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WORLD HEALTH ORGANIZATION



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**PROPOSED PROGRAM BUDGET OF THE PAN AMERICAN HEALTH
ORGANIZATION FOR THE FINANCIAL PERIOD 2006-2007**

Please replace the following pages (45-47, 55-58, 95-97, 271, and 281) of *Official Document 317*, with the attached sheets.

05. TUBERCULOSIS

ISSUES AND CHALLENGES

Despite well-known interventions, tuberculosis (TB) continues to be a major public health problem in the Region, with 230,000 reported cases annually. The internationally recommended tuberculosis-control strategy, DOTS (Directly Observed Treatment, Short-course Drug Therapy), has been successfully implemented in several countries of the Region, and its application is expanding in others. However, this process must be accelerated to improve coverage and quality in the application of the strategy in order to raise both detection and cure rates. Furthermore, special efforts are needed to improve access for neglected and hard-to-reach populations, including individuals deprived of their liberty and indigenous groups.

Two interventions in the expanded DOTS framework are improving the quality of care and services to TB patients: 1) The Practical Approach to Lung Health initiative (PAL), which introduces standardized actions to provide a satisfactory, cost-effective response to the demand generated by respiratory illnesses in primary care, helping to increase early detection and quality in TB diagnosis; 2) The Public-Private Mix for DOTS initiative (PPM), designed to integrate all health service providers, public and private, into tuberculosis control policies. The two initiatives are beginning to be implemented in the Region.

The “Stop TB” Partnership is an association that envisions optimizing tuberculosis control and congregating technical and financial members. Its constitution is in the process of formation in the regional level and encourages the stimulation of a similar formation process in majority of the countries. USAID and the Global Fund to fight AIDS, Tuberculosis and Malaria are the principal financial and technical partners in the Region, and concentrate the partnership’s efforts on priority countries which have high TB incidence and prevalence rates as well as weak epidemiological surveillance system that impedes the adequate monitoring of the execution and implementation of DOTS. Technical support is required to guarantee the effective and efficient use of existing resources and promote the access of other countries to the partnership’s funds.

Successful response to control the illness in the long-term depends on financial and political commitment, greater access to quality laboratory services, uninterrupted drug supplies, high patient adherence to extended treatment regimens, and effective reporting/follow-up systems. The effective expansion of DOTS demands a multi-sectoral and sustained response to address the social and environmental factors that increase the risk of developing TB. This requires TB control to be viewed broadly, as a component of international, national, and local strategies to alleviate poverty, with due consideration given to the right of every TB patient to have access to diagnosis and treatment (universal standards of care).

Above and beyond the historical challenges of tuberculosis, the recent emergence of the dual TB-HIV epidemic together with multidrug-resistant TB (MDR-TB) has added to the complexity of TB control, making new strategies necessary. Tackling the challenge of TB-HIV coinfection requires closer collaboration with HIV/AIDS programs. For MDR-TB, expansion of the DOTS Plus strategy is proposed (DOTS Plus is a strategy within DOTS that requires organization of the health services, the application of treatment guidelines, the procurement of drugs at competitive prices through the Green Light Committee, special monitoring and evaluation of patients, etc.). Many countries in the Region are currently providing treatment to MDR-TB patients outside the precepts of the DOTS Plus strategy.

In response to this increased burden, tuberculosis figures prominently among the Millennium Development Goals’ targets, with specific indicators established for prevalence, death rates, detection, and patients cured. Timely measurement of the degree to which these Millennium Development Goals have been achieved calls for an accurate, reliable epidemiological surveillance system that will help WHO/PAHO monitor progress toward reaching these indicators.

GOAL To assist all countries in reaching the global control targets of 70% detection and 85% treatment success rates and to sustain this achievement in order to halve the prevalence and death rates associated with tuberculosis by 2015.

PAHO OBJECTIVE To introduce and accelerate sustainable DOTS expansion, especially in neglected populations.

- STRATEGIC APPROACHES**
- . Closely monitoring DOTS coverage throughout the Region to facilitate its maintenance or expansion.
 - . Promoting the formation of Stop TB in the countries and national mobilization campaigns to sustain political commitment and secure financial resources.
 - . Promoting innovative strategies, such as PAL (Practical Approach to Lung Health) and PPM (Public–Private Mix for DOTS) and developing new policies and strategies to deal with the issue of TB-HIV coinfections.
 - . Expansion of the DOTS-Plus strategy in selected countries with multidrug-resistant tuberculosis.

