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WORLD HEALTH ORGANIZATION



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**2000-2001
BIENNIAL PROGRAM BUDGET
EVALUATION**

**REGIONAL TECHNICAL COOPERATION
PROJECTS**

INTERIM REPORT

Status as of 31 AUGUST 2001

Introduction

The 2000-2001 Program Budget (BPB) was submitted in Official Document 290 and approved by the Directing Council in 1999. In that document, the Secretariat defined the work to be carried out in the biennium under the seven appropriation sections for the regional component and for each of the Member Countries. The proposed program of work included information on:

- a) the "Objectives for PAHO's Technical Cooperation" (project purpose) which described the changes (impact) that were expected in the countries because of the Secretariat's work, and
- b) the "Expected Results" which described the manageable interests of the Secretariat (deliverables) which were to contribute to achieve the objective.

As part of the normal procedures established in AMPES (American Region Planning and Evaluation System) all units (at regional and country levels) will embark on an exercise, at the end of the biennium, to evaluate the 2000-2001 BPB. The emphasis of the evaluation is on assessing the delivery of the expected results and the achievement of the project purpose. This exercise involves, at country level, the participation of national counterparts. An evaluation report will be prepared and submitted for Cabinet review, as input to the decision making process for the implementation of the next biennium's BPB.

In view of this process, an interim report on the evaluation of 2000-2001 BPB is submitted to the Directing Council for information. The focus of the report is on the level of achievement of the project purpose for regional technical cooperation projects, assessing thus, the impact of what the Secretariat has done in the biennium. The report includes only regional technical cooperation projects since all Member Countries are actively involved in the implementation and evaluation of the Secretariat's technical cooperation at country level.

The evaluation report has been structured in five sections corresponding to the *Strategic and Programmatic Orientations*. Under each section, the assessment of each of the corresponding regional technical cooperation projects as measured by the purpose indicators, is included.

A complete report for the biennium 2000-2001 and that includes the country level will be presented to the Executive Committee in June 2002.

Methodology

The focus of the evaluation exercise was the purpose of technical cooperation projects measured by their indicators. Following the AMPES procedures, each project should have only one purpose and several indicators that specify in greater detail the impact expected to be achieved in the countries because of the execution of the project. The purpose is one level higher than the expected results, or the manageable interests of the Secretariat.

The cut-off date for the evaluation was 31 August 2001, therefore this report covers 20 months of the 24-month period of the BPB.

A very simple methodology was used to assess the impact, assigning a "status" to each indicator of the project purpose. The key used to identify the status or level of achievement identified a status from 1 to 5, as follows:

1. Cancelled/deferred/postponed
2. Partially achieved and not expected to be completed by 31/XII/01
3. Partially achieved and expected to be completed by 31/XII/01
4. Fully achieved
5. Exceeded

The evaluation was conducted by regional technical cooperation units and therefore did not include Staff units nor Administration Departments. The following sixteen regional technical cooperation units participated in this exercise:

1. Division of Health in Human Development (HDP)
2. Division of Health Promotion and Protection (HPP)
3. Division of Health and Environment (HEP)
4. Division of Health Systems and Services Development (HSP)
5. Division of Disease Prevention and Control (HCP)
6. Division of Vaccines and Immunization (HVP)
7. Special Program for Health Analysis (SHA)

8. Latin American and Caribbean Center on Health Sciences Information (BIREME)
9. Caribbean Epidemiology Center (CAREC)
10. Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS)
11. Caribbean Food and Nutrition Institute (CFNI)
12. Latin American Center for Perinatology and Human Development (CLAP)
13. Institute of Nutrition of Central America and Panama (INCAP)
14. Pan American Institute for Food Protection and Zoonoses (INPPAZ)
15. Pan American Foot-and-Mouth Disease Center (PANAFTOSA)
16. Regional Program on Bioethics (BIOETHICS)

A total of 54 Projects with 160 Indicators were analyzed. The number of indicators per project purpose ranged from 1 to 10. The projects have been organized under each corresponding Strategic and Programmatic Orientation and not by the organizational structure. Therefore the regional units are not identified in the projects. The list of projects is attached in Annex 1.

Analysis

The analysis of the evaluation reports demonstrates that there are discrepancies in the description of project purpose and its indicators, therefore it was difficult to make any comparisons between projects and units. Furthermore, when the status assigned to indicators was averaged to obtain a single value for the project it was not possible to discriminate the weight that some indicators may have in relation to others within the same project. Nonetheless, this report attempts to quantify the impact of the work of the Secretariat using this key. The Secretariat recognizes the need to further improve the design of technical cooperation projects applying better the elements of the AMPES procedures based in the Logical Approach to Project Management in PAHO. It is also recognized that evaluating the impact of technical cooperation is not an easy process and a challenge to find better ways to do so.

The analysis of all 160 indicators reveals that the median status was a 3 (Partially achieved and expected to be completed by 31/XII/01) and the distribution of the status was the following:

Table 1. Status of Indicators of Regional Technical Cooperation Projects

1. Cancelled/deferred/postponed	3	1.9%
2. Partially achieved and not expected to be completed by 31/XII/01	33	20.6%
3. Partially achieved and expected to be completed by 31/XII/01	49	30.6%
4. Fully achieved	56	35.0%
5. Exceeded	19	11.9%
Total	160	100%

It is expected that by the end of the biennium 77.5% of indicators for technical for technical cooperation projects will achieve the expected impact in terms of changes in national capacities (status key 3, 4 and 5).

In order to analyze the impact achieved by the 54 projects, the status of the purpose indicators were averaged for each project. This analysis reveals that 90.7% of all technical cooperation projects will achieve the expected impact by the end of the biennium, 9.3% will partially achieve the expected impact, and 1.9% have been cancelled, deferred or postponed:

Table 2. Status of Regional Technical Cooperation Projects

1. Cancelled, deferred, postponed	1	1.9%
2. Partially achieved and not expected to be completed by 31/XII/01	4	7.4%
3. Partially achieved and expected to be completed by 31/XII/01	25	46.3%
4. Fully achieved	20	37.0%
5. Exceeded	4	7.4%
Total	54	100%

The 54 projects are presented in this report, grouped by the five Strategic and Programmatic Orientations:

Table 3. Status of Regional Technical Cooperation Projects by SPO

Strategic and Programmatic Orientations Projects	1. Cancelled, deferred, postponed	2. Partially achieved and not expected to be completed by 31/XII/01	3. Partially achieved and expected to be completed by 31/XII/01	4. Fully achieved	5. Exceeded	TOTAL
Health in Human Development	0	1	2	4	0	7
Health Promotion and Protection	0	2	7	5	3	17
Environmental Protection & Development	0	0	0	4	0	4
Health Systems and Services Development	0	0	2	2	1	5
Disease Prevention and Control	1	1	14	5	0	21
Total	1	4	25	20	4	54
%	1.9%	7.4%	46.3%	37.0%	7.4%	100%

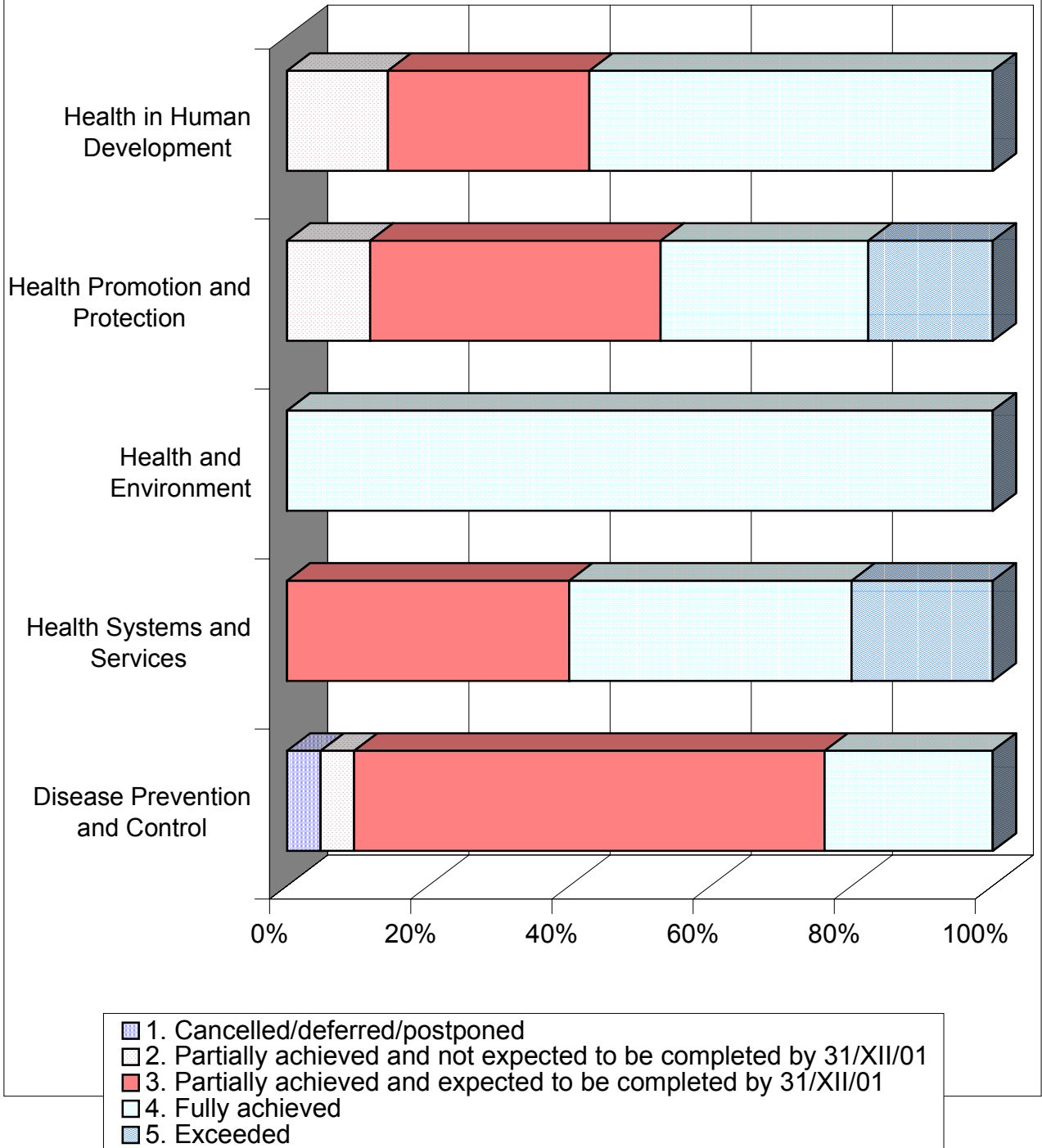
The chart above indicates that only one project for the biennium has been cancelled, deferred or postponed. This is a project under SPO *Disease Prevention and Control* for Laboratory Strengthening/Quality Assurance Program in the Caribbean and the reason for the delay has been that the agreement with external partners was only signed in August 2001.

