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**HEALTH: AN ESSENTIAL COMPONENT OF THE DEVELOPMENT GOALS SET
FORTH IN THE DECLARATION OF THE MILLENNIUM**

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**ANNUAL REPORT OF THE DIRECTOR
2004**

To the Member Countries

In accordance with the provisions in the Constitution of the Pan American Health Organization, I have the honor to present the 2003-2004 annual report on the activities of the Pan American Sanitary Bureau, Regional Office of the World Health Organization. The report highlights the major events that have taken place during this period in the course of carrying out the program of technical cooperation within the framework of the Strategic Plan for the Pan American Sanitary Bureau, 2002-2007, defined by the Governing Bodies of the Pan American Health Organization.

This report is supplemented by the *Financial Report of the Director and Report of the External Auditor, 1 January 2002-31 December 2003*.

Mirta Roses Periago
Director

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The Development Goals set forth in the United Nations Declaration of the Millennium reflect an unprecedented political consensus on the state of the world and its vision for the future. They establish measurable targets and specific timetables for the progress of humankind. These targets can be met if we are capable of turning them into the banner, the dreams, the aspirations, and the demands of individuals, groups, families, communities, and nations. They can be reached if we are capable of becoming passionate and enlisting the individual and collective efforts of a multiplicity of networks representing different languages, beliefs, and realities. And if we are capable of regenerating confidence, understanding, and solidarity among nations.

Dr. Mirta Roses Periago

A YEAR OF ACHIEVEMENTS AND NEW CHALLENGES

We should do what is right. We should do it in the right places. And we should do it correctly.

Dr. LEE Jong-wook, Director General of WHO

In a groundswell of optimism and resolve, we are going to overwhelm the entire population of the Hemisphere and its friends and partners in an attack of hope and determination ...”

Dr. Mirta Roses Periago, Director of PAHO

For the Pan American Health Organization, 2003 was a year of great challenges and major accomplishments in public health. Once again the joint achievements of its member countries have demonstrated that the people of the Region, their creativity, and their capacity for hard work are its true capital. It was also a year for renewal of the commitments to promote health for all and reduce social exclusion and inequities in health, characteristics that continue to strongly affect the social, economic, and political dynamics of the Region.

On 1 February of that year I assumed the office of Director and accepted the challenge of guiding the Organization in the fulfillment of its destiny. My administration has focused on addressing the Organization's unfinished agenda, safeguarding the progress already achieved, and facing the new health challenges involved in meeting the development goals for the millennium, renovating primary care, extending social protection, and seeking equity in health.

The reaction to severe acute respiratory syndrome (SARS), the first epidemic of the twenty-first century, demonstrated that transparent, collective, coordinated efforts of institutions and countries were able to mitigate the damage inflicted by the emergence of a new disease in the population. In another major accomplishment, the Central American and Andean countries negotiated collectively with the pharmaceutical industry for the purchase of antiretroviral drugs at more accessible prices, thus achieving significant cost reductions and expanding access to treatment for people living with HIV/AIDS.

In December 2003, the region of Central America was declared cholera-free, five years after the leaders of those countries made a commitment to eliminating this disease when they signed the Declaration of Costa del Sol in response to the devastating effects of Hurricane Mitch.

For the first time in the Region, 19 countries set a common date for vaccinating their susceptible population, and as a result of this initiative, more than 16 million children were immunized. During Vaccination Week in the Americas 2004, a subsequent simultaneous activity in which all the countries of the Americas participated, more than 40 million people were vaccinated throughout the Region. Haiti, despite its serious political crisis, succeeded in vaccinating 150,000 people in selected municipalities.

From one end of the Region to the other, health workers, community leaders, volunteers, health and political authorities at all levels, and indigenous, religious, academic, and professional groups organized events to commemorate the 25th anniversary of the International Conference on Primary Health Care held at Alma-Ata in 1978. The Health for All parties included singing, dancing, poetry-reading, debates, and health screenings. Honors were extended to those who participated in this historic meeting, those who had subscribed to the Declaration, the pioneers, the driving forces behind the initiative, and the Ministers of Health of Alma-Ata who initiated and accelerated implementation of the primary health care strategy in their respective countries.

Also, in fulfillment of the commitments assumed by the Bureau, a line of action was introduced which gives special importance to transparency, efficiency, and effectiveness, based on visible results in the most rapid and equitable progress toward the development of health in the Region. New processes and instruments are being established for management of the Organization's resources based on the criteria of austerity and sound judgment.

Much remains to be done. The goals for the Organization include, among other, eradicating the stigma and discrimination still experienced by people living with HIV/AIDS, improving the quality of the environment (Health Week 2003 focused on "Preparing for the Future: Healthy Environments for Children"), getting the population of the Hemisphere to be more physically active (only 50% of the people engage in daily physical exercise), and improving the prevention and control of noncommunicable diseases.

Together, we have taken a firm step toward meeting our joint challenge. We are a single team with a single goal: the health of the peoples of the Americas.

HEALTH: AN ESSENTIAL COMPONENT OF THE DEVELOPMENT GOALS SET FORTH IN THE DECLARATION OF THE MILLENNIUM

The Development Goals set forth in the Declaration of the Millennium (MDGs) attach key importance to investments in the health of the people within the development program for the twenty-first century, and this initiative has provided community public health with an inestimable point of access for improving the health of the population. Three of the eight MDGs refer specifically to health: reduction of child mortality; improvement of maternal health, and control of HIV/AIDS, malaria, and other infectious diseases. Seven of the 18 targets relate directly to the responsibilities of the health sector: malnutrition, child mortality, maternal mortality, HIV/AIDS, malaria and other infectious diseases, drinking water, and essential drugs. This priority assigned to health reflects the new consensus that health is not only a result or consequence of development but also an essential and critical factor in achieving it.

Some of the greatest obstacles that the countries of the Americas face in reaching the MDGs are in the area of health. Given the strong and ongoing correlation between poverty and the health situation, the goal of reducing poverty and hunger by half before the year 2015 is both the key and the most difficult impediment to achieving the MDGs. The reduction of inequalities is of special importance in the Americas. Current projections for the Region as a whole indicate that, if present trends continue, it will be impossible to meet the targets that have been set for infant and maternal mortality. However, both the situation and the indicators projected vary notably from one country to another and between different population groups. For example:

- **Infant mortality.** A study conducted by PAHO has found that, if current trends remain unchanged, the reduction in mortality among children under five will be only 54%, falling short of the target of two-thirds (67%). In 2003, infant mortality ranged between 5.3 per 1,000 live births in Canada to 80.3 per 1,000 live births in Haiti.
- **Maternal mortality.** Maternal mortality rates also vary greatly, from 16 per 100,000 live births in Cuba to 680 per 100,000 live births in Haiti. During the previous decade, maternal mortality increased in some countries and declined significantly in others. It is estimated that the additional effort required between 2000 and 2015 in order to reach the MDG target calls for an annual reduction ranging between 1.6% in Uruguay to 15.1% in Panama.

- HIV/AIDS. The epidemic of HIV/AIDS is well rooted in the Americas, with a national prevalence of HIV infection of at least 1% in 12 of the countries, all in the Caribbean, and a prevalence of HIV infection among pregnant women exceeding 2% in six of them. In most of the other countries of the Region, the epidemic tends to be more concentrated in certain areas or population groups.
- Malaria. It is calculated that in 2002, 31% of the population of the Americas resided in areas in which there was a potential risk of malaria transmission. Currently, more than 80% of the reported cases originate in the nine countries that share the Amazon tropical rainforest in South America. Given the broad variations in incidence during the previous decade, it is difficult to predict the evolution of this disease, and meeting the target of halting and reversing the epidemic will require a coordinated effort among the affected countries.
- Water and sanitation. According to recent reports on regional and global progress toward to the targets established for safe drinking water and basic sanitation, in Latin America and the Caribbean 89% of the population had access to safe drinking water sources in 2002, representing an increase of 6% relative to 1990. The target for coverage with adequate basic sanitation has been 75%, 6% more than it was in 1990. This means that approximately 59 million people in Latin America and the Caribbean do not have access to a safe drinking water and 134 million lack adequate basic sanitation.
- Essential drugs. It is estimated that the number of people who have access to essential drugs throughout the world increased from 2,100 million to 4,000 million between 1997 and 2003. In the Region of the Americas, fewer than 53% of the people with HIV/AIDS who require treatment with antiretroviral drugs have access to them, despite a sizable drop in the price of these drugs over the last three years. The purchase of drugs continues to represent up to 25% of household spending in some countries of the Region, while in others has been reported that the drugs account for 50% to 60% of a family's direct expenditure on health.

PAHO is currently making a concerted effort to integrate the MDGs into its program of work at both the country and regional levels, and at the same time to strengthen its support for the countries in achieving the targets that have been adopted.

PAHO STRATEGIC TARGETS FOR ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS IN THE REGION OF THE AMERICAS

Advocacy. Promote the health priorities contained in the MDGs through a broad range of policy dialogues, partnerships, and intersectoral action.

Policy. intensify activities in the area of national health development, address those problems that have limited financing in the health systems of priority countries, and guarantee social protection in health at the regional and local levels in order to support progress toward attainment of the MDGs through results-oriented health policy initiatives.

Technical cooperation. Support the countries in the identification and implementation of national strategies for achievement of the health-related MDGs.

Integration. Integrate actions involving the MDGs with other strategic activities in the area of health development, such as participation in the Commission on Macroeconomics and Health, and subregional integration initiatives; identification of regional public assets by the group "PAHO in the Twenty-first Century."

Associations. Promote partnerships and increase cooperation with other members, especially through lawmakers, ministers of finance and planning, coordinators of development and social policy, and other actors and institutions that play a key role in executing and achieving the MDGs at the country level.

Decision-making power. Promote public health education and foster decision-making power in communities through the intense participation of civil society at all levels in order to meet the MDGs, based on the special criterion of including ethnic groups, indigenous populations, and women.

Monitoring. Improve the measurement and monitoring of progress through the use of disaggregated health data at the regional, subregional, and country level.

Research. Initiate research aimed at building up the corpus of scientific test results and generating new knowledge, and study the synergy between health and development.

All levels of the Organization—the offices in each country, the Pan American centers, and the Regional Headquarters—are working together with governments, reference institutions, and other authorities to attain these strategic goals and respond to the urgent situation created by the unacceptable reality of income inequity in the American Hemisphere. To coordinate actions related to the MDGs, a strategic team has been created in the Bureau consisting of a chief policy adviser and a working group with competence in the key areas addressed by the MDGs. The subject has been considered at the meetings of the Governing Bodies of PAHO, as well as at the meetings of regional and subregional managers held in Guyana, Nicaragua, and Chile.

Several working units have reoriented their activities to focus on attainment of the MDGs. For example, the Area of Family Health and Community revised its program budget to reflect the challenges posed by the MDGs. The new working group on primary health care considered the importance of the MDGs in their deliberations on strategy. The Area of Sustainable Development and

Health redesigned its activities to support fulfillment of the MDGs and decided, specifically, that the movement of healthy municipios be included. Finally, the Organization's experience and infrastructure have been enlisted in the preparation of baseline health data to facilitate monitoring the indicators of the health-related MDGs.

