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RESULTS ATTAINED IN THE STRATEGIC AND PROGRAMMATIC ORIENTATIONS DURING THE PERIOD 1999-2002

The 25th Pan American Sanitary Conference adopted the Strategic and Programmatic Orientations (SPO) for the period 1999-2002 and requested the Secretariat to inform the Governing Bodies about the progress made toward the achievement of the regional goals and the implementation of the Programmatic Orientations, and the degree to which the countries took the SPO into account when formulating their national health policies or plans. This report was presented to the 26th Pan American Sanitary Conference, which studied it and resolved to request the Director to submit a new report to the Directing Council in 2003, updating information on the progress made toward meeting the regional goals.

Pursuant to that mandate, this document contains updated information on the progress made by the countries in meeting the established goals. It also discusses the some difficulties encountered in gathering and analyzing the respective information, as well as related factors that facilitate or hinder progress toward attainment of the goals.

Finally, it highlights a series of lessons learned from this and other previous exercises carried out by the Bureau to evaluate the policy orientations of the SPO. The 37th Session of the Subcommittee on Planning and Programming and the 132nd Session of the Executive Committee revised earlier versions of this document.

This report is submitted for the consideration of the delegates to the Directing Council, as requested by the Pan American Sanitary Conference.

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Introduction

1. The Pan American Sanitary Bureau, considering the Resolution of the 25th Pan American Sanitary Conference adopting the Strategic and Programmatic Orientations (SPO) for the period 1999-2002, prepared a progress report on the achievement of the regional goals, the implementation of the Programmatic Orientations, and the degree to which the countries took the SPO into account when formulating their national health policies or plans. This report was presented to the 36th Session of the Subcommittee on Planning and Programming and, following the incorporation of suggestions made by the delegates, was subsequently presented to the 130th Session of the Executive Committee in 2002.

2. The 26th Pan American Sanitary Conference reviewed the report and resolved to request the Director to submit a new report to the Directing Council in 2003, specifying the factors associated with achievement of the regional goals. Pursuant to the Conference's mandate, earlier versions of this document were presented to the 37th Session of the Subcommittee on Planning and Programming and the 132nd Session of the Executive Committee. This report is presented to the Directing Council. It contains updated information on country progress in meeting the established goals--and where possible, on factors related to the presence or absence of such progress.

Methodology

3. In 2001, a mid-term evaluation of the SPO was performed through a survey of Bureau professional staff (using a simple random sample with a 95% confidence level and an 8% margin of error). This involved personnel not only from Headquarters but the Representative Offices in the countries and included staff hired both under the United Nations regime and national contracting procedures. The study had three objectives: a) to explore the knowledge, attitudes, and practices of Bureau staff with regard to the formulation of the SPO and their subsequent utilization; b) to gauge the progress made toward meeting the regional goals; and c) to determine the degree to which the Strategic Orientations had informed the programming of technical cooperation. This study showed that in the technical area, 87% of the professionals surveyed admitted to a familiarity with the SPO, all of them utilized the SPO in their work, 85% concurred that the SPO were orienting technical cooperation with the countries, but only half the staff who were familiar with the SPO had information about the process leading up to their formulation. Furthermore, the technical cooperation projects were found to be 90% consistent with the Programmatic Orientations of the SPO.

4. In reviewing potential methodologies for evaluating the progress made in meeting the regional goals of the SPO, it was found that several goals had already been met as of

June 2001. It also became clear that sources other than the Basic Indicators published by the Bureau would have to be used to evaluate some of the goals, and that in some cases the data necessary to evaluate their fulfillment might not be available.

5. The procedure utilized and the main findings were presented to the 36th Session of the Subcommittee on Planning and Programming. Using the results of this mid-term evaluation and the Subcommittee's suggestions, the approach for the final evaluation of the SPO was established.

6. For all the countries of the Region, except the territories, the data available in the Regional Core Health Data System produced by the Bureau were reviewed to determine the progress made in meeting the regional goals, by comparing the situation in 1998 with regard to the respective goal with the situation in the year closest to 2002 for which data were available. In this way, the progress or shortfall with respect to the achievement of the goals can be assessed. In cases where the core data did not include the requested or required information, an alternative source was identified wherever possible. In rare cases, alternate sources of information are not available in the Region.

Goals of the Strategic and Programmatic Orientations (SPO), 1999–2002

7. The SPO identified 29 regional goals representing the joint commitment of the countries and the Bureau to improving the health of the Region's population.

