In support of the countries’ efforts to develop their health systems and services, PASB provided technical cooperation in health sector reform, institutional development, health investments, health care financing, and health service delivery.
Health promotion was an important component of essential public health functions, as well as in the development of human resources and in the reorientation of the health services, including support services.

Building Healthy Public Policy

Healthy public policies are the cornerstone for developing health systems and services. During 2000, new approaches were developed and existing ones were expanded to improve the provision of essential public health services and extend social protection to excluded populations, for example through national insurance schemes.

Public Health in the Americas Initiative

In September 2000, the 42nd Directing Council of PAHO passed Resolution CD42.R14, urging Member States to participate in a Regional exercise designed to measure essential public health functions. The resolution also requested that the Director, in close collaboration with national authorities, carry out such a performance measurement exercise, conduct a Regional analysis of the state of public health practice in the Americas, and incorporate the concept of essential public health functions into technical cooperation activities. PASB, in collaboration with the United States Centers for Disease Control and Prevention and the Center for Latin American Health Systems Research in Chile, developed a mechanism to measure the performance of essential public health functions; it was tested and fine-tuned in selected countries prior to its Regionwide dissemination in 2001.

PASB launched the “Public Health in the Americas” initiative, which defines and measures the performance of essential public health functions, thereby providing the basis for improving public health practice and strengthening the leadership of health authorities at all levels. The initiative identifies health promotion as an essential public health function, and will measure its implementation by national health authorities. The implementation of health promotion activities implies the development of new profiles for health providers, new health promotion skills, and a new definition of the care model.

Social Protection in Health

Member States and the Bureau are deeply concerned over the number of persons—between 20% and 25% of the Region’s population—who are excluded from permanent access to health services or any sort of social protection in health. Before this
problem can be dealt with, however, excluded groups must be identified and quantified, social programs to increase inclusion must be analyzed, and appropriate interventions for each country must be proposed. Moreover, extending social protection requires that the population’s needs, wishes, and potential be considered, as well as the general public’s responsibility for pursuing healthy lifestyles.

Some have questioned whether current public health care systems can increase the number of people they cover. These systems are usually designed from a central office, which may not give enough weight to such groups as geographically isolated populations, ethnic or cultural minorities, the poor, the elderly, or adolescents.

Through an initiative jointly sponsored with the International Labor Organization, PASB launched several studies and discussions to incorporate the concept of social protection in health into the health agenda. Progress in this regard has included the development of methodologies for measuring exclusion, policy assessments, the development of country specific data collection and analysis, and participation in debates on social issues. The Government of Sweden sponsored and WHO financed a study on the relation between poverty and access to health services in the Dominican Republic, Ecuador, Guatemala, and Paraguay. Bolivia and Ecuador have requested that analyses of prospective subnational insurance schemes to reduce exclusion be conducted and financed.

National Insurance Schemes

Several countries have made impressive strides in promoting, developing, and setting up new ways to ensure that the population receives the care it needs.

Belize, for example, is working to establish a national health insurance plan as part of the country’s health sector reforms. The Ministry of Health and Social Assistance’s Health Reform Committee presented to the Prime Minister recommendations for including priority reproductive health services within the proposed national health insurance scheme, such as components on human sexuality; maternal and perinatal care; domestic violence; prevention and control of HIV/AIDS and sexually transmitted infections; adolescent reproductive health; family planning; prevention and control of cervical, breast, and prostate cancer; and men’s participation in reproductive health.

Venezuela’s organic law establishes a comprehensive health care model as the guiding strategy for health services and programs. PASB collaborated in the formulation of plans, programs, and guidelines for operationalizing this model, which is characterized by greater equity and the application of a comprehensive, participatory, and multidisciplinary approach that gives continuity to interventions and to individual, family, and community health care. The model also emphasizes health promotion and education interventions as a priority in the national public health care system.
In the normative framework of its strategic health plan, Bolivia has begun building its new health system, with PASB support mainly in the design and implementation. The system’s principal features are universal access based on the primary health care strategy, family and community health, health promotion, and advocacy of social issues; effective functioning of the health rights advocacy offices; and strengthening of the municipal, district, and departmental health councils that enable community participation in the health sector.

In Peru, PASB provided technical and financial support for the development of national health accounts for the years from 1997 through 1999. It also collaborated in institutionalizing that process in the Ministry of Health, with a view to having an instrument that will make it possible to determine and monitor the situation of the sector in this area. The process has become, in turn, a vehicle for communication and dialogue with the various public and private stakeholders in the health sector, as well as with other agencies of the central government. It has also served to advance the process of reorienting health services towards primary care.

In the Dominican Republic, a new model of care is being applied. Its main objective is to improve health conditions for the population by assuring health promotion, protection, prevention, care, and rehabilitation services that are timely, appropriate, and of adequate quality and quantity for the entire population. This is to be accomplished by creating networks of decentralized services and primary care units, with emphasis on the first level of care.

The Cazabajones Club (the Depression Hunters) is an initiative conceived and formulated to reduce the growing problem of depression and suicides in Uruguay. PAHO sponsorship helped achieve the collaboration of the mass media in disseminating the objectives of the initiative to the public.

The basic package of health services is the strategy adopted by the Ministry of Health of Mexico to reduce inequities in access to health services, particularly among rural, indigenous, and highly marginalized populations. The basic package was specially designed by a team of experts and is supported by solid scientific and humanitarian knowledge. It consists of 13 interventions and 67 health, clinical, public health, and health promotion actions that are easily applied, inexpensive to carry out, highly effective, and available to the population free of charge.

PASB’s essential contributions have been the design of methodologies and instruments for evaluating progress in expanding coverage with this basic package, and conclusions and recommendations to help the states improve the delivery of health services included in the basic package and to address the health problems identified by the evaluations. The methodology for verifying universal coverage with the basic package of health services has been adopted by the state health departments for their supervision and monitoring activities. The extension of universal coverage with the...
basic package to the uninsured population of Mexico was documented in the course of the year 2000.