Although the efforts undertaken by PAHO toward achieving the MDGs focus especially on priority countries, there is active response at all levels within every country. Indeed, there has been close collaboration with the United Nations system in advancing toward the establishment of national health policies with broad interinstitutional and intersectoral participation. This collaboration includes intervention in the planning and formulation of frameworks for national development policies devised by the United Nations and the Bretton Woods institutions within the context of the United Nations Common Country Assessment program, the United Nations Development Assistance Framework, and the World Bank's Poverty Reduction Strategy Papers. The synchronization of its content is being reoriented in order to cooperate in identifying the most vulnerable groups. Support exercises and national workshops are being held to gather and harmonize the data and indicators needed in order to monitor achievement of the Millennium Development Goals.

The MDGs have been the subject of discussion in various forums concerned with subregional integration, such as the Health Sector Meeting of Central America and the Dominican Republic (RESSCAD), the Meeting of Health Ministers the Andean Area, the Meeting of Health Ministers MERCOSUR and South America, and the CARICOM Council for Human and Social Development. They are also part of the Shared Agenda for Health, a joint initiative of the World Bank, the IDB, and PAHO.

TECHNICAL COOPERATION FRAMEWORK OF THE PAN AMERICAN HEALTH ORGANIZATION

The Unfinished Agenda

The Region of the Americas continues to display with pride the progress that most of its countries have made in the area of health. However, large disparities between and within countries speak of the immense cumulative social deficit that persists in the Region.

The lags in the health indicators for some of the countries and population groups vis-à-vis the averages for the Region are the point of departure for the unfinished agenda. This agenda is understood to be the expression of the political will of PAHO and its Member States to focus its attention on a set of priority objectives, among which the Millennium Development Goals (MDGs) are of critical importance.

The unfinished agenda reflects the principles of equity and respect for the individual and collective right to enjoy a decent standard of living, as set forth in the declaration of health for all.

The Fight against Extreme Poverty and Hunger. This objective is fundamental, because almost all the others depend upon lifting the generational burden of exclusion and reducing inequalities. Within the framework of the Heavily Indebted Poor Countries Initiative, Bolivia, Guyana, Honduras, and Nicaragua have adopted strategies for the reduction of poverty as part of their health priorities, and the international community has extended its support for their implementation. In addition, Brazil, Colombia, Jamaica, and Mexico are undertaking broad multisectoral efforts to reduce poverty, which include the active participation of the health sector.

Reduction of Mortality in Children under Five. The strengthening of the IMCI strategy and its perinatal component, approved at the 44th Meeting of the Directing Council of PAHO, has been the most important step taken during this period toward the goal of reducing mortality in children under five by two-thirds between 1990 and 2015. Since the IMCI strategy focuses on controlling the diseases and health problems that cause two-thirds of all mortality in children under five, this is one of the main interventions on which the countries should focus in order to reduce infant mortality.

Improvement of Maternal Health. Despite significant ongoing efforts to expand and improve maternal health services in the Region, including the introduction in recent years of insurance to cover the cost of mother and child care, maternal mortality rates have changed only slightly in the past decade. Nevertheless, in Bolivia maternal mortality declined 41%, from 390 per 100,000 live births in 1993 to 230 per 100,000 in 1999-2002. The Perinatal Information System developed by CLAP has

had a significant effect on strengthening surveillance systems for perinatal maternal morbidity and mortality in the Region.

The Bureau is applying a new strategy for the reduction of maternal morbidity and mortality in Latin America and the Caribbean, approved at the 26th Pan American Sanitary Conference. This strategy reflects the medium-term target, adopted for the Region by both the Conference and the Working Group on Maternal Mortality of the Regional Interinstitutional Coordinating Committee, to reduce maternal deaths to less than 100 per 100,000 live births.

The Fight against HIV/AIDS. The regional commitment to the target that 3 million people in the developing world will have access to antiretroviral treatment by the end of 2005 represents a key point of response to the epidemic of HIV infection. PAHO is working with all the countries to expand access to antiretroviral therapy for people living with HIV, particularly in the countries of Central America and the Caribbean.

The Heads of State of the countries of the Americas, with technical assistance from PAHO, undertook the commitment to ensure antiretroviral treatment for 600,000 people by 2005 in the Declaration of Nuevo León, signed by 34 countries represented at the Special Summit of the Americas held in Monterrey, Mexico, in January 2004.

The development of regional situational analysis has made it possible to give higher priority to countries with greater burdens and less antiretroviral treatment coverage: Belize, the Dominican Republic, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Suriname, and Trinidad and Tobago. PAHO has continued to support the countries of the Region in the drafting of new proposals for presentation to the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), and it has maintained its commitment to work with the countries in execution and monitoring activities, which have already received grants from the Fund.

Access to Essential Drugs. The successful results of the first rounds to negotiate the prices of antiretroviral drugs in the Caribbean, Central America, and countries of the Andean Area revealed the need to adopt an integrated approach in order to promote access to the drugs throughout the Region. The Bureau initiated an advisory process in July 2003, starting with a preliminary study to set priorities for access to the drugs and public health supplies that are considered essential. In June 2004 a proposal was submitted at the 134th session of the Executive Committee aimed at improving availability and access to quality public health supplies in the Region. The proposal contained the following strategic lines of action:

- Promotion of a coherent generic drug policy as a means to increase the availability and use of quality essential medicines;
- Development of cost containment strategies for essential public health supplies, with focus on pricing and intellectual property;
- Strengthening of public health commodity supply systems to ensure continuity and availability;
- Development of regional pooled procurement mechanisms, such as the PAHO Regional Revolving Fund for Strategic Public Health Supplies (the Strategic Fund), which will strengthen capacity in procurement, programming, and planning at the country level.

Health of Indigenous Peoples Initiative. A multidirectional approach to indigenous problems has been reflected in strategic regional, subregional, and national partnerships, including collaboration with other regional projects such as the “Roll Back Malaria” Initiative and the IMCI strategy; the formation of intra- and intersectoral coalitions with the ministries of health, the IDB, the World Bank, the Indigenous Fund, and other governmental and nongovernmental agencies; and the participation of PAHO in regional and global forums such as the V Ibero-American Conference on Marginalized Indigenous, and Afro-descendent Children (2003) and the Second (2003) and Third (2004) Sessions of the United Nations Permanent Forum on Indigenous Issues.

The incorporation of an intercultural approach into care models—meaning harmonization between indigenous and conventional health systems—continued to be a priority during the period. This approach was demonstrated to be a valid strategy for improving the quality of health care in general, as well as access thereto, and for solving priority problems such as maternal and child mortality, lack of water and sanitation, malaria, tuberculosis, sexually transmitted infections, and HIV/AIDS.

Progress in the availability of information disaggregated in terms of ethnic groups and gender in such countries as Brazil, Ecuador, Guatemala, and Nicaragua has strengthened managerial capacity and the adaptation of strategies and interventions to the sociocultural context of the population. Evaluation of the International Decade of Indigenous Peoples, the renewed commitment to primary health care, and the work toward achieving the MDGs all provide opportunities to advance toward the attainment of equity within a context of respect and recognition of the cultural diversity of the peoples of the Americas.

During 2003, pursuant to the recommendations of the Executive Committee, steps were taken toward incorporating the approach of ethnic sensitivity and transversality into public health policies. The specific objectives within the framework of equity in health are to contribute to the social inclusion of ethnic and racial minorities, to improve the health and living conditions of these peoples, and to help

overcome the factors of discrimination that persist for historical reasons and continue to constitute barriers to equality in terms of health conditions and access to services.

The following priority areas have been identified by PAHO with a view to securing the incorporation of ethnic sensitivity into health policies: working with institutions responsible for obtaining statistical information and with the ministries of health to introduce ethnic variables in national statistics; collecting and systematically recording successful experiences in the area of information and the organization of services; supporting the ministries of health in the reformulation of policies, plans, and health programs so that they are ethnically sensitive; promoting the development of capacities in civil society that will permit effective participation in designing health plans that are ethnically sensitive; and working in coordination with the UNDP and other agencies and international financial institutions to introduce ethnic sensitivity into plans for achieving the MDGs.

Neglected Diseases in Neglected Populations. Poor people tend to bear a high burden of morbidity from a number of communicable diseases. They also tend to be marginalized by the health sector, just as they are marginalized by the diseases that affect them. This combination, known as “neglected diseases in neglected populations,” poses a formidable challenge for fulfilling the MDGs and the commitments assumed by the Member States, some of them at Alma-Ata in 1978, which means that they are included in the unfinished agenda.

PAHO has given a great deal of attention to the development of a strategy to address these diseases through an integrated and interprogram approach designed to control the numerous health risks and at the same time foster the protective factors involved in the short and medium term. Lymphatic filariasis, geohelminth infections, schistosomiasis, and onchocerciasis, all of which are eradicable, have been addressed by the Organization. Other diseases and neglected public health problems, such as plague and typhus, will be soon incorporated into this joint, horizontal cooperative effort.

Safeguarding the Progress Already Achieved

The economic and political crises affecting several countries of the Region have revealed the fragility and vulnerability of health systems, as well as the need to continue to focus on securing the progress already achieved in the area of health. For this reason, it is imperative to continue to work on preserving the gains already made, to improve the efficiency of health systems, and to promote larger national budgets for health and the mobilization of increased resources for international cooperation in the Region.

Reduction of Morbidity from Tuberculosis. Latin America and the Caribbean have made important advances in tuberculosis control through the DOTS strategy (directly observed treatment, short course), currently applied in 25 countries at different levels of coverage. Over the past decade, the number of cases of tuberculosis has remained stable, showing a slight but steady reduction between 1999 and 2002. In 2002 there were 233,648 registered cases, 127,354 of which were verified by positive sputum smear examination.

In the same year, Latin America and the Caribbean accounted for 4.2% of the all new recorded cases of tuberculosis in the world. The Region of the Americas was the most successful in the case-finding, with a general detection rate of over 70% based on positive sputum smear examination, compared with a world average of 44%. The rate of successful treatment is 81% in areas where the DOTS strategy is applied, compared with 58% in the areas where this approach is not used.

The objective of the Regional Action Plan (2004-2005) is to expand the DOTS strategy in all the countries, with focus on Guyana, Suriname, and other English-speaking countries of the Caribbean, and to maintain the regional achievements. In 2003, 73% of the population had access to DOTS treatment, and the target is 80% for 2004.

Strengthening and Expanding Vaccination Programs. PAHO has continued to lend its support to the appropriate control, elimination, and eradication of vaccine-preventable diseases, with emphasis on strategies aimed at reducing health inequalities, strengthening political commitment to immunization, and promoting prevention.

To reduce the existing disparities in coverage, in 2003 PAHO and the countries of the Andean Area joined forces to convene Annual Vaccination Week in the Americas, which in 2004 was adopted by all the countries of the Region.