8. These goals were grouped into three sets. A first group referred to health outcomes:

- Life expectancy at birth will increase by at least two years in all countries that had a life expectancy below 70 years in 1998;
- Infant mortality in all countries will decrease by 10%;
- Perinatal mortality will be reduced by 20%;
- Late neonatal mortality will be reduced by 30%;
- Child mortality will be reduced by 40% and will be fewer than 50 per 1,000 live births;
- Maternal mortality will be reduced by 25%;
- At least 60% of women aged 15 to 44 years will have access to contraceptives;
- Fewer than 20% of children under 5 years of age in all countries will be stunted;
- Fewer than 10% of newborns will weigh under 2,500g at birth;
- Iodine deficiency diseases will have been eliminated;

- The prevalence of subclinical vitamin A deficiency in children under 5 years of age will be below 10%;
 - The prevalence of iron deficiency among pregnant women and women aged 15 to 44 years will be reduced by 30%;
 - Elimination of wild poliovirus transmission will be maintained;
 - Measles transmission will have been eliminated in all countries;
 - Neonatal tetanus incidence will be below 1 per 1,000 live births at the district (municipal, cantonal, etc.) level;
 - The prevalence of leprosy will be below 1 per 10,000 inhabitants;
 - The prevalence of endemic dental caries will be reduced by 50%;
 - Canine transmission of human rabies will have been eliminated;
 - The transmission of Chagas' disease by *Triatoma infestans* will have been eliminated in all Southern Cone countries;
 - Foot-and-mouth disease will have been eliminated in all Southern Cone countries.
9. The second group to intersectoral actions targeting health determinants:
- In all the countries, at least 80% of the total population will have adequate sewage and excreta disposal services;
 - At least 75% of the total population will have access to safe drinking water, and in countries in which more than 75% had access in 1998, coverage will increase by 10%.
10. And the third group to health policies and systems:
- All countries will have adopted policies to promote Health for All and equitable access to good quality health services;
 - All blood for transfusions will be screened for infection with hepatitis B and C, syphilis, *Trypanosoma cruzi*, and HIV;
 - All blood banks will participate in quality control programs;
 - All countries will have adopted policies to prevent tobacco use by children and adolescents;

- All countries will have a health information system that provides core health data that meet the criteria of validity and reliability;
- In coordination with the pertinent entities, fewer than 20% of deaths will be unregistered;
- Fewer than 10% of registered deaths will be attributed to "ill-defined causes."

Results of the Final Evaluation of the Strategic and Programmatic Orientations, 1999-2002

11. The 25th Pan American Sanitary Conference requested the Director not only to apply the SPO but to assess the impact of the Organization's technical cooperation, using the SPO as a frame of reference. For this purpose, the most accurate assessment possible of the achievement of the regional goals, fulfillment of the Programmatic Orientations, and degree to which the SPO influence the formulation of national health plans and policies is presented below.

12. Furthermore, this exercise represents an opportunity for the Organization to learn about the process of defining policy and planning orientations, as well as the programming and management of technical cooperation. The next section therefore describes a series of lessons for the Bureau obtained from the mid-term evaluation and the final evaluation presented here.

13. The current status of progress toward meeting the regional goals is presented below.

Life expectancy at birth

Goal: *Life expectancy at birth will increase by at least two years in all countries that had a life expectancy below 70 years in 1998.*

14. According to estimates of the United Nations World Population Program, life expectancy in all the countries of the Region where this figure was below 70 years, except Grenada, increased between 1998 and 2002. The number of countries with a life expectancy below 70 years fell from 16 in 1998 to 10 in 2002. Life expectancy increased during this period by an average of 0.9 years for all countries. In St. Kitts and Nevis, an increase of 2.8 years was recorded, exceeding the goal of increasing life expectancy by 2.0 years.

15. Progress in this indicator is a summation of all the achievements with respect to the different causes of death in all age groups; however, in the Region, it is especially linked with the gains in the first years of life.

Infant mortality

Goal: *Infant mortality in all countries will decrease by 10%.*

16. The estimated rates indicate that infant mortality was reduced during the period in every country in the Region, without exception, with an average reduction of 9%. The goal was exceeded in seven countries, with more than a 10% reduction (Bolivia, Colombia, El Salvador, Panama, Peru, Trinidad and Tobago, and Uruguay). Meanwhile, in three countries (Canada, Cuba, and the United States), the infant mortality rate in 1998 was, and continues to be, below 10%; while representing a significant achievement for the population, this implies that any reduction, however small, will require a greater level of effort than for countries with higher rates. Nevertheless, these countries also reduced their infant mortality rate.

