

HEALTH SYSTEMS AND SERVICES DEVELOPMENT

Issues and Challenges

The main problem that the Region faces in the development of health systems and services is the inadequate response to the population's health needs. This has to do with the lack of equity in terms of resource distribution and coverage, the inefficiency of its actions, deficient financial management, and the weak capacity of health authorities to direct health sector reform processes.

More immediate causes of these problems are a weak public health practice and infrastructure, insufficient capacity for leadership of public health authorities both at the national and local levels, imperfect decentralization processes, inadequate financial management and resource allocation, lack of instruments for social participation, and insufficient development of research in health systems with scarce application of its results. With regard to the provision of services, the greatest problem is their low coverage, resolution capacity, and effectiveness.

Although these problems have an influence on all services, there are some programs and services that have been particularly affected, such as oral health, eye care, rehabilitation, and nursing services as well as those aimed at indigenous populations.

As a result of changes in the markets for health services, in the assignment of populations to various forms of coverage, and the process of decentralization, there is a new labor and management scenario that requires a profound change in the management of human resources.

From the educational point of view, the graduates of schools and faculties of health sciences do not generally have the competence, profile, culture, and attitude that are necessary for the provision of adequate health services. The curricula need to be changed, and the mission of training institutions needs to be redefined in order to increase their integral participation in the health development process.

The emergence of new problems in the area of human resources in public health calls for national and regional processes that include research and monitoring and address the important problems in this area with a strategic approach.

The quality of the laboratories and blood banks vary not only within each country but also among countries, and is associated with the capacity of each institution to invest in infrastructure, equipment, supplies, and personnel. This difference becomes greater with time as new technological tools are developed and demands for services increase as a result of population growth and the emergence of new pathologies.

Diagnostic radiology and radiotherapy services suffer not only from a lack of financial resources but also from an inefficient allocation of available resources. This is manifested by inadequate and deteriorating physical resources (buildings and equipment), the lack of adequate specifications for purchasing new equipment, insufficient salaries, and a lack of discipline in working habits. Evident secondary effects include: nonfunctioning equipment, minimally trained personnel, ineffective diagnostic and/or therapeutic protocols, and unsafe radiation conditions for patients, staff, and the public.

Regarding radiation protection and safety, coordination must be strengthened because most radiological regulatory authorities are outside the health sector. Since they lack clinical experience, the use of medical radiation sources is very difficult to control, especially concerning patient protection. The control is even more in need of coordination when regulatory responsibilities are divided between two (or more) governmental agencies. International technical cooperation concerning radiology services and/or radiation safety programs is provided by various international organizations.

The physical infrastructure and the equipment of health services in the public sector are generally in bad condition. The principal problems are related to lack of institutional development to ensure the planning, acquisition, operation, maintenance, evaluation, elimination, and renovation of equipment; lack of personnel with the training needed for the management and operation of programs as well as to train auxiliary personnel; lack of information needed to define priorities and investments; lack of program financing policies; and lack of regulation programs for medical equipment and devices.

The variety of environments, priorities, organization, and operational demands of the healthcare sector requires a multiplicity of information technology (IT) applications capable of providing support for the challenging and complex interdependent clinical, public health, and managerial decisions and interventions that characterize health practice. There are conflicting perspectives regarding how to bring technological innovation and integration an to environment of increasing social inequalities and polarization between local and global values and control. Two out of three public IT projects take too long to implement and cost more and deliver less than what had been planned.

The threat of technological and natural disasters has not abated in the Region. Despite the fact that Latin American and Caribbean countries have been making concerted efforts for more than two decades to combat the effects of disasters on health, and have gained knowledge and experience, several factors have collaborated to exacerbate the situation: spiraling population growth, urban migration, deforestation, and global warming, among others. Hurricane Mitch in 1998 was a striking reminder of the vulnerability still faced by the Region.