In the area of new vaccines, the successful introduction of vaccines against *Haemophilus influenzae* type b and hepatitis B in 34 and 33 countries, respectively, has served as an incentive to strengthen routine vaccination services and assess the possible introduction of other vaccines that are have been developed. In 2003 criteria were established for the epidemiological surveillance of rotaviruses, which cause most cases of severe gastroenteritis in infants. Based on this information, it was possible to evaluate the cost-effectiveness of introducing a vaccine in the countries. The introduction of other new vaccines will be similarly evaluated. PAHO formed a technical working group to promote the rapid introduction of a vaccine against human papillomavirus, which has the potential of greatly reducing the incidence of cervical cancer, one of the leading causes of death among women in the Americas.

Almost all the countries have allocated national funds to the Expanded Program on Immunization. In 22 of the 24 countries that have submitted information, these funds cover more than 90% of the cost of their routine vaccination programs. However, the high cost of new vaccines continues to be an obstacle, as does the maintenance of the other components of the program. The PAHO Revolving Fund had contracts for 18 vaccines, and in 2003 it arranged purchases for 38 countries, amounting to the sum of US\$ 145 million.

Encouraged by success in the fight against poliomyelitis and measles, and in response to a proposal from the countries of the Caribbean, the 44th Directing Council of PAHO approved a resolution in support of the objective to eliminate rubella and congenital rubella syndrome by the year 2010. To date, 42 countries and territories have incorporated the vaccination against rubella into their immunization programs, and some of them have conducted successful joint immunization campaigns against measles and rubella. The elimination of congenital rubella syndrome will require that coverage be extended to adult men and women. Although difficult, this task is possible, as demonstrated by the experience of Costa Rica, where 98% of the men and women between 15 and 39 years of age were vaccinated in 2001, and the successful campaigns conducted in Ecuador and El Salvador in 2004.

Foot-and-Mouth Disease. During 2003, the programs for prevention, control, and eradication of foot-and-mouth disease continued to be carried out within the framework of the Hemispheric Program for Eradication of Foot-and-Mouth Disease. These activities reached a total of 5.3 million herds, including 325 million cattle, 52 million sheep, 17 million goats, 40 million pigs, and 7.3 million camelids. The program is under the management of the veterinary services in the countries, which in order to cover their territory and carry out their work, have a total of 2,719 local veterinary care units and 4,114 veterinarians. During 2003 public and private initiatives together invested more than US\$ 300 million in the prevention, control, and eradication of this disease.

Regional Core Health Data System. Through this initiative, launched in 1995, PAHO has managed to consolidate the process of collecting baseline health data at the regional level and from the countries with the active participation of national authorities, the country offices, and the Pan American centers. As a result, a minimum set of 109 indicators, collected annually, make it possible to characterize the health situation and trends in the countries of the Americas. The initiative responds to the mandates of the Member States and to the Bureau's various monitoring needs. This body of data has made it possible to evaluate progress toward the attainment of health goals, 12 of which are linked to the MDGs.

In 2003, a PAHO evaluation of its scope and impact showed that the National Core Health Data Initiative had been implemented in 30 Member States of the Region and that it had been used to

measure inequalities and needs, set priorities, and evaluate programs, indicating the diversity of its impact. Between 1995 and 2003, the number of countries that regularly updated and distributed a bulletin or other printed or electronic information containing basic indicators increased from 5 to 24. In addition, subregional and intercountry activities resulted in the publication of pamphlets about the basic health situation indicators in Central America and the Dominican Republic and along the United States-Mexico border.

Monitoring and Analysis of Health Inequities. Considerable capacity has been developed in measuring inequities in the socioeconomic determinants—poverty, gender, ethnic group, geographical location, education, employment, housing and sanitation—as well as their implications, including their effect on health. This capacity has focused on the periodic implementation of various household surveys, such as the surveys of living conditions (promoted by the World Bank, IDB, and ECLAC), the population and health surveys (promoted by USAID), the national surveys of poverty (promoted by the Caribbean Development Bank), and the world health survey (promoted by WHO in coordination with PAHO). In addition to collaborating with national statistics and census offices in the design of these surveys, the health sector has increasingly relied on their results in the development and evaluation of health policies. At the same time, these surveys have helped to make health information systems more sensitive to the socioeconomic determinants of health conditions in the respective national populations.

Virtual Health Library. In 2003, jointly with the countries of the Region, the Bureau took part in a number of significant activities in this area: the launching and construction of the Virtual Health Library/ Science and Health (<http://cys.bvsalud.org>); implementation of the International Network of Information and Knowledge Sources for Science, Technology, and Information (ScienTI Network), with the participation of eight countries of the Region (Argentina, Brazil, Colombia, Chile, Ecuador, Panama, Peru, and Venezuela); and convocation of the First Conference of Citizen Consensus on Science, Technology, and Innovation in Health, held in Santiago, Chile. This activity, organized under the auspices of the Library of the Congress of the Republic, the National Council on Science and Technology, and the Ministry of Health of Chile, represented progress in the establishment of mechanisms for consulting citizens on problems posed by science and technology development which have an impact directly on the health of the population.

Information and Knowledge Management. Among the changes introduced in the Bureau has been creation of the Area of Information and Knowledge Management, entrusted with the task of ensuring that policies, processes, technology, and human resources are coordinated and managed so that they will foster the generation of knowledge and the utilization and dissemination of information. It promotes processes that will generate and guarantee added value for the intellectual capital and

knowledge available within the Organization. To this end, the unit is responsible for organizing, collecting, and disseminating knowledge and ensuring both its quality and its continuous flow through the multiplicity of partnership networks of institutions and experts that have been created in the Region. Each level of the Organization should define a strategic approach for its participation in the open and collective management of information and knowledge.

A group created to study the dissemination of knowledge identified several obstacles, the compartmentalization of operations, the lack of interoperability, and the lack of collaboration between teams. A proposal was developed for overcoming this situation and moving rapidly toward an Organization which, based on effective knowledge, will be an authoritative source of knowledge and health information. There will be effective collaboration between all levels, with emphasis on the ongoing learning process and the building of partnerships and networks.

Mitigation of the Effects that Lead to Emergencies and Disasters. The Bureau has continued to promote the development of national and intersectoral capacity to reduce vulnerability to disasters in the health sector. The most important achievement during 2003 was the development of a subregional vulnerability reduction plan for the health sector in Central America, Belize, and the Dominican Republic, which was approved by the Ministers of Health at the XIX RESSCAD held in August 2003. The network of disaster coordinators for all of Central America, led by the Ministry of Health of Nicaragua, played a key role in the preparation of this plan, which reflects the experience that has been gained in networks of this kind.

Sustainability of the Environment. During 2003 PAHO led the regional evaluation of municipal solid waste management services in Latin America and the Caribbean. This evaluation gave greater visibility to the health importance of proper solid waste management. The situation is critical in many of the countries, and it poses one of the greatest challenges for government authorities, service services, and communities.

The slogan of World Health Day 2003 was "Shape the Future of Life: Healthy Environments for Children." In line with this theme, PAHO helped to promote activities to improve the health and well-being of children in the Americas and to guarantee sustainability of the environment. A workshop on environmental threats to the health of children in the Americas recommended heightening public awareness about environmental health and children; facilitating the exchange of information; developing profiles of child environmental health; formulating environmental health policies for the protection of children and adolescents in the Region, and improving the collection and reporting of child environmental health indicators.

Response to New and Old Challenges

The twenty-first century has already brought new diseases and new challenges, such as those associated with the threats of international and national terrorism, which have obliged us to summon our determination, resolve, and capacity for commitment to take on the challenge. At the same time, we must still respond to the old challenges that continue to be a source of concern.

Social Exclusion, Poverty, and Health. The year 2003 saw intensified technical cooperation in the area of social protection in health, carrying forward the work initiated in 2001 under a joint project of PAHO and the Swedish International Development Cooperation Agency (SIDA) aimed at addressing the problem of exclusion as it relates to health in the countries of Latin America and the Caribbean. Given the importance of this project and the impact of the subject at the international level, PAHO has incorporated social protection in health as one of its axes of technical cooperation. Four major lines of work have been identified:

- Characterization and measurement of exclusion in health;
- Design and organization of activities to promote social dialogue for the purpose of identifying actions aimed at eliminating exclusion in health;
- Promotion of rights and responsibilities in health;
- Support for the identification of strategies for the extension of social protection in health.

PRINCIPAL ACHIEVEMENTS OF TECHNICAL COOPERATION FOR THE EXTENSION OF SOCIAL PROTECTION IN HEALTH

- Guidelines for the design and organization of activities that promote social dialogue in health have been reviewed and validated by a group of experts, and the definitive version is now available.
- A methodology has been developed for characterizing exclusion in health, making it possible to quantify the magnitude of exclusion, its severity, and its intensity; identify the profile of those who have been excluded and their geographical location; and determine the weight of the specific health exclusion variables in each case.
- This methodology has been validated and is available for all the countries.
- The information obtained on exclusion in health has been disseminated, and a publication is available that summarizes the findings for the Dominican Republic, Ecuador, Guatemala, Honduras, Paraguay, and Peru. This publication is the first of its kind in Latin America and the Caribbean.
- Three new countries (Bolivia, El Salvador, and Nicaragua) have expressed interest in undertaking the characterization of exclusion in health starting in 2004.
- In Ecuador, the process of social dialogue is under way, and the extension of social protection in health has been incorporated into the national political agenda.
- Guatemala and Peru have started to prepare for their social dialogue, and the extension of social protection in health has been included in the political agendas of both countries.

Nutrition. Food and nutrition security is the state in which all the people enjoy access to the quantity and quality of food they need for adequate consumption and biological utilization, thus guaranteeing them a state of well-being that encourages development.

Several presidential summits have embraced the regional initiative, “Food and Nutrition Security.” The Ministers of Health of Central America, with technical and scientific support from INCAP, PAHO, and the General Secretariat of the Central American Integration System, are promoting this strategy in connection with addressing the MDGs.

The activities have focused on:

- Integrating food and nutrition security into local development processes and initiatives aimed at the transfer of technology for food production, improvement of eating habits, and the strengthening of health and nutrition actions in the community.
- Guaranteeing food and nutrition security in policies and plans, strengthening the role of multisectoral political commissions and technical teams in the coordination of national actions, and guiding the formulation of regulatory frameworks.
- Developing national, sectoral, and local programs and interventions to promote community participation.
- Allocating or reorienting resources to support intra- and intersectoral activities that support the attainment of food and nutrition security.
- Promoting and overseeing compliance with legislation related to the production, marketing, consumption, and biological utilization of food.
- Strengthening local, national and regional institutional capacity for the effective design, execution, and evaluation of programs and projects in the area of food and nutrition security.
- Improving the quality of decisions on food production and consumption through education and communication, in-service training, and human resources education.
- Promoting and strengthening surveillance of the food and nutrition situation, as well as the monitoring and evaluation of interventions in the area of food and nutrition, with a view to improving the effectiveness of national programs.

