where policy reform opportunity exist, will have received technical cooperation to implement sexual and reproductive health and maternal mortality standard norms and guidelines.

3. Monitoring, surveillance and evaluation systems for women's health programs and maternal, and perinatal programs strengthened and countries' progress towards the MDGs monitored.

- At the end of 2005 the policy document on monitoring will be disseminated in 20% of selected priority countries.
- At the end of 2005, 50% of the prioritized countries with high maternal mortality will have been supported to introduce epidemiological surveillance tools incorporating the Simplified Integrated Perinatal (SIP) module.
- By the end of 2005, a study will be designed to study the impact of gender-based violence on perinatal maternal morbidity and mortality in three selected countries.
- By the end of 2005, 50% of the countries would have been supported to incorporate SRH components within the epidemiological surveillance system.
- At the end of 2005, 50% of the countries should incorporate SRH aspects within the epidemiological surveillance systems and 10% of the countries should promote integral models

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| | of care. |
| <p>4. Alliances, networks and interagency coordination at regional and country level in maternal mortality reduction and SRH supported.</p> | <ul style="list-style-type: none"> • At the end of 2005 the consensus strategy developed by the regional Interagency Task Force for Maternal Mortality Reduction will be disseminated. • At the end of 2005, 50% of the prioritized countries will have established national committees with stakeholders participation in maternal mortality reduction. • At the end of 2005 the interagency group on male involvement have revised and approved the models for male involvement in SRH. |
| <p>5. Reorientation of services in SRH including EOC and male involvement; empowering women, families and communities as effective interventions for making pregnancy safer.</p> | <ul style="list-style-type: none"> • At the end of 2005, support will have been provided to four selected Central American countries to develop a SRH model of care for male involvement. • 50% of the prioritized countries will receive technical cooperation to promote the empowerment of WFC for the reduction of maternal morbidity/mortality. |
| <p>6. Network of centers collaborating with CLAP strengthened and providing TC to countries.</p> | <ul style="list-style-type: none"> • 100% of the centers in the Network of Associated Centers for Perinatology and Human Development will have developed and implemented a work plan including the following: a) Training activities at the country level on evidence-based clinical guidelines, best practices and Perinatal Information System (PIS/SIP); b) Workshops on research methodology held in the countries; and c) Dissemination of scientific and technological information through the Network of Associated Centers to providers and recipients of maternal and perinatal health services. • At least two training workshops per year will be provided to the staff of the Network of Associated Centers of CLAP and the MOH representatives. • By the end of 2005, two new centers will be incorporated in the Network. • By the end of 2005, ten prioritized countries will have received direct technical cooperation through the Network for maternal and perinatal health programs. |

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| <p>7. The Perinatal Information System (SIP) will be disseminated and implemented as an effective tool of epidemiological surveillance for maternal and perinatal morbidity.</p> | <ul style="list-style-type: none"> • At least 15 countries in the Region will be trained in the use of the PIS/ SIP and data analysis . • The PIS/SIP training methodology and manuals will be reviewed and updated once a year. • An annual report with state of selected indicators will be published by CLAP based on PIS/SIP regional and country information. |
| <p>8. Multi-center research and activities of the Network of Associated Centers of CLAP will be strengthened and supported.</p> | <p>By the year 2005:</p> <ul style="list-style-type: none"> • A multicenter research project on maternal and Perinatal health within the Network will be completed. • 7 associated centers will have developed a local research project on maternal and Perinatal health according to country needs. |
| <p>9. Latest scientific information on beneficial practices of maternal and perinatal health and its adoption strategies will be made available to countries.</p> | <p>By the year 2005:</p> <ul style="list-style-type: none"> • Two research protocols will be developed to evaluate the strategies that facilitate maternal and perinatal health beneficial practices. • Ten countries will have received training workshops (300 professionals) on best and beneficial practices • CLAP websites, user websites, and the Virtual Health Library will be fully operational and freely accessible, and updated with the latest information four times a year. |
| <p>10. CLAP's research findings will be translated into practice guidelines and generate tools and protocols for country programs and practitioners on main causes of maternal mortality and morbidity.</p> | <p>By the end of 2005:</p> <ul style="list-style-type: none"> • Six clinical guidelines for management of six priority conditions of maternal and perinatal health will be developed. • Twelve scientific articles sent for peer review and publication in journals. • Six publications with recommendations for maternal and perinatal care prepared and distributed to the mass media. • Fifteen issues of "New Developments at CLAP" distributed via e-mail to at least 2,500 subscribers. • Development of a preeclampsia/ eclampsia and PP Hemorrhage management protocols in coordination with the LAMM Initiative. |