17. Progress in terms of mortality in infants under 1 year of age was due mainly to the reduction in mortality from infectious diseases, chiefly diarrhea and pneumonia, and to a lesser extent, perinatal causes.

Perinatal mortality

Goal: *Perinatal mortality will be reduced by 20%.*

18. The underreporting of intermediate and late fetal mortality is considerable in the Region; because these data are indispensable for estimating perinatal mortality, very few countries are able to estimate this rate.

19. For the majority of the countries, the most recent data available with regard to this goal correspond to 1995, published jointly by WHO and the World Bank in 1997 and available on the web page of the Latin American Center for Perinatology (CLAP). Because they were published a year before the adoption of the SPO, and very few countries have more recent data that would enable a comparison to be made and changes to be instituted, the progress made in meeting this goal cannot be determined.

20. The dearth of information is related to the low level of institutional births, the lack of records on fetal deaths after the 28th week of gestation--even in births that occur in health facilities, the low levels of care for newborns, and lack of access to the Civil Registry in some countries.

Late neonatal mortality

Goal: *Late neonatal mortality will be reduced by 30%.*

21. In the majority of the countries of the Region, mortality in the earliest ages is considerably underreported and therefore not routinely estimated, especially for population groups like neonates (less than 28 days old), the group to which late neonatal mortality applies (7 to 28 days).

22. The records found through the database of the Latin American Center for Perinatology are for health care facilities and do not extend to the national level. However, records for five countries are available, but they do not coincide in their years of registry. As a result, the data on late neonatal mortality in the Region are insufficient to determine the degree to which this goal has been met. The related factors are the same as those of the preceding goal.

Mortality in children under 5 years of age

Goal: *Child mortality will be reduced by 40% and will be fewer than 50 per 1,000 live births.*

23. In the countries of the Americas for which information is available, estimated child mortality rates declined by an average of 9.5%, representing a decrease of 3.7 per 1,000 live births. The progress made in reducing mortality in this age group is associated with the control of infectious diseases (60%) and the reduction of mortality from perinatal disorders.

24. Concerning the established goal of reducing the mortality of children under 5 by 40% during the period, 19 countries recorded a reduction of between 7% and 20%; in four countries the reduction was between 20% and 27%; and in one country, the Dominican Republic, inconsistencies in the data would not permit an evaluation of this indicator.

25. Estimates for 2002 show that of the seven countries with child mortality of over 50 per 1,000 live births at the beginning of the period, four continue to exhibit rates in excess of this figure; that is, three achieved the goal of reducing this rate to below 50 per 1,000 births.

26. As in the case of mortality in infants under 1 year, progress in meeting this goal is related to the reduction in mortality from diarrheal diseases and pneumonia during the first years of life.

Maternal mortality

Goal: *Maternal mortality will be reduced by 25%.*

27. The underreporting of maternal mortality in the Region is significant and is related to several problems: the underreporting of mortality in general, the poor classification of maternal deaths due to inadequate certification, and the lack of data comparability due to changes in the estimation methodology. Moreover, there is enormous disparity in the years of registry or estimation of rates, and in many countries, the available data do not allow for comparisons within the same country.

28. Based on the available data for 35 countries in the PAHO Basic Indicators for the period 1998-2001, little progress is generally seen in the reduction of maternal mortality. The trend remains unchanged in five countries; a significant increase in maternal mortality is observed in five countries; and a minimal or moderate increase occurs in seven countries. Six countries present a single datum for the period, and one presents no information at all. In 11 countries, the maternal mortality rate exhibits a downward trend.

29. The causes of maternal mortality in the Region reflect global trends, with approximately 75% corresponding to direct obstetric causes related to complications of pregnancy, childbirth, and the puerperium, chief among them hemorrhages, eclampsia, sepsis, and complications of abortion.

30. For this reason, technical cooperation is promoting a new regional strategy to reduce maternal mortality, focusing on the promotion of effective evidence-based interventions, the delivery of quality services for essential obstetric care, strengthening of epidemiological surveillance systems, the presence of skilled personnel during delivery, and continuous interaction with strategies to empower women, families, and communities.

Access to contraceptives

Goal: *At least 60% of women aged 15 to 44 will have access to contraceptives.*

31. There is no information available for 2002 with respect to this goal. However, according to the PAHO Basic Indicators, between 1998 and 2000, 11 out of 35 countries met the goal of attaining 60% or higher coverage in the use of contraceptive methods, with an average of roughly 70% for the group. During the period, 12 countries maintained the same coverage ratio, averaging 50% prevalence in contraceptive use, and, finally, the prevalence fell between 4% and 32% in 10 countries, with an average ratio of 38%.
Of

the two remaining countries, one has information for a single year and the other does not report any data.