PAHO has promoted partnerships with other agencies in the area of food security and local development as part of the focus on productive municipios, incorporating the promotion of animal health and the protection of food quality at all points in the production chain. New agreements were signed with IICA, OIE, RIOPPAH, FAO, UNICEF, and WFP for the promotion of strategies that include the reduction of vulnerability to natural disasters and the new hazards of bioterrorism.

Gender Equity. With a view to creating conceptual frameworks and gathering empirical evidence for the integration of a gender equity perspective in health sector policies, PAHO implemented an intersectoral initiative at the regional level and in two countries of the Region (Chile and Peru) aimed at promoting coordinated actions between governments and civil society. The initiative has the following objectives: (1) documentation and analysis of gender inequities in health and their correlation with sectoral policies; (2) communication of this information to key actors for the purpose of sensitizing and informing decision-makers and strengthening the action of groups in civil society that advocate gender equity; and (3) formation of multisectoral networks to influence the processes of policy formulation and monitoring.

The creation of a database, the publication of statistical information on gender equity and health, and the preparation of manuals in the countries on the measurement, analysis, and monitoring of gender inequities in health are important contributions toward the integration of gender equity into health sector reforms. Other initiatives have included virtual and on-site forums on the overall subject of gender and reform, creation of a website, and efforts to incorporate unremunerated in-home health care into the system of national accounts. PAHO also partnered with the World Bank and the United Nations Population Fund in the establishment of a regional training program on the following two topics: health sector reform and gender analysis, and health and sexual and reproductive rights.

Regaining the Identity, Pride, and Social Commitment of Workers and Health Organizations. PAHO recognizes the need to recast the discussion and management of health human resources insofar as personnel policies are concerned. The belief exists that it is impossible to have viable policies for transformation in such a critical field without a prior consensus-building process to ensure coordinated action by the various participating actors.

For this reason, the support of structures for the formulation of policies based on solid evidence was one of the axes of technical cooperation during the period. Accordingly, there was cooperation with the groups participating in the Observatory of Human Resources Initiative, which represent 21 countries of the Region. This support made it possible to establish a networked dialogue within and between countries. The following table shows the progress that has been made in the development of human resources policy through support of the Observatory of Human Resources Initiative.

**Advances in Human Resource Policies in the Region with Support from
the Observatory of Human Resources Initiative**

Country	National studies	Intersectoral groups information analysis groups in national planning entities	Discussion of standards governing the work and career of health workers	Observatory integrated into the ongoing activities of the government
Argentina	*	*		
Belize		*		
Brazil	*	*	*	*
Bolivia	*	*	*	
Canada	*	*		
Chile	*		*	
Colombia	*	*	*	*
Costa Rica	*			
Cuba	*	*		*
Dominican Rep.	*		*	
Ecuador	*	*	*	*
El Salvador	*	*		
Jamaica	*			
Mexico		*	*	
Nicaragua	*			*
Panama			*	
Peru		*		*
Puerto Rico	*			
Saint Lucia		*		
Uruguay	*			
Venezuela	*	*		*

In 2003, new relationships were established at the subregional level, especially in the Caribbean and MERCOSUR countries, where there are ongoing intercountry processes that envisage international regulation in areas that require the definition of common policies, such as professional practice and the migration of health professionals.

Reduction of Tobacco Use. In the Americas, 92% of the countries have signed the WHO Framework Convention on Tobacco Control, an expression of their political will to reduce the consumption of this addictive substance that kills more than 1 million people a year in the Region. The Americas have the largest percentage of signers after the Western Pacific. Throughout the world, 168 countries have signed the Convention.

PAHO, in its role as a member of the secretariat of the Convention, organized six international preparatory or negotiation meetings. Once the Convention was approved, PAHO disseminated its text to the governments and held a sensitization workshop on the subject. After this workshop, half the participating countries moved toward the process of ratification, either by signing the Convention, if they had not yet done so, or by ratifying their acceptance. Mexico deposited its ratification with the

United Nations, thus becoming the first country in the Americas to do so. Panama, Peru, and Trinidad and Tobago have already ratified the Convention and are in the process of depositing their ratification with the United Nations.

Road Safety. The theme of World Health Day 2004 was “Road safety is no accident.” In this connection, PAHO carried out a series of related activities during the week of 7-13 April. The session on 7 April focused on PAHO/WHO policy for the prevention of injuries caused by traffic accidents. In addition, attention was invited to the *World Report on Road Traffic Injury Prevention*, a joint publication of WHO and the World Bank, and to the version in Spanish published by PAHO. These activities were instrumental in placing road safety on the collective citizen agenda as a social and public health priority that affects the entire population. At the same time, it is an area of inequity, because those at greatest exposure to risk in the developing countries are the users of public transportation, pedestrians, cyclists, and motorcyclists. The poor, the elderly, children, and those migrating from the countryside to the city are all especially vulnerable. Millions of people injured in public thoroughfares have no insurance to cover the cost of medical and rehabilitation treatment.

Health in the Americas Week was celebrated in all the countries. Discussion panels were held with the participation of young people who reported successful experiences in organizing events in which safe behaviors were promoted; experts on the subject of drunk driving and safety for the professional drivers; and representatives of police and nongovernmental organizations who addressed the subject of pedestrian safety.

By coordinating its activities with other participating organizations, PAHO was able to expand the network of institutions and people interested in improving road safety. The Declaration “Safer Roads in the Americas,” signed by the Director of PAHO, the Vice President of the World Bank, and the United States Undersecretaries of Health and Transportation, was cited as an expression of the will to make a more concerted commitment to road safety. The participation of Mrs. Heather Mills-McCartney, a prominent promoter of road safety, gave visibility to the events.

Health, Integration, and Partnerships for Development. The health, commerce, and integration sectors are coming to a closer rapprochement and collaborating more effectively in areas of common interest. Some countries of the Americas have taken an active role in considering the health consequences of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), reflecting the concerns expressed in the context of the Declaration on the TRIPS Agreement and Public Health adopted by the WTO Ministerial Conference held at Doha, Qatar, in 2001. Trade agreements among nations can be highly beneficial for the countries and the Region; however, they can also create serious threats to public health by hindering access to drugs and essential supplies.

There is increasing participation of health authorities in the negotiations of MERCOSUR, the Andean Community, the Central American System, the Caribbean Community, and NAFTA, in the respective sectoral commissions. At its 132nd Session, the Executive Committee of PAHO agreed on the need to support the countries in analyzing and managing the health consequences of globalization and trade through dialogue and cooperation among the ministries concerned. The Executive Committee also recommended holding a consultation with the Member Countries to identify PAHO issues and activities that relate to globalization and trade at the national, subregional, and regional levels, in keeping with the resolutions of the World Health Assembly and in close coordination with WHO.

Intercountry activities have been undertaken to consider useful strategies for improving the health conditions of populations living in border areas. In the countries of both MERCOSUR and the Andean Community countries have been looking into the development of integrated health services networks in border areas.

COUNTRY-FOCUSED TECHNICAL COOPERATION

The current commitment of PAHO is to guarantee an organizational structure and heighten the Organization's presence in each country to ensure optimal, high-quality technical cooperation. The objective is not only to support the attainment of national and regional health goals, but to strengthen the capacity of each and every country to influence and take the fullest advantage of the flow of international cooperation in health. At the same time, health must be given a preeminent place in national development plans and the interests and perspectives of each country reflected in the global development agenda.

In an ongoing dialogue with each country, the Bureau adjusts the cooperation required to achieve the continuous improvement of health indicators, optimal performance of health systems, and coordination of international assistance in support of national health development. The Country Support and Project Support units have been created as new instruments for boosting effectiveness and efficiency in fulfilling the mission adopted in the Strategic Plan 2003-2007.

The evaluation exercises of the biennium 2002-2003 offered an opportunity to rigorously assess achievements and difficulties and served as valuable input for ensuring the best use of the available resources to meet the needs and challenges identified in a joint effort with all partners and stakeholders.

A critical aspect of the cooperation strategy with each country is the concept of national health development, understood as a national process designed to achieve better levels of health and well-being in the population, make health part of national development plans and programs, and ensure that populations reach their maximum potential and secure a better quality of life. This process takes on different characteristics and peculiarities in each context, since national health development is both indigenous and endogenous in nature, encompasses all of society, is historically and juridically determined, and cuts across sectors. Technical cooperation should be geared to buttressing and promoting this process. The ultimate goal is to bolster the countries' capacity to meet national, subregional, regional, and global public health targets, especially the Millennium Development Goals, in 2005, 2010, and 2015.

To this end, the following lines of work have been adopted and are under way:

- . Redefinition of the country cooperation strategy based on country needs and priorities, emphasizing coordination among the three levels of the Organization. These exercises

have been conducted in Bolivia, Guyana, Mexico, Nicaragua, and the Eastern Caribbean countries, and nine more are programmed for the rest of the biennium.

- Strengthening of the Organization's presence in the countries, transferring resources from PAHO Headquarters or the centers to the countries, with functions that are regional (dengue), subregional (human resources, mental health) or national (program officers).
- Prioritization of effective performance by country teams, with greater emphasis on building and utilizing national capacity while optimizing the appropriate use of technology and lowering operating and transaction costs.

The decisions with respect to resource allocation (including the staffing of the Representative Offices) were based on the revised cooperation strategies and especially targeted the priority countries. Specifically, extrabudgetary resources were mobilized to staff four of the priority countries (Guyana, Haiti, Honduras, and Nicaragua) with an officer who provides technical assistance through the cross-monitoring of projects, the mobilization and efficient use of resources, and coordination with development partners.

Priority Countries

In light of the decision of the 26th Pan American Sanitary Conference to target five countries of the Region--Bolivia, Guyana, Haiti, Honduras, and Nicaragua--and the need to accelerate the national health development process, the Organization developed the priority countries initiative and determined that the Millennium Development Goals are the appropriate framework for the work with these countries.

In 2003 the Working Group on Priority Countries was set up, and in February 2004, a meeting of the Advisory Group was held that yielded the following strategies:

- Redefine the nature of technical cooperation to boost national initiative, using the Millennium Development Goals as guidelines.
- Coordinate PAHO technical cooperation with the shared agenda for international technical and financial cooperation.
- Apply the revised concept of technical cooperation to the planning and monitoring of cooperation, as well as evaluation processes, new management practices, and resource allocation.
- Take the revised concept of technical cooperation into account when determining the personnel profile and addressing staff management and development needs.

The Meeting for Priority Countries of the Region of the Americas was held during the 57th World Health Assembly. The delegation of each of these countries gave a presentation on the health situation and the social and health development process, especially as they relate to the MDG, and on its expectations of greater cooperation from PAHO/WHO and other major partners to ensure their participation in the improvement of the country's health system. The Director-General of WHO and four Assistant Directors General attended, as did numerous members of other delegations from the Region.

As a clear expression of the emphasis placed on PAHO technical cooperation with the priority countries, in May 2004 agreement was reached on the transfer of funds from WHO to the Region for direct support to these countries; 65% of these funds will be executed directly by the Representative Offices.