In Chile, PASB assisted the technical commission on reform in formulating a plan for guaranteeing and regulating universal health care. This plan—which establishes the set of interventions necessary to manage the principal health problems that affect the population—is intended to be a quality enhancement tool. In this context, one of the dimensions of the program reform process is the development of a new model of care that takes a holistic approach to health and illness, is oriented towards toward the family and the community, and emphasizes prevention. PASB has provided support for these efforts.

Health of Indigenous Peoples

The Bureau has become increasingly concerned about the poor health and social conditions under which most indigenous peoples live. For example, poverty, morbidity and mortality rates continue to be much higher for indigenous peoples. In addition, their communities are frequently located in rural and remote areas with limited access to economic opportunities and much needed social and health programs. With more than 400 indigenous groups in the Americas (approximately 43 million persons), promoting health and well-being among indigenous peoples remains a challenge for the Bureau.

In 2000, PASB directed its technical cooperation activities to support the countries as they formulate public policies and strategies for developing health systems and attain-

<table>
<thead>
<tr>
<th>Interventions included in Mexico's Basic Package of Health Services</th>
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<tbody>
<tr>
<td>1. Basic sanitation at the household level</td>
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<tr>
<td>2. Family planning</td>
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<tr>
<td>3. Care prior to, during, and after childbirth</td>
</tr>
<tr>
<td>4. Child nutrition and development monitoring</td>
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<td>5. Immunizations</td>
</tr>
<tr>
<td>6. Home management of diarrhea cases</td>
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<tr>
<td>7. Antiparasite treatment for families</td>
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<tr>
<td>8. Management of respiratory infections</td>
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<td>9. Prevention and control of pulmonary tuberculosis</td>
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<tr>
<td>10. Prevention and control of hypertension and diabetes mellitus</td>
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<tr>
<td>11. Accident prevention and initial care for injuries</td>
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<tr>
<td>12. Community participation in caring for its health</td>
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<td>13. Prevention and control of cervical cancer</td>
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</table>
ing equitable access for indigenous peoples; improve effectiveness and cultural sensitivity within health care systems and services; and enhance the collection, analysis, and dissemination of information on the health and social conditions of indigenous peoples. An important aspect of technical cooperation included the strengthening of collaboration and cooperation among countries, as well as with other stakeholders.

In April 2000, PASB, the World Bank, and the Inter-American Development Bank cohosted a technical workshop on indigenous peoples and social sector projects. The workshop facilitated the forging of intersectoral alliances to address common objectives related to health determinants. Working through a shared agenda for promoting the health and well-being of indigenous peoples is critical for implementing effective and sustainable programs and services.

In Argentina, the Bureau provided support for the execution of the health program for indigenous communities created by the Ministry of Health. Specifically, it has promoted the creation of a basic sanitation program for the indigenous community in the Chaco region along the borders of Argentina, Bolivia, and Paraguay. In December 2000, a training workshop was held for indigenous leaders from the three countries with a view to getting that program under way.

In Chile, PASB collaborated in and contracted with Universidad de la Frontera in Temuco to carry out studies on indigenous medicine among Mapuche populations. The first stage—compiling information and conducting interviews—has been concluded. The second stage will consist of developing a conceptual framework for the study of indigenous medicine. The Bureau and the Ministry of Health collaborated in organizing the international meeting “Health and Indigenous Peoples: Achievements and Challenges in the Region of the Americas,” which was held in Puerto Varas from 13 to 15 November 2000. The meeting was attended by 65 participants from 11 countries and several cooperation agencies. It yielded four major outcomes: (a) confirmation of the relevance of the Regional Initiative for the Health of Indigenous Peoples of the Americas and the corresponding plan of action; (b) identification of best practices in the development of intercultural health models in the countries; (c) formation of networks, exchanges in areas of mutual interest, and identification of opportunities for technical cooperation among countries and with development agencies; and (d) incorporation of the topic of indigenous health in the preparations for the Third Summit of the Americas.

With Honduras’s Secretariat of State for Health and with the participation of local and national indigenous organizations, PASB developed a modified health model that incorporates an intercultural approach. The model is currently being applied in Honduran communities with indigenous and black populations. The change consisted of introducing programs to train indigenous nursing auxiliaries, as a result of which more than 200 of these auxiliaries are now working in health services in their own communities.
Strengthening Community Action

National health authorities have developed indicators for measuring the effectiveness of community empowerment. Aspects being measured include people's ability to make public health decisions, the strength of social participation, and the degree of technical support received. By 2002, when the results of the first performance measuring exercises become available, there will be a good basis for developing strategies to improve efforts to strengthen community action.

In Jamaica, decentralization efforts within the country's health sector reforms have transferred responsibility for delivering health services and implementing programs to the health regions. Regional Health Authorities are empowered to carry out their activities under the guidance of the Head Office, but with total autonomy in decision-making. PASB is discussing with the Regional Health Authorities a new model for local health care delivery, which is based on health promotion and family medicine. In September 2001, the Department of Community Medicine and Psychiatry at the University of the West Indies will offer a distance-learning master's degree program in family medicine for professionals working at the local level. This new model will be implemented in concert with regional health information systems for decision-making. In this regard, PASB's technical cooperation aims to support the Ministry of Health's efforts to put in place a people-friendly health service that considers life skills training, social mobilization, and participation.

In Peru, with advisory support from PASB, multiple stakeholders from the health sector have been involved in enhancing the consideration of bioethics: universities, professional schools, religious and pastoral communities, and other civil society groups. Strategies for reorienting health services and empowering the community were developed through citizen participation in the analysis and discussion of the ethical implications of health activities and in the establishment of interdisciplinary teams that approach health and disease issues in the community from a bioethics perspective.