32. Furthermore, the data are not necessarily comparable between countries, since in some cases they refer to the proportion of women of childbearing age (between 15 and 49 years of age) and in others, to women in a stable relationship; and in others still, the proportion of women covered is determined only in urban areas.

Growth retardation

Goal: *Fewer than 20% of children under 5 years of age will be stunted.*

33. Growth retardation, or stunting, can be measured in terms of the appropriateness of height-for-age, weight-for-age, or weight-for-height. The number of standard deviations is usually used in relation to height or age.

34. Because there are no systematic records for these nutritional parameters, studies or specific surveys that cannot be conducted frequently due to their high cost must be utilized. The available data from studies in 14 countries indicate a steady downward trend in growth retardation since 1978, and taken individually, 5 countries show a growth retardation ratio of below 20%. However, these data are insufficient to determine the regional fulfillment of the goal, since 12 of the 14 countries present more than one datum but of these, only 3 show information for the period for the evaluation of the SPO goals.

Low birthweight

Goal: *Fewer than 10% of newborns will weigh under 2,500g at birth.*

35. According to the information available on the web page of the Pan American Center for Perinatology, the regional goal was met around the year 2001, when low birthweight was estimated at 8.48% for 38 countries of the Region as a whole. However, 5 countries continue to have low birthweight rates of over 10%, although none exceeds 15%.

Iodine deficiency

Goal: *Iodine deficiency diseases will have been eliminated.*

36. Iodine deficiency may be determined using different methods, including the proportion of the population with goiter and the concentration of iodine in the urine. There are insufficient data in the Region to report on achievement of the regional goal. The data on iodine deficiency in 18 countries are from before 1998, with no later data available for those countries.

37. Information on salt iodization, however, could indicate possible changes in the rates of iodine deficiency in the countries. Twenty-six countries have salt fortification programs, 9 of which need some improvement, but there are still places in some countries where iodized salt is unavailable and others where salt iodization is inadequate. Furthermore, the countries report on iodine deficiency in places where the problem tends to be manifested in the form of endemic goiter, which does not provide a representative sample for the Region.

38. The cost of systematically gathering this information has made it impossible to have current data for all the Region.

Vitamin A deficiency

Goal: *The prevalence of subclinical vitamin A deficiency in children under 5 years of age will be below 10%.*

39. Because information on this deficiency is not gathered systematically, very costly studies that cannot be conducted frequently must be utilized.

40. Information from different sources is available for 16 countries of the Region that is inadequate for determining the degree to which this regional goal has been met during the period covered by the evaluation. Most of the data are from before 1998, and only Nicaragua reports an 8% prevalence of subclinical Vitamin A deficiency for 2000. No other country presents data for the years after 1998. Other, more recent studies include: the levels of vitamin A supplementation in some countries of the Region, the impact of fortification programs during period 1965-1996, and studies on serum retinol concentrations, conducted between 1991 and 2000; these studies are not comparable, however.

Iron deficiency in women of childbearing age and pregnant women

Goal: *The prevalence of iron deficiency among pregnant women and women aged 15 to 44 years will be reduced by 30%.*

41. The most recent data for 24 countries are from before 1998, with Peru and Haiti showing data for 2000; there are no other data to determine whether the regional goal has been met. The greatest impediment to gathering this information is that the common source for obtaining these data is research studies, which do not always cover the same areas or are based on estimates from local studies.

Poliomyelitis

Goal: *Elimination of wild poliovirus transmission will be maintained.*

42. The last case of poliomyelitis caused by wild poliovirus in the Americas occurred in 1991. In 1994, the International Commission for the Certification of Poliomyelitis Eradication (ICCPE) declared that transmission of the wild poliovirus had been interrupted in the Americas. There have been no further cases reported in the Hemisphere following the epidemic in the Dominican Republic and Haiti of 2001 and 2002, which produced 21 cases and was caused by a type 1 vaccine-derived poliovirus.

43. Surveillance of acute flaccid paralysis has continued to meet the standards of the International Commission for the Certification of Poliomyelitis Eradication.

Measles

Goal: *Measles transmission will have been eliminated in all countries.*

44. In April 2002, Venezuela was the only country in the Americas where indigenous measles transmission persisted. Around the same date, four other countries reported cases, all of them imported. Important measures were instituted in Venezuela to control that outbreak, and no cases caused by indigenous transmission of the virus have been reported in the Region of the Americas since 16 November 2002. However, through week 16 of 2003, 11 cases have appeared: 7 in Canada, 1 in Chile, and 4 in the United States, all of them imported from outside the Region.