BOLIVIA. Productive and healthy communities in the poverty reduction strategy

Within the framework of the Bolivian Poverty Reduction Strategy and the Millennium Development Goals, Bolivia has launched an intersectoral, interprogrammatic initiative with State and civil society participation and PAHO/WHO cooperation to indigenous communities living in extreme poverty.

The Establishing Productive and Healthy Communities Initiative is under the Ministry of Rural and Livestock Affairs, and its participants consist of departmental and local institutions of the Ministry of Health and Sports. This cooperation strategy was launched in mid-2003 at the request of the community council of Chacaltaya, an Aymara town near La Paz.

The activities, in which the local population actively participates, cover aspects of production and health with a view to promoting good nutrition and food security, access to health services, and the income generation through the use of appropriate technologies. This successful innovative experience is already under way in 20 Bolivian communities.

GUYANA. Tackling neglected diseases, part of the unfinished agenda

The Ministry of Health of Guyana chose the use of salt fortified with diethylcarbamazine (DEC) as a strategy for eliminating lymphatic filariasis, following the recommendations of WHO. Pursuant to this decision, all levels of PAHO/WHO, together with the Bill and Melinda Gates Foundation, Emory University, and the CDC, cooperated in the execution of the National Plan for the Elimination of Filariasis in Guyana. At the regional level, PAHO worked with salt producers to set up and oversee the salt fortification process, while WHO channeled the donation of DEC to the Government of Guyana.

The strategy was launched nationwide in July 2003. The events included an exhibition with large posters explaining what lymphatic filariasis is and providing information on prevention, the treatment and care of people with the disease, and the most important facts about the use of DEC-fortified salt as a vehicle for treating the disease. DEC-fortified salt was distributed free of charge, accompanied by informative and educational materials. Community health workers also answered the public's questions about the disease and this treatment.

The official kick-off was preceded by activities in sentinel sites in Lodge, Georgetown, and Tucker. Other evaluation activities have been programmed in sentinel sites to measure the success of the strategy since its introduction in 2003.

HAITI. Response to the emergency and advocacy for development

In the past 10 years, Haiti has witnessed a slow deterioration in all its socioeconomic indicators as a result of its political crisis and escalating violence, which have led to an intensification of the international humanitarian response.

PAHO/WHO, which has maintained a continuous presence in the country, has managed to adapt to play the dual role of offering humanitarian assistance in the face of the emergency and providing development cooperation, working as an advocate to defend the country's gains in public health, which under current circumstances could easily be lost.

The continuing crisis and security problems in Haiti intensified the drain of human resources. The shutdown of the maternity hospital and the University Hospital, the country's only referral hospital, led to a further deterioration in the health situation. The tuberculosis, malaria, HIV/AIDS, and immunization programs were seriously affected or paralyzed. One of PAHO's main challenges was to support and guarantee the continued operation of the precarious public health system under these conditions.

An emergency operations center was set up to facilitate coordination within the health sector and with the Ministry of Public Health and Population, nongovernmental organizations, the United Nations, and bilateral donors to assess the impact of the public health crisis and coordinate the response. The provision of essential drugs through the system set up by PAHO in 1992, PROMESS (*Programme de Médicaments Essentiels*), has once again proven invaluable. After the most acute period of the crisis, the distribution of drugs and supplies to various hospitals and clinics resumed with assistance from religious and nongovernmental organizations.

PAHO also cooperated in the provision of fuel for hospital generators, the management of cadavers, and the restoration of the morgue in the main hospital. The regular programs resumed as soon as it was possible and they continued to operate alongside the relief work. The programmed polio vaccination campaign was carried out, and the kick-off of Vaccination Week in the Americas by the Director in Port-au-Prince and on the border (Font Parisien) reaffirmed the Organization's commitment to Haiti.

In order to promote the essential synergy and coherence among the activities of the various cooperation agencies, in April 2004 the Government began preparation of the "Framework for Medium-term Cooperation", headed jointly by the Government of Haiti, the World Bank, the IDB, the European Commission, and the United Nations system, with the participation of several bilateral agencies and members of civil society. Ten expert working groups prepared documents based on the identification of short- and medium-term needs in different areas, in an evidence-based participatory process that will guarantee the strengthening of national capacity.

PAHO/WHO was especially involved in the groups that dealt with health and nutrition and water and sanitation, and provided valuable input in the crosscutting issue of HIV/AIDS. Staff from the regional and subregional levels were mobilized to support this process. From 19 to 20 July 2004, an international donor conference was held in Washington, D.C., attended by representatives of 30 countries and 32 international agencies. During the conference, the final document of the Framework for Medium-term Cooperation was presented, and donors made cooperation commitments for an amount that exceeded initial expectations: more than US\$ 200 million is available to invest in areas linked with health.

The PAHO/WHO cooperation program with Haiti for the rest of the biennium has been modified to adapt it to the commitments contained in the Framework for Cooperation. The Organization has made special efforts to promote and channel the solidarity of the other countries of the Region with Haiti. Up to now, the work has focused on the preparation of projects for cooperation among countries to benefit Haiti, with the participation of Canada, Costa Rica, Cuba, Mexico, and the Dominican Republic.

HONDURAS. Strengthen strategic partnerships in terms of the Millennium Development Goals

The Sectoral Analysis of Water Supply and Sanitation (ACE-PHC) is the result of an interinstitutional effort involving the Swiss Agency for Development and Cooperation, the IDB, the World Bank's Program for Water Supply and Sanitation, the U.S. Agency for International Development, the Swedish International Development Agency, the United Nations Children's Fund, and PAHO, which coordinated the analysis. There was also civil society participation through the Water Supply and Sanitation Network of Honduras and the collaboration of all national institutions linked with the sector, coordinated by the Bureau for State Modernization.

The Sectoral Analysis examines the main constraints to the development of water supply and excreta and wastewater disposal and treatment services, offering specific recommendations to expand coverage, boost managerial and financial capacity, promote human resources development, protect water resources, and promote knowledge and the application of appropriate technologies for the construction, operation, and maintenance of the services.

The ACE-PHC is linked with the plan to fight poverty and the MDG. It contains key recommendations for a better organized sector with the capacity to act at the national, departmental, and municipal level--both for effective, universal delivery of the services and medium- and long-term planning. The analysis includes financing options and a proposal to establish a regulatory body to fairly and reasonably balance the interests of service providers and the community.

Achieving universal coverage of quality, affordable water supply and sanitation services ultimately contributes to health for all in the shortest possible time.

NICARAGUA. Coordinate global, regional, and national cooperation for national health development

Within the context of long-term national strategic planning, framed within the attainment of the MDG and initiated by the Government of Nicaragua in 2002, the Ministry of Health began the formulation of health policies and the National Health Plan 2004-2015. For this exercise, the Ministry requested cooperation from PAHO/WHO, especially for the harmonization of sectoral planning with national commitments related to the MDG, the poverty reduction strategy, and forgiveness of the external debt.

Since April 2003, PAHO, with a team from the Representative Office and regional consultants, has been advising the Ministry in the different stages of planning, among them the review and formulation of the General Health Law and its Regulations; the examination of the health component of the National Development Plan; the review of the poverty reduction strategy; the formulation of the national drug policy; the updating of the concept of primary health care; the formulation of new health policies; and the formulation of the National Health Plan. At the same time, the country cooperation strategy was reviewed to coordinate the strategic planning process and ensure the coherence and relevance of PAHO/WHO cooperation in the medium term.

More than a year of intensive effort helped to build a very fruitful working relationship between the teams of the Ministry and PAHO, which is reflected in the results. Furthermore, the steering role of the Ministry in this process was strengthened along with its position in terms of the consultative and advisory bodies created to support the process--namely, the National Health Council and the Sectoral Committee (whose members include donors and international cooperation agencies). The most important results of this process were the preparation of:

- The General Health Law and its Regulations (August 2003)
- The National Drug Policy (March 2004)
- The Final Report of the Health Situation Analysis (April 2004)
- The National Health Policy 2004-2015 (officially published in May 2004)
- The National Health Plan (background document for the national consultation, June 2004)

Principal Technical Cooperation Activities with the Countries

North America

The Organization's cooperation with the countries of North America was based on the level of development of their national institutions, taking advantage of the opportunities available for carrying out activities in the field of health in this subregion.

PAHO, in collaboration with UNEP and the OAS, provided support and follow-up for the Task Force of the Meeting of Ministers of Health and Environment of the Americas, chaired by **Canada** and charged with the application of the Pan American Charter on Health and Environment in Sustainable Human Development, within the framework of the Summit of the Americas. The group prepared an inventory of existing projects, giving priority to three areas: integrated management of water resources; safe management of chemical products, and integrated technical assistance on health and environment, with the inclusion of children's health issues and environmental indicators.

Pursuant to the initiative Healthy Environments for Children: A Global Alliance on Children's Health and Environment, launched at the World Summit on Sustainable Development in Johannesburg in 2002, with special attention to developing environmental health indicators for children, the North American Commission for Environmental Cooperation established the commitment of the member countries (Canada, the United States, and Mexico) to design a program for collaboration on children's health and environment. The priority areas on this agenda are asthma and respiratory diseases, the effects of lead and other toxic substances, and water-borne diseases.

Working with the U.S. Environmental Protection Agency, the Organization assumed leadership for the execution of the initiative and participated in the selection of the indicators and the preparation of the report as the first effort in the Americas to implement the Healthy Environments for Children Initiative.

For this purpose, it prepared the concept paper "Environmental Health Indicators: A tool for Improving the Environment and Children's Health," which sets guidelines for selecting the priority indicators and collecting the respective data. Workshops will be soon held in the rest of the Region to pave the way for multisectoral programs to promote information exchange. This way, the countries will have the necessary information for policy- and decision-making on integrated local activities to ensure healthy environments for children.

In June 2004, a subregional advisory meeting was held in Ottawa, Canada, to study the proposed changes to the International Health Regulations. At this meeting, the Organization, together with Canada, the United States, and Mexico, analyzed the legal, technical, and operational implications of these changes to provide an effective response to international public health emergencies. The extensive national consultations prior to the meeting were attended by representatives of the health sector and other sectors and facilitated an integral evaluation of the changes in the Regulations. The forum promoted subregional collaboration, which led to the identification of key issues that will be taken up in the next stage of the review process.

This year, for the first time, the **U.S.-Mexico Border** joined in the celebration of Vaccination Week in the Americas from 24 to 30 April, achieving a binational impact on immunization coverage, which was widely reported in the media of both countries. The activity was carried out under the aegis of PAHO, with the leadership of the United States-Mexico Border Health Commission and the collaboration of the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention, together with the Secretariat of Health of Mexico. Two more binational vaccination weeks have been programmed for 2004 to complete the vaccination series.

The Organization's efforts in tobacco control had an impact and received support in **Mexico**. The Official Gazette of the Federation of the United Mexican States of 12 May 2004 published the decree ratifying the Framework Convention on Tobacco Control and making it law. National, federal, and state laws must be amended, where applicable, to meet the commitments signed. Thus, Mexico became the first country in the Region to ratify the Convention and make it national law. Thus, one more step was taken the fight against smoking, in which the country has made real progress in recent years that has influenced health policy. The measures include the opening of clinics to treat smokers; raising taxes on tobacco products; restrictions on their sale; strict regulation of advertising, and the promotion and certification of smoke-free buildings.

