

HEALTH PROMOTION AND PROTECTION

Issues and Challenges

Although the infant mortality rate (IMR) has decreased in most countries in the Region in the last decade, there are still considerable differences among countries and, in many cases, among different regions in the same country. A high percentage of children are frequently absent from school because of disease, one out of two children does not finish primary school, and only seven out of 10 go to high school. Although gender differences in access to school have diminished, they are still observed in some countries.

A third of adolescents lives in poverty and does not have access to health services. Tuberculosis and acute respiratory infections are still evident during adolescence. It is estimated that approximately 10 million children under 14 years of age work illegally, in dangerous conditions, without social security benefits, and with very low salaries. In the Region, approximately 17 million children between 4 and 16 years of age have emotional and psychosocial problems. Eighteen per cent of suicides occur in youngsters between 15 and 24 years of age. Drug and alcohol abuse is increasingly more frequent at younger ages and are related to car accidents, particularly among boys. Youth violence is also increasing throughout the Region, and it is estimated that approximately 20% of adolescents carry arms to school.

Access to sexual and reproductive health services is uneven throughout the Region. Many women do not have access to these services which leads to unsafe abortions, affecting predominantly poor women. More than a third of men and women in some areas do not have access to family planning services. In many countries, deliveries are carried out by unqualified personnel, placing both mothers and their infants at unnecessary risk. Maternal mortality rates in several countries are still too high, although the causes are, to a great extent, avoidable. Maternal mortality of adolescent women is due, to a great extent, to unsafe abortions. Twenty per cent of children are born to adolescent mothers. The adolescents' knowledge of disease prevention, particularly STDs, is generally poor.

Tobacco use is widespread in the Region; epidemiological data indicate that a third of the population in the Americas uses tobacco, including almost half of the population in the Southern Cone. Tobacco use is directly responsible for 845,000 deaths per year in the Region. It is also responsible for 35% of deaths due to cancer and cardiovascular diseases. Alcohol abuse is also prevalent throughout the Region. It is estimated that between 15% and 20% of adults drink alcohol in excess, and this is associated with violence, accidents, and increased morbidity and mortality rates. The abuse of psychotropic and illegal drugs is also associated with increased violence, suicides, family problems, and HIV/AIDS, with serious economic and social consequences.

Because primary health care services focus their attention on mothers and children, the older adult does not receive enough attention. It is estimated that more than 70% of the population 60 years or older does not have access to retirement services nor to the health services of social security systems. Twenty-five per cent of older adults live by themselves, 60% do not know how to read and write, more than 65% among them indicate that their health is not good and more than 20% suffer from depression. In this context, the quality of life of older adults should be a priority for health and social services.

The poor treatment, abuse, and negligence experienced by older disabled adults is an important problem throughout the Region. In many cases, they feel that the only option left for them is to commit suicide, which shows the urgent need to carry out education and prevention actions at all levels and ages. The great challenge is not only to postpone death, but to enable older adults to live a life with dignity.

Mental diseases are responsible for more than 10% of the global burden of disease. They affect people of all ages and social classes, and an unfair stigma is associated with them. In addition, they constitute one of the main causes of disability. Among the most common problems in the Region are depression, chronic psychosis, and epilepsy, as well as behavior problems affecting children and adolescents. Mental health problems do not receive the attention they deserve.

Nutritional problems affect a great proportion of the population in the Region, and constitute a serious public health concern. They may have two principal manifestations: malnutrition, including protein-caloric malnutrition, and overnutrition, which results from excess consumption or energetic imbalance. Malnutrition is frequently observed among pregnant women and during breastfeeding, with serious consequences both for the mothers and their children. Overnutrition for excess consumption can be observed at all ages.

The countries of the Region and in particular in Central America, need to improve their knowledge and the analysis of nutritional problems of the population as well as to become aware of the need to establish feeding and nutritional safety (FNS) as a policy for development.

In the Caribbean, food security, nutritional deficiency diseases, and obesity and its co-morbidities are among the priority issues that require technical cooperation. In addition, there is a need to generate, promote, and transfer knowledge to the population that will ensure the access, consumption, and better use of foods, and to promote the monitoring and evaluation of programs related to food and nutrition safety.