RESOURCES (US\$)

| | | Regular budget | Other sources | All funds |
|--|--------------|-------------------|------------------|--------------|
| Total 2002-2003 | | 5,808,700 | 3,616,100 | 9,424,800 |
| Total 2004-2005 | | 5,808,700 | 1,132,500 | 6,941,200 |
| Percentage of estimated expenditure | Country | 36% | 28% | 35% |
| | Intercountry | 64% | 72% | 65% |
| | Regional | - | - | - |

FAMILY AND COMMUNITY HEALTH

8.2 CHILD AND ADOLESCENT HEALTH (CAH)

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

ISSUES AND CHALLENGES

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

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

AREA OF WORK GOAL

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

AREA OF WORK OBJECTIVE(S)

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

STRATEGIC APPROACH

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

EXPECTED RESULTS**INDICATORS**

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| <p>1. Interventions for the achievement of selected health-related Millennium Development Goals implemented by ministries of health and other institutions.</p> | <ul style="list-style-type: none"> • In each of 20 countries, with mortality rates in the population less than 5 years of more than 15 per 1,000 live births, capacity built in one or more of the following areas, according to countries priorities and needs: • Clinical, health services organization, and community component of the IMCI. • Monitoring of early childhood development. • Program planning, monitoring and evaluation. |
| <p>2. Actions to promote healthy behaviors by individuals and families, implemented by the ministries of health, Red Cross Societies, and community organizations.</p> | <ul style="list-style-type: none"> • In 12 countries with mortality rates of more than 35 per 1,000 live births in children under 5, adoption of healthy behaviors increased in selected communities (compared with baseline data). • Intersectorial community projects under implementation in selected sites of 12 countries. |
| <p>3. Access to children's primary health care expanded through the implementation of IMCI by the faith-based organization networks.</p> | <ul style="list-style-type: none"> • In eight selected countries with mortality rates of more than 35 per 1,000 live births in children under 5, the implementation of IMCI introduced through collaboration of MOH and the Catholic Medical Mission Board. |
| <p>4. Scope and implementation of IMCI strategy expanded.</p> | <ul style="list-style-type: none"> • Technical materials for the new contents to be incorporated into the IMCI strategy, produced and disseminated. • IMCI implemented in at least 50% of health units that serve children in selected regions (poor and indigenous populations) of Ecuador, Paraguay, Peru, and Venezuela. • IMCI incorporated into the teaching programs of at least 20 medical schools and 10 nursing schools in Ecuador, Paraguay, Peru, and Venezuela. |
| <p>5. National capacity to promote the integral development and health of children less than 10 years old strengthened.</p> | <ul style="list-style-type: none"> • In four countries, pilot projects on comprehensive and integrated models including the promotion and monitoring of child development will have been completed and evaluated. • Generic materials for training, interpersonal communication and counseling, program evaluation, and advocacy on integral childhood development produced and disseminated. |

6. The countries' technical capacity to develop policies, plans, programs, and services using an integrated strategy will be strengthened in order to improve the health and development of adolescents and young adults.

- Seven priority countries have received support to design and implement policies for youth and/or legislation to protect their rights.
- Plans for reorienting services at the primary level, using the Integrated Management of Adolescent and Adult Illness (IMAN/IMAI) strategy, in place in five countries.
- Process of incorporating IMAN/IMAI and Adolescent-Friendly Health Services (AFHS) strategies into instruction in medical faculty and school programs initiated in five countries.
- Hard copy, CD-ROM and Internet versions of primary-level training courses available in seven selected countries .