Neonatal tetanus

Goal: *Neonatal tetanus incidence will be below 1 per 1,000 live births at the district (municipal, cantonal, etc.) level.*

45. Between 1998 and 2002, the incidence of neonatal tetanus was maintained below 1 per 1,000 live births in 99.4% of the 14,285 districts in the countries of Latin America. Since vaccination of women of childbearing age intensified in 1988, reported cases of neonatal tetanus have declined by 92%. A comparison of cases reported in 1998 and 2002 shows a 39% reduction in the number of cases reported, falling from 199 in 1998 to 122 in 2002.

46. Although the current situation shows improvement overall, significantly dissimilar situations exist, as the greatest incidence is concentrated in four countries (Haiti, Brazil, Colombia, and Mexico), and only 11 countries are still above the goal, with districts that have rates of over 1 per 1,000 live births; of these, only two countries (Costa Rica and Paraguay) have between 1% and 2% of their districts with rates of over 1 per 1,000, while the others have fewer than 1% of their districts in that condition. Haiti, which reported 26% of the total cases in Latin America in 2002 and where 49 (37%) of its 133 *municipios* showed rates over 1 per 1,000 live births in 2001, began implementing a Plan of Action for the Elimination of Maternal-Neonatal Tetanus whose objectives include strengthening of the health services infrastructure.

Leprosy

Goal: *The prevalence of leprosy will be below 1 per 10,000 population.*

47. According to the information available in 2001, leprosy was eliminated as a public health problem in 14 countries where it had not yet been eliminated in 1992. Every country in Latin America has a prevalence rate of below 1 per 10,000 population. Only one country with higher prevalence remains: Brazil (4.24 per 10,000), with 88.7% of the cases in the subregion.

48. Leprosy has become a curable disease since the advent of multi-drug therapy, whose adoption has produced the results observed in the Region.

Caries

Goal: *The prevalence of endemic dental caries will be reduced by 50%.*

49. Estimates of the prevalence of dental caries span periods of around 10 years, and the prevalence corresponding to the period included in the evaluation cannot be calculated. However, although the date of the data varies from country to country, 11 countries were able to reduce caries by 50% or more during the period 1977-2001. The reduction corresponding to all the countries during this period averaged around 49%.

Human rabies

Goal: *Canine transmission of human rabies will have been eliminated.*

50. The downward trend in the number of cases of human rabies continued during the period, with a 75% reduction in the past 10 years. From 1998 to 2000, cases of human rabies decreased by 28%, falling from 89 in 1998 to 64 in 2000. Meanwhile, from 1998 to 2002 the number of cases declined by 68.5%, with a total of 28 cases reported in nine countries of the Region. By 2000, human rabies had already been eliminated in 19 of the 21 capitals of Latin America.

51. In 2001, dogs were the source of infection in 71.2% (37 cases) of the 52 reported human cases where information was available on the animal transmitter. These cases occurred in 7 countries, representing 38% of the human population of the Region, out of the 48 countries and territories that constitute the Americas.

52. Canine rabies follows a trend similar to that of human rabies transmitted by dogs. Over the past 10 years, the number of cases has been reduced by 76%. In 2001, 1,652 cases of canine rabies were reported; in 2002, preliminary data indicate that 432 cases were reported. This decline is the result of efforts by the governments of Latin America, mainly in the mass vaccination of dogs.

Chagas' disease

Goal: *The transmission of Chagas' disease by *Triatoma infestans* will have been eliminated in all Southern Cone countries.*

53. In 2002, of the six Southern Cone countries, Chile and Uruguay had received certification that transmission of *Trypanosoma cruzi* by *Triatoma infestans* had been interrupted in 100% of their territory. Meanwhile, Brazil obtained certification for 85% of its territory that transmission by this vector had been successfully interrupted, Argentina achieved certification for 21% of its territory, and Paraguay for 6%. Bolivia is

the only country in which the interruption of vector-borne transmission by *T. infestans* has not been certified for any area.

54. These results can be attributed to the serious political commitment to implementing the control measures in the countries, reflected in the continuous allocation of human and financial resources to this activity for more than 10 years.

Foot-and-mouth disease

Goal: *Foot-and-mouth disease will have been eliminated in all the Southern Cone countries.*

55. The current foot-and-mouth disease situation in the Southern Cone countries (Argentina, Bolivia, Brazil, Chile, Paraguay, and Uruguay) has been kept under control relative to the year 1998, although variations have occurred over the four-year period.