Because of the priority that many countries give to maternal health and to perinatal mortality the Organization has developed a project specifically geared to improving quality of care in this area called "Proyecto de Maternidades Distinguidas".

The Response of the Secretariat

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

1. Promotion of the use of the life cycle, family, and gender perspectives in the development of national health plans, policies, programs and tools to incorporate the health promotion strategies:
 - 1.1. Healthy communities and other settings
 - 1.2. Promotion of optimum micronutrient status
 - 1.3. Early child development
 - 1.4. Promotion of healthy nutrition and physical activity
 - 1.5. Adolescent health and development
 - 1.6. Health of older adults and families
 - 1.7. Sexual and reproductive health and safe motherhood
 - 1.8. Mental health, alcohol and drugs
 - 1.9. Tobacco
2. Development and implementation of perinatal health programs:
 - 2.1. Evidence-based maternal and perinatal care practices
 - 2.2. Maternal and perinatal information
 - 2.3. Network of collaborating centers
3. Strengthen national capacity to improve food and nutrition security in the countries of Central America and Panama:
 - 3.1. Methods, models and technologies to ensure nutrition and food security in Central America
 - 3.2. Strategies to promote food and nutrition security in Central America

- 4. Strengthen national capacities to improve food and nutrition security in the Caribbean countries:
 - 4.1. Food security
 - 4.2. Nutrition deficiency diseases
 - 4.3. Obesity and co-morbidities

Projects

1. Promotion of the use of the Life Cycle, Family, and Gender Perspectives in the Development of National Health Plans, Policies, Programs and Tools to Incorporate the Health Promotion Strategies

1.1 Healthy Communities and Other Settings

Purpose	Indicators
<p>The Member States have strengthened their capacity to establish and maintain healthy municipalities and communities, including schools and workplaces.</p>	<ul style="list-style-type: none"> • Healthy municipalities and communities conceptual and operational frameworks and guidelines are implemented and evaluated by all Member States.
Expected Results	Indicators
<p>Member States establish healthy public policies that promote health and improve quality of life in communities, schools and workplaces, and to evaluate their impact.</p>	<ul style="list-style-type: none"> • Frameworks and guidelines to establish and evaluate healthy public policies at the local and institutional levels were disseminated to all Member States. • 50% of countries have healthy public policies in schools and workplaces.
<p>Member States develop their national and local capacity to implement and evaluate healthy and supportive environments.</p>	<ul style="list-style-type: none"> • Guidelines and models for healthy and supportive environments are disseminated to all Member States. • 100% of Member States have adopted this innovation. • The Kit for Mayors will be disseminated and received in all countries.
<p>Partnerships with academic institutions to train and develop personnel from various disciplines in health promotion theory and practice are established in countries.</p>	<ul style="list-style-type: none"> • At least one academic institution in all Member States participates in the healthy communities, workplace and/or health promoting schools initiatives.
<p>Countries develop and strengthen their intersectoral alliances and networks in support of healthy municipalities, communities, schools and workplaces.</p>	<ul style="list-style-type: none"> • 100% of Member States include at least two other sector institutions in addition to the health sector and academic institutions as members of their healthy communities, schools and workplace networks.

Countries will strengthen their capacity to improve healthy lifestyles and practices in the population and increase protective factors in the communities and other settings.

- Training modules for life skills education, empowerment and health literacy disseminated and received by all countries.
- 50% of countries implemented and evaluated life skills education.
- Health literacy increased in decision makers and the population, especially women, children and older adults

Countries strengthen the capacity of ministries of health and education, especially at municipal levels, to use information and carry out participatory needs assessments.

- Models and guidelines for the assessment of youth risk behaviors disseminated and received by all National Commissions for Health and Education in all countries.

1.2 Promotion of Optimum Micronutrient Status

Purpose	Indicators
The countries reduce, control, and/or eliminate deficiencies of vitamin A, iron, iodine, and other micronutrients.	<ul style="list-style-type: none"> • Priority countries will have national plans to increased coverage with micronutrient supplementation and/or availability of fortified foods.