7. Plans and programs that promote sexual and reproductive health and the prevention of HIV/AIDS in adolescents and young adults will be developed and implemented.

- Multisectoral projects to prevent AIDS in adolescents and young adults developed in at least five countries.
- Five countries have received support in preparing baseline diagnoses to implement policies, strategies, and plans to prevent AIDS in adolescents and young adults.
- Five priority countries have models, guides, and standards to promote sexual health and prevent AIDS in adolescents.
- The network of individuals and institutions working for prevention of AIDS in adolescents and young adults initiated in 10 countries.

8. Support will be provided to selected Central American countries to promote youth development and sexual and reproductive health.

- Sexual and reproductive health policies designed or reviewed in Belize, El Salvador, Guatemala, Honduras, and Nicaragua.
- Norms and standards to improve health services in place in the five selected countries.
- Networks of individuals and institutions working with sexual and reproductive health in place in and among the five countries.
- In all five countries workers at the primary care level trained to address sexual and reproductive health issues.

9. Countries' technical capacity to promote the development of adolescents and young adults and prevent violence will be strengthened.

- Intersectoral plans to prevent juvenile violence developed in Argentina, Colombia, El Salvador, Nicaragua, and Peru.
- Related policy and/or legislation developed or reviewed in all the selected countries.
- Relevant information and bibliographies on the prevention of violence provided to the five participating countries.
- Diagnosis of the situation and of the resources at different levels conducted in each participating country.

RESOURCES (US\$)

| | | Regular budget | Other sources | All funds |
|-------------------------------------|--------------|----------------|---------------|------------|
| Total 2002-2003 | | 4,390,300 | 6,734,400 | 11,124,700 |
| Total 2004-2005 | | 4,891,900 | 7,517,100 | 12,409,000 |
| Percentage of estimated expenditure | Country | 42% | 1% | 17% |
| | Intercountry | 58% | 99% | 83% |
| | Regional | - | - | - |

FAMILY AND COMMUNITY HEALTH

8.3 EDUCATION AND SOCIAL COMMUNICATION (HED)

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

ISSUES AND CHALLENGES

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

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

AREA OF WORK GOAL

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

AREA OF WORK OBJECTIVE(S)

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

STRATEGIC APPROACH

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

EXPECTED RESULTS

INDICATORS

1. All countries will have increased capacity to implement health and life skills education in schools at all education levels .

- Countries supported to develop partnerships with education, sports, food sectors and the media to advocate and model healthy lifestyles and behaviors.
- Countries supported to develop partnership with different sectors and actors in support of health and life skills education in schools.
- Parenting skills education programs adapted, disseminated to municipalities and schools and support provided for the implementation.
- Countries supported to implement teacher training activities in health and life skills education, health literacy, parenting skills, and prevention of health risk behaviors.

2. Capacity for managing social communication and mobilization programs for health improvement strengthened.

- Countries and municipalities supported to develop, implement and evaluate social communications campaigns to reduce violence, traffic accidents and other injuries.
- Countries and municipalities supported to create opportunities for citizen and community participation and in advocacy for healthy lifestyles and behaviors.

RESOURCES (US\$)

| | | Regular budget | Other sources | All funds |
|--|--------------|-------------------|------------------|--------------|
| Total 2002-2003 | | 3,197,000 | 298,800 | 3,495,800 |
| Total 2004-2005 | | 3,405,000 | 18,100 | 3,423,100 |
| Percentage of estimated expenditure | Country | 75% | 0% | 74% |
| | Intercountry | 25% | 100% | 26% |
| | Regional | - | - | - |

FAMILY AND COMMUNITY HEALTH

8.4 MENTAL HEALTH AND SUBSTANCE ABUSE (MNH)

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

ISSUES AND CHALLENGES

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

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

AREA OF WORK GOAL

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

AREA OF WORK OBJECTIVE(S)