The Response of the Secretariat

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

1. Strengthen national capabilities related to the development and institutional organization of the health system and the organization and management of health services to make universal access to quality health care possible and sustainable:
 - 1.1. Health Systems Development
 - 1.2. Organization of Health Services Delivery
 - 1.3. Human Resources Development for the Health Sector
 - 1.4. Essential Drugs and Health Technology
2. Improve countries' capabilities to prepare for or reduce the damage caused by disasters:
 - 2.1. Disaster preparedness and mitigation
 - 2.2. Humanitarian Assistance and Disaster Relief

Projects

1. Strengthen National Capabilities Related to the Development and Institutional Organization of the Health system and the Organization and Management of Health Services to Make Universal Access to Quality Health Care Possible and Sustainable

1.1 Health Systems Development

Purpose	Indicators
The countries of the Region strengthen their capacity to assess the performance of their health systems and to implement the necessary changes to produce improvements in the health sector.	<ul style="list-style-type: none"> Ability of the health authorities to formulate, arrange, and evaluate the processes of reform will have been enhanced in at least 10 countries.
Expected Results	Indicators
Measurement of the performance of essential public health functions completed in all countries of the Region.	<ul style="list-style-type: none"> Instrument for measurement of performance in the essential functions of public health will have been applied in 38 countries of the Region.
Guidelines, methods and training developed for supporting national efforts aimed at strengthening the steering role of health authorities.	<ul style="list-style-type: none"> Instruments for the development of the institutional capacity of the health authority in performing the functions of the sector steering role will have been disseminated to all countries of the Region. Processes of the Ministries of Health for revision and institutional implementation of the decentralized execution of sanitary authority will be supported in at least 8 countries of the Region.
Tools and methodologies developed and training carried out to support national efforts to expand social protection in health and improve social security schemes.	<ul style="list-style-type: none"> Instruments of the process for extension of social protection in health will have been created and disseminated to all countries of the Region. Reorganization efforts of the Social Security Institutions will be supported in at least 4 countries of the Region. Guidelines for the design of basic sets of benefits produced and disseminated to all countries of the Region.
Tools and methodologies developed for supporting national efforts to improve the financing schemes, the resource allocation practices, the expenditure patterns and the provider payment mechanism of the health sector.	<ul style="list-style-type: none"> Methodology of efficiency analysis on spending applied at least 2 countries of the Region. At least 3 countries have received support in preparing plans of investment and in management of investment proposals.
Methods, models and technologies developed for strengthening national capabilities for performance assessment of health systems.	<ul style="list-style-type: none"> At least 4 countries will have conducted sector analyses with the revised methodology. A methodology to evaluate and compare the performance of the health systems will have been designed, disseminated, and applied in at least 3 countries.

- At least 20 countries will have conducted the monitoring and evaluation of the sector reforms, using the second edition of the profiles methodology.
 - At least 10 countries will have applied the methodology of evaluation of equitable access to basic health services
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- Tools, methodologies, training and exchange of experiences developed to strengthen national capabilities for the design, management and evaluation of health sector reform processes.
- Electronic "Clearinghouse" information and analysis system on reform up-to-date and functioning.
 - At least 2 study tours and two regional forums will have been carried out.
 - There has been participation in at least 3 editions of the "Flagship Course" on reform.
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1.2 Organization of Health Services Delivery

Purpose	Indicators
<p>Member countries develop models of care suited to their populations' health needs, and improve the operation, and management of health services networks.</p>	<ul style="list-style-type: none"> • Operational and resolution capacity of Health Services Systems improved Health improved, with enhancements in the efficiency, quality, and effectiveness of care. • Models of care reoriented toward approaches involving promotion and public health.

Expected Results	Indicators
<p>Guidelines, methodologies and tools developed for reorienting content of health care delivery models of member countries.</p>	<ul style="list-style-type: none"> • Process of review and adaptation of the promotion-based models of care supported in at least 15 countries of the region by the end of the biennium. • Processes of definition of new modalities of intra- and extra-mural care supported in at least 10 countries of the Region by the end of the biennium. • Methodology and instruments for the administration of nursing and midwifery care identified or implemented and disseminated in the countries of the Region.
<p>Models and standards for the organization and management of healthcare delivery developed and disseminated to help the countries of the Region improve the performance of their health services networks.</p>	<ul style="list-style-type: none"> • Processes of review and development of models of organization of the local and national provider networks of services supported in at least 10 countries of the Region by the end of the biennium. • Processes of strengthening hospital management consistent with the new guidelines of the models of care and management supported in at least 15 countries of the Region by the end of the biennium.

