

HEALTH IN HUMAN DEVELOPMENT

Issues and Challenges

Although the general health status for the people of the Latin American and Caribbean (LAC) countries has improved, gains in health status appear to be disproportionately weighted toward those who already have a greater share of social and economic advantages in society, while the health of disadvantaged groups improves less consistently and at much more modest rates. Successes in the reduction of infant mortality by countries such as Chile, Costa Rica, and Cuba which have diverse political and economic systems, demonstrate that many LAC countries with similar levels of economic growth but less equitable health conditions have not yet tapped their potential to improve population health.

Given available evidence, it can be concluded that in LAC the main social determinants of health are those related to differential power relations and opportunities, mainly evidenced by differences due to race or ethnicity, gender, and social class (as measured by income level, material living conditions, educational attainment, or occupation).

Most countries in the Americas are currently undergoing processes of health sector reform. These are often part of more general reforms of the State, meant to facilitate the integration of the regional economies into the global market. Considering the enormous disparities in socioeconomic status of the populations in this Region, for these reforms to succeed, it is imperative that they take into account these inequalities. The main objective of the reforms has to be coupled with general policies that diminish the gaps between the extremes of the socio-economic spectrum, as well as gender and ethnic inequities, to promote greater access to basic health care.

In addition to the differences in health needs that are biologically derived and specific to each sex, there are gender inequalities in health outcomes, access to care, utilization and financing of services that are socially produced. Adverse conditions in the social environment and lack of appropriate health services seem to disproportionately affect women's opportunities for health care.

Regarding the collection of information, its analysis continues to be one of the main challenges for the provision of technical cooperation. The Secretariat will support the process of analysis through the provision of examples on measurement of inequities in health, identification of needs, and measurement of the impact on health. The wide use and dissemination of the tools will be a positive contribution to the culture of the use and analysis of information.

Due to the multiplicity of new developments in this field, it is necessary to have greater coordination in the development, access, and management of information systems. It is necessary to increase the availability of consistent and reliable data and to assess their distribution in specific population groups (not only the national average), including, in addition to basic data, a new regional database of hospital morbidity.

The aim of the Secretariat is to improve the knowledge and practice of public health in the Americas through the effective management of scientific and technical information. PAHO will need to accelerate the speed with which it processes work to keep pace with the ongoing changes in the environment. At the same time, the intellectual production of PAHO's staff and their ability to attract important texts for publication will have to increase if the Organization is to offer sufficient and significant information to the public health community.

A critical aspect of PAHO's collaboration with the countries in the Region has been to facilitate their access to scientific and technical information in health (STIH). At the same time, the increasing use of the Internet has provided the countries with new opportunities for its use in the exchange of technical information. This will require a functional and organizational remodeling of the centers on health information which constitute the Sistema Latinoamericano y del Caribe de Información en Ciencias de la Salud (Latin American and the Caribbean System of Information in Health Sciences).

In 1998, PAHO proposed the Virtual Health Library (VLH) as a new cooperation strategy in scientific and technical information for the Internet era. The VLH thus constitutes a new paradigm in the use and transmission of scientific and technical information that is intended to assist countries to overcome structural problems in the Region.

In Latin America and the Caribbean there is a notable increase in regarding a multitude of ethical dilemmas posed by recent technological and scientific developments and their relationship to health care. Since the creation of the Regional Program on Bioethics there has been an increase in the demands for advice and consultancy services in personnel training, in raising awareness among professional groups, and in the formation of institutional and national committees.

Development in this area has been unequal, with some countries having highly trained personnel and others still remaining in a primitive stage. There is a critical need for technical cooperation to spur project homogeneity in training levels in the countries and institutions, as well as a need for closer work with the PAHO/WHO Country Representatives so as to take into account the pertinent social and cultural local factors each country possesses.

The rapid technological development process underway presents a challenge for the Secretariat in terms of maintaining information systems that are reliable, up-to-date, and capable of interfacing with the systems of WHO as well as other external partners.