REGIONWIDE EXPECTED RESULTS	INDICATORS	BASELINES¹	TARGETS
1. Expanded DOTS coverage and improvement in the quality of its application throughout the Region.	. Percentage of population covered by DOTS throughout the Region.	78%	90%
	. TB case detection rate	50%	70%
	. Treatment success rate under DOTS	81%	85%
	. Number of countries implementing PAL	1	6
	. Number of countries implementing PPM	0	8
2. Access to treatment for neglected populations, and TB-HIV and MDR-TB patients will have increased.	. Number of countries with plans of action for prison populations	6	12
	. Number of countries with active programs for persons deprived of their liberty	4	10
	. Number of countries with plans of action targeting TB-HIV patients	10	16
	. Number of countries with active programs targeting TB-HIV patients	6	12
	. Number of countries with national plans of action targeting indigenous populations	6	8
	. Number of countries with active programs targeting indigenous populations	4	8

¹ Data referring to result 1 - DOTS indicators, as of 2003; data referring to new initiatives and result 2, as of 2005.

	. Number of countries applying DOTS-Plus strategy	10	15
3. Improved surveillance and program evaluation systems in place.	. Proportion of countries submitting accurate annual epidemiological surveillance reports	90%	98%
	. Proportion of countries submitting monitoring reports concerning HIV in TB patients	10%	40%
	. Proportion of countries presenting financial reports regarding TB programs	10%	50%

RESOURCES (US\$)

	Regular Budget	Other Sources	Total
2004-2005	1,282,400	5,832,000	7,114,400
2006-2007	1,390,100	5,973,000	7,363,100
Of which:			
Country	442,900	2,987,000	3,429,900
Subregional	0	0	0
Regional	947,200	2,986,000	3,933,200

08. HEALTH PROMOTION

ISSUES AND CHALLENGES	<p>Health promotion is an essential public health function, yet most countries in the Region report low performance in this area and in social participation, which are particularly important in making progress towards the Millennium Development Declaration. Countries re-committed to the strategy during the global meetings on health promotion in Mexico in 2000, and more recently in Bangkok (2005).</p> <p>Improving capacity and performance in health promotion requires enabling individuals and communities to increase control over the determinants of health and social inequities, and involves all sectors of society in establishing healthy public policies, creating supportive environments, and reorienting health services.</p> <p>To ensure that health services address the needs of individuals and of communities within their cultural environment, particularly of the poor and vulnerable, the health promotion strategy should be the guiding principle for health system development and strengthening health reform efforts in countries.</p> <p>Policies and practices to promote health should be an integral part of country health and development planning, emphasizing the use of health promotion strategy in strengthening primary health care and enabling the development of social networks and social support systems, mainly targeted to priority populations in prioritized countries and settings.</p> <p>The elderly are one such priority population, for which the proportion without a pension, income, or savings has increased dramatically throughout the Region. An estimated 80% are now considered to lack social or health protection as well as access to quality services.</p> <p>Healthy and supportive settings create enabling conditions that make it possible for each individual to choose and maintain healthy life styles: a healthy diet and access an active life, social support for healthy aging health and hygiene education; and oral health. Health promotion supports individuals and parents to develop the knowledge and skills to make healthier choices for themselves and their children and to participate in caring for themselves, their families and communities.</p> <p>The range of issues addressed by the health promotion strategy requires the integrated action of multi-disciplinary teams at all levels. Systematic collection, evaluation and dissemination of best practices and capacity in the surveillance of risk and protective factors as well as in the evaluation of health promotion effectiveness need to be strengthened with countries in the region</p> <p>Greater efforts are needed to highlight the linkages between health and its determinants and the imperative of concerted action and accountability of various sectors of government, and among government, civil society, and communities in the pursuit of health and social well-being.</p>
GOAL	<p>To improve equity in health, reduce health risks, promote healthy lifestyles and settings, and respond to the underlying determinants of health.</p>
PAHO OBJECTIVE	<p>To fully engage all relevant public and private sectors and civil society in promoting health, fostering healthy public policies, reorienting services, reducing social and environmental risk factors, and promoting healthy lifestyles and supportive environments, where people live, learn, work, and play.</p>
STRATEGIC APPROACHES	<ul style="list-style-type: none">• Mainstreaming health promotion as a crosscutting theme at PAHO, with increased capacity in the integration of the health promotion strategy into all relevant areas of work, along with an emphasis on priority populations, countries, and settings.• Advocating for greater commitment among partners at regional, subregional, and national levels for the promotion of health, and increased investment in capacity building for public policies, reorientation of health services, and concerted intersectoral action to address health determinants, equity, and the Millennium Development Declaration.• Advocating that top priority should be given to health promotion (resolutions WHA51.12 and WHAS57.16) and for the inclusion of all key components of the health promotion strategy in national strategic and programmatic health and development agendas (PAHO resolution CD 43.R11, 2001).