In Honduras, within the framework of the project to extend, consolidate, and intensify the national process to improve access to health services, a movement for intermunicipal solidarity and social equity has emerged. This movement has the support of a health sector reform project funded by the Swedish International Development Agency and PAHO. It seeks to incorporate the topic of health into the agendas of more than 50% of the country's municipal governments and introduce new forms of organization, such as community partnerships or intermunicipal consortia, that will link weak municipalities with stronger ones in the development of health services.

In El Salvador, the strategy of civil society involvement has been applied through the formation of 16 intersectoral health development associations (ACODIS), which are legally established entities that support social and institutional development. This
process has been spearheaded by the Ministry of Public Health and Social Assistance. PASB has collaborated mainly in individual and institutional capacity-building, which has helped ensure the sustainability of the process.

Bolivia’s health sector reform has also incorporated a health promotion and protection component in the separation of roles and in the new institutional and service profiles. Activities to promote health and encourage better use of health services are carried out by neighborhood associations, rural communities, and indigenous communities, as well as organizations of women and young people and adolescents in cities and rural areas. The Ministry of Health and Social Assistance’s basic health insurance and epidemiological protection programs, supported by PASB, also include activities for the prevention and treatment of prevalent diseases, all with an educational communication component designed to promote people’s participation in the care of their health and preservation of a healthy and risk-free environment.

The National Health System of Cuba has established 14 priorities, 12 of which are linked to health promotion, both at the national and municipal levels. These priorities have to do with the competency and performance of health personnel, improvement of promotion and prevention components in programs and services, enhancement of the health care provided to priority groups, and support for the process of decentralization and local development, with emphasis on social participation, intersectoral action, and mobilization of resources. PASB cooperation in the area of technical-administrative decentralization—through projects that include the development of health promotion in programs and services and in comprehensive local development projects—has proved highly efficient and effective at the local level.

Haiti’s Ministry of Health has relied on the use of community health units as a way to decentralize the health system and improve the population’s access to health services. PASB is working closely with the Ministry to incorporate this approach into the health reform process.

With PASB’s participation, a project was designed for the implementation of a new health care model in the Colombian municipality of Calarca. The initial stage of support has ended, and today the model is being operated with decentralized resources from the local health fund. The model, which was certified as decentralized, has built strategic alliances with the local government, various development actors, and civil society. Health personnel are being trained to apply the new model with the aim of achieving universal coverage.

In Brazil, PASB has provided support for the country’s family health strategy, which is a key element in the reorganization of health services. The strategy constitutes the backbone for primary care and the reorientation of the health care model to achieve the principles of universality, equity, and integrity espoused by the Unified Health System. The number of family health teams increased almost tenfold between 1994 (328 teams) and the first half of 1999 (3,201). The goal for 2002 is to have 20,000 teams.

In San Salvador, community members and leaders gather to discuss health issues. The Government of El Salvador has actively sought the participation of civil society by encouraging the formation of interinstitutional associations and granting them legal status. PASB and the country’s Ministry of Public Health have worked together to strengthen individual and institutional capabilities that will ensure that these associations will continue to work effectively over time.
The instruments for strengthening the health sector at the municipal, state, and federal levels in Brazil are the Program of Basic Care, implemented in 1998, and the Manual of Basic Care. In 1997, a total of 144 municipalities received funding directly from the Ministry of Health, whereas in 2000, the number of municipalities receiving federal funding under the Program climbed to 5,388. One of the historic achievements of the health sector in Brazil was the National Congress's approval (in September 2000) of the Health Amendment to the Constitution, which links the amount of funding allocated to health to the growth of national wealth, assures the financial stability of the sector, and redefines the responsibilities of the three levels of government with respect to health. PASB has collaborated in these processes.

PASB has also been present in Colombia. In a project for displaced populations, 48 departmental and municipal agreements for health care were established, under which the Ministry of Health supplied a total of approximately US$ 4 million in funding. This has facilitated access to health services for displaced persons in 15 departments. The health sector has been strengthened—notwithstanding the difficult conditions created by the armed conflict—through the training of some 1,650 public employees in issues relating to forced displacement and health in 40 critical municipalities in 10 departments. The Internet has also been used as a tool for disseminating knowledge and facilitating interaction between various agencies.

In Costa Rica, PASB is supporting the execution of a project launched in 2000 to improve health services in 21 areas that experienced high rates of immigration following Hurricane Mitch. The project is expected to benefit 300,000 people; its care component includes the promotion of healthy lifestyles, provision of basic sanitation, and timely detection of the most prevalent chronic and acute diseases in the target areas. The public health component provides for vector control activities in order to reduce the risk of malaria and dengue.

In the Department of Ucayali in the Amazon region of Peru, the Bureau continued to support a project aimed at providing comprehensive health care for the indigenous populations in the Tahuanía district. PASB is also working to empower the community through training for community health agents, midwives, traditional healers, and other health personnel in 16 Shipibo-Conibo and Asháninka communities, with emphasis on respect for their values and culture. The health services have been reoriented towards health promotion and improving access to services. PASB provided technical support for the design and initial application of the new health care model in EsSalud (the former Peruvian Social Security Institute, which has close to 7 million beneficiaries—23% of the country’s population). This new model incorporates the five health promotion strategies both conceptually and operationally. It also confers on beneficiaries, their families, and their communities—along with the Social Security Institute and the rest of society—the shared responsibility for promoting and maintaining own health.
Information Technology