Expected Results	Indicators
Methodologies and guidelines for surveillance of nutritional anemia and systems for quality control of iron fortification programs developed.	<ul style="list-style-type: none"> • 20 countries will have surveillance of nutritional anemia's. • Guidelines for quality control disseminated and received by all countries.
Standards and guidelines for quality control of vitamin A fortification and supplementation programs developed.	<ul style="list-style-type: none"> • 6 countries will have trained for quality control of Vitamin A fortification. • Guidelines and standards disseminated and received by all countries.
Countries will have increased their capacity to ensure the sustainability of programs for iodine fortification of salt.	<ul style="list-style-type: none"> • Training modules with methods and technologies disseminated and received by all countries.
Countries will implement policies and plans to fortify with folic acid based on the results from the study of the impact of folic acid fortification.	<ul style="list-style-type: none"> • Publication with results of research project disseminated and received by all countries. • 8 countries have fortification with folic acid for women in childbearing years.
Studies on the state of art of micronutrient nutrition conducted, and the results reported at key scientific events.	<ul style="list-style-type: none"> • 10 publications will have been produced and disseminated to all countries, stakeholder and partner organizations.

1.3 Early Child Development

Purpose	Indicators
The countries strengthen their capacity to implement and evaluate policies, plans and projects that promote the health and development of children and families and reduce nutritional and developmental risks.	<ul style="list-style-type: none"> • 50% of countries will have policies and plans to promote early child development, integrating breastfeeding and appropriate complementary feeding with early child growth, development and stimulation.
Expected Results	Indicators
Countries will have strengthened coordination between sectors, donors, and national institutions to facilitate the implementation of integrated child health and development policies, plans and projects.	<ul style="list-style-type: none"> • 75% of countries will have national committees to guide and monitor progress in early child development goals and objectives with community participation.
The countries of the Region reduce, control, and/or eliminate poor maternal and child nutrition and strengthen policies and plans to promote breast-feeding and appropriate complementary feeding.	<ul style="list-style-type: none"> • Number of countries that received standards and recommendations to promote exclusive breast-feeding. • Manual for the promotion of proper feeding of children under age 2 (PROPAN) tested, and received by all countries.
Countries will be part of a technical cooperation network for the strengthening of programs for promotion of breast-feeding and appropriate complementary feeding.	<ul style="list-style-type: none"> • Networks that promote breastfeeding and appropriate complementary feeding will have two events to share experiences and disseminate guidelines.
Countries will have received methods and technologies to design and implement breast-feeding surveillance systems.	<ul style="list-style-type: none"> • 5 countries will have strengthened their surveillance systems incorporating indicators to monitor breastfeeding.
Surveillance and information systems will be strengthened to generate data on the principal indicators for integral health and development of children.	<ul style="list-style-type: none"> • 60% of countries will have relevant information to base policy and program decisions at national and local level (in collaboration with SHA and HSP).
Countries strengthened their policy legislative/ frameworks in order to guarantee the rights and promote the integral health and development of children.	<ul style="list-style-type: none"> • Instruments for monitoring and surveillance developed and in use. • Policy and legislative frameworks updated and in use (collaboration with HDP).
Countries strengthened their capacity to monitor and supervise quality of care that reflects an integral, constructive and collaborative approach to child health and development, involving families and communities.	<ul style="list-style-type: none"> • Instruments for fostering, monitoring, and supervision quality of care integrating health, growth, nutrition and psychosocial and motor skills development will be available (in collaboration with HSP).
Countries strengthened their capacity to promote child health and development at national and local levels.	<ul style="list-style-type: none"> • Number of countries with training programs for health service personnel. • Schools of medicine, public health and nursing incorporated early child health and development in their training programs (collaboration with HSR).

Advocacy role of civil society and the mass media are strengthened and reliable and motivating information is disseminated with regard to child health and development.

- Guidelines disseminated and countries implemented a model of integral child development, available to the mass media (in collaboration with DPI).
- Models for parenting and grand-parenting skills to promote early child development will be disseminated and received by countries

1.4 Promotion of Healthy Nutrition and Physical Activity

Purpose	Indicators
The countries implement policies, plans and programs that promote healthy lifestyles in workplaces, schools, and communities, healthy eating habits and physical activity and alcohol and drug free life styles are supported.	50% of countries will have national commissions for health promotion, and policies to control and reduce alcohol and drug abuse and to promote healthy lifestyles.