Guidelines, methodologies, tools and training developed to support member countries in their continuous improvement of the quality of care.	<ul style="list-style-type: none"> • Processes of strengthening the emergency services of hospitals and clinics supported in at least 5 countries of the Region by the end of the biennium. • Guidelines on processes to guarantee and continuously improve quality disseminated in all the countries of the Region. • Policies and strategies for incorporation of technology assessments for the health care formulated, operational, or under review in at least 10 countries of the Region by the end of the biennium.
Advocacy, plans, standards and methodologies developed strengthening oral health services and programs.	<ul style="list-style-type: none"> • Staff trained in ART technology in at least 3 countries. • Programs for fluoridation of salt consolidated in at least 10 countries.
Plans, standards and methodologies developed for strengthening normatively and operationally eye health services and programs.	<ul style="list-style-type: none"> • Policies, standards, and programs for eye care formulated, operational, or under review, starting with an understanding of the situation, in 13 countries of the Region by the end of the biennium. • At least five workshops on the production of low-cost eyeglasses should be functioning by the end of the biennium.
Plans, methodologies and tools developed to enhance the countries' ability to ensure equitable access to health care for the indigenous peoples.	<ul style="list-style-type: none"> • Networks of cooperation, intra/or intersectoral alliances, and public policies that encourage equitable access for indigenous peoples will have been strengthened at the regional level and in five countries of the Region by the end of the biennium. • Expansion of the intercultural approach to health in the models of care and training programs of 10 countries of the Region by the end of biennium. • Improvement of the collection, production, and/or dissemination of information on the health of the indigenous peoples, in at least 3 countries of the Region by the end of the biennium.
Models, standards, methodologies and training developed to strengthen national programs of disability prevention and countries' rehabilitation services.	<ul style="list-style-type: none"> • Programs for Prevention of Disabilities formulated and launched in at least 10 countries of the Region by the end of the biennium. • Guidelines for the incorporation and analysis of disability data utilized in at least 10 countries of the Region by the end of the biennium. • Processes of review and adaptation of models of rehabilitation care underway in at least 10 countries of the Region by the end of the biennium.

National capabilities strengthened for the development, implementation, and evaluation of comprehensive programs for landmine victims' assistance.

- Twelve national institutions with the ability to pursue an integrated approach in the rehabilitation of survivors of land mines and other persons with disabilities in three countries of Central America: Honduras, El Salvador, and Nicaragua.
- One hundred health professionals in the recipient countries of the Tripartite Mexico-Canada-PAHO Initiative trained in the rehabilitation of victims of landmines, with capabilities implemented that encompass the integrated approach of rehabilitation.

1.3 Human Resources Development for the Health Sector

Purpose	Indicators
The countries develop, strengthen, and ensure the sustainability of processes of planning, regulation, management, and development of human resources for the health sector as part of the steering role of the health authority.	<ul style="list-style-type: none"> • National plans for development of human resources at the level of the health sector. • Sustainable inter-institutional entities for the formulation of policies, plans, and regulations of development of human resources. • Managerial processes and processes of innovation and change in the service institutions, as well as the education of personnel, oriented by developed policies and regulations.

Expected Results	Indicators
Policies, plans, frameworks, and regulatory instruments generated and implemented to ensure appropriate and comprehensive development of human resources.	<ul style="list-style-type: none"> • Ten national plans, 15 frameworks, and instruments for regulation of professional and technical education, at the level of the health sector. • Six countries join and worked into to the human resources Observatory. • Two international courses for policymakers and human resources managers on strategic issues of health worker policy and management. • Regional database updated and accessible on the WWW, and coordinated with the principal databases and systems of PAHO.
Methods, models, technologies, and instruments for decentralized planning and management of human resources developed and made available to help improve the performance of personnel in health services.	<ul style="list-style-type: none"> • Four tools for management of health workers produced and in use. • Two international regional courses on decentralized management of human resources.

Cooperation and institutional development networks created to promote educational programs in public health and change within training institutions, in keeping with the essential public health functions (EPHF).

- A model of competency-based curricula implemented to orient general graduate education in public health, based on the FESP.
- Two models of competency-based curricula implemented in order to orient ongoing, permanent education in public health services based on the FESP.
- Ten institutions of public health and services education incorporated to the public health virtual campus.

Models, methods, instructional materials, operations research, and institutional capacities for the formulation of in-service distant learning programs to improve the performance of health personnel.

- Two yearly regional courses for training of educators and teams in instructional design and autonomous management of EAD technology.
- Twelve countries actively utilizing the educational models and instruments promoted by HSR for its in-service training programs.
- Four subregional workshops on evaluation of the in-service training experience.

Models, methods, instructional materials, operations research, and institutional capacities developed to support the countries' efforts in training of both professional and technical health workers.