Health organizations and the health-care delivery model are evolving from an institution-centered construct to a people-centered one. The prime features of this new paradigm are an emphasis on continuity of services, health promotion and health maintenance; an informed citizenry that cares for its health; and the involvement of an assortment of stakeholders responsible for the planning, financing, and delivery of a continuum of health services within a geographic region. Information technology plays a critical support role in the efforts to improve access to cost-efficient, quality care and in the operation and management of the new health organization and service models that are being implemented in the Region. In this context, information technology applications include the automation of patient, clinical, and epidemiological records; support for diagnostic and therapeutic services; image-based systems; re-

El Salvador Promotes Comprehensive Basic Health Systems

In the Department of Cabañas, in El Salvador, a project for the development of local health systems is being carried out with funding from the Government of the Netherlands, channeled through PASB. The objective is to create decentralized structures at the local level, applying an approach that stresses equity, efficiency, and quality. These structures, known as basic total health systems (SIBASI), have been implemented with the participation of civil society through the formation of intersectoral health development associations (ACODIS), which support institutional and social development. Participatory situation assessments have provided the basis for formulating and implementing projects in various areas. Local mayors have played a significant role by encouraging intersectoral action and strengthening the population’s commitment to the development of healthy lifestyles and environmental protection. Initiatives have been carried out in four municipalities with a view to establishing healthy communities, where the population is involved in basic sanitation with support from health sector institutions for disease prevention and health promotion activities.

Production alternatives for neglected communities are sought with the participation of non-governmental organizations, mayors’ offices, and health institutions in the area. In the first phase, 12 production projects were launched; in the second, which commenced in late 2000, 8 more projects got under way. Currently, there are 10 ACODIS in the 10 municipalities in the department, which work with other institutions, as is occurring in Tejutepeque, Ilobasco, Ciudad Dolores, and Victoria, where health units have been built or remodeled.

This project strengthens family integration, community participation, intersectoral coordination, and the commitment of mayors. It also promotes the creation of microenterprises and community social funds, which has enhanced community self-management. Moreover, quality of life has improved, and interaction and collaboration between different generational groups has increased.
source management; integration of administrative and clinical data; remote access to medical information; access to knowledge databases; decision support; communication through interactive media; and physical and financial resource management.

Health promotion practitioners are taking advantage of the great potential of information technology and interactive communications to provide low-cost or more efficient ways of communicating, the opportunity to expand the range and volume of information exchanged, and the implementation of totally new types of individual and community services. An area that is developing particularly quickly is the dissemination of information about wellness and health; informed shopping for providers, services, over-the-counter and prescription drugs, and health products; risk assessment testing; and communication within special interest groups. Although information technology and telecommunications have developed at a fast pace in the Americas, structural barriers that limit access to education, income, and telecommunication-based resources have significantly hampered a broader diffusion of interactive information technology applications in support of health promotion.

Reorienting Health Services

The development of equitable, cost-effective, and sustainable health systems and services continues to demand much attention in the Americas. In recent years, health sector reforms addressing this challenge have predominantly concentrated on financial, structural, and organizational changes in the health systems and on adjustments to the organization and management of health care delivery. Issues dealing with reducing inequities in health and health care, increasing effectiveness of health interventions, promoting quality care, and improving public health practice have received much less attention.

Innovative programs to extend social protection in health, however, are not enough. They must go hand in hand with a reorientation of the health systems and services based on criteria derived from health promotion. Not only do the poor tend to receive poorer quality services, they also are the group that actually most needs preventive and health promotion services. Without a transformation of the health care model, serious inequities will continue to exist in both the quality and quantity of services.

In this context, reorienting health systems and services becomes a primary objective for the health sector. The reorientation of health systems and services must guide health sector reforms, including institutional reforms and human resources development strategies. The present historical junction in health sector reform provides an important window of opportunity for health promotion initiatives. The challenge that
Technical Cooperation in Information Technology

Priorities:

• Disseminating information about opportunities for the implementation of health services, information systems, and technology that contribute to social and economic progress and the promotion of healthy behaviors; developing and promoting norms, policies, and guidelines; and advising on feasible expectations, benefits, and constraints associated with the introduction of information systems and technologies.

• Promoting the selection, acquisition, deployment, and operation of appropriate service information systems, including applications that support health promotion interventions or activities.

• Supporting the development, implementation, and operation of information technology applications that foster the sharing of national experiences; developing local solutions; and investigating and disseminating methods for evaluating health services information technology.

• Developing leadership capabilities and skills in health informatics among national health professionals, such as in systems, technology, and information management in health organizations.

• Developing external partnerships with multilateral, governmental, nongovernmental, research, and academic organizations, as well as with centers of excellence and representatives of the information technology industry.

Major results for 2000:

• Consultation workshops were held with national experts, covering topics ranging from specifications for health service information systems, procurement, and service contracting; vocabularies, classifications, and data standards were developed for nurses; and ethics in Internet health practice, health education, and information dissemination were explored.

• Publications were issued on analyzing requirements, specifying applications, and procuring health care services information systems; cyberspace law and ethics; telemedicine; and the role of information technology in evidence-base practice.

• Research was conducted on the use of evaluation methodologies for health telecommunication projects; indicators for the measurement of information technology development; trends in e-health; use of hand-held computers in community health; communication of clinical and administrative data between primary and referral levels; education and training in health informatics; and legal aspects of personal clinical and administrative databases.

• Major national and regional initiatives that include a health promotion component were supported in Argentina, Bahamas, Barbados, Canada, Colombia, Cuba, Mexico, and the United States in the following areas: automated drug registration and surveillance of pharmaceuticals; national health card and care management system; telehealth projects; development of human resources in health information technology applications; implementation of the recommendations of the Second Presidential Summit of the Americas; the UN Health Internetworks initiative; and the development of national health information and technology plans.
lies ahead is both to put in practice reorientation strategies and to build consensus on their importance for the next generation of health sector reforms. Health services are but one of the determinants of health status, and indeed not even the most important. Yet, health services are a critical area of social policy. Considerable gains could be achieved through appropriate resource allocation. The reorientation of health services will improve the quality of care and the impact of health services on health and well-being of the populations in the Region.