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

STRATEGIC APPROACH

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

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

EXPECTED RESULTS

INDICATORS

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| <p>1. Capacity of countries will be improved to collect and disseminate information relating to mental health, alcohol, and drugs.</p> | <ul style="list-style-type: none"> • Mental health information systems developed or improved in three countries. • Information on the prevalence and burden of mental health disorders collected and analyzed in four countries. • Information on the delivery of mental health services collected and analyzed in more than 2/3 of the countries . |
| <p>2. Capacity will be increased to develop research that supports implementation of mental health policies and services.</p> | <ul style="list-style-type: none"> • Professionals trained in mental health research methodologies in six countries. • At least one multi-center research project implemented. • A clearing house for mental health scientific information in Latin America and the Caribbean developed. |
| <p>3. Support will be provided to countries to improve their capacity to formulate and implement policies and plans related to mental health and substance dependence.</p> | <ul style="list-style-type: none"> • Training and support to the establishment of functional mental health units in MOH in at least six countries. • Plans aiming at the reform of mental health services formulated and implemented with the support of PAHO in six new countries. • Integration of children mental health policy in the general mental health policy in three countries. |
| <p>4. Countries assisted to plan and evaluate programs to prevent and treat mental disorders and to meet the mental health needs of vulnerable groups.</p> | <ul style="list-style-type: none"> • Implementation in four countries of previously tested programs to prevent and treat depression, epilepsy and psychoses . • Protocol for the evaluation of mental health programs developed. • Implementation in selected countries of mental health programs integrated in overall programs for at least one of the following vulnerable groups: children and adolescents, women, the elderly, victims of disasters and violence, indigenous populations, and the unemployed. |

5. Capacity to develop new legislation in mental health will be strengthened, and human rights of people with mental health problems promoted.

- Review and updating of mental health legislation in eight countries in accordance with international recommendations.
- Concrete measures to promote the human rights of people with mental disorders in place in eight countries.

6. Support will be provided to the countries to develop policies, programs and services for the control of alcohol and drug use and the treatment of situations attributable to them.

- Initiatives to raise the awareness of the need for national alcohol policies developed and implemented in at least five countries.
- Demonstration projects on prevention and treatment programs for alcohol and drugs supported in three countries.
- Ten countries have staff trained in monitoring the use of alcohol and drugs related policies and approaches to treatments.

RESOURCES (US\$)

| | | Regular budget | Other sources | All funds |
|-------------------------------------|--------------|----------------|---------------|-----------|
| Total 2002-2003 | | 1,447,200 | 675,100 | 2,122,300 |
| Total 2004-2005 | | 2,137,900 | 75,000 | 2,212,900 |
| Percentage of estimated expenditure | Country | 32% | 0% | 31% |
| | Intercountry | 68% | 100% | 69% |
| | Regional | - | - | - |

FAMILY AND COMMUNITY HEALTH

8.5 IMMUNIZATION AND VACCINE DEVELOPMENT (VID)

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

ISSUES AND CHALLENGES

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

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

AREA OF WORK GOAL

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

AREA OF WORK OBJECTIVE(S)

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

STRATEGIC APPROACH

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

EXPECTED RESULTS**INDICATORS**

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| 1. Plans and policies for improving the management and delivery of sustainable programs develop and discussion. | <ul style="list-style-type: none"> • Countries plans of action developed by countries and by PASB yearly. • Countries hold Interagency Cooperation Committee meetings twice a year. • Policies related to bioterrorism developed and disseminated to countries. |
| 2. Strengthen national, regional, and local management capabilities for the delivery of immunization services and for sustaining and improving vaccination data quality. | <ul style="list-style-type: none"> • Training modules prepared and made available by PAHO, and countries supported to use regular supervision as a training tool. • Funds required for effective implementation of the Regional Program mobilization. |
| 3. Surveillance systems for vaccine-preventable diseases working efficiently. | <ul style="list-style-type: none"> • 80% of countries meet surveillance indicators. • All outbreaks are detected and controlled. |
| 4. Efficient procurement and transportation of vaccines through the revolving fund. | <ul style="list-style-type: none"> • All countries would have received the vaccines needed each quarter as requested, through the revolving fund. • Countries supported to develop national cold chain norms, to publish and disseminate them. • Health personnel updated in maintenance of cold chain. |
| 5. Epidemiological surveillance systems developed to monitor diseases for which vaccines are being developed. | <ul style="list-style-type: none"> • Regional surveillance systems for bacterial meningitis, rotavirus and pneumonia in place. |