- Enhancing country-level capacity in designing, planning, setting targets, implementing, and evaluating multidisciplinary health promotion strategies and interventions to demonstrate effectiveness and contribute to sustainable local development and urban health.
- Enabling networks of local authorities and civil society in promoting good health in homes, schools, workplaces, communities, cities, and municipality settings.
- Systematically collecting, documenting, and widely disseminating best practices and evidence of health promotion effectiveness, especially in addressing priority populations, countries, and settings.
- Developing and strengthening partnerships across sectors at the global, regional, and national levels, including civil society, using participatory methods in health education to foster healthy, supportive, and protective environments and to enable investment and adoption of the health promotion strategy as a guiding principle in planning for development.
- Supporting regional and subregional integration processes (RESSCAD, SICA, REMSAA, CAN, MERCOSUR, NAFTA, and others) in their initiatives to incorporate the health promotion strategies.
- Building capacity, especially among Collaborating Centers, to evaluate and gather evidence of best practices and lessons learned and strengthen the use of information and surveillance in planning effective health education and health promotion interventions.
- Developing and supporting the implementation of integrated community care of the elderly (ICCE) strategies.

REGIONWIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Increased capacity for mainstreaming the health promotion strategy within the Secretariat with an emphasis on tobacco, violence, healthy diet, and physical activity.	<ul style="list-style-type: none"> • Guidelines for incorporation of health promotion as a key component of the analytical framework for the review of BPBs and EBIs developed and disseminated to all technical staff. • HQ managers and staff in the offices in the key countries taught to apply the guidelines. 	0	2
2. Increased capacity for healthy public policy and health promotion planning at subregional, national and local levels.	<ul style="list-style-type: none"> • Number of countries supported by PAHO in public policy development and planning with targets to address and improve the determinants of health and equity 	0	At least 70 HQ managers and at least 80% of technical in the key countries
		2	6

	<ul style="list-style-type: none"> Number of health promotion 'centers of excellence' supported by PAHO in developing mechanisms for community participation and public debate on healthy public policies. 	6	10
	<ul style="list-style-type: none"> Number of key countries receiving PAHO support in building and mapping health promotion capacity according to international commitments and the MDG. 	2	4
	<ul style="list-style-type: none"> Number of subregional integration bodies receiving PAHO support in health promotion. 	2	4
3. Improve the reorientation of health services by incorporating health promotion in Primary Health Care	<ul style="list-style-type: none"> Number of countries supported by PAHO to incorporate Health Promotion principles and guidelines in Primary Health Care 	2	6
4. Country capacity enhanced to engage networks of local authorities, relevant sectors, and community organizations in creating healthy and supportive municipalities, cities, and communities (HMC).	<ul style="list-style-type: none"> Number of priority countries with PAHO support developing, implementing, and evaluating HMC plans to address health targets and the MDGs 	2	5
	<ul style="list-style-type: none"> Number of regional and national HMC networks actively functioning with PAHO support 	4	8
	<ul style="list-style-type: none"> Number of academic institutions in different countries using PAHO guidelines, tools and training materials to support HMC processes 	3	6
	<ul style="list-style-type: none"> Number of countries receiving PAHO support to evaluate HMC initiatives 	6	10
5. Country capacity strengthened to promote healthy school settings and lifestyles , fully engaging young people in and out of school, as well as teachers, parents, and communities.	<ul style="list-style-type: none"> Number of countries receiving PAHO support in the planning, implementation and evaluation of Health Promoting Schools (HPS) with an emphasis on hygiene related to the achievement of the MDGs 	3	8
	<ul style="list-style-type: none"> Number of countries receiving PAHO support for the development of national HPS networks 	0	4

	<ul style="list-style-type: none"> • Number of countries receiving PAHO support to strengthen surveillance systems for school based risk and protective factors 	2	3
	<ul style="list-style-type: none"> • Number of academic institutions using PAHO guidelines and documents to support HPS processes 	3	6
6. Strengthen the capacity of Member States to develop health care services adapted to the health needs of the elderly.	<ul style="list-style-type: none"> • Number of countries that have developed a training program for PHC workers in geriatrics. 	4	8
	<ul style="list-style-type: none"> • Number of countries that have developed and implemented policies for care of the elderly 	2	8
7. Improve oral health status, by integrating oral health into health promotion and diseases prevention and by implementing best practice models for oral health within primary health care delivery systems.	<ul style="list-style-type: none"> • Number of countries with models of integrated oral and primary care developed and tested 	6	8