It should also be noted that in the case of the SPO *Environmental Protection and Development*, all four regional technical cooperation projects seem to have achieved their expected impact at the time of this evaluation (August 2001). However, in reviewing the specific indicators there are some that are still not achieved but expected to be achieved by the end of the biennium.

The following Chart 1 summarizes the status of regional technical cooperation projects by SPO.

The Secretariat will continue making every effort to improve the AMPES processes for planning, programming, monitoring and evaluation in order to use the information for the decision making and to report to the Governing Bodies regarding its performance.

Graph 1. Status of Regional Technical Cooperation Projects by SPO



Annex 1
**REGIONAL TECHNICAL COOPERATION PROJECTS
2000-2001 BPB**

Health in Human Development (7 projects)

- Women, Health and Development
- Development and Promotion of Bioethics
- Health, poverty and economic development
- Public policy and health
- Knowledge and action in public health
- Health situation analysis
- Promote equitable access to relevant, up-to-date scientific and technical information through the VHL.

Health Promotion and Protection (17 projects)

- Food and Nutrition (Maternal and child)
- Healthy communities and healthy spaces
- Mental health
- Adolescent health
- Older adults
- Child health and family
- Reproductive health
- Communicating for health
- Food and nutrition (Malnutrition from micronutrient deficiencies)
- Nutrition and health
- Development of healthy policies
- Development of institutional, sectoral and extrasectoral capacity
- Information management
- Food security
- Nutrition problems
- Methods, models and technologies to operationalize food and nutrition security
- Strategies for the promotion and strengthening the initiative of food and nutrition security

Environmental Protection and Development (4 projects)

- Water Supply and other basic sanitation activities
- Worker's health
- Environmental health risks and chemical safety
- Incorporating health into environmental management

Health Systems and Services Development (5 projects)

- Support for sectoral reform processes and for institutional organization of the health systems
- Organization and management of health services
- Financing and resource allocation, expenditure analysis and investment development
- Program on human resources development
- Essential drugs and technology

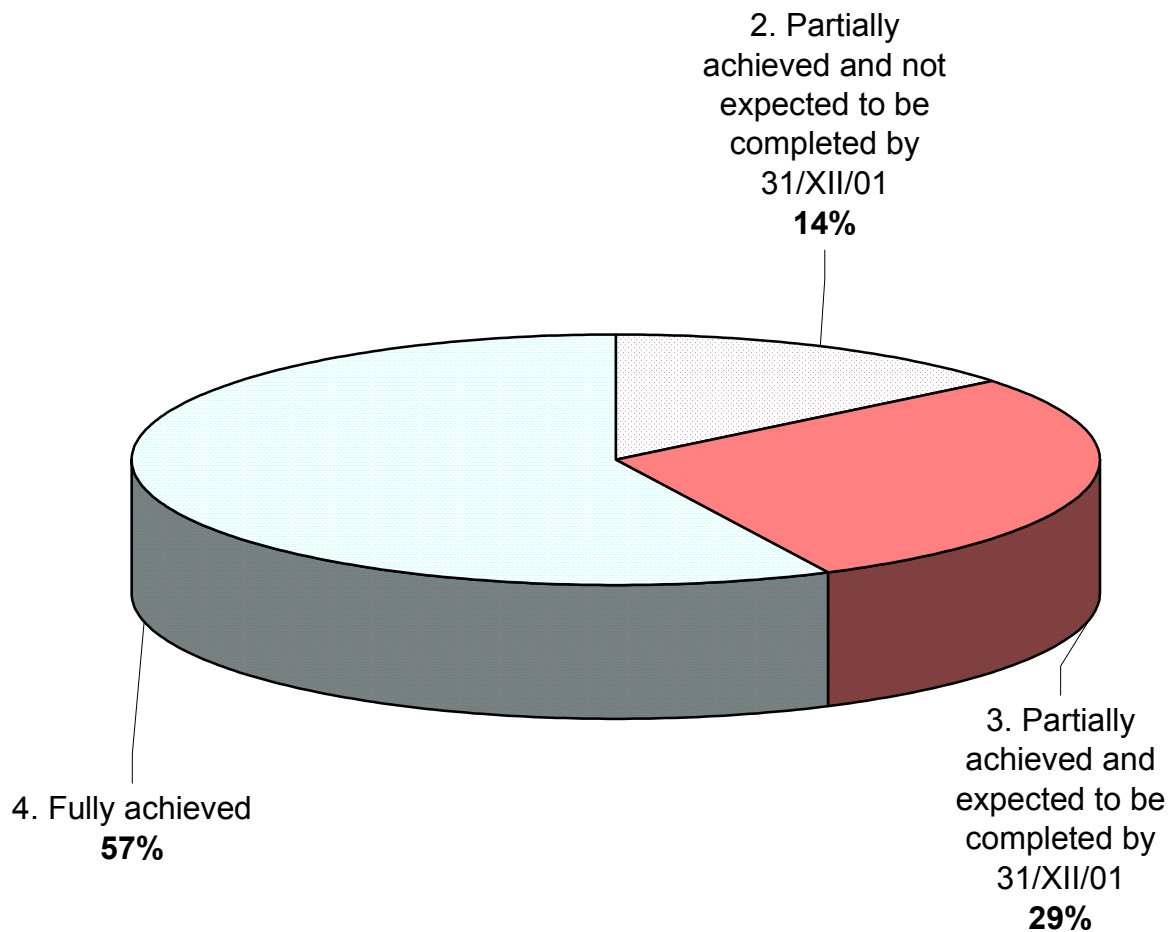
Disease Prevention and Control (21 projects)

- AIDS/STD prevention and control program
- Non-communicable diseases
- Elimination of diseases
- Surveillance, prevention and control of emerging infectious diseases
- Integrated management of childhood illness - IMCI
- Tropical disease control
- Food protection
- Zoonoses, foot-and-mouth disease, and biomedical models
- Technical cooperation in food safety
- Foot-and mouth disease
- Brucellosis and tuberculosis
- Rabies
- Other Zoonoses
- Expanded Program of Immunization
- Vaccine Technology
- Prevention and control of STD/HIV/AIDS
- Prevention and control of VBDs
- Information, communication and marketing support
- Travel and health program
- Laboratory strengthening/Quality assurance program
- Laboratory operations in support of disease prevention and control

EVALUATION OF INDIVIDUAL TECHNICAL COOPERATION
PROJECTS
STRATEGIC AND PROGRAMMATIC ORIENTATIONS

HEALTH IN HUMAN DEVELOPMENT

Technical Cooperation Projects 7 Projects evaluated (Units: HDP, BIREME, BIOETHICS, SHA)



Key for status or level of achievement:

1. Cancelled/deferred/postponed; 2. Partially achieved and not expected to be completed by 31/XII/01; 3. Partially achieved and expected to be completed by 31/XII/01; 4. Fully achieved;; 5. Exceeded

HEALTH IN HUMAN DEVELOPMENT

Projects

Women, Health, and Development

Purpose

To assure the integration of gender equity in the public policy and health programs of member countries and promote the gender perspective in the operations of PAHO. UNIT: HDP/HDW.

#	Indicators	Status	Comments
1	By the end of 2001 at least countries will have incorporated gender equity in public policies and programs.	4	All CA countries and BOL, ECU, and PER are applying norms and protocols on IFV; IFV surveillance systems implemented in 5 countries; 7 countries incorporating gender in HSR processes (BOL,CHI,COR,ELS, GUA, NIC,PAN).
2	By the end of 2001 at least 4 PAHO Programs will incorporate the gender perspective in their projects and activities	4	Achieved with HEP (Occupational Health & PLAGSALUD); HPP (Reproductive Health & Male Involvement); HSP/HPP (Gender & HSR).

Development and Promotion of Bioethics

Purpose

To inform decision-making on research and health care in the Americas with the principles of bioethics, and to ensure that institutions working in health apply knowledge of bioethics when evaluating projects.

#	Indicators	Status	Comments
1	National health plans and health programs can be analyzed in light of bioethics principles	2	Bioethics components in the health legislation of at least 10 countries.
2	Health system processes incorporate bioethics principles in their design	2	All countries with reform processes incorporate bioethics principles in their design (at least 8)
3	All the countries of the Region have an integrated network of centers for the study of bioethics	3	Meetings to develop a network held in 10 countries and Internet communication with 273 study centers
4	The countries adopt standards on research and experimentation on human subjects and the quality of health services.	2	Creation of national bioethics commissions in 8 countries and of ethical standards for research and/or quality of care in 6 countries.

Key for status or level of achievement:

1. Cancelled/deferred/postponed; 2. Partially achieved and not expected to be completed by 31/XII/0; 3. Partially achieved and expected to be completed by 31/XII/01; 4. Fully achieved; 5. Exceeded

*Health, Poverty, and Economic Development***Purpose**

To strengthen the countries' capacity to monitor, analyze, and manage the relationships between health and the other components of sustainable human development with equity, with emphasis on the following aspects:

- 1) the relationships between health, tourism, trade, and regional integration;
- 2) the relationship between health and the economy, and
- 3) health inequities and poverty

#	Indicators	Status	Comments
1	Indicators of health in human development	4	Activities in health, trade, and integration received greater emphasis than tourism and health. Several regional and national studies were completed on health and the economy, health inequities, ethnicity, and poverty.

*Public Policy and Health***Purpose**

To strengthen the countries' capacity to formulate and implement policies on equity in health, with special emphasis on the following aspects:

- 1) State, private sector, and civil society participation in the development of policies on equity in health;
- 2) the amendment and harmonization of health legislation, with a view to promoting equity and the interprogrammatic project to support the global initiative to reduce tobacco consumption.

#	Indicators	Status	Comments
1	Political indicators	4	Intensive efforts were made to address health inequities related to poverty and ethnicity and to craft policies to reduce these inequities.
2	Legislative indicators	4	Support was provided to strengthen the countries' health legislation in various areas, in addition to training human resources and collecting and disseminating information in this field.
3	Health indicators	3	The Region's health indicators do not yet reflect the results of the activities above.

Key for status or level of achievement:

1. Cancelled/deferred/postponed; 2. Partially achieved and not expected to be completed by 31/XII/0; 3. Partially achieved and expected to be completed by 31/XII/01; 4. Fully achieved;; 5. Exceeded

*Knowledge and Action in Public Health***Purpose**

Increase the production, dissemination, and utilization of knowledge to improve and reorient public health practice toward sustainable human development.