The Response of the Secretariat

The response of the Secretariat is described in the regional projects identified for the following areas:

1. Increase equity in health and improve the health sector's contribution to human development:
 - 1.1. Equity in Health and Human Development
 - 1.2. Research Coordination
 - 1.3. Women, Health and Development
2. Promote and support activities related to bioethics:
 - 2.1. Regional Program on Bioethics
3. Strengthen the epidemiological capacity of Member States and of the Bureau:
 - 3.1. Strengthening of Health Statistics Systems
 - 3.2. Development of Capacity for Health Analysis
4. Coordinate and support the development and dissemination of scientific information:
 - 4.1. Development and Dissemination of Information for Latin American and the Caribbean
 - 4.2. Selection, Production, Organization, and Dissemination of Scientific and Technical Health Information
5. Develop and maintain appropriate information technology:
 - 5.1. Systems Development
 - 5.2. Applications Programming Support
 - 5.3. User Support (HQ and Field)
 - 5.4. Development and Maintenance of Infrastructure

Projects

1. Increase Equity in Health and Improve the Health Sector's Contribution to Human Development:

1.1. Equity in Health and Human Development

Purpose	Indicators
To increase national ability for developing public policies aimed at reducing health inequities linked to socioeconomic factors like poverty, governance, ethnicity, human rights, trade, integration & growth.	<ul style="list-style-type: none"> At least 15 countries have implemented public policies for reducing health inequity or poverty-sensitive health policies.
Expected Results	Indicators
Creation of regional networks in support to equity oriented health policies.	<ul style="list-style-type: none"> Latin American & Caribbean Health Policy Impact Assessment Network created.
Developed monitoring systems about macrodeterminants of health inequities.	<ul style="list-style-type: none"> Regional monitoring of macrodeterminants of health inequities implemented.
Developed criteria for equity-oriented health policies and interventions.	<ul style="list-style-type: none"> Criteria developed for at least 10 equity-oriented health policies and interventions.
Promoted studies on health inequities macrodeterminants and policies .	<ul style="list-style-type: none"> One study promoted on health inequities and two other on health equity policies.
Supported national & regional policies to reduce health inequities.	<ul style="list-style-type: none"> Supported at least 10 policies aimed at equity in health and poverty alleviation.
Developed and/or adapted methods and tools for health equity policy development.	<ul style="list-style-type: none"> At least one method/tool in social, political, juridical, economic and statistical sciences.
Training on analysis & implementation of equity oriented health policies.	<ul style="list-style-type: none"> At least 10 workshops promoted and 200 staff from various sectors trained.
Advocated health priorities in trade, integration and poverty-reduction policies.	<ul style="list-style-type: none"> Health priorities incorporated in trade, integration and poverty-reduction policies.
Provided technical cooperation to developing national health equity policies.	<ul style="list-style-type: none"> At least 10 countries supported on health equity and poverty-reduction policies.
Knowledge disseminated on inequities in health and poverty-sensitive health policies.	<ul style="list-style-type: none"> Web page developed on health inequities and poverty-sensitive health policies.

1. 2 Research Coordination

Purpose	Indicators
The countries of Latin America and the Caribbean have increased capacity to produce and use scientific knowledge to address priority public health problems in the Region.	<ul style="list-style-type: none"> Increase 10% the scientific production in priority areas in the Region (LAC). Increase 20% the accessibility to scientific information in health.

Expected Results	Indicators
Provide financial and technical support to research projects in order to strengthening research capabilities and to generate knowledge and information relevant for public health.	<ul style="list-style-type: none"> • A multi- centric project approved every year. • At least 10 projects selected and financed . • At least 20 groups of researchers in networks around specific projects. • At least 50 publications as part of the technical series.
Establish agreements with centers of excellence for research training.	<ul style="list-style-type: none"> • At least two agreements on cooperation by the end of biennial. • At least 30 young researchers will have received dissertation/ thesis grants.
Establish networks of researchers and research institutions to conduct collaborative research projects Support the definition of research policies with participation of diverse sectors of society.	<ul style="list-style-type: none"> • Online directory of researchers. • Online database of Training courses & programs. • Development of participatory research agendas in at least six countries. • Implantation of Virtual Library on Science and Health to support research management.
Development of mechanisms, instruments, and methodologies for the transfer of scientific and technical information for decision-making.	<ul style="list-style-type: none"> • Training to decision makers on utilization of research findings. • Base line studies and projects for evaluation of dissemination results of the virtual health library.

1.3 Women, Health, and Development

Purpose	Indicators
Incorporate Gender equity as a cross-cutting theme in the policies and programs of member countries and PAHO.	<ul style="list-style-type: none"> • Networks, policies, studies and training courses developed in at least 12 countries.

Expected Results	Indicators
Information on gender equity in health (GEH)situation analysis generated and analytical tools developed.	<ul style="list-style-type: none"> • Online Data base of gender/GEH indicators. • GEH statistical training in at least 3 countries. • GEH profiles in at least 4 countries. • A comparative analysis of six research studies on gender equity and health access.
Strategies and programs on information/communication on gender equity and health implemented for different audiences.	<ul style="list-style-type: none"> • Updated directory of GEH resources. • Gender and health trainer database. • At least eight conceptual and methodological documents on GEH analysis, gender violence, gender equity and health sector reform. • Listserve GENSALUD for 500, with monthly GEH factsheets. • At least 2 regional virtual information networks set up with NGO partners.