56. Through mid-2000, the Southern Cone region (Argentina, Chile, Paraguay, and Uruguay) and most of the Brazilian states that comprise the Southern, West Central, and Eastern livestock circuits remained free of foot-and-mouth disease, with an area of approximately 6.2 million km² and a population of 140 million head (49% of the cattle population of South America). Argentina, Chile, and Uruguay had already achieved the international designation of disease-free without vaccination, and Paraguay and regions of Brazil the status of disease-free with vaccination. This favorable epidemiological situation brought economic benefits to the Southern Cone countries. They were able to eliminate the losses caused by the disease, save the cost of vaccination and treatment, initiate new meat exports to North America, and expand commerce with Europe and Asia.

57. In the second semester of 2000, outbreaks were recorded in southern Brazil and Uruguay. Argentina experienced a serious epidemic that began in February 2001, which spread throughout the country, except to the disease-free area of Patagonia. Chile, Paraguay, and the rest of the Brazilian states in the disease-free area maintained their disease-free status. In October 2002, Paraguay experienced an outbreak of foot-and-mouth disease and lost its status as a disease-free area.

58. Currently, Argentina has not reported cases for over a year and must wait another year to obtain certification as an area free of foot-and-mouth disease. Chile is disease-free. Uruguay has reported no cases in two years and is in the process of obtaining certification as a disease-free area with vaccination. Paraguay has reported no cases since the end of 2002. Bolivia continues to have specific regions to which foot-and-mouth

disease is endemic, and Brazil has not recorded of the disease in its territory for the year 2002.

Basic sanitation

Goal: *In all the countries, at least 80% of the total population will have adequate sewage and excreta disposal services.*

59. The most recent data compiled for the Region are from 1998. However, in view of the regional trends of the last 40 years, it is estimated that approximately 79% of the population of the Americas had sufficient access to sanitation services by 2000 and that coverage exceeded 80% at the end of 2002.

60. Although the situation reveals significant progress in the Region, large disparities continue to exist between urban and rural areas. The rural population without sufficient access to sanitation services (50.4%) is around five times the size of the urban population that lacks this service (10.2%) in Latin America and the Caribbean.

Access to safe drinking water

Goal: *At least 75% of the total population will have access to safe drinking water.*

Goal: *In countries in which more than 75% had access in 1998, coverage will increase by 10%.*

61. The most recent data compiled for the Region are from 1998. However, in view of the regional trends of the last 40 years, it is estimated that approximately 85% of the population of the Americas already had sufficient access to drinking water in 2000, exceeding the goal established for 2002.

62. Although the situation shows significant progress in the Region, it is noteworthy that the rural population without sufficient access to drinking water (38.8%) is more than five times the size of the urban population that lacks this service (7%) in Latin America and the Caribbean. It is estimated that the countries that had access of 75% in 1998 did not increase coverage by 10%. However, a more realistic increase of between 2% and 3% was achieved during the period.

63. The progress in access to safe drinking water and basic sanitation services is the result of an institutional commitment in the countries and the sustained investment of the past decade in middle- and higher-income urban neighborhoods. Continuing efforts are needed in low-income urban areas and nonurban areas.

Health for All and equitable access to good quality health services

Goal: *All the countries will have adopted policies to promote Health for All and equitable access to good quality health services.*

64. By 2001, 22 countries had adopted policies or laws designed specifically to promote Health for All or access by all to health, and 24 had instituted policies or enacted laws promoting equitable access to good quality services. Two countries that lacked explicit policies or laws promoting Health for All made a commitment, defined objectives, or launched programs to extend health services to the entire population. Six countries that lacked policies in regard to equitable access made a commitment, defined objectives, or launched programs to increase equity in access to the health services.

Blood transfusion

Goal: *All blood for transfusions will be screened for infection with hepatitis B and C, syphilis, Trypanosoma cruzi, and HIV.*

65. In 2002, 20 Latin American countries reported that 100% of blood units were screened for HIV, hepatitis B and C, and syphilis, versus 10 in 1998. At the same time, 15 countries reported screening between 90% and 99% of blood units for those same diseases. This indicates that in 2002, 35 countries screened between 90% and 100% of blood units for the four aforementioned pathologies, versus with 15 countries in 1998.

66. At the beginning of the period in 1998, 29 countries failed to report their screening coverage, compared with only 8 in 2002.

67. In 1998, four countries reported screening 100% and six countries between 5.6% and 99% of blood units for *Trypanosoma Cruzi*. In 2002, six countries reported screening 100% and 11 countries between 27% and 99% of blood units. Appreciable progress has been made in the screening of blood for Chagas' disease in the Region, with a 70% increase, from 10 to 17 countries.