#	Indicators	Status	Comments
1	Increase the availability of scientific information resulting from public health research, putting it in the hands of decisionmakers, the media, and interested social actors.	3	Active work has been under way to construct the VHL-Science and Health, which contains all the components mentioned in the indicators; workshops have been held on the use of information for decision-making and the dissemination of information; the results of projects financed by the Research Grants Program have been published.

*Health Situation Analysis***Purpose**

To consolidate health situation analysis (ASIS) among and within the countries of the Region and in the Secretariat to document inequities and inequalities in health and disseminate this information.

#	Indicators	Status	Comments
1	At the end of the biennium, SHA has two communication and health information platforms in place available to the countries, subregions and technical units at PAHO. These platforms facilitate the use of up-to-date methodologies for situation analysis, emphasizing the measurement of inequalities in health and the use and application of geographical information systems in health and health surveillance.	3	Consolidation of the new regional Web-based platform on Core Data in Health and Country Profiles (95%); development and implementation of the InfoCom platform for the Central American subregion (75%).

Key for status or level of achievement:

1. Cancelled/deferred/postponed; 2. Partially achieved and not expected to be completed by 31/XII/0; 3. Partially achieved and expected to be completed by 31/XII/01; 4. Fully achieved;; 5. Exceeded

Promote equitable access to relevant, up-to-date scientific and technical information through the VHL

Purpose

To create and develop the VHL for Latin America and the Caribbean, based on the new information technology paradigm in the countries of the Region for the decentralized production and processing of text and multimedia information sources in the health sciences. These sources should be directly accessible, without geographical or temporal limitations, and serve as the database for scientific and technical knowledge in health. The data should be organized and stored in electronic format, universally accessible, and compatible with international databases.

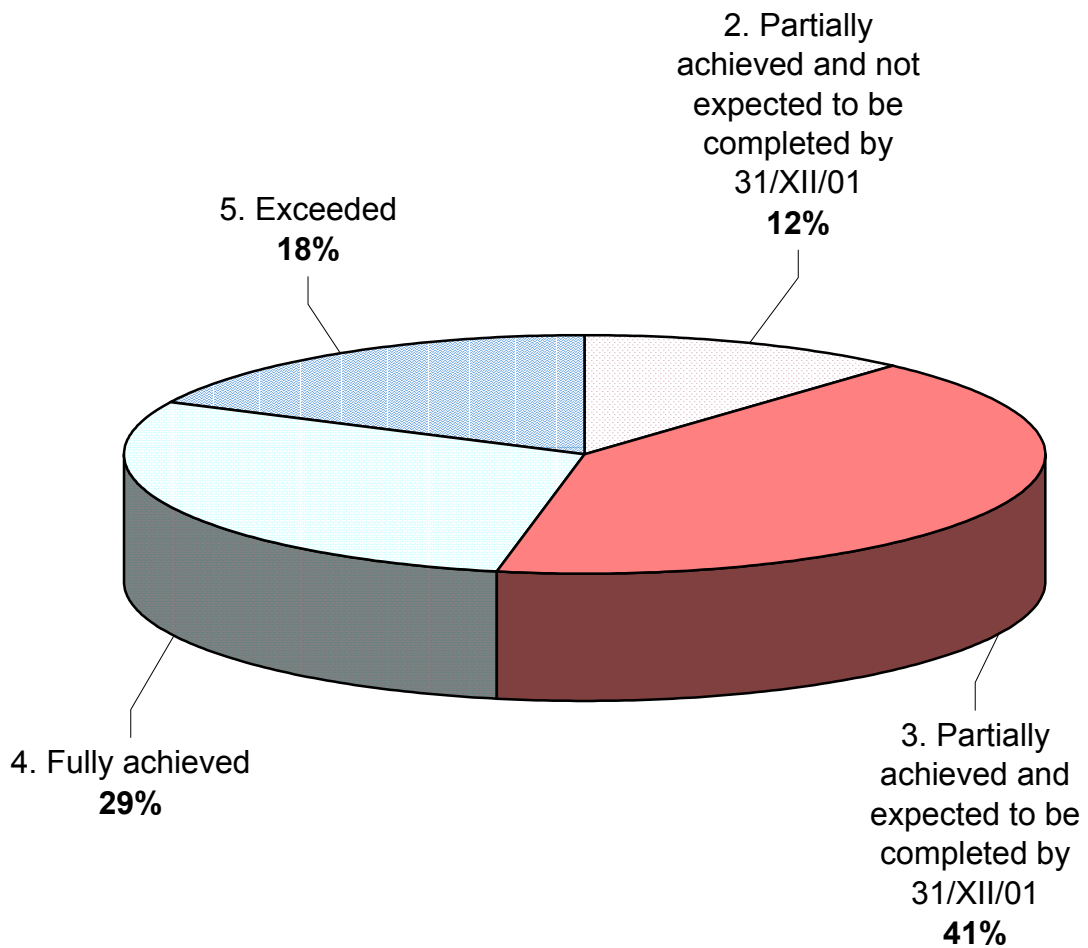
#	Indicators	Status	Comments
1	BIREME, at least 10 countries of the Region, and PAHO's programs and Centers will have their information available on the Internet, including full-text, factual and numerical bibliographic databases integrated with each other and with international systems.	4	Operating in 3 countries: MX, CU., CR 9 countries in the process of implementation: AR, CL, CO, HN, NOR, SS, DO, TT, and UY in 14 areas, particularly adolescent health and the environment

Key for status or level of achievement:

1. Cancelled/deferred/postponed; 2. Partially achieved and not expected to be completed by 31/XII/0; 3. Partially achieved and expected to be completed by 31/XII/01; 4. Fully achieved;; 5. Exceeded

HEALTH PROMOTION AND PROTECTION

Technical Cooperation Projects 17 Projects evaluated (Units: HPP, CLAP, CFNI)



Key for status or level of achievement:

1. Cancelled/deferred/postponed; 2. Partially achieved and not expected to be completed by 31/XII/01; 3. Partially achieved and expected to be completed by 31/XII/01; 4. Fully achieved;; 5. Exceeded

Health Promotion and Protection

Projects

Food and Nutrition: (Maternal and Child)

Purpose

To help decrease and/or eliminate malnutrition and contribute to the implementation of an integrated breast-feeding and supplementary feeding strategy.

#	Indicators	Status	Comments
1	By the end of 2003 50% of the countries will be involved in integrated programs to promote breast-feeding and supplementary feeding.	4	The countries have developed programs to promote breast-feeding and have begun to design programs to promote adequate supplementary feeding.

Healthy Communities and Healthy Spaces

Purpose

The countries' capacity to promote factors that protect health will have been strengthened, thus improving the conditions and quality of life of the family in the spaces where people live, study, work, and enjoy themselves.

#	Indicators	Status	Comments
1	Toward the end of 2001, at least 75% of the countries will have formulated health promotion goals in national and local public policies	2	All the countries of the Region signed the Declaration of Mexico, making the commitment to preparing National Health Promotion Plans (Fifth Global Conference on Health Promotion, Mexico 2000). Dissemination of technical information to the countries on health-promoting schools has increased by 80% over the past 12 months. A database of national health promotion plans has been set up.

Key for status or level of achievement:

1. Cancelled/deferred/postponed; 2. Partially achieved and not expected to be completed by 31/XII/0; 3. Partially achieved and expected to be completed by 31/XII/01; 4. Fully achieved;; 5. Exceeded

2	Toward the end of 2001, 50% of the countries will have a National Network of Healthy Municipios and 15% of the countries will have a National Network of Health-promoting Schools in operation	2	Organization (and creation) of the I Meeting of the Caribbean Network of Health-promoting Schools and the III Meeting of the Latin American Network of Health-promoting Schools. Development of a model to evaluate the effectiveness of the healthy spaces strategy. 47% of the countries have national or state networks of healthy municipios. 15% of the countries in Latin America have networks of health-promoting schools. A database is being set up that will make it possible to update this information.
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Mental Health

Purpose

To know their situation, to strengthen the technical and scientific capabilities of the countries of the Region so that they can propose policies, plans, programs, norms, and mental health care models that will permit adequate health promotion and patient care.

#	Indicators	Status	Comments
1	Activities related to World Health Day (WHD) and release of the World Health Report (WHR) in the Region	3	WHD activities already carried out. WHR release in the Region scheduled for November
2	By December 2001, at least 10 countries will have been given assistance in the formulation and implementation of legislation and policies for restructuring mental health care	5	Different types of assistance are being provided to more than 10 countries in terms of both legislation and mental health policies.
3	By December 2001, documents will have been prepared focusing on support for mental health care to special populations (victims of disasters, children)	3	Document on Mental Health Care for Disaster Victims being prepared with PED. Document on Mental Health Care for Children being prepared with Columbia University.
4	Development of models for managing depression, epilepsy, and chronic psychosis	2	Proposed Demonstration Project (DP) on epilepsy in Argentina approved. DP on depression in Panama under way. Proposed DP on chronic psychosis approved for 3 countries

Key for status or level of achievement:

1. Cancelled/deferred/postponed; 2. Partially achieved and not expected to be completed by 31/XII/0; 3. Partially achieved and expected to be completed by 31/XII/01; 4. Fully achieved; 5. Exceeded

5	Activities in the “Mental Health for Quality of Life” project include support for demonstration projects in mental health reform and dissemination of effective mental health promotion interventions in the Region.	3	Support is being provided for mental health reform projects in Barbados ,Saint Lucia, El Salvador, and Hidalgo (Mexico). Working group to evaluate reforms scheduled for October. Document on evidence-based interventions for mental health promotion, materials on promotion, and resource mobilization proposals being prepared.
6	All MERCOSUR countries will have created a National Program for a Smoke-Free Environment.	4	Following the Director’s call for action under the Tobacco-Free Americas Initiative, 5 countries (Chile, Argentina, Paraguay, and Brazil) began efforts to create and implement a National Program for a Smoke-Free Environment.
7	Youth Prevention Program adapted in all Central American countries	4	According to the available scientific evidence, the only prevention program to prevent alcohol use in young children is the Strengthening Families Program. This program has been successful in the United States, and all the Central American countries have worked to create a similar program based on the principles of the Strengthening Families Initiative. All countries are making arrangements to implement the program.

Adolescent Health

Purpose

At the end of the project in 2001, 20 (70%) countries in the Region will have improved their technical and operational capacity at the national and local level to implement policies, plans, programs, and services to support adolescent health and development.

#	Indicators	Status	Comments
1	Twenty countries (70%), have plans of action for adolescent health and development at the national and local level.	5	60% of the countries developed national policies, 85% established national adolescent programs (NAHP), 80% conducted a national diagnosis.

Key for status or level of achievement:

1. Cancelled/deferred/postponed; 2. Partially achieved and not expected to be completed by 31/XII/0; 3. Partially achieved and expected to be completed by 31/XII/01; 4. Fully achieved;; 5. Exceeded

*Older Adults***Purpose**

To develop the countries' capacity to prevent disease, promote health, and provide health care for older adults.