RESOURCES (US\$)

	Regular Budget	Other Sources	Total
2004-2005	8,350,600	3,109,000	11,459,600
2006-2007	8,787,100	3,319,000	12,106,100
Of which:			
Country	3,903,900	1,943,000	5,846,900
Subregional	710,700	34,500	745,200
Regional	4,172,500	1,341,500	5,514,000

19. IMMUNIZATION AND VACCINE DEVELOPMENT

ISSUES AND CHALLENGES

The Expanded Program on Immunization (EPI) has reached approximately 90% vaccination coverage for all of the vaccines in the National Immunization Programs (NIPs) in the Region, and strives to achieve greater than or equal to 95% coverage in all municipalities. During Vaccination Week in the Americas (VWA) 2004, of the 15 million children under 5 vaccinated, approximately 23% were zero-dose children, i.e. children who had never received a vaccine before. Despite the success of polio eradication and measles elimination, pockets of unvaccinated susceptible persons persist, leading to outbreaks of diseases like diphtheria and pertussis, which carry high case-fatality rates. Furthermore, approximately 47% of the municipalities in the Region have not achieved measles vaccination coverage of greater than or equal to 95%, the level required to maintain interruption of indigenous measles transmission and prevent large outbreaks after importation. Therefore, efforts must be focused on interventions in these high-risk municipalities. This is a particular concern in the five priority countries—Bolivia, Guyana, Haiti, Honduras, and Nicaragua where the percentage of municipalities with measles vaccination coverage less than 95% ranges from 29% (Honduras) to 93% (Haiti).

The work of PAHO is guided by the principles of access and equity, disease control, and development of public health infrastructure. One of the EPI milestones was polio eradication from the Americas in 1991 and the dramatic reduction of neonatal tetanus (NNT), both diseases associated with high case-fatality rates, 8% to 10% for polio and 50% for NNT. In 2003, PAHO's 44th Directing Council adopted a resolution to eliminate rubella and congenital rubella syndrome (CRS) by 2010 and urged Member States to prepare national plans of action in support of that objective. While only 18 countries/territories in the Americas reported on CRS in 1998, by 2003 the entire Region was conducting CRS surveillance. In total, 44 cases were reported in 1998, 63 in 1999, 90 in 2000, 41 in 2001, 24 in 2002, and 27 in 2004. The sensitivity of CRS surveillance needs urgent attention.

PAHO has long used the strategies for immunization to spearhead the reduction in health inequities. PAHO promotes access to existing immunization services, while introducing new and underutilized vaccines in an affordable, sustainable fashion. Pneumococcal disease kills more children than HIV, malaria, and TB combined. Yet the vaccine at greater than US\$ 60 per dose for a three-dose schedule does not allow countries to vaccinate children who need this vaccine most. Rotavirus kills approximately 20,000 children and causes more than 77,000 hospitalizations per year in the Region. Human papilloma virus is the etiologic agent for cervical cancer. The Caribbean has some of the highest cervical cancer rates in the world. Influenza vaccine must be made available to protect the underserved against the impending pandemic.

Mortality from vaccine-preventable diseases is not distributed evenly in the Region, and not all countries have shared equally in the advances made at the regional level. The number of cases of NNT decreased 95% in the Region during 1987-2002. Since the case-fatality rate is 50% to 70%, this has represented an important reduction in infant mortality in the Region. However, this decrease was not shared by Haiti, which in the last four years has reported approximately 50% of all NNT cases in the Region. The introduction of new vaccines has contributed to a reduction in infant mortality from several diseases. For example, the introduction of *Haemophilus influenzae* type b (Hib) vaccine resulted in a demonstrable decrease in pneumonia and meningitis in several countries.

High-quality surveillance will allow adequate preparedness to be in place for pandemics and vaccine-preventable actions related to threats of national and international concern. Surveillance systems for vaccine-preventable diseases need urgent upgrading, with emphasis on capacity development. Other challenges relate to assuring the quality of vaccines, which need to be guaranteed by competent national regulatory authorities.

GOAL

To protect all people at risk against vaccine-preventable diseases.

PAHO OBJECTIVE	To promote the development of new vaccines and innovation in biologicals and immunization-related technologies; to ensure greater impact of immunization services, as a component of health delivery systems; to accelerate the control of high-priority vaccine-preventable diseases; and to ensure that the full humanitarian and economic benefits of such initiatives are realized.
STRATEGIC APPROACHES	Providing technical and strategic support to strengthen national and regional capacity, advocacy, partnership and policy framing, preparedness for emerging disease threats, and formulation of evidence-based strategies for vaccination policy.