Intersectoral networks advocating and participating in the formulation and monitoring of pro-gender equity and health policies.

- Networks for gender violence prevention; for promoting gender equity in health sector reform; to promote and incorporate indigenous women's groups and their health practices in health programs and policies.
- Networks operating in 7 countries to promote involvement of men in reproductive health programs.

Intersectoral policy and intervention models and instruments to reduce gender inequities in health developed and implemented.

- Participatory strategies to reduce gender inequities in health sector reform developed in at least 3 countries.
- Interfamily violence prevention and care models implemented in 10 countries.
- Gender and intercultural health care and promotion models developed and implemented in 7 countries.
- Models for incorporating men in reproductive programs in at least four countries.
- Prototype gender and health curricula for health workers, universities and schools available via Web.

The total regular budget funds in the area of increasing equity in health are:
\$ 8,695.3

2. Promote and Support Activities Related to Bioethics

2.1 Regional Program on Bioethics

Purpose	Indicators
Health institutions are applying bioethical knowledge and employing bioethical reasoning in research and healthcare decisions	<ul style="list-style-type: none"> • At least 50% of institutions in the Region have applied bioethical knowledge in research.
Expected Results	Indicators
Programs for training in bioethics developed Bioethics information and dissemination systems in place. Research developed and promoted. Strategic partnerships established and functioning Information and knowledge about the relationships between health and human development.	<ul style="list-style-type: none"> • At least five countries received training courses. • Development and maintenance of the website. • Development of the Virtual health library. • Research studies in at least five countries. • Development of Networks. • Preparation of documents and project proposals.

Formulation of policy and intervention models and instruments, both sectoral and extra-sectoral, (regulatory frameworks, standards, programs, monitoring systems).

- Publication of documents, guidelines, and information is made available and used by decision and policymakers.

The total regular budget funds in the area of Bioethics are:
\$ 409.3

3. Strengthen the Epidemiological Capacity of Member States and of the Bureau

3.1 Strengthening of Health Statistics Systems

Purpose	Indicators
The countries strengthen their health information systems and networks, with emphasis on vital statistics systems.	<ul style="list-style-type: none"> • Regional and Country mortality and population information systematically available for analysis and decision making.
Expected Results	Indicators
Mortality and population information system (MAPIS/SIMP) developed and operational.	<ul style="list-style-type: none"> • System modules for data entry, quality verification and report output developed and available for PAHO users. • PAHO users have access to data through the Web.
Mortality and population databases updated..	<ul style="list-style-type: none"> • Mortality data to meet the Organization's requirements available.
ICD-10 implemented in mortality and hospital discharge information systems in all countries of the Region; other members of the health classification family known and used in the Region.	<ul style="list-style-type: none"> • All member countries are using ICD-10 for mortality classification and at least 50% of them are using other families of classification.
Regional Advisory Committee on Health Statistics and subcommittees active and productive.	<ul style="list-style-type: none"> • Committee reports and recommendations available.
Vital registries and statistics systems in the countries functioning appropriately.	<ul style="list-style-type: none"> • At least 80% of the countries in the Region have guidelines for their vital registry systems translated and specific plans for their planning and development.
Networks for cooperation in demographics, health statistics, and health-related information in place.	<ul style="list-style-type: none"> • At least one activity with agencies of the United Nations system and national technical expert groups identified and operational in the following areas: Collection and harmonization of health statistics, Information technology development, Vital statistics and population and mortality. • The Regional Advisory Committee on Health Statistics established and functioning.