During 2000, PASB led efforts to prepare one of the six technical reports discussed during the Fifth Global Conference on Health Promotion, held in June 2000 in Mexico City. This report dealt with the reorientation of the health systems and services based on health promotion criteria. It stated that in order to achieve the reorientation of the health services, several objectives and strategies reflecting complementary but specific areas of action needed to be defined along the following two tracks (Table 1):

1. **Health systems development** concerns the institutional set-up of the health sector and the way in which the health system's functions (steering role of the health authority, financing, insurance and the provision of services) are organized and performed.

2. **Provision of health services** involves the design and implementation of health care delivery models, as well as specific ways in which services should be organized and managed to deliver community and clinical interventions.

Central to the reorientation of health services is assigning responsibility for the care of individuals to the primary health care level. Implementing health promotion programs throughout the health care system involves allocating sufficient administrative, technical, and financial resources to primary care levels to ensure direction, coordination, and orientation of the whole system.

A crucial factor in the continuous improvement of quality of care is the existence and application of guidelines—i.e., standards, recommendations, algorithms, proto-
An initiative on standards of care, which has been tested in Bolivia, Colombia, Costa Rica, and Mexico, is intended to reduce mortality from avoidable causes and prolong the life of patients living with manageable conditions. It also seeks to promote equity by assuring every patient a minimum set of benefits for a given illness, without regard to his/her personal or social status or ability or means of payment.

### TABLE 1. Objectives and strategies for reorienting health systems and services.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Strategies</th>
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<tbody>
<tr>
<td>• Define, implement, and evaluate essential public health functions under the health authorities’ responsibility.</td>
<td>• Advocate and facilitate dialogue among stakeholders to expand consensus on the need to reorient and maximize resources for health promotion.</td>
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<td>• Implement financial and resource allocation procedures that prioritize the development of public health infrastructure and the reorientation of health care delivery based on health promotion criteria.</td>
<td>• Incorporate objectives of health systems and services reorientation into resource allocation and payment mechanisms, linking payment to health outcomes whenever possible.</td>
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<td>• Incorporate models to reorient health care delivery into the basic portfolio of entitlements of social and private insurance schemes.</td>
<td>• Develop public health infrastructure and evaluate the performance of essential public health functions.</td>
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<td>• Include health promotion criteria in regulatory mechanisms, such as certification, licensing, and accreditation of facilities, provider networks, health professionals, and insurance plans.</td>
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<td>Health Systems Development</td>
<td>Provision of Health Services</td>
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<td>• Change the composition and balance of the type of health care, and incorporate promotion and prevention as an integral part of the health care delivery model.</td>
<td>• Improve responsiveness and technological capacity of health care as a necessary prerequisite for establishing social legitimacy of services from the viewpoint of the population.</td>
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<td>• Incorporate advocacy of health promotion principles in health service management models.</td>
<td>• Increase the relative importance of points of entry to the health care system, and establish programs with primary health care providers that assume responsibilities for patients, families, and communities and help users navigate the system.</td>
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<td>• Ensure sensitivity to needs and expectations of specific subgroups in the community, including gender and age differences, as well as religious, ethnic, and other cultural determinants.</td>
<td>• Strengthen the health promotion component of human resources development programs, both in academic institutions and continuous education of health professionals.</td>
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<td>• Engage individuals in the process of informed decision-making about their own health and that of family members.</td>
<td>• Promote consensus among experts on clinical prevention guidelines, eliminating ineffective practices, and train, supervise, and evaluate implementation of guidelines.</td>
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<td>• Ensure that organizational conditions facilitate implementation of guidelines, including strategies for modifying provider practices.</td>
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<td>• Improve communication between providers and patients, as well as with health services and the communities, in order to increase effectiveness and utility of actions.</td>
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<td></td>
<td>• Create mechanisms that establish formal commitment and co-responsibility between services and individuals and communities, including community feedback mechanisms.</td>
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From the outset, one of the most important components of this initiative has been health promotion and protection, which is applied through: (a) identification of persons and populations at risk; (b) inclusion and application of preventive guidelines; (c) detection and early treatment; (d) management of the risks associated with interventions; (e) surveillance and control of adverse events; and (f) community participation as a strategy for supporting the preceding actions.

In Costa Rica, the reorientation of health services is the least developed health promotion component. PASB has therefore encouraged greater receptiveness to promotion and prevention activities in health services, especially in relation to risk factors. For example, efforts have been directed towards establishing smoking cessation clinics.

**Human Resources: A Strategy for Reorienting Health Services**

In the area of health promotion, PASB works in the framework of an expanded concept of human resources that goes beyond the personnel employed by health services to incorporate other workers—including educators, journalists, health communicators, and those responsible for continuing education processes and for organization and promotion of community participation in health activities. Active participation and leadership by the community are also considered vital.

Professional, technical, and in-service training received by health personnel have been found to be deficient in objectives and content relating to health promotion. To address this deficiency, PASB has encouraged the incorporation of health promotion content in the curricula of schools and faculties of medicine, nursing, and public health throughout the Region. It has also increased the amount of materials on health promotion available through the Expanded Textbook and Instructional Materials Program (PALTEX), and it collaborated with the Latin American Public Health Education Association to produce a textbook on health promotion, which emphasizes the importance of social and institutional health promotion interventions.