REGIONWIDE EXPECTED RESULTS		INDICATORS	BASELINES	TARGETS
1.	Countries are supported in achieving and maintaining equitable coverage for all vaccines.	<ul style="list-style-type: none"> Number of countries where immunization coverage for DPT3, OPV3, MMR, HepB3, HiB3, and BCG is maintained >95. Percentage of municipalities with DPT3 coverage <95% in children less than 1 year of age. 	16 of 41 countries and territories with MMR coverage above 95%	22 countries of 41
2.	Elimination of rubella and CRS progresses as planned with PAHO support.	<ul style="list-style-type: none"> Number of countries implementing elimination strategies. 	7	14
3.	Capacity of countries to introduce new vaccines when available is supported.	<ul style="list-style-type: none"> Percentage of countries that add new vaccines to their existing schedule with PAHO's technical support. 	0	30%
4.	Improved surveillance and knowledge-sharing on immunization and vaccines.	<ul style="list-style-type: none"> Number of countries participating in new integrated surveillance information system (ISIS). 	0	15
5.	Improved preparedness for action related to vaccine-preventable threats of national and international concern.	<ul style="list-style-type: none"> Percentage of municipalities with measles coverage <95% in children <1 year of age. Countries conducting vaccination campaigns on high risk groups with seasonal influenza vaccine or participating in the development of the Influenza Pandemic Preparedness Plans with PAHO's technical support. 	42%	36%
6.	Capacity of countries to guarantee the quality of vaccines and biologics, strengthened.	<ul style="list-style-type: none"> Number of countries supported in having national regulatory authorities operational and in compliance with basic regulatory functions according to PAHO/WHO guidelines 	13	20
			2	7

- A network of Quality Control Laboratories organized to assure the quality of vaccine procurement through the PAHO's EPI Revolving Fund. 0 1

RESOURCES (US\$)

	Regular Budget	Other Sources	Total
2004-2005	3,671,600	19,365,000	23,036,600
2006-2007	3,271,800	20,555,000	23,826,800
Of which:			
Country	955,500	4,905,700	5,861,200
Subregional	0	10,000	10,000
Regional	2,316,300	15,639,300	17,955,600

Resources US\$	Regular Budget		
	2004-2005	4,931,700	
	2006-2007	4,932,000	
2006-2007 Budget Breakdown by Area of Work	Post	Non-Post	Total
Communicable Disease Prevention and Control	0	83,200	83,200
HIV/AIDS	0	84,500	84,500
Health and Environment	384,000	269,600	653,600
Making Pregnancy Safer	384,000	186,100	570,100
Child and Adolescent Health	0	186,100	186,100
Immunization and Vaccine Development	0	93,100	93,100
Essential Medicines	0	87,600	87,600
Health Systems Policies and Service Delivery	384,000	186,100	570,100
Health Information, Evidence and Research Policy	384,000	242,000	626,000
Country Cooperation Leadership and Coordination	907,200	37,200	944,400
Country Office Operations	556,800	418,500	975,300
Technical Cooperation Among Countries	0	58,000	58,000
Total:	3,000,000	1,932,000	4,932,000

Resources US\$	Regular Budget		
	2004-2005	6,357,400	
	2006-2007	6,248,000	
2006-2007 Budget Breakdown by Area of Work	Post	Non-Post	Total
Communicable Disease Prevention and Control	302,400	98,500	400,900
Tuberculosis	374,400	0	374,400
HIV/AIDS	0	19,900	19,900
Surveillance, Prevention and Management of Chronic, Non communicable Diseases	0	29,600	29,600
Mental Health and Substance Abuse	415,200	96,300	511,500
Nutrition	0	39,600	39,600
Violence, Injuries and Disabilities	0	19,800	19,800
Health Promotion	0	128,200	128,200
Health and Environment	374,400	102,600	477,000
Food Safety	0	74,000	74,000
Gender, Women and Health	0	29,600	29,600
Child and Adolescent Health	0	73,300	73,300
Immunization and Vaccine Development	0	39,400	39,400
Policy-making for Health in Development	0	133,300	133,300
Health Systems Policies and Service Delivery	374,400	141,100	515,500
Human Resources for Health	0	137,200	137,200
Health Financing and Social Protection	0	9,700	9,700
Health Information, Evidence and Research Policy	302,400	179,600	482,000
Emergency Preparedness and Response	0	20,000	20,000
Country Cooperation Leadership and Coordination	475,200	501,800	977,000
Country Office Operations	1,000,800	630,200	1,631,000
Technical Cooperation Among Countries	0	125,100	125,100
Total:	3,619,200	2,628,800	6,248,000