The Organization, the Governments of Mexico and the seven countries of Central America, UNEP, and the North American Commission for Environmental Cooperation developed a project on sustainable alternatives for malaria control without DDT and obtained resources from the Global Environment Facility for its execution. The main objective of the project is to design and evaluate alternative intersectoral methods to control malaria vectors without the use of DDT or other persistent pesticides.

In 2004, PAHO conducted an exercise to define its strategy for cooperation with Mexico. It also began a detailed review of cooperation with a number of U.S. institutions, such as the CDC, EPA,

FDA, OSHA, and USDA, to obtain a more thorough knowledge of their capacities and heighten the synergy between these agencies and PAHO cooperation programs.

Central America and the Latin Caribbean

In the context of low economic growth and a consequent rise in unemployment, the efforts of governments and societies to reduce poverty and the wide gaps in income distribution are facing high levels of external debt and the need to reduce the fiscal deficit. At the same time, significant social movements and the strengthening of democracy have resulted in growing recognition of the right to health protection and of the urgent need—despite the constraints of the economic situation—to search for ways to reduce these inequities.

Joining with the IDB, the Pan American Health Organization has worked with the countries of the subregion and SICA in that search, under the aegis of the Plan Puebla Panama, in major efforts to formulate public policies in health and renew the commitment to health for all.

During the XX Special Meeting of the Health Sector of Central America and the Dominican Republic (RESSCAD), in which Haiti and Puerto Rico also participated, the member states and PAHO, as Technical Secretariat, signed a joint commitment to reduce the gaps and address health in an integrated manner. The countries agreed to adopt the primary health care strategy to promote the development of their national health systems and facilitate the attainment of the MDG related to health.

Costa Rica adopted the National Health Policy and Concerted Health Agenda, based on the health sector analysis performed in 2002. Subsequently, work began at the subnational level on the health situation analysis and the functional analysis of the local health services network.

PAHO technical cooperation in the **Dominican Republic** played a key role in the drafting and passage of the General Health Law and its regulations (on health promotion, the separation of functions, service delivery, human resources, etc.). In addition, the Organization lent its wholehearted support to the preparation and implementation of the first 10-year National Health Plan. The Law creating the Dominican Social Security System in 2001 has been another area of technical cooperation. Efforts have focused on developing the Basic Health Plan and determining its cost, drafting regulations for the various Family Health Insurance plans, and implementing the Subsidized Plan in one of the poorer regions of the country.

In early 2003, United Nations agencies in **Panama** created the Thematic Group on Child and Adolescent Health. In January 2004, with the object of intensifying activities for the attainment of the MDG, its sphere of action was expanded to other areas related to maternal mortality and communicable disease prevention and control; the name of the Group was therefore changed to the Thematic Group on Health (GTS), with PAHO/WHO as coordinator. The most important activities of the GTS have been the organization of an international workshop to study the health situation of children and adolescents, out of which grew a plan of action for each United Nations agency, a pilot project on Health-promoting Schools, and a national environmental reorganization initiative targeting malaria, dengue, tuberculosis, water, and solid waste.

In order to address the country's specific characteristics and needs, within the framework of the peace accords and the MDG, **Guatemala** has launched the Decentralized, Intensified, and Interprogrammatic Technical Cooperation initiative. Sixty percent of the cooperation resources are targeted to the 25% of the population living in the most vulnerable departments of the country, and the emphasis is on strengthening national and local capacity to meet health needs.

In the fight against poverty and hunger, there was cooperation with **Costa Rica, Cuba, El Salvador, Guatemala, and Nicaragua** to develop productive projects aimed at improving nutrition and food security in priority communities. Furthermore, the seven countries of Central America participated in the III Central American Nutrition and Food Security Fair, where the direct executors of these projects in the communities shared experiences, methodologies, and technologies with each other and with their local, national, and international partners.

In order to reduce the proportion of people without access to safe water, execution of the project "Health of the Indigenous Peoples: Improving Environmental Conditions (water and sanitation) in Communities" was expanded through a joint effort with GTZ. The project seeks to reduce the transmission risk of diseases caused by environmental factors, especially those related to access to water, water quality, poor sanitation, and poor hygiene in the indigenous communities of Latin America. **Costa Rica, El Salvador, and Panama** have activities under way within the framework of this project.

The development of human health resources remains a cross-cutting line of work for PAHO. **El Salvador** has been pioneering the use of the Virtual Public Health Campus. At the initiative of the Salvadorian Social Security Institute and with the participation of the Ministry of Public Health and Social Welfare and the support of 14 celebrated academic institutions of Latin America, a degree in Hospital Management is being promoted.

In **Cuba**, PAHO has cooperated with the National Health System at the national and provincial levels through programs to train and upgrade the skills of human resources based on the essential public health functions. The Organization has also been linked to Cuba's Comprehensive Health Program, which trains physicians from 24 countries at the Latin American School of Medicine, and with its service component through the Medical Brigades. These brigades collaborate in several Latin American and Caribbean countries, and PAHO worked with those deployed in Guatemala, Haiti, and Honduras to assist in the monitoring and bilateral joint evaluation efforts.

In July 2004, the Fourth Meeting of the Latin American Network of Health-promoting Schools was held in San Juan, Puerto Rico, to disseminate the concept of health-promoting schools. After the meeting, **Puerto Rico's** educational system formally launched the development the Puerto Rican Network of Health-promoting Schools. Based on the countries' activities since the official kick-off of the Regional Health-promoting Schools Initiative in 1995, given that this type of integrating strategy can be very useful in attaining the MDG, PAHO drew up its Strategies and Lines of Action 2003-2012 to strengthen this regional initiative.

Non-Latin Caribbean

The Non-Latin Caribbean includes Bahamas, Barbados, Guyana, Jamaica, Suriname, Trinidad and Tobago, the independent countries of the Organization of Eastern Caribbean States (OECS) (Antigua and Barbuda, Dominica, Grenada, Saint Lucia, Saint Kitts and Nevis, and Saint Vincent and the Grenadines), and the Overseas Territories of the United Kingdom (Anguilla, the British Virgin Islands, and Montserrat). It also includes the French Departments in the Americas (Guadeloupe, French Guiana, and Martinique).

This is a highly diverse subregion in terms of geography, size, topography, population, religion, ethnic composition, and language. The majority of its countries are small island nations with heavy tourist activity, high vulnerability to natural disasters, and fragile economies. Notwithstanding their differences, the countries face common challenges for national health development, and the Organization cooperates technically with them at the national and subregional level. PAHO/WHO has adopted a new methodology as a framework for determining the optimal position of the Bureau with each country: the country cooperation strategy. This strategy was implemented in Guyana and used to reorganize technical cooperation and mobilize partners and allies in support of this priority country. The country cooperation strategy has also been used in Barbados and the OECS countries; this is the first time that the methodology has been implemented at the subregional level or for a bloc of countries.

Virtually all of these countries' economies, based primarily on tourism and agricultural exports, have been hard hit by the events of 11 September 2001 and globalization. They have lost preferential treatment for their crops in their main markets and have been forced to adapt their systems and procedures to the situation. PAHO has made efforts to ensure that, within the framework of the adjustments and the definition of international cooperation priorities, national health development in the Caribbean countries occupies a prominent place on their agendas, especially in the context of the MDG.

The Caribbean Commission on Health and Development, modeled after the WHO Commission on Macroeconomics and Health, will provide orientation on health investment, relying on support from the Caribbean Program Coordination Office of PAHO/WHO.

Technical cooperation in health sector reform continued through assistance in formulating strategic health plans, creating a database of human health resources, implementing the Managed Migration Program for nursing personnel, and promoting the use of the results of the essential public health function performance evaluation in all the countries except the French Departments.

PAHO/WHO provided technical cooperation to strengthen the health system in **Bahamas** through support for the design of a national health insurance system. Working with Health Canada, it contributed to the creation of a Web-based public health information system, developed in Canada. The Organization helped **Barbados** and the OECS countries integrate protocols for the prevention of vertical transmission of HIV/AIDS in the traditional maternal and child health services, thus promoting the sustainability of the initiative, and it mobilized WHO resources to collaborate with the coordination and management of the HIV/AIDS program in the OECS countries. The Subregional Cooperation Strategy for Barbados and the OECS countries contributed to the formulation of plans to strengthen the PAHO/WHO presence in these countries and several options are currently being considered. The Organization stepped up its technical cooperation with the **French Departments**, collaborating with the Government of France in the appointment of a staff member of French origin for the technical cooperation area in the Caribbean Program Coordination Office.

In **Trinidad and Tobago**, PAHO/WHO also employed a healthy settings approach to work with the communities ("Healthy Communities") and a prevention and control approach to noncommunicable diseases. In Trinidad and Tobago, **Aruba**, and the **Netherlands Antilles**, the Organization provided technical cooperation to improve national insurance systems, which are dealing with the effects of cutbacks in fiscal resources while at the same time, the demand for services—and, hence, resources—has held steady or increased.

In **Guyana**, the evaluation of the country cooperation strategy underscored the scarcity of quality health information for generating evidence on which to base policies and programs to fight HIV/AIDS and other problems addressed in the MDG. An additional technical expert in epidemiology and a program officer with experience in maternal and child health were assigned, while technical cooperation for the prevention and control of communicable diseases, especially HIV/AIDS and malaria, continues. In **Jamaica**, the Organization stressed a health promotion approach in disease prevention and control and worked interprogrammatically to help the health systems tackle their most serious problems, HIV/AIDS in particular. **Suriname** gave priority to issues related to prevention, such as the health-promoting schools strategy, in order to inculcate healthy behaviors and reduce health risk factors in children, young people, and families.

Andean Area

In recent years, the Andean Area has been in the throes of a continuing crisis in governance, manifested by political, social, indigenous, and economic unrest, which have no doubt increased political instability—all of which has had a serious impact on the poorest groups in society (indigenous peoples, rural dwellers, agricultural workers, displaced persons, and refugees).

Persistent poverty and crisis in governance are associated with high levels of inequality, which are an obstacle to the growth and equitable development of the subregion. This historical fact demands a structural approach that will help strengthen institutions and democracy, and an appreciation of the countries' cultural legacy that will make it possible to make the people the starting point in long-term planning.

The **Andean Community of Nations**, the Ministers of Health of the Andean Area, and PAHO have worked on important projects to reduce poverty and strengthen governance. Significant among them was the creation in July 2004 of the Subregional Technical Commission for the Policy on Access to Drugs, the product of a meeting on intellectual property and access to drugs held in Peru from 8 to 9 July pursuant to Resolution XXV/396 of REMSAA, issued on 15 March 2004.

Under the aegis of the ministers of health and with the coordinated efforts of the Andean Health Agency-Hipólito Unanue Agreement and PAHO/WHO, Integrated Social Development Plans were drawn up and work began on health development along the shared borders of the countries of the Andean Area.