- Two processes underway of situation analysis of regulatory, curriculum, and institutional changes based on the quality of medical and nursing schools respectively.
- Network of educational institutions in communications, journalism, and public health, set up for the implementation of in-service education and training programs and operational studies on communicating on health issues.
- Network of institutions involved in the education of health technicians oriented by new competencies of strengthened and sustainable health care.
- Two graduations of professionals trained in the Program of Training in International Health.

Direct support for the management of the fellowships program, for technical management of PALTEX, and for the information dissemination unit.

- Administered fellowships and arranged fellows.
- Two annual plans for the implementation of PALTEX based on the reorientation of its policy toward the health services, education in public health, and the technical cooperation of PAHO.
- Agreements signed with institutions of health and social security, supporting PALTEX for the use of its teaching materials in the training of their personnel.

1.4 Essential Drugs and Health Technology

Purpose	Indicators
National health systems will adopt governmental standards, based on efficacy and safety criteria for drugs, medical equipment, supplies, and information technology, and will develop maintenance and quality assurance programs, especially in the areas of pharmaceuticals, public health laboratories, blood safety, and radiology.	<ul style="list-style-type: none"> • Analysis and monitoring of regulatory agencies programs. • Analysis and monitoring of quality assurance institutional programs.
Expected Results	Indicators
Pharmaceutical situation assessed, including drug programs or projects, and countries supported in the formulation of pharmaceutical policies.	<ul style="list-style-type: none"> • At least three countries supported in their formulation of pharmaceutical policies. • Pharmaceutical observatory established and operational. • Impact of the TRIPS studied in at least three countries. • Comparative lists of prices of selected drugs available on the Web page of PAHO.OPS.
Regional alliances for harmonization of drug regulations and application of quality standards strengthened together with agreements on national regulatory integration processes.	<ul style="list-style-type: none"> • Holding of a Regional Conference on Harmonization. • Recommendations of at least three Working Groups Technician of the NETWORK formulated. • Regional studies on classification, falsification, clinical research (priority subjects for harmonization concluded). • Define the situation of quality control laboratories in at least three countries.
Improvements in drug management for promoting rational drug use analyzed and formulated.	<ul style="list-style-type: none"> • Centralized and decentralized systems for the supply of drugs existing in at least three countries, recommendations analyzed and formulated. • Quality control systems for purchases of drugs in PAHO in development.
Institutional development of public health laboratories supported and quality of clinical laboratory operations improved.	<ul style="list-style-type: none"> • Regional Standards for clinical laboratories developed and pilot tested in three countries. • Regional and Sub-regional public health laboratory networks functioning in the technical areas.
Advocacy, standards, tools and training developed for improving quality and efficiency of blood banks.	<ul style="list-style-type: none"> • 100% of blood units collected in the Region screened for TTI, with national quality assurance programs established in 20 countries.
Guidelines developed for supporting diagnostic and therapeutic radiology services.	<ul style="list-style-type: none"> • Institutional programs in at least five countries will be analyzed and monitored. • At least two external quality assurance audits conducted.
Standards for the protection of patients undergoing diagnostic radiology examinations and radiotherapeutic procedures will be established.	<ul style="list-style-type: none"> • At least three ministries of health will have created special units.

<p>Multisectoral plans for radiological emergencies and for radioactive waste management dealing with medical sources will have been developed and adopted by the government.</p>	<ul style="list-style-type: none"> • At least ten countries will have indicated their policy on protection of patients in official documents. • At least five countries will have a national policy statement re/radiological emergencies. • At least five national regulations will clearly indicate how medical radioactive waste management is to be handled.
<p>Guidelines and training developed to support institutional capacity to apply models for conservation and maintenance of health facilities and biomedical equipment.</p>	<ul style="list-style-type: none"> • Ten countries of the region with policies for the preservation and maintenance of health facilities included in the sector reform. • Three Subregional Workshops of Clinical engineering in coordination with ACCE, ASHE, ECRI, and the Medical Devices Bureau.
<p>Standards, methodologies and training developed to strengthen technological managerial capacity in health institutions.</p>	<ul style="list-style-type: none"> • Two countries organizing programs for technical management of equipment. • Four professionals of countries of the Region trained in the ECRI Collaborating Center. • Twenty-four bulletins of ECRI-MONITOR Health Technology translated into Spanish and placed on the PAHO Web page.
<p>Guidelines, standards and methodologies developed to promote the development and strengthening of national capacity for regulation of equipment and medical devices and their global harmonization.</p>	<ul style="list-style-type: none"> • Five subregional advisory meetings on the regulation of equipment and medical devices. • Six countries, and their regulatory authorities participating at the meetings of the GFTH. • All countries of the Region with regulatory authorities registered with the MED-DEVICES communication and exchange group coordinated by PAHO.
<p>Guidelines, methodologies and tools developed to support national health services in the deployment of telecommunications and information technology.</p>	<ul style="list-style-type: none"> • Organization and conduction of regional training program in IT procurement, acquisition, and service contracting. • Organization and conduction of one regional expert consultation meeting. • Provision of direct technical assistance to countries, regional and global initiatives, and collaboration with other agencies.