#	Indicators	Status	Comments
1	100% of the countries know the Regional Plan, have received technical cooperation, and have adapted the recommendations.	4	100% of the countries have received the Regional Plan on Health and Aging and have participated in a subregional workshop to discuss implementation of the plan according to national priorities. 90% of the countries have adopted the active aging framework, and 70% have received additional technical cooperation for developing policies, plans, or programs.

*Child Health and Family***Purpose**

Greater country capacity to coordinate and manage programs, projects, and activities aimed at developing child and family health as integral components of health and development.

#	Indicators	Status	Comments
1	By the year 2001, 30% of the countries will have added child development and early stimulation to the basic package of children's services.	3	The Regional Advisor assumed her post only 8 months ago. Development of the regional plan is in an advanced stage.
2	By the year 2001, all the countries will have considered the importance of the family in the development of health.	5	All the countries of the Region have been engaged in research on integral child development, and the child health network is under development.

Key for status or level of achievement:

1. Cancelled/deferred/postponed; 2. Partially achieved and not expected to be completed by 31/XII/0; 3. Partially achieved and expected to be completed by 31/XII/01; 4. Fully achieved;; 5. Exceeded

*Reproductive Health***Purpose**

The countries will have strengthened their capacity to manage and coordinate programs, projects, and activities among the different sectors to promote reproductive health.

#	Indicators	Status	Comments
1	Assistance provided to 60% of the countries so that they are in a position to guarantee accessible, adequate, quality services at a reasonable cost so that men and women have a basic package of services to meet their sexual and reproductive health needs.	5	More than 80 % of the countries have received technical cooperation and strengthened their capacity in the areas of quality of care, the reduction of maternal mortality, and the planning , delivery and management of sexual and reproductive health services

*Communicating for Health***Purpose**

To increase the countries' capacity to promote health and prevent disease throughout the life cycle, employing an individual, family, and community approach.

#	Indicators	Status	Comments
1	Toward the end of 2001, 50% of the countries will be implementing plans and programs for health promotion and protection at different ages and for promoting healthy environments and behaviors—programs in which communicating for health leads the community to assume “ownership”.	5	50% of the countries use communicating for health to promote healthy behaviors in adolescents, reproductive health, and the reduction of maternal mortality.
2	Toward the end of 2001, 25% of the countries will have health promotion and protection programs that emphasize communicating for health for individuals, families, and communities. These programs will include monitoring and evaluation and will form part of the framework of health sector reform.	4	25% of the countries have communicating for health plans through the mass media and media directed to individuals, families, and communities. The aim is to promote better use of the health services a monitoring system and surveys of health information needs for journalists.
3	Toward the end of 2001, 15% of communications schools and FELAFAS will have incorporated health promotion throughout the individual, family, and community life cycle in the training of social communicators and journalists.	5	More than 15% of communications schools have included health promotion in the training of journalists.

Key for status or level of achievement:

1. Cancelled/deferred/postponed; 2. Partially achieved and not expected to be completed by 31/XII/0; 3. Partially achieved and expected to be completed by 31/XII/01; 4. Fully achieved;; 5. Exceeded

*Food and Nutrition- MM Malnutrition from Micronutrient Deficiencies***Purpose**

To help reduce, control, or eliminate vitamin A, iron, iodine, and other micronutrient deficiencies.

#	Indicators	Status	Comments
1	Toward the end of the year 2003, the countries will have adapted their national micronutrient plans to their most prevalent problems and the lines of action identified.	3	All the countries have national plans that involve a strategy to combat malnutrition related to specific deficiencies. Several have updated their plans, but there are still countries that should reformulate their plans.

*Nutrition and Health***Purpose**

To help develop plans and programs for promoting healthy lifestyles in municipios, the workplace, the school, and the community by adopting healthy eating habits and physical activity.

#	Indicators	Status	Comments
1	By 2003, the countries of the Region will have formulated policies, plans, and programs to promote healthy lifestyles--in particular, promoting healthy eating and physical activity.	2	This area of work was reactivated with the arrival of the new Regional Adviser, who is in the process of developing the plan of work that the Organization will implement in this area.

*Development of Healthy Policies***Purpose**

To assist the countries in optimizing the quality of maternal and perinatal information in the Region, making it easier for them to know their current situation and engage in continuous monitoring to support decision-making for planning and programming in perinatal health.

#	Indicators	Status	Comments
1	At least 50% of the countries in the Region will have received technical cooperation during the biennium to achieve the expected results.	3	21 countries in the Region utilize the Perinatal Information System (SIP); 15 of them (ARG, BRA, COL, COR, CHI, ECU, ELS, GUT, HON, MEX, PAN, PAR, PER, URU, VEN) have provided up-to-date information to the SIP database at CLAP during the current biennium or have participated in training activities related to the expected results.

Key for status or level of achievement:

1. Cancelled/deferred/postponed; 2. Partially achieved and not expected to be completed by 31/XII/0; 3. Partially achieved and expected to be completed by 31/XII/01; 4. Fully achieved; 5. Exceeded

*Development of Institutional, Sectoral, and Extrasectoral Capacity.***Purpose**

To ensure that technical groups in the countries are consolidated and form part of a regional network that will help to maximize the efficiency of available perinatal structures.

#	Indicators	Status	Comments
1	At least 1/3 of the countries in the Region will have received technical cooperation during the biennium to achieve the expected results.	3	<p>Joint efforts with the authorities of 11 countries are leading to the creation of a network of 17 centers. The network is in different stages of consolidation:</p> <ul style="list-style-type: none"> - 2 with agreements already signed (DOR, MEX); - 3 within the framework of URU-CHI TCC; - 7 in the process of signing an agreement (BOL, ECU, PER); - 6 selected by the authorities (BRA, CUB, ELS, HON, CIN) for inclusion in the network.

*Information Management***Purpose**

To ensure that health workers and communities in the countries are trained in methodology in areas that will enable them to optimize the planning of their activities and improve their results.

#	Indicators	Status	Comments
1	At least 75% of the countries in the Region have received technical cooperation during the biennium to achieve the expected results.	4	<p>Health workers from 17 countries (ARG, BOL, BRA, COL, COR, CUB, CHI, DOR, ECU, ELS, GUT, MEX, CIN, PAR, PER, URU, VEN) received training in intra- and extramural workshops and courses and through educational activities at scientific events. Through electronic dissemination of the bulletin "Perinatal Health," the Reproductive Health Library of WHO, and the "Correo de Lectores" [Readers' Mail] reporting on the new developments at CLAP, information is disseminated to 22 countries in the Region (with BAH, HON, JAM, PAN, and PUR added to the list).</p>

Key for status or level of achievement:

1. Cancelled/deferred/postponed; 2. Partially achieved and not expected to be completed by 31/XII/0; 3. Partially achieved and expected to be completed by 31/XII/01; 4. Fully achieved; 5. Exceeded

Food Security

Purpose

Country programs strengthened to improve household food security to prevent the main nutrition-related diseases.

#	Indicators	Status	Comments
1	Improved databases for planning, monitoring and evaluation of the nutritional impact of policies and programs related to the acquisition and utilization of food.	3	<p>Exceeded:</p> <ul style="list-style-type: none">• Nutrient-cost databases and reports.• Assessment and training for breastfeeding promotion.• National Food and Nutrition Policies and Plans Developed.• Training of food safety personnel and development of standards. <p>Fully Achieved:</p> <ul style="list-style-type: none">• Development of household food security profiles.• Strengthening of food and nutrition coordination bodies. <p>Partially Achieved and Expected to be Completed by 31 Dec 01:</p> <ul style="list-style-type: none">• Improvement of food and nutrition surveillance systems.• Nutrition disease maps drafted. <p>Partially Achieved and Not Expected to be Completed by 31 Dec 01:</p> <ul style="list-style-type: none">• Development of regional nutrition labeling standards and surveillance system.

Key for status or level of achievement:

1. Cancelled/deferred/postponed; 2. Partially achieved and not expected to be completed by 31/XII/0; 3. Partially achieved and expected to be completed by 31/XII/01; 4. Fully achieved;; 5. Exceeded

*Nutrition Problems***Purpose**

To implement strategies which strengthen the nutrition program to prevent and control the diseases of undernutrition, obesity and its co-morbidities.

#	Indicators	Status	Comments
1	All countries have developed and executed at least 5 programs and applied research projects which focus on diet and health lifestyle behaviors and the reduction of nutritional deficiencies by 2001.	3	Exceeded: <ul style="list-style-type: none"> Improved protocols on dietary management of NCDs Food consumption surveys. Regional evaluation tool for hospital dietary services. Fully Achieved: <ul style="list-style-type: none"> Project Lifestyle program introduced in schools. Caribbean food composition database developed. Development of training modules for distance education. Development of new projects to reduce anemia. Regional Dietary Guidelines drafted. Partially Achieved and not Expected to be Completed by 31 Dec 01: <ul style="list-style-type: none"> Worksite Wellness program introduced in one site only.

*Methods, Models and Technologies to operationalize Food and Nutrition Security***Purpose**

The nutritional situation of the highest risk population has been improved due to the consumption of a better quality diet and the delivery of improved services in maternal and child care.

#	Indicators	Status	Comments
1	At least one nutritionally improved food, type INCAP-Harina, available in each of the Central American countries and the Dominican Republic	4	75%. In six of the eight countries of the area the production of nutritionally improved food by the industry has been consolidated and is being used by feeding programs to specific groups and in the local level in rural projects.
2.	Fortified food (salt, sugar, corn) with micronutrients, produced in accordance with available technical norms in 90% of homes of the Central American countries and Dominican Republic.	3	80%. With the exception of GUT and DOR, and temporarily ELS, the programs for iodine salt fortification are progressing. In vitamin A sugar fortification, the programs are going well in ELS and GUT (80%), with 60% coverage in Nicaragua on the first year, and 40% in Honduras.