Expected Results	Indicators
Countries strengthen their capacity to implement policies, plans and projects for the promotion of healthy eating habits, and experiences evaluated.	Models and guidelines are developed, disseminated and received by all countries.
Countries strengthen their capacity to implement standards and guidelines for physical activity in various settings, and evaluate experiences.	Guidelines were developed for communities, schools and workplaces, these were disseminated and received by all countries.
Countries will be supported in implementing drug and alcohol prevention in schools, workplaces and other settings.	Project proposals will be developed and resource mobilization strategy will be implemented to support country efforts (collaboration with DEC).
Countries capacity to implement policies and plans for the promotion of healthy lifestyles free of alcohol and drugs will be strengthened.	A comprehensive review of community based alcohol and drug prevention strategy will be prepared, disseminated and received by all countries.
Surveillance and information systems will be strengthened with lifestyle indicators, especially to monitor eating practices, physical activity, alcohol and drug use.	Instruments to generate information on life style trends (including nutrition, physical activity, alcohol and drugs), for decision-making will be developed and available. (collaboration with SHA)

1.5 Adolescent Health and Development

Purpose	Indicators
The countries of the Region will have strengthened their institutional, technical, and analytical capacity for the development of policies, plans, programs, and services for adolescents and young adults, applying a health promotion approach.	<ul style="list-style-type: none"> • 50% of countries will have national intersectoral plans to promote adolescent and youth health and development. • 75% of countries will be implementing national programs to promote integral adolescent health and development.

Expected Results	Indicators
Surveillance and information systems will be strengthened with basic indicators of health and development of adolescents and young adults.	<ul style="list-style-type: none"> • 5 indicators of adolescent health and development will be incorporated into the regional core data base. • 10 countries will have incorporated the use of the adolescent health situation data base developed by CLAP.
The countries will be supported in the development of policies, plans, programs, and services for adolescents and young adults.	<ul style="list-style-type: none"> • 20 countries have proposals to establish social policies to promote adolescent and youth health and development. • 5 countries will have adolescent and youth programs integrated with the healthy municipalities and communities initiatives.
The countries will have strengthened their programs for development and training of human resource in health and development of adolescents and young adults.	<ul style="list-style-type: none"> • 15 countries participated in training programs using different in service and distance education methods.
The regional program strengthened networks and alliances of partners, stakeholders, agencies, institutions, and individuals that work with adolescents and young adults.	<ul style="list-style-type: none"> • 50% of countries will have national networks connecting institutions and persons working with youth. • 15 countries will have national intersectorial youth committees with youth participation.
The Program will strengthen country capacity in health of adolescence and youth, with emphasis on Central America, the Caribbean, Haiti, Bolivia, and Paraguay.	<ul style="list-style-type: none"> • 15 countries received direct technical cooperation in adolescent health and development (collaboration with other HPP programs and other divisions).
The Program will have strengthened mass communication programs aimed at adolescents and young adults and their families, at the school and community levels, with youth participation.	<ul style="list-style-type: none"> • 5 countries will have social communication programs directed at improving health and development of adolescents and their families in schools and municipalities.
The program will have disseminated relevant knowledge about the health of adolescents and young adults in Latin America.	<ul style="list-style-type: none"> • 5 countries will have qualitative and quantitative assessments of sexual and reproductive health in adolescents. • 5 countries will have assessments of media influence and involvement in.

1.6 Health of Older Adults and Families

Purpose	Indicators
The countries will strengthen their institutional, technical, and analytical capacity to support the development of policies, plans, and programs for adults and older adults.	<ul style="list-style-type: none"> • 50 % of countries have adequate and accessible health care services for the elderly. • 50% of countries have policies and plans to promote healthy aging with dignity.

Expected Results	Indicators
Surveillance and information systems will include basic indicators of the health and well being of older adults.	<ul style="list-style-type: none"> • 5 indicators of older adult health will be incorporated in the regional core data base. • 10 countries will have data bases with key information for decision making on the health of elderly people.
The countries will have strengthened their capacity to develop policies, plans, programs, and services for older adults.	<ul style="list-style-type: none"> • Guidelines were prepared, disseminated and received by all countries. • 10 countries will have policies and legal guidelines to protect the rights of the elderly and promote their health and quality of life.
The Program strengthened country capacity to implement programs for training in health education and promotion for older adults.	<ul style="list-style-type: none"> • 50% of countries have programs that emphasize primary health care and health promotion for older adults.
The Program will have strengthened technical cooperation networks of institutions and individuals who work with older adults	<ul style="list-style-type: none"> • 60% of countries will have networks of partners and stakeholder institutions and persons involved in promoting healthy aging.
The Program provided direct technical cooperation to strengthen countries capacity and develop local responses to improve the health of the elderly and reduce inequities in health among the most vulnerable older adults	<ul style="list-style-type: none"> • 10 countries received direct technical cooperation to increase equity in health promotion efforts and in access to quality health care services for the elderly.