In December 2003, **Colombia**, through its Ministry of Social Protection, obtained a commitment from the newly elected governors and mayors known as “The Columbian Pact for Public Health,” which adopts the goals of the National Strategic Health Plan for their regions and municipios.

Ecuador held the I National Congress for Health and Life in Guayaquil. Marked by the broad participation of Ecuadorian society, this event contributed to the drafting of the State Health Policy and the National Health Agenda. The II Congress has already been scheduled and will be held in Guayaquil. The Social Security and Free Maternity laws, the reform of the Health Code (a product of the open discussions held in the country’s main cities and currently pending approval by the National Congress of the Republic) are further achievements of Ecuador in improving health care through consensus-building.

The Ministry of Health and Sports of **Bolivia** created the Country Coordination Mechanism during the project negotiations with the Global Fund to fight AIDS, Tuberculosis, and Malaria (approved in March 2004), with the collaboration of the participating agencies and PAHO/WHO technical cooperation. The Country Coordination Mechanism has proven an excellent instrument for mobilizing resources and planning to attend to national priorities and improve the management capacity of the different social actors, chiefly those who manage the Global Fund.

In **Venezuela**, the health authorities are promoting the *Barrio Adentro* [Inside the Neighborhood] Program, which expands primary health care to neglected populations in poor areas of Caracas and other major cities, with the assistance of Cuba’s health brigades. Training for state and municipal leaders is also being promoted to facilitate the changeover to the National Public Health System. This initiative, which received technical cooperation from the Organization for the operations of its integrated network of services, has emphasized strategic partnerships with other health cooperation agencies, among them GTZ and the World Bank.

In **Peru**, the Ministry of Health is promoting the “National Crusade for Citizen Rights Responsibilities in Health.” The Crusade has many partners, especially civil society, and PAHO/WHO is an active participant.

The exercises conducted by the Andean health authorities involve a commitment to help national institutions attain the MDG, putting health on the national policy agenda and recognizing it as key to governance and development.

Southern Cone

The development dynamic in the Southern Cone has created a series of challenges and expectations in the Region, offering proof that the crisis can represent an opportunity to grow and manifest the solidarity among peoples. The countries of this subregion have shown that they are very able to cooperate among themselves, mobilize resources for health, and make health a priority on the national agenda. One of the most significant challenges is to reduce the clear inequalities between major population groups and consolidate democracy so that public policies equitably, efficiently, and sustainably meet social needs.

The health agenda is constructed by the Ministers of Health of MERCOSUR (comprised of Argentina, Brazil, Paraguay, and Uruguay as Member States, and Bolivia and Chile as Associated States) and by Working Subgroup 11 on Health. The harmonization of health policy is planned with a view to integration, with technical cooperation from the Organization. The Intergovernmental Commission to Develop a Sexual and Reproductive Health Policy in MERCOSUR met and made progress in the design of joint guidelines for governments, nongovernmental organizations, and civil society for the definition of the policy, pursuant to the resolution of the XVI Meeting of MERCOSUR Ministers of Health, held in June 2004.

The Organization cooperated with the Special Health Commission of the Amazon Region (comprised of representatives from Bolivia, Brazil, Colombia, Ecuador, Guyana, Peru, Suriname, and Venezuela), within the framework of the Organization of the Amazon Cooperation Treaty to carry out border projects that could be expanded to other integration areas. Worth mentioning are the construction of the Epidemiological Surveillance Network for the Amazon region, the support for malaria control, the creation of the laboratory network for the control of malaria and other emerging and reemerging diseases in the Amazon region, and the development of border health services.

The III Meeting of Ministers of Health of South America, held in Buenos Aires on 18 June 2004, enabled the participating countries to identify common problems, seek shared solutions, and reaffirm their commitments in critical matters such as the MDG; border health; immunization and the importance of interrupting the indigenous transmission of measles and maintaining polio eradication; support for sharing information on significant activities in primary health care in the subregion, and promotion of the anti-smoking policy. The meeting benefited from PAHO/WHO's technical expertise.

PAHO/WHO also provided technical cooperation to the health authorities of the Southern Cone countries, which have taken major steps to reduce inequalities, with the broad participation of society and different actors. In November 2003, the First Conference on Citizen Consensus in Latin America

was held in Santiago, **Chile**, to discuss ethical, technological, political and economic aspects of managing health records. Organized by the Ministry of Health, the Conference was attended by representatives of the National Congress and the National Science and Technology Board, citizens of Santiago and its surroundings, and PAHO/WHO. The free-flowing dialogue between experts and citizens also resulted in a methodology for establishing mechanisms for consultation and citizen participation, which will be used in other conferences, as well as in the implementation of Chile's health system reform.

The Government of **Argentina** developed a strategy to guarantee access to drugs by the most vulnerable populations, which hard hit during the economic crisis. The strategy has three lines of action: promotion of generic drugs, selective financing, and public provision through the creation of the REMEDIAR [Remedy] Program. Under this strategy, 71% of the drugs currently prescribed in Argentina are generics, resulting in an estimated savings of almost US\$ 750 million annually in drug expenditures. An evaluation of the REMEDIAR Program in 2003 revealed that 94% of its beneficiaries were below the poverty line and that prescriptions from REMEDIAR represented a savings of 24% of the beneficiary's income on average.

In order to foster community participation and consumer education as a strategy to promote food safety, for the third year in a row, **Uruguay** celebrated the "Municipal Healthy Food Day" with the National Congress of Municipal Mayors of Uruguay and support from INPPAZ and PAHO/WHO. Thus, a scheme for broad-based intersectoral participation was promoted involving municipios, the Ministry of Health, chambers of food producers and food vendors, centers for primary and secondary education, the media, and public figures. The Open Kitchens Strategy, in which primary and secondary school students throughout the country visit food processing facilities, promotes the acquisition of good consumer habits and safe food handling in the home. On 20 May, some 12,000 students in 19 departments throughout Uruguay were received by some 100 companies from the sector, which gave them informative tours on healthy food production.

In the area of research and the dissemination of scientific knowledge, PAHO provided support for a study on the economics of smoking in Uruguayan society. Other important activities include lobbying and advocacy to promote comprehensive draft legislation and put the break on inappropriate legislative initiatives for tobacco control.

The Ministry of Public Health and Social Welfare of **Paraguay**, with the participation of CIDA and PAHO/WHO technical cooperation, launched the project for Prevention and Control of Priority Diseases in South America (which covers IMCI, Chagas' disease, sexually transmitted infections, and tuberculosis), aimed at reducing morbidity and mortality from prevalent illnesses in children, young

people, and adults. Broad-based intersectoral and social participation in this project made it possible to benefit children under 5 in marginalized areas through the IMCI strategy, which has already been added to the curricula of the country's medical and nursing schools. The Ministry of Education participates very actively in the project in terms of the surveillance and control of Chagas' disease. The project also includes demonstration areas for the expansion of the DOTS strategy. Furthermore, in legislative matters, Paraguay moved ahead with the updating of its legislation on blood safety, based on the regulations of MERCOSUR. The Bureau provided cooperation in this enterprise.

The Government of **Brazil** organized the 12th National Health Conference, whose theme was "We have the SUS [unified health system], the SUS we want." The Conference, which was deliberative in nature, brought together some 5,000 participants, with equitable representation of users and representatives of the Government, service providers, and health professionals. During the Conference, the progress and problems of the Unified Health System were discussed. PAHO/WHO was an active participant in the organization and realization of the Conference. In addition, with respect technological progress, Brazil is working to reduce the impact of environmental risks to health. An evaluation methodology has been designed and used in some 1,800 municipios; this methodology is the result of an intensive joint effort between the country's academic institutions, the Ministry of Health, and PAHO/WHO. The interventions were evaluated from an epidemiological, economic, social, cultural, technology, and management perspective. The methodology was presented to the VI Epidemiology Congress of the Brazilian Public Health Association.

An International Seminar on Basic Health Care—25 Years since the Declaration of Alma-Ata—was held in Brazil with 14 ministers of health, authorities, international specialists, the Directors of PAHO and WHO, and two of the Directors Emeritus in attendance. This event served to reaffirm the primary health care strategy.

Technical Cooperation among Countries

The focus of international cooperation has shifted from the vertical concept of technical and financial assistance that prevailed until the 1980s to another, more comprehensive and encompassing concept—that is, technical cooperation aimed at knowledge and skills transfer and capacity building, rather than providing financing or technical assistance. In this new approach, technical cooperation among developing countries or technical cooperation among countries is considered fundamental.

The sharing of experiences and the complementarity of resources are the riches of cooperation among countries, for they recognize the capacity that exists in the developing countries and its

potential usefulness when placed at the service of other countries with similar economic, technological, and social conditions.

Technical cooperation among countries is a program priority for PAHO. It is the ideal mechanism for supporting capacity building in the countries, offering the opportunity to promote strategic partnerships among the institutions of the member countries and to construct or develop networks and alliances to address the determinants of health through intersectoral activities. During the biennium 2002-2003, 68 projects for technical cooperation among countries were approved. In the present biennium, 17 projects have been approved and are under way, and another 25 are under negotiation and review. The table below shows the resources allocated to projects for technical cooperation among countries in the last three bienniums.

Financial resources of PAHO allocated to projects for technical cooperation among countries, by subregion and biennium, Region of the Americas, 1998-2003

Subregion	Biennium (US\$)			Total
	1998-1999	2000-2001	2002-2003	
Andean Area	427,870	432,428	455,512	1,315,810
Southern Cone	346,120	482,306	314,278	1,142,704
Non-Latin Caribbean	456,705	325,494	353,392	1,135,591
Latin Caribbean	147,203	273,402	420,218	840,823
Central America	380,583	476,168	573,402	1,430,153
North America	27,500	147,432	57,850	232,782
Total	1,785,981	2,137,230	2,174,652	6,097,863

There is an upward trend in the volume of projects for technical cooperation among countries; US\$ 2,898,400 is available for the biennium 2004-2005.

STRATEGIC PARTNERSHIPS FOR HEALTH

Most of the countries are engaged in some form of decentralization, granting increasing responsibility to entities at the subnational and local levels while the central levels devote more attention to their role of policy-making and regulation. At the same time, to be in a better position to address the challenges of globalization, the countries also delegate responsibility to organizations at supranational levels. In order to participate more effectively in this process, the countries of the Region are negotiating a number of agreements relating to trade or integration in global, regional, and subregional arenas. The WTO, FTAA, MERCOSUR, CAN, CAIS, CARICOM, LAIA, RIOPPAH, ACTO, ORAS, ACS, and NAFTA are some of the forums in which health-related issues are receiving increased consideration. To integrate health into this picture, the health sector is working with counterparts in trade, agriculture, and foreign affairs.

Given the situation currently faced by countries of the Americas, particularly in terms of inequity and poverty, it is important to examine the response of the international community. Health, poverty, and equity are key factors that are directly related to the mandates of the PAHO Governing Bodies, and indeed they are firmly integrated into the International Development Agenda. Specifically, health and gender have received a lot of attention in recent years. The MDGs, approved at the Millennium Summit of the United Nations in September 2000, have been the guiding force of international development.