Key for status or level of achievement:

1. Cancelled/deferred/postponed; 2. Partially achieved and not expected to be completed by 31/XII/0; 3. Partially achieved and expected to be completed by 31/XII/01; 4. Fully achieved;; 5. Exceeded

			Fortification of corn meal with iron and B complex is acceptable in all countries, which with the exception of GUT, are also adding high levels of folic acid. In DOR, negotiations are underway to fortify sugar with vitamin A.
3	National and regional network to implement a system to guarantee the quality of food fortification programs, functioning in Central America and Dominican Republic.	3	70%. Two samples have been received to guarantee the quality of the analytical process in fortified food. The guarantee system includes GUT, ELS, HON and NIC.
4	Policies, and national plans that ascertain the access and availability of food to groups with insecure nutritional food in all countries of Central America and Dominican Republic.	2	80%. National policy on Nutrition and Food Security in place in BLZ, COR, NIC and GUT. National plans being developed in other countries. Multisectoral mechanisms being established and/or consolidated for the implementation of national plans.
5	Contents of food and nutrition incorporated in national communication and education programs in all countries of Central America and Dominican Republic.	4	100% implementation of food guidelines. In five countries the process of implementation and in two the process of preparation has been supported. Concluded the methodological proposal to evaluate the impact on the population. 75% Initiative Healthy Schools. Promoted the initiate in high level meeting (Panama 2000) with education and health authorities. Resolution of CECC in support of the initiative for Human Development. Mexico-CA meeting to strengthen the initiative in development.
6	Use of nutritional labeling and consumption of nutritionally improved and fortified food, incorporated in orientation and/or consumer defense programs in all countries of Central America and Dominican Republic.	2	60%. Regional nutritional labeling proposal prepared and submitted to all countries including DOR in two regional meetings of the Codex Alimentarius organized by FAO.
7	The nutritional food component strengthened or incorporated in the integrated maternal and child programs in the seven countries of the region and DOR.	3	70%. Actions taken to revise food and nutrition for all stages of life, based on the diagnosis of the services network and FESP in the context of health sector reform to strengthen essential interventions in interprogrammatic work.
8	Nutritional food component strengthened in information systems and special studies.	4	100%. Situation analysis updated for all countries in Central America. Institutional capacity strengthen in all countries to carry out periodic and systematic actions of surveillance, monitoring and evaluation of plans, programs and projects (ECA, CBA, census, surveys, health conditions, income

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and expenses, schools promoting development)

Strategies for the Promotion and Strengthening of the Food and Nutrition Security Initiative.

Purpose

Food and nutrition security has been promoted through human resources training, the incorporation of FNS in local development plans and in monitoring and evaluation the situation of food and nutrition security.

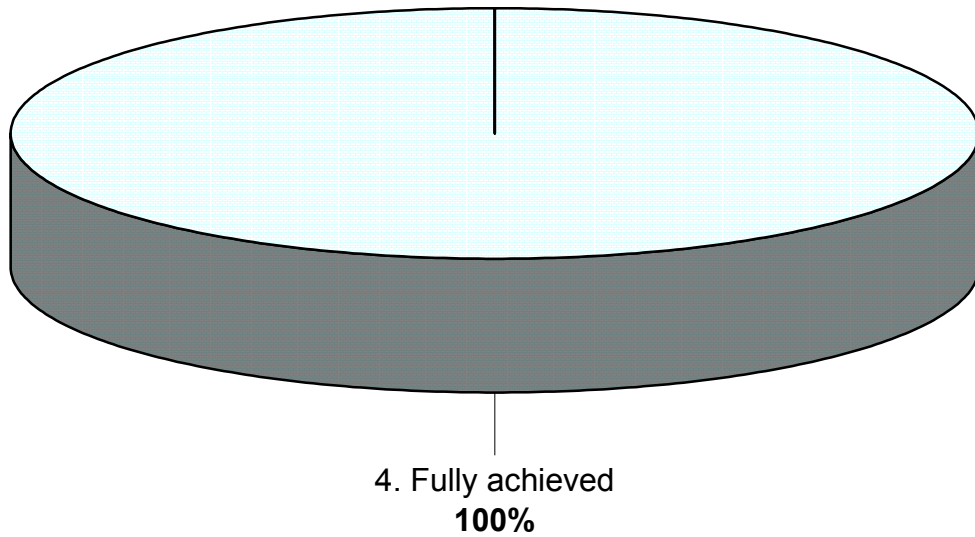
#	Indicators	Status	Comments
1	Human resources from the service and education sectors participate proactively and in accordance with the needs of the national FNS programs.	5	100%. All countries have human resources with updated knowledge on the subject of FNS. In GUT, COR, PAN and DOR master programs in FNS are available. Students in supervised professional service incorporated to local development processes (municipal and community)
2	At the end of the biennium FNS has been incorporated as a strategy in local development processes carried out in Member Countries.	5	100%. Development and transfer of methodology and work strategies for the integration of FNS in local development processes (instruments developed, managerial capacity of local governments and the society strengthened, technology transferred, appropriation of the process, sharing of experiences and extension of the methodology to priority municipalities, changes in food nutrition indicators)
3	Information on FNS situation has been used to review the legal framework and to support the decision making in reference to focalization of social and economic actions for the population in extreme poverty.	3	100%. Development and application of instruments and guidelines for monitoring and evaluation FNS at the local level. In process the transfer of methodologies and technologies to information producers and in support for surveillance, monitoring and evaluation of FNS in countries of the sub-region.

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ENVIRONMENTAL PROTECTION AND DEVELOPMENT

Technical Cooperation Projects 4 Projects evaluated (Units: HEP, CEPIS)



Key for status or level of achievement:

1. Cancelled/deferred/postponed; 2. Partially achieved and not expected to be completed by 31/XII/0; 3. Partially achieved and expected to be completed by 31/XII/01; 4. Fully achieved;; 5. Exceeded

ENVIRONMENTAL PROTECTION AND DEVELOPMENT

Projects

Water Supply and Other Basic Sanitation Activities

Purpose

To develop national capacity to increase the coverage and quality of basic sanitation services, promote health in housing, and improve other aspects of environmental sanitation.

#	Indicators	Status	Comments
1	2% increase in coverage of drinking water supply with household connections.	4	Increase estimated at 3%. At the end of the 1990s, the figures for urban and rural connections were 87% and 38%, respectively. The greatest deficits were found in rural areas: 39% of the population had no access and 23% had access but no household connection.
2	Increase in sewerage coverage or <i>in situ</i> solutions for 5% of the population, and wastewater treatment for 10% of the population with household sewerage connections.	2	A 13% increase in sewerage coverage in LAC in the past decade. Greater deficits (50%) in access to this service in rural areas. Only 14% of sewerage system effluents (49% of the population) receive some treatment.
3	Directives established for the organization of solid waste collection services and the creation of legal frameworks and national plans in four countries.	4	Sectoral organization processes concluded in Peru and Venezuela; under way in Panama and Paraguay, and begun in Ecuador and the Dominican Rep through sectoral analyses. New legal framework established in Peru.
4	Health in housing diagnoses conducted in six countries. Review of position paper on health in housing policies and of project with centers.	4	Diagnosis completed in seven countries of the Region and initiated in four more. Position paper on policies reviewed and project prepared.

Workers' Health

Purpose

To ensure that the institutions involved in improving work environments and working conditions have heightened their institutional capacity in disease prevention, health promotion, and workers' health care, including care for working children.

Key for status or level of achievement:

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#	Indicators	Status	Comments
1	Existence of multipartite boards/committees coordinating the execution of national, subregional and regional plans.	5	During the biennium, 10 countries and two subregions (CA-CARICOM) participated.
2	A multisectoral document on progress in controlling occupational hazards prepared and published.	4	Documents: "Occupational Hygiene in Latin America," "Workers' Health for Development in the Americas: A Plan for the Next Ten Years," and the "Strategy for Promoting Workers' Health."
3	Three countries will have an information system for analyzing the workers' health situation in three countries.	4	Chile, Colombia, and Cuba have developed systems for analyzing sentinel events. A Workers' Health Network has been created, with 700 professionals from 29 countries in the Region.

Environmental Health Risks and Chemical Safety

Purpose

To strengthen the institutional capacity of the ministries of health and health sections of institutions in other areas (labor and the environment) to promote chemical safety and environmental surveillance for health through the identification and assessment of risk, the setting of criteria and standards, research, and epidemiological surveillance.

#	Indicators	Status	Comments
1	At least 10 countries have set standards for air and water quality.	4	Programs for the monitoring and control of water quality in place in five countries. Brazil set up a computerized information system. Twelve LAC countries have air quality standards. The Clean Air Initiative with the World Bank supported air quality programs in four countries.
2	Studies of the health situation as it relates to the environment in four countries, with the broad participation of other sectors.	4	Studies on DDT use and malaria conducted in seven CA countries and Mexico. Studies on the health impact of pesticides conducted as part of the Plagsalud Project in Central America and two other Latin American countries. More than 300 integrated local commissions on pesticides and health are operating in Central America. Studies on the impact of lead on health conducted in 18 countries of the Region.

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3	Development of networks and instruments for information exchange in 22 countries of the Region.	4	Information exchange networks in the areas of toxicology (300 professionals/22 countries), air quality (124 professionals/22 countries), waste (200 professionals/9 countries). National toxicology networks have been set up or strengthened in Argentina, Brazil, Chile, Mexico and Venezuela. Toxicology Centers have been set up in El Salvador, Mexico, and Paraguay. Virtual Health and Environment Library (VHEL) is available, and national VHELs are being created in four countries.
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Incorporating Health into Environmental Management

Purpose

To strengthen national capacity to act in an intersectoral manner and with the participation of society to address the areas of health and environment.

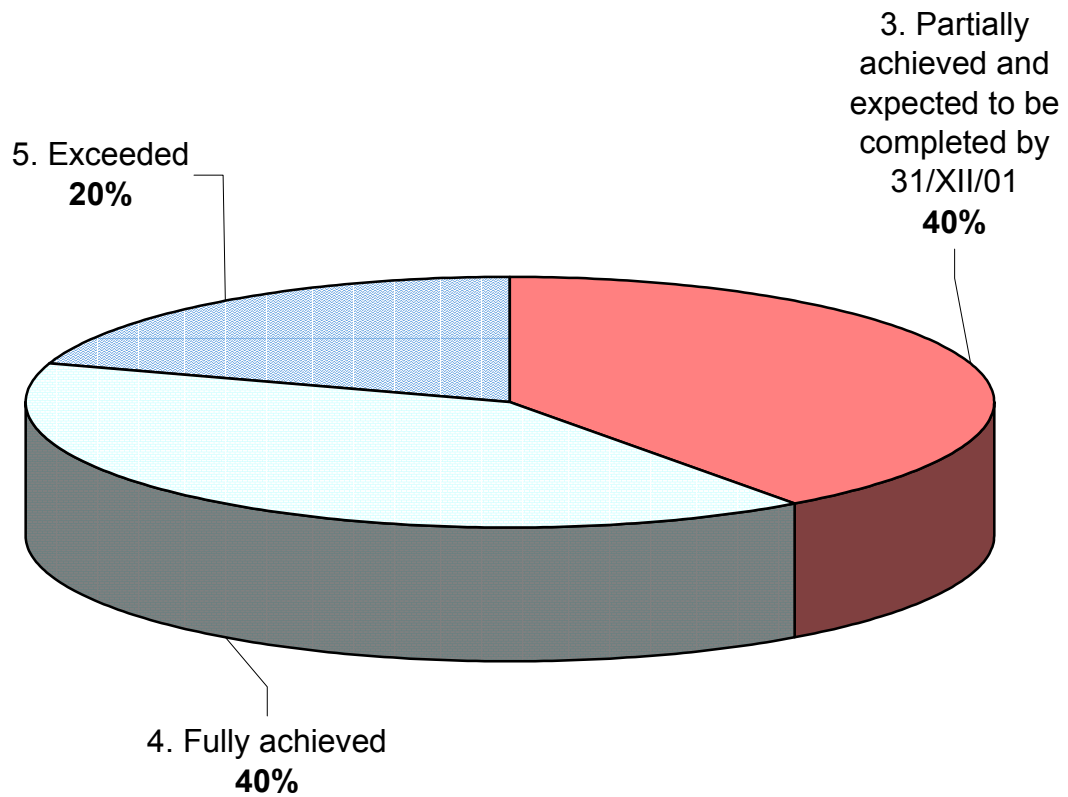
#	Indicators	Status	Comments
1	At the local level, specific community participation projects to solve environmental health problems are under way in 10 countries.	4	In Argentina, the Pan American Ecoclubs School is being organized. The Primary Environmental Care strategy is being implemented in 12 countries, with public health programs.
2	The health sector participates in the regional fora of environmental health agencies and is preparing to participate in the development of the Agenda 21 implementation plan at the national level.	4	In the year 2000, two regional forums were held, one in Barbados and the other in Chile. In 2001, the meeting is being held in Brazil and includes the regional contribution to the Río +10 Meeting and the Meeting of Ministers of Health and Environment (Canada 2002). Nine countries with processes for institutional development of their environmental health bureaus.