1.7 Sexual and Reproductive Health and Safe Motherhood

Purpose	Indicators
Countries developed and strengthened political and legal frameworks, plans, programs, and services for the improvement of sexual and reproductive health of the population across the life cycle, utilizing health promotion strategies, and social participation.	<ul style="list-style-type: none"> • 50% of countries have policy and legal frameworks to improve sexual and reproductive health across the life cycle. • 75% of countries are implementing health promotion strategies with social participation to advance sexual and reproductive health.

Expected Results	Indicators
Countries capacity strengthened to maintain updated policies, plans and programs for comprehensive sexual and reproductive health promotion and appropriate health care services.	<ul style="list-style-type: none"> • A technical advisory group will be functioning and meeting at least yearly.
Surveillance and information systems strengthened with norms, standards and guidelines for sexual and reproductive health.	<ul style="list-style-type: none"> • Guidelines and standards for key indicators about sexual and reproductive health developed and incorporated in core data. • Guidelines for optimal use of surveillance information to improve the quality of reproductive and sexual health emphasizing user satisfaction and community involvement.

- Country capacity strengthened to develop, implement and evaluate policies, plans, programs and/or projects for the reduction of maternal mortality.
 - 70% of countries with maternal mortality rates greater than 100 maternal deaths per 100,000 live births will have implemented essential obstetric care at the first referral level and improved the quality and coverage of maternal and perinatal care services.

- Mass communication and advocacy packages will have been developed to increase the population's participation in sexual and reproductive health activities.
 - 5 countries will have evaluated the impact of the mass communication and advocacy packages.

- Direct technical cooperation will have been provided in response to the needs of each country for the improvement of policies, plans, programs, and services in sexual and reproductive health.
 - 70% of countries that requested technical cooperation will have been supported.

1.8 Mental Health, Alcohol and Drugs

Purpose	Indicators
The countries of the Region strengthen their capacity to develop, implement and evaluate policies, plans, and programs on mental health, and to control and reduce alcohol and drug abuse.	<ul style="list-style-type: none"> • 30% of countries will have restructured mental health services, improving access and quality. • 30% of countries will have implemented strategies to promote mental health.
Expected Results	Indicators
The Program will have strengthened surveillance and information systems with mental health indicators, and developed standards and instruments for a mental health information system.	<ul style="list-style-type: none"> • 3 countries will have mental health information systems. • Key indicators for mental health will be included in PAHOs core data base.
The Program will have developed, evaluated, and promoted the use of models to promote mental health and prevent risks and problems with vulnerable populations: children and adolescents, disaster victims, indigenous populations, women, and older adults.	<ul style="list-style-type: none"> • 3 countries will have developed and implemented models for mental health promotion at local level, in communities, schools and workplace.
The Program will have developed guidelines and standards for use in mental health programs at all levels, in particular for depression, epilepsy, and chronic psychoses.	<ul style="list-style-type: none"> • 6 countries will have developed programs in all 3 levels for depression, epilepsy and schizophrenia.
The countries capacity will be strengthened in the development of mental health legislation, policies, plans, and services.	<ul style="list-style-type: none"> • 50% of countries will have participated with the Program in preparing guidelines and standards for the development of mental health legislation, policies, plans, and services.
Member States will have developed standards and instruments for establishing an information system on alcohol and drug use.	<ul style="list-style-type: none"> • 5 countries will have policies and plans to control alcohol and illegal drug use. • 5 countries will have incorporated basic indicators on alcohol and drug consumption and use in their surveillance and information systems.

Member States will have developed and evaluated cost-effective intervention models for the management of alcohol and drug dependency. • 5 countries will have accessible quality programs for the treatment of addictions due to alcohol and drug use/abuse.