68. The countries made progress in screening blood, pursuant to Resolution CD41.R15 of the Directing Council, establishing national policies and adopting measures for investment in laboratory reagents. Due to the high cost of these reagents, the lack of volunteer donors, and too many competing blood banks, 100% screening has not been achieved in all the countries.

Goal: *All blood banks will participate in quality control programs.*

69. In 1998, only 16 out of 43 countries and territories in the Region (37%) participated in quality control programs for transfusion-transmitted diseases; by 2002, the number of participating countries had risen to 37 (86%).

70. With regard to quality control programs in immunohematology, there were 18 participating countries (42%) in 1998 and 41 (95%) in 2002, indicating that only one country does not participate in these quality control programs. No information exists for one country, and 37 currently participate in both programs, while only 15 participated in 1998.

71. The progress in meeting this goal is attributable to the selection of reference blood banks in the countries, efforts to reduce the number of unnecessary blood banks, broad implementation of distance learning programs, and the creation of subregional networks of experts connected with academic centers.

Tobacco use

Goal: *All the countries will have adopted policies to prevent tobacco use by children and adolescents.*

72. In many countries of the Region, wide-ranging policies have been adopted to control smoking. By 2001, three countries of the Region (Brazil, Canada, and the United States) had adopted policies to prevent tobacco use by children and adolescents.¹

73. Analysis of the measures and policies adopted by 35 countries of the Region that are currently in effect indicates that 25 countries that notices and warnings on the harmful effects of tobacco use be printed on the articles of sale, and prohibit or restrict smoking in the workplace, schools, health facilities, public transportation, restaurants, or public areas.

74. In 18 countries, the mass media is used to transmit public messages about the dangers of smoking, and 26 countries have educational and promotional programs to combat this habit.

¹ The criteria used to determine effective policies to control smoking in young people were the real increase in the price of tobacco and tobacco products through tax increases, the elimination of tobacco advertising, and the institution of smoke-free environments. These policies are based on Resolution CD43.R12 of the 43rd Directing Council of PAHO, "Framework Convention on Tobacco Control."

75. In 19 countries, the sale of cigarettes to minors is expressly prohibited, and 23 countries prohibit cigarette advertising in certain mass media. Furthermore, 10 countries have taken steps to ban the sale of cigarettes by unit.

76. All these measures require greater restrictive and health promotion efforts, since surveys conducted in several countries of the Region show that smoking among adolescents remains a serious problem, with prevalence ranging between 13.5% and 39.5%.

Health information systems

Goal: *All countries will have a health information system that provides core health data that meet criteria of validity and reliability.*

77. Health information is critical to enabling countries to make decisions and institute measures to improve the health of the population and the quality of the environment. The countries are the source of data, and efforts should therefore be made at that level to obtain the most up-to-date and reliable information possible. Since the systematic recording of all events pertaining to health is not possible, the Bureau has made an extraordinary effort since the early 1990s to define, maintain, and publish a set of basic health indicators with the collaboration of the countries of the Region.

78. Between 1998 and 2002, the number of countries that publish core health data provided by the national sanitary information systems has nearly tripled. The number of countries that published at least two pamphlets per year with basic data on health rose from 8 countries in 1998 to 22 in 2002.

79. This progress is related to the adoption of the Core Data Initiative in both the Bureau and the countries, the sustained political support for this initiative, and cooperation with the countries for its adoption and implementation.

Registry of deaths

Goal: *In coordination with the pertinent entities, fewer than 20% of deaths will be unregistered.*

80. Timely and reliable vital statistics are needed to enable the countries to program actions in health. One type of data is mortality, for which reporting is compulsory in all the countries. However, underreporting of mortality is one of the most important factors in keeping demographic trends up-to-date.

81. According to estimates based on the information available in the PAHO database on mortality, in 1998 seven countries underreported mortality by more than 20% and in 2000, the situation not only persisted in those seven countries, but appeared in three more, for a total of 10 countries that underreported deaths by more than 20%.

82. The limited progress in meeting this goal stems from the low priority assigned by the countries assign to vital statistics and health statistics in particular.

83. This is one of the fields in which major national and technical cooperation efforts are required to advance on the basis of the collection of data and its timely processing. Furthermore, it should be noted that estimates can vary by several percentage points from one year to the next, depending on which United Nations population revision is utilized, without necessarily representing a deterioration in the mortality situation. In addition, the estimates were made using the coding from the 10th International Classification of Diseases (ICD-10), and because some countries had not made the switch from the 9th to the 10th revision, the information that appears in the database may not be up-to-date.