RESOURCES (US\$)

| | | Regular budget | Other sources | All funds |
|-------------------------------------|--------------|----------------|---------------|------------|
| Total 2002-2003 | | 4,147,900 | 15,279,700 | 19,427,600 |
| Total 2004-2005 | | 4,147,900 | 7,242,000 | 11,389,900 |
| Percentage of estimated expenditure | Country | 31% | 3% | 13% |
| | Intercountry | 69% | 97% | 87% |
| | Regional | - | - | - |

FAMILY AND COMMUNITY HEALTH

8.6 AIDS AND SEXUALLY-TRANSMITTED INFECTIONS (HIV)

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

ISSUES AND CHALLENGES

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

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

AREA OF WORK GOAL

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

AREA OF WORK OBJECTIVE(S)

National and intercountry technical and managerial capacity to prevent and control HIV/AIDS/STI improved and expanded.

STRATEGIC APPROACH

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

EXPECTED RESULTS

1. Successful plans and projects for the prevention and control of HIV/AIDS/STI prepared and under implementation.

INDICATORS

- All new and ongoing plans, projects and programs for the prevention and control of HIV/AIDS/STI prepared with HCA's collaboration will be supported, updated, monitored, and expanded when necessary.
- At least ten countries will have developed internationally competitive and successful projects for submission to financing sources.
- At least five countries will conduct or collaborate in national or international research activities utilizing PAHO's infrastructure and resources, including collaborating centers and established networks of academic, research institutions and NGOs.
- By the end of 2005, there will be an increase in 50% of the multicountry and intercountry programs and projects developed in collaboration with HCA compared to the number that are under implementation at the end of 2003.

2. Evidence-based strategies and models of HIV/AIDS/STI preventive interventions developed.

- At least seven countries will be developing or implementing a monitoring and evaluation plan to ascertain the effectiveness of preventive interventions appropriate.
- In at least ten countries of the Region, resources for prevention will be allocated on the basis of evidence and targeting of specific and epidemiologically relevant groups.

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| <p>3. Comprehensive care policies and strategies established.</p> | <ul style="list-style-type: none"> • Ten countries will adopt and implement the “Building Blocks” model to provide comprehensive care to people living with HIV/AIDS. • In all countries providing ARV treatments as part of the Accelerated Access Initiative, HCA will collaborate in the design, implementation and/or evaluation of national and intercountry programs to provide training and continuous education to health care practitioners. • Countries in the Region will have expanded by 150% their coverage for people with HIV/AIDS, as compared to coverage at the end of 2003. |
| <p>4. Second-generation HIV/AIDS/STI surveillance strategies operational.</p> | <ul style="list-style-type: none"> • 70% of the countries of the Region that have operational surveillance systems by the end of 2003 will have produced useful and quality surveillance data by the end of 2005. • By the end of 2005, 50% of the countries will have strengthened capacity to conduct second-generation surveillance, monitoring and evaluation and research. • By the end of 2005, two new tools/publications will be provided to the countries as part of the technical cooperation of the Epi-Network. |
| <p>5. Adoption of appropriate STI strategies will be further promoted to strengthen national control activities.</p> | <ul style="list-style-type: none"> • In at least ten countries of the Region there will be a comprehensive national strategy for the prevention and control of STIs under implementation. • Training and continuous education of health professionals working in all aspects of STI prevention and control, including clinical care, surveillance, laboratory methods, and STI program management, in at least seven countries. |

RESOURCES (US\$)

| | | Regular budget | Other sources | All funds |
|-------------------------------------|--------------|----------------|---------------|------------|
| Total 2002-2003 | | 1,270,500 | 9,634,600 | 10,905,100 |
| Total 2004-2005 | | 1,832,400 | 3,060,100 | 4,892,500 |
| Percentage of estimated expenditure | Country | 19% | 5% | 10% |
| | Intercountry | 81% | 95% | 90% |
| | Regional | - | - | - |