3.2 Development of Capacity for Health Analysis

Purpose	Indicators
<p>The countries develop their strategic capacity for epidemiological analysis of the health situation and trends, with emphasis on conceptualization, methodological development, quantification, analysis of inequalities of health, and surveillance of public health.</p>	<ul style="list-style-type: none"> • At least 70% of Countries in the Region are developing their core health data systems. • At least 70% of countries and PAHO Secretariat are using appropriate methods and tools for identification and measurement of health inequalities, including disaggregated information at the subnational level.
Expected Results	Indicators
<p>Methods, models, technologies, and operations research in epidemiology and health situation analysis developed and disseminated.</p>	<ul style="list-style-type: none"> • Methods and new tools to define and measure health inequalities distributed in at least two PAHO subregions, including: Core health data, data validation and consistency checking processes, guidelines for measuring health inequalities, and at least 4 successful examples on Health Situation Analysis for management and planning of health services. • Country health profiles and strategic analysis for all Member countries available and updated yearly.
<p>Platform for regional communication of health information and linkage of health surveillance systems developed, and evaluated by decision-making authorities in the Member States and the Secretariat.</p>	<ul style="list-style-type: none"> • A regional and at least 3 subregional and national experiences on development and use of health information communication platforms documented. • A diagnosis on the status of the public health surveillance systems of countries in the region available.
<p>Programs for training human resources in health service management, with emphasis on epidemiology, biostatistics, and surveillance of public health for ASIS at the basic and intermediate levels, developed and implemented .</p>	<ul style="list-style-type: none"> • At least 16 in-person basic and intermediate courses and 2 distance courses on epidemiology and biostatistics and the use of Geographic Information Systems in health provided for country professionals. • At least 7 modular packages of training materials for epidemiology, biostatistics, situation analysis, GIS in health and measurement of health inequalities available in printed and computer-assisted formats for PAHO and country users. • An epidemiology certification program for focal points and other PAHO professionals in conjunction with academic excellence groups instituted.
<p>Production and dissemination of Health in the Americas, 2002.</p>	<ul style="list-style-type: none"> • Publication available for review and approval at the Directing Council. • Publication disseminated in the Countries both through printed and electronic formats.

Networks for cooperation in epidemiology and health situation analysis in place.

- At least one interagency activity with national technical expert groups in the following areas: Geographic Information Systems in Health, Harmonization of Health Indicators, Training in Epidemiology and Biostatistics, Development of Information technology, and Clinical and Field epidemiology, defined and operational.
- Participation and conducting of activities with the Universitat Oberta de Catalunya (Spain), Johns Hopkins University and the University of South Florida.

The total regular budget funds in the area of strengthening epidemiological capacity are:
\$ 4,674.4

4. Coordinate and Support the Development and Dissemination of Scientific Information

4.1. Development and Dissemination of Information for Latin American and the Caribbean

Purpose	Indicators
Virtual Health Library Developed through a cooperative work among health information services organizations in the Region.	<ul style="list-style-type: none"> • Virtual health libraries developed in eight thematic areas and implemented in at least ten countries. Operates as a network of products and services available on the Internet, following strict selection and quality control.
Expected Results	Indicators
Development of the Virtual Health Library.	<ul style="list-style-type: none"> • Cooperative services of access to VHL information sources, organized by regional, national, and thematic area, operating continuously and being maintained and developed in at least 5 countries.
Update BIREME's infrastructure of information technologies.	<ul style="list-style-type: none"> • The methodology for development of databases of directories of health entities and events updated, enhanced, and expanded.
Distribution and support for BIREME's products and software operational.	<ul style="list-style-type: none"> • The regional portal and national and thematic portals in the VHL for cooperative access to collections of scientific journals. • The network of health information localizers operating in the VHL, organized by regional, national and thematic area. • Promotion of the VLH in at least 80% of the countries of the Region.

Strengthening of the VHL as a cooperation instrument for ensuring equitable access to scientific and technical information.

- At least four advisory committees and plans for the development and equitable operation of the VHL, with information organized by regional, national, and thematic area, established and operating.
- Information sources for the Regional VHL updated.
- The SciELO methodology for preparation, publication, storage, preservation, and evaluation of electronic publication of the principal types of documents updated, enhanced, and expanded.

4.2 Selection, Production, Organization, and Dissemination of Scientific and Technical Health Information

Purpose	Indicators
PAHO's leadership as a provider of health information in the Americas is sustained and enhanced.	<ul style="list-style-type: none"> • PAHO continues to be cited in the health and medical literature as well as in the popular press.

Expected Results	Indicators
DBI managed effectively.	<ul style="list-style-type: none"> • DBI development plan implemented. • PPES conducted every six months. • BPB, PTS, IPS and annual and biennial evaluations completed on a timely basis. • Outsourced functions negotiated and contracted within 5% standard industry costs.
Information dissemination policy and practice coordinated within PAHO and with WHO.	<ul style="list-style-type: none"> • At least once a year meeting with HQ units to coordinate joint publishing and information dissemination projects. • Participation in and/or coordination of Publications Committee, Meeting of the Interregional Publications Committee, WHO Information Management Group.
Health information needs, market competition, and readers' use of PAHO—information products and services assessed and used to inform editorial and marketing decisions.	<ul style="list-style-type: none"> • Health information country profile completed for every country in the Region. • Health information market canvassed each year to bolster PAHO's role as health information aggregator. • Free and paid recipients of PAHO publications surveyed. • Utilization of PAHO website monitored. • Findings of marketing research incorporate in the decision-making process of every editorial project.
In the context of assessed health information needs, results of original research and technical information on priority health issues facing the countries of the	<ul style="list-style-type: none"> • Publication of the Pan American Journal of Public Health/Revista Panamericana de Salud Publica includes quality research articles.