Goal: *Fewer than 10% of registered deaths will be attributed to “ill-defined causes.”*

84. In 1998, eight out of the 35 countries of the Region that had information on the attribution of deaths to one or more specific causes continued to report that more than 10% of deaths were due to ill-defined causes. In the year 2000, according to the information reported by the countries, this number fell to two. However, in comparing the two series, it should be considered that only 18 countries reported in 2000.

Lessons Learned

85. The definition and adoption of policies to orient the Bureau’s technical cooperation with the countries is a complex but fundamental process for the future of health in the Region. The complexity of the process and the diversity of the situations and challenges presented in the western hemisphere imply the need to organize this process so that participation in it is broad and enriching. Based on the experience of the previous iterations and the exercise of preparing this report, some lessons on the process of definition, the content of policy orientations, and the implementation of those orientations are presented below.

86. The preparation process should involve the widest participation possible, so that the end product reflects the diversity of the countries and multiplicity of opinions, proposals, and viewpoints in addressing the health problems of the Region, while providing an opportunity to achieve the necessary consensus and establish common goals. The greatest emphasis should be on ensuring that these policies reflect the collective and perceived needs of the countries and agree with their principles of action.

87. This involves consistency with national priorities, as well as the countries' commitment to achieving the goals. Several examples from the period 1999-2002 are eloquent in showing how great success can be achieved when national commitment and cooperation are directed to this end. Infant mortality has been reduced to near the goal established; there are no more cases of poliomyelitis or measles in the Region; and leprosy, in general, is no longer a public health problem in the majority of the countries. Furthermore, human rabies transmitted by dogs was eliminated in 19 of the 21 capitals of the Region, and foot-and-mouth disease is under control, with emergency actions implemented immediately on detection of an anomalous situation. Also, coverage of access to water supply and sanitation services is over 90% in urban areas, and this progress has been maintained despite the steady growth of the urban population.

88. The countries' efforts to control the transmission of blood-borne diseases are noteworthy, since the number of countries that screen 100% of blood units for HIV, hepatitis B and C, and syphilis doubled; and the number of countries participating in quality control programs to prevent the transfusion transmission of blood-borne diseases rose from 37% at the start of the period to 86% in 2002. These are perhaps the most fruitful lessons for the definition, adoption, and execution of regional goals, because they improve the health of the population and the environment.

89. With regard to strengthening technical cooperation with the countries, it should be borne in mind that there are other entities whose work is related to that of the PASB, meaning that it would be beneficial to get them involved in the early stages of policy-making to uncover synergies or possible conflicts from the very beginning, and to have an opportunity to take appropriate steps to resolve disagreements and enhance the areas of commonality.

90. Regarding content, a limited and manageable number of technical cooperation goals and objectives should be established, so that efforts concentrate on generating results in areas on which consensus has been reached with the countries, whether because of their epidemiological significance, their ethical importance, or all the criteria used in their selection. At any rate, these objectives, although attainable, should be true challenges for the Bureau.

91. It is very important that the selection of goals and objectives consider the viability of monitoring and evaluating them at the end of the period because the necessary data are available or because the information systems of the countries include these variables on a permanent basis. Monitoring and evaluation should not become a difficult and complex

task, nor an excessive burden for daily work, but should be part of a natural process for analyzing and evaluating institutional performance.

92. A relevant aspect in the evaluation of the current SPO has been, in some cases, the difficulty of finding the required information of the quality needed for this purpose. As a result, the countries and the Bureau should give priority to health information systems, not only for the timely and continuous production of data, but also for the processing, analysis, and availability of up-to-date information.

93. In order to maintain the necessary incentives for participating in the execution of policies, not only within the Bureau but among the entities involved in the field of health both inside and outside the Region, adequate periodic information and feedback are necessary using the existing institutional mechanisms or those created for this purpose, not only with regard to implementation, execution, progress, and success, but also the constraints encountered.

94. Finally, the degree of knowledge about policy orientations inside and outside the Bureau is a determinant of the level of enthusiasm for and commitment to their fulfillment, and condition for building partnerships and cooperation networks for implementing the policies. For this reason, it would appear highly desirable and necessary to disseminate and promote them, not only among Bureau staff but among all the entities associated with public health.

Action by the Directing Council

95. This report is presented to the Directing Council pursuant to Resolution CSP26.R18, adopted by the 26th Pan American Sanitary Conference for the purpose of updating the information on fulfillment of the regional goals of the Strategic and Programmatic Orientations for the period 1999-2002.