<p>The total regular budget funds in the area of health system, organization and management of health services are: \$17,166.2</p>

2. Improve Countries Capabilities to Prepare for or Reduce the Damage Caused by Disasters

2.1 Disaster Preparedness and Mitigation

Purpose	Indicators
Health sector disaster institutions in the Region are strengthened in order to be able to manage the health consequences of natural and man-made disasters more efficiently and effectively	<ul style="list-style-type: none"> • Regional and sub-regional networks promote the discussion of relevant topics on disaster mitigation and reduction. • Training improves the national response to emergencies. • Mitigation and disaster response guidelines are implemented throughout the Region.
Expected Results	Indicators
Training and technical and scientific materials on a broad spectrum of disaster management issues, in light of decentralization and health sector reform, provided to national health sector disaster coordinators and other disaster professionals.	<ul style="list-style-type: none"> • An intensive course for health sector disaster professionals covering all aspects of disaster management as well as preparedness and mitigation carried out each year. • Health sector disaster professionals receive information and training in the form of publications, CD-ROM, Internet conference and discussion groups.
The Organization provides the framework for a regional network of health disaster professionals with opportunities to exchange information, materials, and ideas and coordinate joint efforts	<ul style="list-style-type: none"> • National disaster coordinators meet annually by sub-regions to plan and evaluate inter-country disaster reduction initiatives.
The Organization supports the formulation and implementation of guidelines, policies, and standards that safeguard the physical and functional vulnerability of health facilities and water systems	<ul style="list-style-type: none"> • Standards and guidelines formulated and updated. • Guidelines on hospital safety reviewed by Committee of Experts in Disaster Mitigation
PAHO coordinates and guides the health-related activities of other non-health agencies such as the U.S. military, FEMA, etc.	<ul style="list-style-type: none"> • Regular consultative meetings coordinated and/or attended.
Central America, as a sub-region, will use the lessons of Hurricane Mitch to reduce their vulnerability and prepare for future disasters	<ul style="list-style-type: none"> • Published accounts of disaster preparedness and response plans involving community participation and organization. • Availability of regional technical criteria and methodologies for safeguarding health facilities.

2.2 Humanitarian Assistance and Disaster Relief Coordination

Purpose	Indicators
The countries of the Region assess their post-disaster health needs, following the recommendations and guidelines accepted by the international community, and efficiently manage the aftermath of disasters.	<ul style="list-style-type: none"> • Better needs assessment which results in more appropriate material and technical support. • Coordination among key stakeholders improved.

Expected Results	Indicators
Technical cooperation will be provided and funds will be mobilized in support of post-disaster needs	<ul style="list-style-type: none"> • Inter-programmatic approach to disaster response. • Electronic sources of information available in a timely manner
In the aftermath of disasters, humanitarian supplies will be managed with a common regional approach that can serve as a model for other regions of the world	<ul style="list-style-type: none"> • Nationals from the Region will participate in the training activities and disaster response in other regions.

The total regular budget funds in the area of disaster preparedness and humanitarian assistance are: \$ 770.9

HEALTH SYSTEMS AND SERVICES DEVELOPMENT PROGRAM BUDGET DISTRIBUTION BY ORGANIZATIONAL LEVEL				
Organizational Level	Regular Budget		Other Sources	
	2000-2001	2002-2003	2000-2001	2002-2003
Country Programs	25,079.3	24,375.9	35,690.7	10,424.4
Intercountry Programs	17,138.8	17,937.1	13,128.5	9,062.7
Total	42,218.1	42,313.0	48,819.2	19,487.1