Distance education utilizing new information and communication technologies is a powerful strategy for health promotion, since it affords health personnel access to quality education, helps make learning processes more efficient, and facilitates communication and sharing of experiences, practices, and knowledge among the countries of the Region. In collaboration with the Inter-American Distance Education Consortium, the National Autonomous University of Mexico, and the Latin American Institute for Educational Communication, PASB co-hosted the First Inter-American Conference on Distance Education for Health Personnel, via satellite from Mexico. Some 1,000 people participated from 18 downlink sites in 11 countries of the Region. The Conference served as a platform for launching the Virtual Public Health Campus, a joint initiative of PAHO, Oberta University in Cataluña (Spain), the Andalusian...
School of Public Health, and the Latin American and Caribbean Association of Public Health Education. This initiative seeks to improve the accessibility and quality of training for human resources by linking health service institutions, training institutions, and public health research institutions in order to respond to sectoral changes and assure the performance of essential public health functions.

The Observatory of Human Resources in Health Sector Reform, created in 1999, is another strategy whereby the Bureau is contributing to the development of national capacity for health promotion by helping to strengthen policies for human resources development in the Region. The Observatory originated as a vehicle for developing intersectoral and interinstitutional mechanisms to promote human resources policies and ensure the production and exchange of timely and reliable information and knowledge on the situation and trends with regard to health personnel. Fourteen countries currently participate in the Observatory, some of which have gone beyond the database implementation and information collection phase and are analyzing findings and formulating proposals for developing new skills among health personnel and changes in personnel policies. In addition to the Observatory, other PASB activities contributed to health promotion by fostering improvement in the quality of education and strengthening the development of health personnel. These included the development of accreditation procedures for medical and nursing training programs,

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**Institutional Development: Costa Rica’s Example**

The support provided to the Ministry of Health of Costa Rica to strengthen its capacity for institutional and managerial accountability is a noteworthy example of PASB’s work in the area of human resources for health. The Bureau developed and implemented the System for Institutional Evaluation and Development (SEDI), which allows Costa Rican health authorities to assess the achievement of goals by the various divisions and regions and by their managers. Also in this area, nationally and regionally important studies have been conducted to identify the labor effects of new forms of administration, as part of the process of analyzing and establishing regulatory procedures. In connection with the issue of regulation of human resources, PASB provided support to various professional schools and associations for the analysis and institution of professional recertification procedures. In addition, several projects have been developed in the area of human resources and information, which have had great importance and potential as catalysts for national processes. Examples include:

- a project for the development of nursing,
- a subregional project for the training of health technicians,
- a project for the dissemination of information at the national level (TUSALUD), and
- the formulation of a plan for ensuring performance of essential public health functions.
Promoting Health in Natural and Manmade Disasters

The devastation left by natural or manmade disasters is well documented. But these events also offer a window of opportunity—a rallying cry around which countries can elicit the multisectoral support needed to promote risk reduction for the population and the health infrastructure.

Health promotion in the context of disaster mitigation involves various strategies, many of which have been integrated into a multi-year project to reduce the human and institutional vulnerability in the Central American countries hardest hit by Hurricane Mitch. Empowering communities to take an active part in decision-making regarding disasters figures prominently in this effort. Municipal and community leaders have been given materials and other tools to prepare for and deal with disasters. PAHO disaster professionals in participating countries support local departments of the ministries of health to carry out activities in selected communities. In Nicaragua, for example, assistant directors of 17 local health systems, known as SILAIS, and other employees of the Ministry of Health received intensive training for establishing comprehensive disaster preparedness measures. Epidemiologists from the SILAIS took a postgraduate course on disasters offered by the Center for Health Investigation and Education. Communication and educational systems were evaluated in Honduras and Nicaragua to understand the needs and resources available for training and information dissemination. The Guatemalan municipalities of Gualán and Zacapa are actively involved in identifying local hazards, developing response plans, identifying the responsibilities of various groups within the community, and coordinating with other health projects in the area.

Creating and living in a healthy environment is an elusive goal for many Colombians, where violence has displaced countless rural inhabitants. Equity is a major issue in the debate over access to health services for this population. Various sources estimate that between 500,000 and 2 million persons have been deprived of these services. PAHO is working in several departments in Colombia to improve access to health care for this at-risk population. This project monitors this population’s health conditions and serves as a bridge among the many partners working on these issues. The problem of population displacement is now spilling across the borders into neighboring countries, and PAHO is providing training and advisory services to countries accepting refugees.

Healthy public policies in PAHO Member States have increasingly addressed issues of disaster reduction. Disaster prevention and mitigation priorities have been systematically incorporated into the programs of national institutions, including national emergency commissions and defense or civil defense agencies. As a result, a new culture of risk management (represented by the institutionalization of disaster prevention and mitigation) will replace outmoded, mainly social-welfare-oriented response programs that kick in only after a disaster has occurred. This represents a drastic change that has taken years to bring about, and PAHO has been instrumental in working with governments to facilitate the discussion, review, and reform of national legislation on disaster management. Work continues with international financing institutions, such as the World Bank, the Inter-American Development Bank, the Caribbean Development Bank, the Andean Development Corporation, and the
identification of skills in the training of technical personnel and health communicators and journalists, and the ongoing development of the Training Program in International Health to promote Pan American leadership, in keeping with the new global trends in health development.

PASB supported the University of Belize in conducting a review of the nursing school curriculum. The new curriculum integrates health promotion and gender ap-
Proaches and incorporates specific programmatic areas such as reproductive health, domestic violence, mental health, and pesticide poisoning.

During the period 1998–2000, with the cooperation of PASB, training models were designed in Chile for managerial and operational health personnel, intersectoral teams at the municipal level, and community leaders. Curricula for the health professions were modified to incorporate health promotion criteria and methodologies.

In Peru, PASB continued to support training activities that foster the consideration of gender issues in health planning. In particular, it has worked with the police health services, the Ministry of Women’s Advancement and Human Development (PROMUDEH), and various cooperation agencies to reorient health services. The Bureau also collaborated in restructuring the curriculum of the School of Nursing at the National University of Tumbes, which now incorporates the five health promotion strategies as conceptual and programmatic components. The restructuring process was carried out with broad participation by stakeholders, including the Ministry of Health and the community, which provided more accurate knowledge of the region’s reality and needs.