1.9 Tobacco

Purpose	Indicators
National and Regional responses to the tobacco epidemic strengthened through the implementation of evidence-based policies and programs.	<ul style="list-style-type: none"> • Number of countries with evidence-based regulatory instruments effectively implemented. • Number of countries with population-based implementation of evidence-based programs.

Expected Results	Indicators
At least 10 countries will have created smoke-free environments in a variety of sectors and jurisdictions and will have developed national plans for extensive and comprehensive smoke-free policies.	<ul style="list-style-type: none"> • Number of countries with smoke-free environments in workplaces and public places such as education and health institutions.
Five countries will have developed key components of a comprehensive tobacco control program to promote smoking cessation, prevent initiation of smoking, and reduction of tobacco consumption, through legislation and policy, fiscal interventions, public education, and other effective measures.	<ul style="list-style-type: none"> • Number of countries with appropriate level of tobacco taxation.. • Number of countries with comprehensive regulation of tobacco advertising, promotion/publicity and sponsorship, packaging and distribution. • Number of countries investing appropriate levels of resources in tobacco control.
At least five countries will have incorporated clinical preventive strategies to promote smoking cessation and prevention of initiation through primary care.	<ul style="list-style-type: none"> • List of services and medications provided under the system.
Ten countries in the Region will have developed sustainable surveillance systems to measure tobacco use and tobacco-related mortality, and will be linked through a PAHO-coordinated network to ensure comparability of data and dissemination of information.	<ul style="list-style-type: none"> • Number of countries participating in Global Youth Tobacco Survey or other similar sustainable surveillance tool. • Number of countries with adequate procedures to track tobacco-caused mortality.

The total regular budget funds in the area of health promotion strategies are:
\$ 7,417.3

2. Development and Implementation of Perinatal Health Programs:

2.1 Evidence-based Maternal and Perinatal Care Practices

Purpose	Indicators
The countries utilize appropriate perinatal care practices.	<ul style="list-style-type: none"> • At least 50% of the time evidence based best practices are used in perinatal care.

Expected Results	Indicators
Countries strengthen their capacity to improve health care during pregnancy, labor and birth.	• 6 clinical guidelines to improve health care practices during pregnancy, labor and birth developed, disseminated and received by all countries.
Country capacity in training of professionals for the development and implementation of evidence-based clinical standards or guidelines.	• Course on guidelines in CLAP and in 6 countries of the region.
Country effort are strengthened to research, and training in best perinatal care practices in the Region.	• 12 courses carried out, half in CLAP and the other half in different priority host countries in the region.
Foster and support research on clinical practice in the perinatal area.	• Research results are used to improve perinatal practice.
The countries use studies on appropriate policies and practices are used appropriately.	• Number of countries that participated in the multicentric study and used data in making decisions to improve perinatal health.

2.2 Maternal and Perinatal Information

Purpose	Indicators
The countries have adequate information on maternal and perinatal health.	• 6 publications with the situation analysis of perinatal health in the last two years.

Expected Results	Indicators
Advocacy: dissemination and distribution of appropriate, complete, and timely perinatal information.	• 2 publications with key information every year. • Newsletter from CLAP disseminated to all countries every 2 years.
Development and implementation of an information system.	• Software available.
Training of health workers in the use of information systems.	• 500 persons trained and able to use information systems.

2.3 Network of Collaborating Centers

Purpose	Indicators
Development and consolidation of a network of national centers working in the area of perinatal health associated with CLAP.	• 3 centers are integrated to the network each year, and participate in training, research and technical cooperation activities.

Expected Results	Indicators
Training of the staff of the associated centers in order to achieve a structure suited to their purposes.	• 100% of associated centers have capacity and infrastructure to promote perinatal health and development.

Development of an effective electronic system for communication within and between centers.	• Number of specific connections to increase network.
Local and multicenter research in the Region was strengthened and supported.	• At least one multicenter project and one local research project finished or in process.
Dissemination of scientific and technological information to providers and recipients of maternal and perinatal health services.	• Increased knowledge and capacity, and improved technology.