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HEALTH SYSTEMS AND SERVICES DEVELOPMENT

Technical Cooperation Projects 5 Projects evaluated - (Units: HSP)



Key for status or level of achievement:

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HEALTH SYSTEMS AND SERVICES DEVELOPMENT

Project

Support for Sectoral Reform Processes and for Institutional Organization of the Health Systems

Purpose

To provide technical cooperation to the Organization's member countries in the design, implementation, and evaluation of their sectoral reforms and support their efforts to define and develop organizational and operational models for their health systems. The aim is to foster an intersectoral approach, efficiency, quality, and effective social participation in order to reduce inequities in access to the services and improve the health of their populations.

#	Indicators	Status	Comments
1	Organizational models for the sector geared to the search for equity, efficiency, quality, and social participation formulated, in operation, or under review in at least eight countries in the Region at the end of the biennium.	4	As an example we cite the new models operating in Brazil. Bolivia, Costa Rica, Chile, Guatemala, Nicaragua, Honduras, Jamaica, and Trinidad and Tobago.
2	Health systems where there has been a rethinking of the steering role, organization, and management, with a view to reducing inequities and improving quality and productivity in at least eight countries at the end of the biennium.	3	There is heterogeneity in the strategies, but their common denominator is greater equity in access by the population to basic health services.

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*Organization and Management of Health Services***Purpose**

To work with the member countries of PAHO to reorient and reorganize health service delivery and develop managerial capacity, based on the criteria of equity, efficiency, and quality in health care delivery.

#	Indicators	Status	Comments
1	Health services systems with better operating and problem-solving capacity to increase coverage with equity, efficiency, effectiveness, and quality in areas such as oral health, eye health, the ethnic approach, and rehabilitation in at least 10 countries of the Region at the end of the biennium.	3	Examples: Mexico, Panama, Ecuador, Trinidad and Tobago, Brazil, Chile, Cuba, Uruguay, Peru, Guatemala, and Bolivia.

*Financing and Resource Allocation, Expenditure Analysis, and Investment Development***Purpose**

To prepare the necessary methodologies for resource allocation through the design and management of investments and the analysis and orientation of financing and expenditure.

#	Indicators	Status	Comments
1	Document on the criteria for allocating health care resources with an equity perspective.	3	Document being prepared with contributions from the countries.
2	Guidelines for projects and master plans for managing investment prepared by the end of the biennium.	3	One of the instruments is in press and another in development.
3	Guidelines for analyzing and orienting financing and expenditure prepared by end of the biennium	3	In development

Key for status or level of achievement:

1. Cancelled/deferred/postponed; 2. Partially achieved and not expected to be completed by 31/XII/0; 3. Partially achieved and expected to be completed by 31/XII/01; 4. Fully achieved;; 5. Exceeded

*Program on Human Resources Development***Purpose**

To promote and participate in human resources development in health within the framework of sectoral reform to improve equity, effectiveness, productivity, and quality in meeting the needs of the population of the countries of the Region.

#	Indicators	Status	Comments
	Comprehensive national plans for human resources development in health adopted as basic components of the sectoral reform process in 10 countries.	5	The regional strategy of the Observatory of Human Resources in the sectoral reforms has made it possible to develop national proposals and interventions in the areas of human resources policy and management in 14 countries.
2	Innovation and change in human resources development in health service and training institutions and the participation of social actors in response to the sectoral reform processes in 15 countries	4	The changes in approaches and interventions in the area of human resources are many and varied: labor flexibility (Brazil, Peru, Mexico, Costa Rica); staff training (10 countries); management contracts (Chile, Costa Rica, Peru); decentralization of management (almost all).

*Essential Drugs and Technology***Purpose**

To work effectively with the countries of the Region to improve the quality and efficiency of: the inputs of the specialized health services in the areas of drugs, equipment and medical devices, laboratories, blood banks, diagnostic imaging, radiation therapy, physical infrastructure of the health services, and information systems.

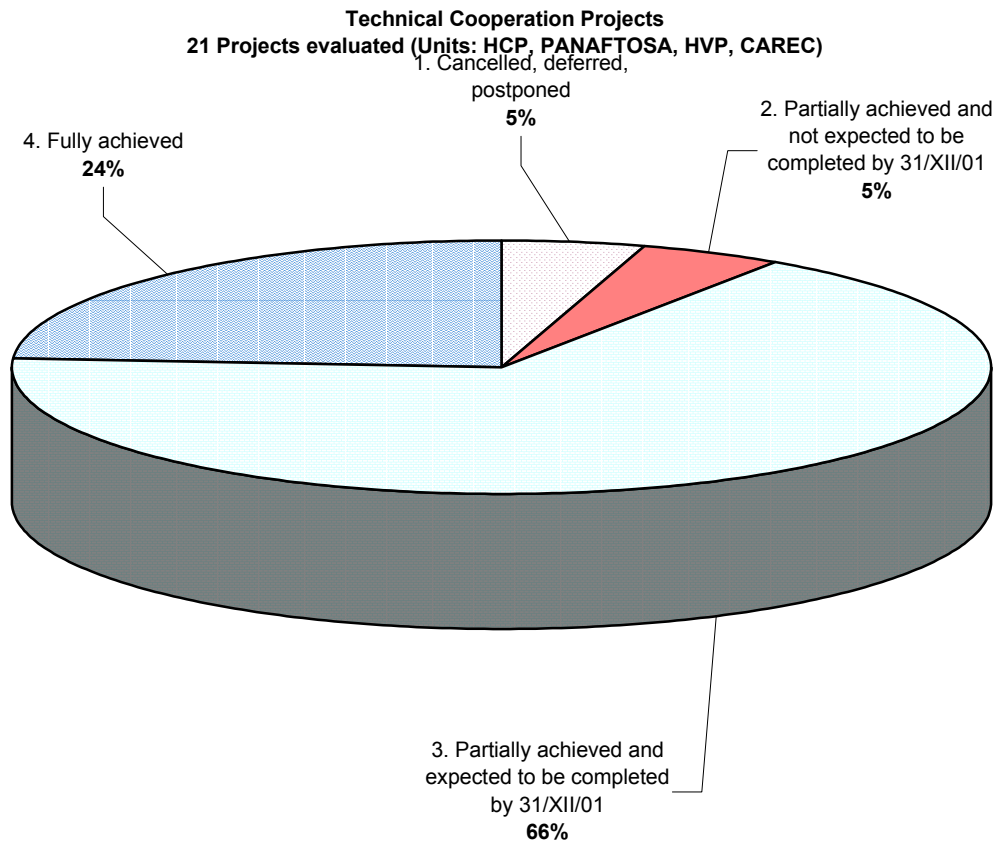
#	Indicators	Status	Comments
1	Legislation, guidelines, and standards formulated in specific areas of HSE in 10 countries.	5	The areas are: drugs, laboratories, blood banks, radiation protection, medical equipment, and information technology. The countries: ARG, BRA, CHI, COL, COR, CUB, DOR, ECU, ELS, HON, JAM, MEX, CIN, TRT
2	Proposed restructuring of regulatory entities in four countries.	5	There are proposals for restructuring the regulatory entities in the areas of drugs, medical equipment, and radiation protection. The countries: BRA, COL, COR, DOR, MEX, PAN
3	Proposals for improved performance of pharmacy, laboratory, nuclear medicine,	5	The proposed improvements cut across all the support services covered by HSE and virtually all the countries of the Region.

Key for status or level of achievement:

1. Cancelled/deferred/postponed; 2. Partially achieved and not expected to be completed by 31/XII/0; 3. Partially achieved and expected to be completed by 31/XII/01; 4. Fully achieved; 5. Exceeded

	engineering, and information services in eight countries.			The countries: ARG, BOL, COL, COR, CUB, ECU, ELS, HON, GUT, HAI, MEX, CIN, PAN, PAR, PER, TRT
4	Proposals for quality control programs formulated in 12 countries.		5	Quality control programs have been formulated in the areas of drugs, laboratories, blood banks, diagnostic imaging, and radiation therapy. The countries: ARG, BAR, BRA, BOL, CHI, COLC, COR, CUB, DOM, DOR, ECU, ELS, GUT, GUY, GRE, HAI, HON, JAM, MEX, CIN, PAN, PAR, PER, SOUTH, TRT, SCN, SALT
5	Models for institutional certification distributed at the regional level.		2	Standards have been developed and future auditors are being trained to certify blood banks and laboratories.