- Americas produced, and PAHO's technical cooperation thereby bolstered.
- PAHO website refreshed daily and Intranet kept current.
 - Institutional memory collected, organized, indexed, archived and made available.
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- Appropriate health information—PAHO's and that of the Organization's information partners— promoted and distributed widely, using appropriate communications media, assuring ample coverage, and guaranteeing an attractive return on the Organization's publishing investment.
- Network of PAHO publication centers completed, evaluated and strengthen..
 - PAHO publications promoted through all available means.
 - Electronic commerce strengthen to facilitate and expand the distribution and sale of PAHO information and services, doubling online sales over the previous biennium.

The total regular budget funds in the area of development and dissemination of scientific information are: \$ 10,462.0

5. Develop and Maintain Appropriate Information Technology

5.1 Systems Development

Purpose	Indicators
Staff at all levels plan and execute the programs of the Organization with the support of technological systems.	<ul style="list-style-type: none"> • Management of TC streamlined and information readily available. • Technical information used for TC cooperation.
Expected Results	Indicators
Field sites and Washington units can support daily operations for managing TC activities.	<ul style="list-style-type: none"> • AMPES/OMIS project completed and operational in all sites supporting planning, programming, budgeting, obligation, and payment transactions using DOS and Windows software.
A new Mortality and Population Information System developed.	<ul style="list-style-type: none"> • System operational (including ICD-10) and in use to replace the existing TIS system.

5.2 Applications Programming Support

Purpose	Indicators
PAHO maintains a suitable environment for developing and supporting automated systems.	<ul style="list-style-type: none"> • Availability of appropriate software development environment, with appropriate tools for approved software development projects.

Expected Results	Indicators
Existing systems continue to serve the needs of their users and sponsors.	<ul style="list-style-type: none"> • Software is never out of service for more than 4 hours. • Defects corrected in a timely manner.
New software applications designed, developed, and implemented, as required.	<ul style="list-style-type: none"> • Grant tracking system, PPES, Document Management projects implemented.

5.3 User Support (HQ and Field)

Purpose	Indicators
Information technology and hardware used by all PAHO staff effectively and efficiently.	<ul style="list-style-type: none"> • HQ & field offices' operations conducted without interruptions.

Expected Results	Indicators
Headquarters users can effectively communicate via e-mail with their colleagues and other PAHO users in a timely manner.	<ul style="list-style-type: none"> • Stable LAN, communications for e-mail, Internet and Intranet maintained.
Technical staff in field offices has better developed skills and procedures to support local users.	<ul style="list-style-type: none"> • Technical Staff in field offices trained. • Products and services delivered efficiently.

5. 4 Development and Maintenance of Infrastructure

Purpose	Indicators
PAHO staff utilizes information technology in multiple environments in technical cooperation and managerial activities.	<ul style="list-style-type: none"> • Processes streamlined and efficiency increased with the use of information technology.

Expected Results	Indicators
Mainframe services supporting FAMIS and ADPICS only.	<ul style="list-style-type: none"> • System operational efficiently and effectively (reduced downtime).
Linking of PAHO applications to the Web designed and maintained.	<ul style="list-style-type: none"> • PAHO has a viable database-driven Internet and Intranet. • Applications accessible via the Web are stable and easily used.
Corporate data built and controlled.	<ul style="list-style-type: none"> • Accuracy, consistency, and accessibility to this data improved.
Systems Upgraded to utilize up-to-date technology.	<ul style="list-style-type: none"> • All Headquarters and field office/centers upgraded to Windows 2000 (NT Technology).

The total regular budget funds in the area of information technology are:
\$ 6,548.4

HEALTH IN HUMAN DEVELOPMENT PROGRAM BUDGET DISTRIBUTION BY ORGANIZATIONAL LEVEL				
Organizational Level	Regular Budget		Other Sources	
	2000-2001	2002-2003	2000-2001	2002-2003
Country Programs	9,682.0	10,567.5	1,499.8	226.0
Intercountry Programs	28,808.9	30,789.4	12,582.5	5,723.3
Total	38,490.9	41,356.9	14,082.3	5,949.3