The total regular budget funds in the area of perinatal health are:
\$ 1,987.0

3. Strengthen National Capacity to Improve Food and Nutrition Security in the Countries of Central America and Panama:

3.1 Methods, Models, and Technologies to Ensure Nutrition and Food Security in Central America

Purpose	Indicators
The nutritional status of the highest-risk population is improved through consumption of a better quality diet and improved delivery of maternal and child health care services.	<ul style="list-style-type: none"> • Countries established food security policies and plans. • National networks of institutions and programs involved in food and nutrition security actively exchanging information.
Expected Results	Indicators
The countries capacity to produce enriched foods is strengthened with direct support received from INCAP.	• 3 countries producing Incaparina-based foods.
Proposals submitted to obtain financing for the design and development of food prepared with local ingredients.	• Resource mobilizations to support efforts in 3 countries
Training and support provided for at least three agroindustries run by women and devoted to local production of nutritionally improved foods.	• Functioning established agricultural industries.
Training provided to at least three communities on methodologies for the production of vegetables using hydroponic or/and organoponic methods.	• Domestic-based centers of production of vegetables with hydroponia.
At least one research study conducted to foster greater microbiological safety of vegetables.	• Research study results used to drive decisions at national and local levels.
Reactivation of the national commissions on mycotoxins promoted in at least three countries.	• National Commissions active and functioning.
Cooperation networks established for the maintenance of quality assurance systems for fortified salt, sugar and wheat flour.	• Networks active and function to support countries with dated.

Adoption of regulations/standards for voluntary enrichment of foods.	• 3 countries adopt regulations.
Adoption of regulations/standards for the fortification of nixtamalized (lime-treated) corn flour.	• 2 countries adopt regulations as a public health program.
Voluntary use of the INCAP proposal on nutritional labeling of processed and canned foods promoted	• Analysis of pilot experience, results disseminated
Participation in cooperation networks that are analyzing the consequences of consuming genetically modified foods.	• Networks actively sharing information and experiences.
Food-related measures for use in disaster situations developed and disseminated via the INCAP Web page.	• Guidelines disseminated to all countries.
Methodologies, models, and reference materials to promote a healthy diet in Central America developed and transferred.	• Guidelines disseminated and received by all countries.
Strengthen decision-making by women and their families with regard to health, food, and nutrition activities, validated, and transferred to Central America and the Dominican Republic.	• Analysis of gender equity in decision making processes.

3.2 Strategies to Promote Food and Nutrition Security in Central America

Purpose	Indicators
The countries incorporate the food and nutrition security guidelines into local development plans.	• The strategy was adopted by 3 countries Results of monitor and evaluation in the nutrition and food security situation.
Expected Results	Indicators
An information system for monitoring and evaluation of the nutrition and food security situation.	• Member States trained their teams and incorporate food security in local development plans.
Countries strengthen a comprehensive approach and incorporate nutrition and food security.	• Human resources working in programs related to nutrition and food security have up-to-date knowledge.
Methodologies and strategies for promoting nutrition and food security at local levels in the countries of Central America transferred.	• Methodologies transferred to at least 4 countries.
Scientific and technical information on nutrition and food security selected and promoted through INCAP's Food and Nutrition Documentation and Information Center.	• Strengthen CEDIAN as a resource center in health promotion is adopted by 3 countries.

The total regular budget funds in the area of food and nutrition security in Central America and Panama are: \$ 3,089.8