DISEASE PREVENTION AND CONTROL



Key for status or level of achievement:

1. Cancelled/deferred/postponed; 2. Partially achieved and not expected to be completed by 31/XII/0; 3. Partially achieved and expected to be completed by 31/XII/01; 4. Fully achieved;; 5. Exceeded

DISEASE PREVENTION AND CONTROL

Projects

AIDS/STD Prevention and Control Program

Purpose

Member Countries will have effective intersectoral programs to reduce the transmission and impact of HIV infection and sexually transmitted diseases

#	Indicators	Status	Comments
1	No. of countries using appropriate health policy and program management standards in the formulation and implementation of sectoral and/or intersectoral projects and plans (end 1999 vs end 2001.)	3	This is a continuous and continuing process. The preparation and implementation of national plans and projects takes one to five years. This indicator will need to be modified to reflect country-specific or subregion-specific (e.g. the Caribbean, Central America) appreciable qualitative changes within a two-year period.
2	No. of countries generating, using and providing useful information on AIDS cases, HIV surveillance, and selected STDS on a regular and timely basis (end 1999 vs end 2001.)	4	All countries of the Region generate, use and provide useful information on HIV/AIDS. Ten countries are providing information on selected STDs.
3	No. of countries conducting well designed and well-targeted STD control activities (end 1999 vs end 2001.)	2	Argentina, Bolivia, Brazil, Cuba, El Salvador, Honduras, Jamaica, Mexico, Peru, and Uruguay are among the countries conducting well-targeted interventions. The establishment of the STI-Network in September 2001 will contribute to the fulfillment of this indicator in the next biennium.
4	No. of countries using best practice models to prevent the sexual, blood-borne and perinatal transmission of HIV.	4	All the countries have mechanisms to ensure quality of blood and hemoderivates. Interventions to prevent transmission among IDUs still limited. Seven countries have protocols for MTCT prevention. Promotion of safer sex practices, including condom use is being implemented in at least one site in each one of the countries of the Region.
5	No. of countries implementing models of care based on recommended protocols (end 1999 vs end 2001.)	3	Regional guidelines on comprehensive care are available to all the countries. Six countries have developed guidelines on ARV therapy based on regional recommendations.

Key for status or level of achievement:

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Non-Communicable Diseases

Purpose

Member countries will adopt feasible and cost effective policies, strategies and programs for prevention and control of NCD's.

#	Indicators	Status	Comments
1	Countries have provided financial mechanisms to incorporate prevention and control activities for at least 3 NCD's.	3	As of March 2001, 59% of countries have an NCD Unit in the Ministry of Health (world average 63%). 30% of countries have a budget line for NCD prevention and control [world average 39% (range 25% AFRO – 75% SEARO)].
2	Eight countries are monitoring outcome/equity of NCD's interventions by 2001.	2	Four countries have conducted national NCD risk factor surveys. Two other countries are in planning stages through World Bank loans (shared agenda). Eleven countries are well positioned to initiate surveillance activities but have not yet started.

Elimination of Diseases

Purpose

To interrupt the vector-borne transmission of *T. cruzi* and diseases transmitted through blood transfusions or blood products; and to eliminate leprosy, onchocerciasis, and filariasis.

#	Indicators	Status	Comments
1	Transmission of <i>T. Cruzi</i> was interrupted in five of the six countries of the Southern Cone.	2	URU (1997), CHI (1999), and BRA (2000) achieved interruption. In the remaining countries (ARG, BOL, and PAR) broad areas have witnessed a significant decline their indexes of household infestation with <i>T. infestans</i>
2	100% of blood donors are screened throughout the Americas.	2	In reference to <i>T. cruzi</i> , coverage has improved in the countries of the Americas, some of them achieving 100% (ARG, URU, ELS, COL and VEN) coverage
3	Leprosy is not a public health problem in 97% of the countries of the Region.	2	PAR and St. Lucia expect elimination at the national level by 12/31/01. Only SUR (until 2002) and Brazil (2003) will remain.
4	100% of the onchocerciasis cases detected in COL, ECU, GUT, MEX and VEN; and 80% of bancroftian filariasis cases detected in BRA, DOR, GUY, and HAI receive treatment.	2	National programs for the elimination of onchocerciasis and lymphatic filariasis in these 9 countries have been set up but complete coverage of the target population has still not been achieved.

Key for status or level of achievement:

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*Surveillance, Prevention, and Control of Emerging Infectious Diseases***Purpose**

Improvement of surveillance systems to take appropriate steps for prevention and control and rapidly identify outbreaks/epidemics of communicable diseases.

#	Indicators	Status	Comments
1	All the countries have policies and plans for the prevention and control of EID.	2	21 countries have networks for the surveillance of EID and antimicrobial resistance; USA and CAN have plans (84% countries > 1million pop..)
2	80% of the countries of LA and the Caribbean have systems in place for rapid response to outbreaks.	3	20 countries (80% countries > 1million pop.) have the capacity at least at the central level to respond to outbreaks.
3	All the countries have commenced a review of their tuberculosis control strategies	4	All the countries reviewed their TB control programs; 24 countries are applying the DOTS strategy; the goal is 100% for 2003.

*Integrated Management of Childhood Illness - IMCI***Purpose**

To achieve a 20% reduction the infant mortality rate (IMR) in the Region of the Americas.

#	Indicators	Status	Comments
1	Six of the 12 priority countries of the Americas will have an infant mortality rate lower than 40/1,000 live births.	4	Only BOL, ECU, GUT, HAI, CIN, and PER still have rates higher than 40/1,000
2	Five countries cut their infant mortality rate to less than 20/1,000 live births.	3	4 countries cut their infant mortality rate to less than 20/1,000 (ARG, COL, MEX and PAR)

Source: Basic Indicators. Health in the Americas –PAHO/SHA/00.01

*Tropical Disease Control***Purpose**

Countries of the Region will have implemented integrated tropical disease control

#	Indicators	Status	Comments
1	At-risk areas with potential for the transmission of tropical diseases identified in the countries.	4	Countries with vector-borne disease control programs have identified these areas.
2	Twelve countries implement integrated control measures as a	4	Majority of countries in Central America and South America.

Key for status or level of achievement:

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	result of routine surveillance activities.		
3	Protocol for evaluating the effectiveness of antimalarials under way in 8 Amazonian countries and 6 countries in Central America	3	The countries have proposed the creation of a surveillance network to be launched in 2001.
4	At least 5 countries have plans for executing the general malaria strategy and all 21 countries report epidemiological information	5	Eight South American and nine Central American countries have plans.
5	Projects for integrated vector control and review of the therapy regimen under way in 6 countries	3	The therapy review has been conducted in 5 countries
6	Six requests for funds submitted to bilateral and multilateral agencies	4	Accomplished.
7	Three reports on subregional meetings finalized and distributed	5	Reports of five meetings finalized and distributed
8	Six countries have formulated plans for the use of IEC as part of their vector control strategy	5	At least 20 countries of the Region have formulated plans for the use of IEC
9	Twenty-one endemic countries periodically report on the prevalence and/or incidence of the diseases (malaria, dengue, leishmaniasis, onchocerciasis, leprosy and bancroftian filariasis)	4	Not all the countries have onchocerciasis, bancroftian filariasis, and leishmaniasis.
10	Eight countries utilize mass media as part of their <i>Aedes aegypti</i> control measures	5	At least 18 countries utilize it
11	Of the 13 countries with research training programs, 7 will be evaluated at the end of the biennium	4	The projects have been reviewed in the countries.

Food Protection

Purpose

Member countries will have improved their technical-administrative capacity to guarantee food safety.

#	Indicators	Status	Comments
1	80% of the member countries have integrated food protection programs in place.	2	23% (8/35) countries have integrated programs in place: North America (1), the Caribbean (4), Central America (2), and the Southern Cone (3).
2	Operation of the Inter-American Network of Food Analysis Laboratories (INFAL).	4	INFAL held its second assembly and approved its plan of action for the biennium 2001-2002.
3	Number of countries utilizing the HACCP methodology	4	Training provided for all the member countries.

Key for status or level of achievement:

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4	Number of countries with national information and epidemiological surveillance systems surveillance (SIRVE-ETA).	3	60% (21/35) of member countries report to SIRVE-ETA. The rest are expected to be incorporated by December 2001.
5	Number of countries with <u>integrated</u> food protection programs targeting street vendors.	2	25% (9/35) of the countries have begun to review their legislation. The situation analysis is expected to be complete and the regional project prepared by the end of the biennium.

Zoonoses, Foot-and-mouth Disease, and Biomedical Models

Purpose

The member countries will have improved their programs to prevent, control, eradicate/eliminate the zoonoses of importance to public health, including foot-and-mouth disease.

#	Indicators	Status	Comments
1	Elimination of human rabies transmitted by dogs.	3	62% (18/29) of the member countries have reported no human cases during the biennium.
2	Epidemiological surveillance programs for equine encephalitis in operation.	4	Epidemiological Surveillance System established at the regional level.
3	Brucellosis and tuberculosis surveillance and control programs in operation.	3	Regional situation analysis finalized. Subregional plans for the Andean area and Central America in operation.
4	Plans in operation for epidemiological surveillance and the prevention of emerging diseases.	3	Programs in place for hydatidosis control/elimination in the Southern Cone, Bolivia, and Peru. Guidelines for preventing the introduction of BSE distributed.
5	Programs for the eradication of foot-and-mouth disease expanded to the countries of the Andean area.	4	Political support for the Hemispheric Plan for the Eradication of Foot-and-mouth Disease ratified at the 12th Inter-American Meeting, at the Ministerial Level, on Health and Agriculture, Brazil 2001.

Technical Cooperation in Food Safety

Purpose

To develop national food protection programs in the countries to prevent the contamination of products for domestic consumption and export and help to reduce outbreaks of foodborne disease.

#	Indicators	Status	Comments
1	No. of countries that have integrated food protection programs.	3	This is an activity that can never be considered 100% executed since government structures in the countries vary with the different political scenarios and this area is not always accorded the necessary political priority.

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2	Inter-American food protection network operational and no. of countries with laboratory networks.	3	The Laboratory Network was consolidated during the INFAL Assembly with the participation of the countries of the Region.
3	No. of countries with national networks in operation.	2	National laboratory networks established in 2 countries of the Region
4	No. of countries utilizing the HACCP methodology.	2	In addition to training activities, standard HACCP training materials have been produced in the 4 official languages of the Organization. The materials are available in book, videotape, and CD-ROM, and Web format. Professionals have been trained in the countries, but they cannot be obliged to use the methodology
5	No. of countries with national FBD information and epidemiological surveillance systems	3	During the week of 3-7 September, all the countries of the Region will participate in the III Regional Meeting of this System, where training will be provided in how to use the SIRVE-ETA regional system and develop national systems.
6	No. of countries with integrated programs targeting street vendors.	2	With the establishment of the Social Communications Unit to permit achievement of the expected results and established indicators, it is anticipated that expectations will be exceeded in this regard.

Foot-and-mouth Disease

Purpose

To assist the countries in maintaining and expanding areas free of foot-and-mouth disease, within the framework of the strategies.

#	Indicators	Status	Comments
1	The North American, Central American, and Caribbean countries continue to be free of foot-and-mouth disease	4	The subregion continues to be free of the disease
2	Areas free of foot-and-mouth disease with vaccination recognized in the Andean subregion	4	Atlantic Coast of Colombia recognized by the IOE as free of foot-and-mouth disease with vaccination
3	Countries of the Southern Cone free of foot-and-mouth disease	2	Reintroduced disease in Argentina, Rio Grande do Sul in Brazil, and Uruguay is in the process of control and eradication

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*Brucellosis and Tuberculosis***Purpose**

To formulate and execute programs for the eradication of brucellosis and tuberculosis and promote better epidemiological surveillance of these zoonoses at the country level.