At various international forums in recent years, the MDGs se have served as the starting point for generating the visibility and political will to address poverty, health, and equity. These forums have included the International Conference on Financing for Development, a major summit convened by the United Nations in Monterrey, Mexico, in March 2002; the Johannesburg Summit for Sustainable Development held in September 2002, where it was pointed out that health, water and sanitation, energy, agriculture, and biodiversity are the principal components of sustainable economic development from the environmental standpoint; and, in the area of the equity, the World Conference against Racism, Racial Discrimination, Xenophobia, and Related Intolerance held in Durban, South Africa, in September 2001.

The United Nations system promotes and participates in the establishment of funds and special initiatives designed to address the health problems of the world (for example, UNAIDS, GAVI, and GFATM). Other important milestones were the United Nations General Assembly (UNGASS) Special Session on AIDS, held with the participation of world leaders who were urged to tackle the AIDS

pandemic with determination, and the UNGASS Special Session on Children, held in May 2002, a major global forum devoted to assessing progress toward the attainment of goals for child health.

In addition to the foregoing meetings at the world level, the Summits of the Americas provided an important opportunity to promote the agenda of health and equity in the Region. The last Extraordinary Summit of the Americas, held in Monterrey, Mexico, in January 2004, was primarily devoted to social development, economic growth with equity, and democratic governance. The component of social development dealt with the subjects of HIV/AIDS, the extension of social protection in health, emerging and reemerging diseases, and health and the environment. Other regional summits, such as the Ibero-American Summits and the Summits of First Ladies, have also addressed matters of health and equity, and PAHO has participated in the planning and holding of these meetings.

For the Region of the Americas it is imperative to increase, or at least maintain, its proportion of health-related Official Development Assistance (ODA) at 14% (10% of overall ODA) at a time when several factors are exerting pressure to channel funds toward other needy areas of the world. One of these factors is the tendency of public and private agencies to invest many of their resources in financing GFATM, which focuses on countries in Africa. Another factor is that only a small number of countries (four or five) qualify for assistance from many of the bilateral cooperation agencies. This approach makes it difficult to address the inequalities and poverty still present in almost all the countries of the Region. In addition, PAHO can expect to face a reduction in funds available for regional financing, given the growing trend toward bilateral cooperation, coupled with the decentralization of decisions that were once made at the national level.

Another important aspect is the reform process within the United Nations, a key subject in the development of health and equity as part of the international program. The United Nations Development Group (UNDG) has two instruments for meeting the four targets of the reform: the Common Country Assessment system, and the United Nations Development Assistance Framework (UNDAF). This interinstitutional effort gives PAHO an opportunity to promote intersectoral action in health and issues of equity. PAHO can contribute to this process by evaluating the impact of important development projects on health in the Region. The UNDG has also designated five priority countries in Latin America and the Caribbean, which are the same priority countries identified by PAHO: Bolivia, Guyana, Haiti, Honduras, and Nicaragua. The Common Country Assessment and the UNDAF have already been applied to these countries. In Bolivia, Guyana, Honduras, and Nicaragua there is a tie-in between the UNDAF and the Poverty Reduction Strategy Papers of the World Bank.

The Executive Director of UNAIDS and the Directors and regional chiefs of the cosponsors of UNAIDS met in Washington, DC, in June 2003, to strengthen the response of the United Nations to

HIV/AIDS in the countries of Latin America and the Caribbean. UNAIDS, UNICEF, UNDP, UNFPA, UNESCO, ILO, UNODC, the World Bank, and PAHO signed a declaration aimed at more intensifying the dialogue on HIV/AIDS with government leaders and others responsible for high-level decision-making in the countries of the Region to initiate actions that will counteract discrimination against people living with HIV/AIDS and other vulnerable populations. In February 2004, UNAIDS and PAHO held a meeting to review the latest situation with regard to HIV/AIDS, decide on strategies, and look at progress in their joint effort to combat HIV/AIDS in the Americas, including the initiative of President Bush. As a result of this meeting, terms of reference were established for an interinstitutional coordinating committee on HIV/AIDS for Latin America and the Caribbean.

In June 2003, the PAHO/UNICEF/UNFPA Regional Committee on Health set priorities in specific areas at the regional level and country levels, with emphasis on the importance of identifying interventions in critical countries and addressing the unfinished agenda in health. The priority countries identified were Bolivia, Guyana, Haiti, Honduras, and Nicaragua, and the technical areas of priority were HIV/AIDS, the MDGs, gender, sexual and reproductive health, and primary health care. In February 2004 a ceremony was held to launch the Regional Interagency Working Group for the Reduction of Maternal Mortality and Morbidity in Latin America and the Caribbean. On that occasion, PAHO, UNFPA, UNICEF, Family Care International, the Population Council, the IDB, the World Bank, and USAID signed the Declaration to Support the Reduction of Maternal Mortality and Morbidity in Latin America and the Caribbean. Within the framework of these commitments, a study group prepared a consensus strategy for the next 10 years and identified five priority areas of action.

An additional trend in PAHO technical cooperation strategy has been the promotion of sustainable programs in preference to short-term projects. PAHO and its partners are extending the horizon to accumulate social capital within the countries and invest in national human resources and technical capacity. Although the projects can be effective in the short term, progress may stop at the end of the project cycle. By shifting attention to medium-term programs, PAHO assists in promoting the local appropriation of the technical cooperation strategies, thus enabling their sustainability in the future. Significant progress has been made in the establishment of agreements with religious institutions, civil society, professional associations, the private sector, and nongovernmental organizations to incorporate shared strategies and protocols for ensuring the synergy and synchrony needed in order to accelerate the attainment of a positive impact on the health of the population, at the same time strengthening the steering role of local and national health authorities.

THE PAN AMERICAN HEALTH ORGANIZATION IN ACTION

Through a series of working and study groups, since June 2003 the Bureau has been considering and developing proposals to ensure the effectiveness and importance of the Organization in the twenty-first century. The proposals range from simple ideas for improving efficiency to complex, broad-ranging proposals in the areas of strategies, governance, and culture of the Organization. Several proposals lent themselves to immediate execution and are already being applied through various lines of direction. The adoption of more complex recommendations that require significant investments of time and money continues at a slower rate, as is the case, for example, of examining the modalities for technical cooperation and the development of an up-to-date human resources strategy for PAHO. In addition, the Bureau foresees that the recommendations formulated by the Working Group of the Executive Committee of PAHO in the twenty-first century will have additional implications for the process of change.

In some areas, the Organization is already benefiting from the changes introduced so far. For example, modification of the planning and budget process has already led to improved integration between the allocation of resources and the objectives of the PAHO Program of Work, as well as alignment of the latter with the WHO areas of work. Progress is also reflected in the shift of emphasis from projects to programs in several areas of work; the redefinition of functions in areas that have been entrusted with new and increased delegation of authority; structural modification to facilitate greater cohesion in the strategic direction of the Organization, as outlined in the Strategic Plan for 2003-2007; and changes in management strategy. In addition, the Bureau is facilitating an Executive Committee review of policy orientations and the Regional budget policy for PAHO. These policies will have a marked impact on the strategic management of the Organization.

The Bureau has given explicit priority to strengthening relations with the United Nations system in the Region so that it can participate more fully in the United Nations reform processes and expand the range of PAHO interinstitutional associations. These reforms are strengthening the capacity of the Bureau to encourage the countries of the Region to look ahead and respond to world health issues and to make a difference in the world health program.

In January 2004 a team for the management of change was formed within the office of the Director. This team works with Executive Management and Personnel Management to facilitate the introduction of new processes and a new work culture in 2004-2005. The endeavor is supported by a

group that includes a representative appointed by the Staff Association, and it is known internally as "Friends of Change."

Based on the proposal presented by Mexico, the 44th Directing Council approved resolution CD44.R14 recommending formation of a working group of the Executive Committee on the subject of PAHO in the twenty-first century, which is open to all the countries of the Region and also some of the pertinent international organizations. Under the chairmanship of Barbados and with the participation of Argentina, Costa Rica, and Peru as members designated by the Executive Board, the Working Group initiated its task with a meeting held in Roseau, Dominica, in February 2004, which was attended by representatives from 13 countries, as well as WHO and ALAESP. During the meeting it was agreed to explore six main themes: health assets worldwide, challenges for public health in the Americas in the twenty-first century, modalities of technical cooperation in the area of health, partnerships for health, governance of PAHO, and resources for health.

With the participation of the Governing Bodies, managers, and their staffs, PAHO is advancing toward its objective of assisting the countries in their development of health through a framework that includes completion of the unfinished public health agenda, safeguarding the progress already achieved in health, and facing future challenges. The goal is to ensure that the Organization continue to be a dynamic force in the conquest of equity in health in the twenty-first century.

ACRONYMS AND AGENCIES OR CORRESPONDING PROGRAMS

ACS	Association of Caribbean States
ALAESP	Latin American and Caribbean Public Health Education Association
CAN	Andean Community of Nations
CARICOM	Caribbean Community
CDC	Centers for Disease Control and Prevention (USA)
CIDA	Canadian International Development Agency
CLAP	Latin American Center for Perinatology and Human Development (PAHO)
ECLAC	Economic Commission for Latin America and the Caribbean (UN)
EPA	U.S. Environmental Protection Agency
FAO	Food and Agriculture Organization of the United Nations
FDA	U.S. Food and Drug Administration
FTAA	Free Trade Area of the Americas
GAVI	Global Alliance for Vaccines and Immunization
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
GNUD	United Nations Development Group
GTZ	German Agency for Technical Cooperation
IDB	Inter-American Development Bank
IICA	Inter-American Institute for Cooperation on Agriculture
ILO	International Labor Organization
IMCI	Integrated Management of Childhood Illness
INCAP	Institute of Nutrition of Central America and Panama (PAHO)
INPPAZ	Pan American Institute for Food Protection and Zoonoses (PAHO)
LAIA	Latin American Integration Association
MDG	Millennium Development Goals
MERCOSUR	Southern Common Market

NAFTA	North American Free Trade Agreement
OAS	Organization of American States
OECS	Organization of Eastern Caribbean States
OIE	International Office of Epizootics
ORAS	Andean Health Agency
OSHA	U.S. Occupational Safety and Health Administration
OTCA	Organization of the Amazon Cooperation Treaty
PAHO	Pan American Health Organization
REMSAA	Meeting of Ministers of Health of the Andean Area
RESSCAD	Special Meeting of the Health Sector of Central America and the Dominican Republic
RIOPPAH	International Regional Organization for Plant Protection and Animal Health
SICA	Central American Integration System
SIDA	Swedish International Development Agency
UN	United Nations Organization
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Program
UNEP	United Nations Environment Program
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drug and Crime
USAID	U.S. Agency for International Development (USA)
USDA	U.S. Department of Agriculture
WFP	World Food Program
WHO	World Health Organization
WTO	World Trade Organization