4. Strengthen national Capacities to Improve Food and Nutrition Security in the Caribbean Countries

4.1 Food Security

Purpose	Indicators
The countries improve food security and enhance nutritional wellbeing.	<ul style="list-style-type: none"> • Number of countries adopting food security policies
Expected Results	Indicators
Improved knowledge and skills of professional and technical personnel in food, nutrition, and related areas.	<ul style="list-style-type: none"> • 80% of participants demonstrate competencies and skills.
Increased availability and access by Member States to relevant and culture-specific nutrition communication materials.	<ul style="list-style-type: none"> • Kit of materials disseminated and used by countries.
Food and nutrition surveillance systems in the Caribbean countries strengthened and/or sustained.	<ul style="list-style-type: none"> • Increased use of surveillance data in 6 countries.
Database on food and nutrition indicators maintained and expanded.	<ul style="list-style-type: none"> • Food and nutrition trends disseminated and used by all countries.
Nutrient cost analyses promoted and used in guiding consumers to make healthy and economical food choices.	<ul style="list-style-type: none"> • Quarterly indices maintained and used by all countries.
Strengthened analytical capabilities in member countries to inform policy formulation planning and to monitor inequities in health and nutrition.	<ul style="list-style-type: none"> • Improved quality of country reports. • Monitoring system to track vulnerable groups.
Improved capacity to collect, analyze, and use data on food consumption patterns in different socioeconomic groups in designing targeted programs.	<ul style="list-style-type: none"> • 4 proposals prepared to change food consumption patterns.
Increased capacity of countries to promote and provide safe and good quality food.	<ul style="list-style-type: none"> • 5 countries develop food safety and protection measures.
Increased capacity of health system, NGOs and community-based organizations to plan, implement, and evaluate programs for improving young child feeding practices.	<ul style="list-style-type: none"> • 6 countries develop and implement program initiative.
National food and nutrition policies and plans of action developed/updated.	<ul style="list-style-type: none"> • Countries strengthen their capacity to implement national food and nutrition policies and plans.
Food and nutrition coordinating bodies and mechanisms developed and/or strengthened.	<ul style="list-style-type: none"> • 3 countries establish coordinating bodies.

4.2 Nutrition Deficiency Diseases

Purpose	Indicators
Reduction in prevalence of nutrition-related anemia, undernutrition, and other micronutrient deficiencies.	• Reduction of iron deficiency anemia in pregnant women and children.
Expected Results	Indicators
Increased awareness of policymakers about the prevalence, consequences, prevention, and control of iron-deficiency anemia, iodine and vitamin A deficiencies.	• Recommendations to policymakers disseminated and received by all countries.
Enhanced capacity of health care workers for planning, implementing, and evaluating programs for the prevention and control of anemia.	• Anemia prevention and control programs evaluated in 5 countries.
Information available on the appropriateness and effectiveness of specific strategies for combating anemia in children < 5 years.	• Research studies conducted in 3 countries.
Enhanced capacity of community-based organizations, NGOs and government agencies for planning, implementing, and evaluating social communication programs for anemia prevention and control.	• Social communication programs implemented and their impact evaluated in 4 countries.
Increased availability and use of surveillance data on anemia, undernutrition, and other micronutrient deficiencies in decision-making.	• 10 countries report core indicators.
Support institutions in developing and implementing sustainable community intervention approaches for the prevention and control of undernutrition.	• Programs implemented in 5 countries.

4.3 Obesity and Co-morbidities

Purpose	Indicators
The prevalence of obesity and its co-morbidities is reduced.	• Adolescent and adult obesity levels reduced by 2%.
Expected Results	Indicators
Increased capacity in-country for the development of lifestyle (diet and exercise) interventions targeted to school-age children.	• 6 countries implement programs.
Lifestyle interventions in worksite settings developed and tested.	• Results of assessment in 3 countries disseminated and discussed.
Increased capacity in countries for developing and implementing evidence-based nutrition intervention programs to combat obesity.	• Programs developed in 3 countries.
Increased capacity in countries for the collection and use of data to identify and target high risk groups for obesity and co-morbidities.	• Report of risk factors identified for 6 countries disseminated and reported.

- Strategies to promote increased physical activity developed. • Targeted programs developed in 3 countries.

- Increased capacity in the health care system for the dietary management of obesity, diabetes and hypertension, cardiovascular disease, and cancer. • Management protocols and guidelines implemented in 6 countries.

- Enhanced capacity of NGOs, community-based organizations for undertaking nutrition interventions for the prevention and control of obesity and its co-morbidities. • New strategies implemented in 3 countries and reports disseminated.

- Capacity of countries enhanced to manage and deliver dietetic services more effectively. • Dietary services improved in 6 countries.

The total regular budget funds in the area of food and nutrition security in the Caribbean are: \$ 2,606.5

HEALTH PROMOTION AND PROTECTION PROGRAM BUDGET DISTRIBUTION BY ORGANIZATIONAL LEVEL				
Organizational Level	Regular Budget		Other Sources	
	2000-2001	2002-2003	2000-2001	2002-2003
Country Programs	9,370.5	9,299.8	5,322.0	90.4
Intercountry Programs	15,022.9	15,100.6	4,828.6	3,266.2
Total	24,393.4	24,400.4	10,150.6	3,356.6