Reorienting Support Services

Technical cooperation in regards to essential drugs and technology emphasized the reorientation of support services, pharmacy, laboratory, and radiology, using health promotion criteria. These criteria have taken into account the allocation of resources, the development of quality management and assurance programs, regulatory actions, training activities, and the development of guidelines emphasizing the incorporation of appropriate technologies, early detection procedures, maintenance support, and information technology standards.

Access to drugs continues to be the central concern in the Region’s drug policy. Drug prices, patent implementation, and drug quality are considered to be the most influential factors in drug access. The countries are trying to respond to these issues by designing comprehensive, unified drug policies through groups such as Mercosur, and by implementing generic drug policies with a special emphasis on interchangeability based on drug therapeuic equivalence. To improve drug access, PASB has promoted such strategies as the establishment of a drug price information system by Mercosur, more open pharmaceutical markets in some Central American countries, and the approval of a common system for drug registration in the Andean Community. The Pan American Network on Drug Regulatory Harmonization was recognized by the 43rd Directing Council as a way to support and advance drug regulatory harmonization in the Americas. The network’s mission is to promote harmonization of regulatory requirements pertaining to the quality, safety, and efficacy of pharmaceutical products as a means of improving the quality of life and health care of the peoples of the Americas. The network promotes and maintains constructive dialogue among reg-
ulatory agencies in the Americas, the pharmaceutical industry, and consumer associations; encourages harmonization of drug regulatory systems within the Region; adopts recommendations for the implementation of relevant policies at national and regional levels; and encourages and facilitates technical cooperation among countries. PASB, as the Secretariat of the Network, supports technical work in such key areas as good manufacturing practices, bioequivalence, and good clinical practices, and looks for common strategies to combat counterfeits.

The Bureau, along with the World Bank, IDB, and other institutions from Latin America, the United States, and Spain, is involved in the design of a pharmaceutical clearinghouse that will provide indicators and systematically collected data to facilitate the analysis of trends in pharmaceuticals and support rational drug policy decision-making.

The improper use of drugs has been responsible for increasing patient hospital admissions and lengthening hospital stays, lowering work productivity, and, as a result, increasing health costs. It is not enough to have access to drugs and to assure their quality, the rational use of drugs also must be guaranteed. PASB has worked with several medical schools in the implementation of a pharmacology teaching methodology based on problem solving; the Bureau also has promoted the pharmacy care concept and practice through the Pharmaceutical Forum of the Americas, as well as the implementation of a common basic curriculum for pharmaceutical schools.

PROMESS, Haiti’s central agency for the procurement and distribution of essential drugs and materials, continues to promote the decentralization of drug supply in the country through 12 provincial essential drugs depots. The percentage of distributions (in US$ value) to peripheral depots and local health authorities outside the greater metropolitan area increased from 58% of total PROMESS distributions during the first semester of 2000 to 68% in the second. The flow of essential drugs and materials through PROMESS continues to increase on an annual basis, with the total value of supplies distributed approaching US$ 7 million for 2000. Direct technical cooperation between PASB and the Ministry of Health has led to the development of management performance indicators for PROMESS, which are produced every three months.

**Colombia Launches Local Outpatient Pharmacy Service**

With support from PASB, the project for the Cocorná-Antioquia Local Ambulatory Pharmacy Service created a drug dispensary service in a health post of the hospital in Cocorná, Colombia. Based on a new conception of public health, with the participation of the hospital management, strategies for health promotion and rational use of drugs were designed, as were administrative processes to optimize the supply of essential drugs. The project has helped to reduce inequities in access to health services.
to report on stock management and distributions, finance and administration, and quality management.

In Honduras, PASB collaborated in the formulation of the National Drug Policy, which was developed by a multisectoral committee chaired by the Secretariat of State for Health and composed of the Honduran Social Security Institute, the Secretariat of Industry and Trade, the Association of Pharmacy Owners, and other professional associations, as well as representatives of the pharmaceutical industry, distributors, wholesalers, and universities.

In Peru, through the promotion of rational use of drugs and other supplies, application of the National Essential Drugs Formulary, and training activities for professional and technical health personnel, PASB has supported the reorientation of health services, both at the first level of care and in hospitals.

In Venezuela, the newly approved drug law, which took effect in early 2001, was the result of cooperation between PASB and the Health Commission of the now defunct Congress of the Republic. Among the more noteworthy features of the law are its consideration of the concept of essential drugs, in keeping with the indications and recommendations of WHO, and its emphasis on use of the National Therapeutic Formulary, which is mandatory in public health institutions. It also provides guidelines for rational use of drugs and drug surveillance.

Radiological Health

Radiation plays an important role in the diagnosis and treatment of certain illnesses, especially cardiovascular diseases and cancer. In terms of health promotion, early detection is key, since it leads to simpler treatment modalities with better outcomes in terms of survival and quality of life. Quality assurance programs are essential to ensure these results. As a way to determine the most significant parameters in these programs, PASB supported a research project on quality assessment of radiology services, which was carried out in Argentina, Bolivia, Colombia, Cuba, and Mexico. The study is designed to correlate quality indicators of radiology services for selected pathologies, including breast tumors, with the accuracy of the radiological interpretation, as determined by a panel of experts.

In addition, several surveys of radiology services were conducted in 2000, mainly to provide a basis for governments to establish standards for radiology services, a starting point for strengthening health promotion. In Trinidad and Tobago, imaging and processing equipment performance as well as personnel training were assessed. A survey of the radiology services in Haiti equipped with World Health Imaging System for Radiography units was updated, and a complete evaluation of radiotherapy services was initiated in Colombia.