#	Indicators	Status	Comments
1	Programs designed and under way in at least 15 countries of the Hemisphere.	4	Programs designed and under way in 15 countries and areas of the Region.
2	At least 13 countries in the Region have tuberculosis surveillance systems in slaughterhouses.	2	System operational in 12 countries in the Region.
3	Brucellosis surveillance system operational in 20 countries	2	Testing phase of the system implemented in 7/20 countries in the Region

*Rabies***Purpose**

To assist the countries in eliminating cases of human rabies transmitted by dogs, within the framework of the Program for the Elimination of Rabies in the Americas.

#	Indicators	Status	Comments
1	Human incidence rate of less than 0.0095 cases per 100,000 population	4	The human rabies rate recorded in the countries of the Hemisphere in 1999 was 0.0079 cases per 100,000 population; the figure fell from 73 recorded cases in 1999 to 61 in 2000.

*Other zoonoses***Purpose**

To assist in developing the countries' capacity to control emerging and reemerging zoonotic diseases.

#	Indicators	Status	Comments
1	At least three sanitary control plans executed in the countries	3	There has been cooperation with Mexico, Chile, Uruguay, and Brazil in the surveillance of BSE (bovine spongiform encephalopathy); and with Chile in the diagnosis of PRRS (porcine respiratory and reproductive syndrome)

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*Expanded Program of Immunization***Purpose**

HVP will anticipate and respond in a timely and effective manner to the needs of Member States in the control and/or eradication of vaccine-preventable diseases.

#	Indicators	Status	Comments
1	All countries with National Plans of action for immunization	4	
2	Ten evaluations of National Immunization Programs carried out	3	2000: MEX, ARG, HAI, COR, GUY 2001: VEN, SUR, COL, GUT (oct), CUB?
3	Technical information and software provided for effective functioning of surveillance networks in the Americas (measles, polio, rubella, bacterial meningitis and pneumonia) in collecting information on diseases burden.	4	
4	Timely and efficient response of vaccine-preventable disease outbreaks to ensure effective investigation.	4	Specially for measles and polio eradication.
5	All countries have technical information on newly-available vaccines and those in development, their cost-effectiveness, guidelines on introduction criteria and financing options	4	
6	All countries receive norms for immunization safety, safe collection and disposal of used syringes and unused vials, and support in monitoring of their implementation	3	All countries received norms, and three countries received support in monitoring of their implementation (ECU, PAR, HON)
7	Timely purchase and delivery of vaccines and syringes as requested by countries, and based upon availability from manufactures.	4	

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*Vaccine Technology***Purpose**

To support countries in assuring the use of quality vaccines, and to promote intercountry collaboration for the development and control of vaccines of regional public health importance.

#	Indicators	Status	Comments
1	At least 5 National Regulatory Authorities from vaccine producing countries were evaluated for compliance with the 6 regulatory functions	2	Three NRA were evaluated (BRA, CHI, CUB). As part of the feasibility study for vaccine production, the NRA from PER was also evaluated for compliance with the required regulatory functions.
2	Evaluate at least 3 local vaccine manufacturers in the Region for their technical, managerial and economical feasibility.	4	Two public vaccine manufacturers were evaluated (CHI, COL). One prospective yellow fever manufacturer was assessed (PER).
3	Promote and implement the standardized vaccine licensing requirements in at least 5 countries from Central America and Dominican Republic.	3	Three countries are using the harmonized requirements (DOR, GUT, NIC).
4	Conduct at least two regional training workshops per year, and support training of personnel from NRA and NCL at GTN courses.	4	Two workshops in VEN: a) licensing and lot release, and b) regulatory issues on biologics; a GMP workshop in BRA and quality control of conjugated vaccines in CUB.
5	Mechanisms developed and implemented to support optimal inter-institutional and inter-country for individual projects on R&D conjugated vaccines and/or others.	1	So far, the viable vaccine manufacturers in the region have adopted partnership strategies with the commercial industry over regional technological development cooperation projects. (Fiocruz-GSK; Inst. Butantan-Aventis; Inst. Finlay-GSK)

*Prevention and Control of STD/HIV/AIDS***Purpose**

The capacity of CMCs to manage and provide sustainable services for the prevention control and care of persons infected and affected in their community strengthened

#	Indicators	Status	Comments
1	At least 80% of the CMCs will be using policies, protocols and guidelines to implement HIV/AIDS/STD activities by 12/2001	4	All CMCs are using the following guidelines or manuals to implement HIV/AIDS/STD activities: PMTCT Guidelines, Blood Safety Guidelines, Laboratory QA Manuals, Strategic Planning Guidelines, Guidelines for Clinical Management of HIV Disease. Policies for PMTCT implemented.

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*Prevention and Control of VBDs***Purpose**

To encourage CMCs in their fight against VBDs

#	Indicators	Status	Comments
1	General reduction in VBDs in malaria, dengue, LF in CMCs	3	Thus far, most CMCs experienced fewer VBDs in 2001
2	Cooperation with CMCs (Guyana & Suriname) along with network and alliances with other partners established for elimination of Lymphatic Filariasis (LF) from these two countries. Plans and norms developed by CAREC and partners for certification of LF elimination from CMC, believed and proved to be free of LF.	3	Worked with Trinidad & Tobago, Suriname and Guyana; surveillance for LF in T&T, planned.
3	Proposal made in association with other players (PAHO, CDC, etc. and MOH) – for and LF elimination program for Guyana and Suriname: external funds expected to help support for this project. Island CMCs collaborate in gathering evidence of an absence of LF.	4	Support for start of elimination for Guyana achieved
4	Assistance and resources from partners already in use in early stages of program (malaria).	3	Strengthening diagnostic skills to be done later (October) in Guyana
5	All CMCs are successfully promoting Vector Control (V.C.) through community-based programs supported by MOH	2	Not all CMCs (MOH) committed to community based programs
6	CAREC's program of identification of typical breeding places and their modification to change water content, Is accepted by three pilot countries	3	Partially accepted in Barbados and St. Lucia and other CMCs.
	CAREC actively seeks funding for support of research and works with CMCs in mosquito research	4	Project pre-proposal on climate & dengue accepted
	At least 2 papers published per year in international journals	5	At least 3 papers published.

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*Information, Communication and Marketing Support***Purpose**

Increased availability and more effective use of Information and Information Technology in support of health promotion and disease prevention

#	Indicators	Status	Comments
1	By EOP 25% increase in member country parliamentarians who believe that health and public health in particular are of high value to sustainable regional development and resource allocation to cost effective public health technologies increased	2	Tracking system for this needs to be developed as part of implementing a agreed health promotion strategy. However, health has risen to the top of the political agenda in member countries and sub-regionally, especially due to HIV/AIDS, as well as Drug use. Tourism, health and environment issues to be addressed by Caribbean Tourism Summit in Oct 2001
2	Expanded range of publications reach key technical audiences in a timely manner	4	CAREC and TRVL Histories and 25 th Anniversary Annual report; Standards for Caribbean Blood Banks and for the Hospitality industry; and increased Website www.carec.org information products reflect the expanded range of publications in what is an ongoing thrust to expand the information and communication mission in support of CCH-2
3	General population better informed about important health and disease problems and actions to prevent and control them	2	Partnerships with media at national and Caribbean regional level saw almost a doubling of coverage on HIV/AIDS. Many media have also begun specialized health supplements/pages, which are informative and contain good quality practical guidance on disease prevention and control. Programs that improve healthful behaviour skills, and create a more supportive environment are necessary to realize full impact of information provision.
4	50% increase in the number of staff who share common vision of organisational purpose and understand their role in it - up from baseline HR/EAP survey of 1997	3	Quarterly general staff meetings and regular CAREC-Info publication has improved organizational coherence, and Strategic Planning exercises have involved wide range of staff in developing shared vision and unit and personal workplans. Repeat Staff survey to be conducted.

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*Travel and Health Program***Purpose**

To improve the quality and competitiveness of the tourism industry through the establishment of standards-based systems and registrations designed to ensure healthy, safe and environmentally conscious products and services for guests and staff.

#	Indicators	Status	Comments
1	By year 2001 regional-wide environmental health and resource conservation standards will be utilised by hotels in the region	2	Environmental Health standards and resource conservation standards have been developed and will be pilot tested during the last quarter of 2001.
2	By the year 2000 Health and environmental needs assessment survey conducted and analysed and results disseminated to stakeholders.	4	Survey conducted among 191 hotels in 33 countries and 200 food establishments in 4 pilot countries. Overall 45% response
3	By the year 2001 hotel based ill-health monitoring system implemented in 90 hotels	2	Pilot of system just begun in Tobago
4	By the year 2001 public sector and private sector officials trained to conduct audits and self audits	2	Training programmes developed and held for both public sector and private sector officials
5	By the year 2001, 300 public and private sector employees trained and equipped as trainers	3	Train-the-Trainer programme developed and being implemented
6	By the year 2001 communication strategies and marketing plans fully operational	3	Marketing and communications plans in train - 50% complete
7	By the year 2001 strategic plan/business plan for broader implementation and long-term sustainability developed	3	Long-term sustainability plan currently being developed - 75% complete

*Laboratory Strengthening/Quality Assurance Program***Purpose**

To build a committed and networked human resource pool within the public and private sectors of the Caribbean region, outputting reliable and relevant laboratory information and supported by governments advocating for and supporting quality of health services

#	Indicators	Status	Comments
1.	Improved quality of laboratory services as evidenced by % error reduction, increase in customer satisfaction, turnaround time met, improvement in proficiency reports, decrease in equipment downtime and	1	This is the European Union (EU) funded project for strengthening of medical laboratories in the Caribbean – the Financing Agreement was signed in August 2000 and negotiations between the EU and PAHO for

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	procurement lab time.		the MOU and Start-up Work Programme were only completed in August 2001.
2.	Regional accreditation and monitoring body established and operational	1	See above

Laboratory Operations in support of disease prevention and control

PurposeImproved laboratory support provided to disease surveillance and control programs in CMCs

#	Indicators	Status	Comments
1.	By end 2001, at least 10 CMCs routinely utilize laboratory data in-country to support disease surveillance and control programs in accordance with guidelines and protocols prescribed by CAREC	3	Through provision of support by CAREC for implementation of the Public Health Laboratory Information system (PHLIS) in 10 CMCs, laboratories have systems for providing data to Epidemiology for enteric diseases. More recently modules for HIV and dengue have been added. Evaluations of all 10 countries will be completed by end 2001. There is a need for CAREC to provide further guidance and evaluation data in future to countries for the selection and operation of appropriate testing algorithms.

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