Other activities in this area included a workshop on quality assurance in diagnostic radiology held in Trinidad for radiographers and managers in charge of quality im-
provement, as well as PASB’s continued participation in the International Atomic Energy Agency (IAEA)/WHO postal thermoluminescent dosimetry audits. In 2000, the latter allowed the verification of the calibration of 107 high-energy radiotherapy machines used in cancer treatment in 16 countries. This was the largest participation in all of WHO’s regions—almost 40% of the total IAEA/WHO program.

The Radiological Emergencies Program, developed by PASB, was presented at the eighth meeting of the Radiation Emergency Medical Preparedness and Assistance Network in the United Kingdom, and will be published in the Meeting Proceedings. PASB also was invited to participate in the International Conference on the Safety of Radioactive Waste Management sponsored by IAEA, the European Union, and WHO, in Cordoba, Spain. PASB will continue to call attention to the issues of radiological accidents and radioactive waste disposal so that they appear in the policy agenda of Latin American and Caribbean countries by 2001.

Laboratory Services and Blood Banks

As a basic part of the public health delivery system, public health laboratories are linked to every sector of the public health infrastructure. As new public health challenges arise, the effectiveness of the public health system’s response will depend, at least in part, on the efficacy and quality of the public health laboratory network.

PASB continued to support the countries, especially those participating in USAID’s programs for post-hurricane reconstruction of public health care systems. The Bureau’s cooperation emphasized the implementation of a quality assurance system; it is designed to strengthen the institutional capabilities of the public health laboratories as a way to support the surveillance system for decision-making in public health and to help disseminate accurate and timely information.

According to PASB’s new thinking for its technical cooperation, quality assurance, human resources development, regulation, and inter-institutional coordination are the axes of the strategy to reduce the gaps between the laboratories and the interventions in public health.

The Bureau collaborated to strengthen Argentina’s and Chile’s regional network for the surveillance of antibiotic resistance by implementing an external mechanism to evaluate the performance of antibiotic resistance testing. In addition, workshops on quality systems, general quality concepts, and development of biosafety standards, including handling/transportation of infectious samples, were held in Ecuador, El Salvador, Nicaragua, and Peru. In collaboration with the National Committee for Clinical Laboratory Standards and the Canadian Society for Medical Laboratory Science new partners and strategies were identified for developing new standards. Regional workshops to strengthen leadership and management capabilities were held for all the Central American countries, the Dominican Republic, and Haiti.
Blood transfusions are used daily to treat various medical conditions that will not respond to any other therapy; blood transfusions also are needed to treat many victims of accidents, violence, and natural disasters, as well as in dealing with major surgery, chronic diseases, clotting disorders, and complications of pregnancy and childbirth. Consequently, because the permanent availability of safe blood and blood products in health facilities is essential, the technical and operative capability of transfusion services must be strengthened.

PASB, working with the American Association of Blood Banks (AABB), published guidelines to implement working standards for blood banks, which were distributed to all countries. Education activities related to their implementation were carried out in Colombia, El Salvador, Nicaragua, and Uruguay. In addition, programs dealing with infectious disease markers and the external evaluation of immunohematology performance were established among the countries' blood banks.

On April 7, every country in the Region celebrated World Health Day 2000, whose theme was “Safe Blood Starts With Me, Safe Blood Saves Lives.” To support national blood programs in promoting the different activities and to highlight the importance of voluntary, nonremunerated blood donations, posters, stickers, and brochures in English, French, Spanish, and Portuguese were produced and distributed. A ceremony held at PAHO’s Washington, D.C., Headquarters was attended by consultants from Latin America and the Caribbean and representatives from Collaborating Centers, the World Federation of Hemophilia, the American Red Cross, and AABB.

Chile’s observance of World Health Day 2000 highlighted the country’s experience with the promotion of unpaid blood donation. Under the Valparaíso Agreement, signed as part of the safe blood initiative, several public and private institutions pledged their support for unpaid donation and assurance of the quality of blood used for transfusions. PASB is providing technical support to the Ministry of Health for the preparation of studies of knowledge, attitudes, and practices relative to perceptions of blood donation among the population and health personnel.

Considerable progress has been made in conducting research on sociocultural issues related to blood donation, and data are now available on voluntary nonremunerated blood donation attitudes and perceptions from Chile, Colombia, the Dominican Republic, Ecuador, El Salvador, and Nicaragua. The International Federation of Red Cross and Red Crescent Societies working group for setting up guidelines to recruit and retain voluntary nonremunerated blood donation received support.

Health Services Engineering and Maintenance

PASB works with the countries of the Region to strengthen and develop regulation and technological management of equipment and operation and maintenance of health facilities. These functions are essential to ensure the effectiveness, quality, and safety of services.
Notable achievements in this area were:

- Strengthening of technical cooperation for the organization of programs for the regulation of medical equipment and devices.
- Organization of a group of regulatory authorities from Latin America and the Caribbean.
- Participation in the conference of the Global Harmonization Task Force and its study groups.
- Implementation of the MED-DEVICES network for communication and information exchange for regulatory authorities.
- Support for the countries through the supply of information and advisory services from experts from the Collaborating Centers: the United States Food and Drug Administration, the Medical Devices Bureau of Canada, and the Emergency Care Research Institute (ECRI).
- Training of professionals in technology management and organization of clinical engineering programs through advanced workshops in the Dominican Republic, Panama, and the United States (Chicago); the workshops were coordinated by the American College of Clinical Engineering, with the participation of WHO, Health Canada, and ECRI.
- Preparation of the Regional Plan for Planning, Regulation, and Management of Physical and Technological Infrastructure of Health Services.
- Organization and implementation of the Global Network for Communication and Exchange of Information in Physical and Technology Infrastructure in Health Services.
- Translation and monthly publication of the ECRI Health Technology Monitor on the PAHO website.