Health Plan for Central America and the Dominican Republic 2010 - 2015

United for the Health of Our People

Approved in the XXXI Meeting of COMISCA
San José, Republic of Costa Rica, 3-4 December 2009

Council of Ministers of Health of the System for Central American Integration

The Council of Ministers of Health of Central America (COMISCA) is the political arm of the System for Central American Integration (SICA) and is made up of the Ministers/Secretaries of Health of the eight Member Countries.

COMISCA provides direction for the regional health sector, in the identification, characterization and solution of regional health problems and their determinants, in order to ensure the rights of the population of Central America and the Dominican Republic to health services.

Pablo Saul Marin
Minister of Health, Local Government Transport and Communications
Ministry of Health of Belize

María Luisa Ávila Agüero
Minister of Health
Ministry of Health and Sports of Costa Rica

María Isabel Rodríguez
Minister of Public Health and Social Assistance
Ministry of Public Health and Social Assistance of El Salvador

Ludwig Ovalle
Minister of Public Health
Ministry of Public Health and Social Assistance of Guatemala

Carlos Roberto Aguilar
Secretary of State for Health
Secretary for Health of Honduras

Guillermo González
Minister of Health
Ministry of Health of Nicaragua

Franklin Vergara
Minister of Health
Ministry of Health of Panama

Bautista Rojas Gómez
Secretary of State
Secretary of Public Health and Social Assistance of the Dominican Republic

Executive Secretary for the Council of Ministers of Health of Central America

The Executive Secretary for COMISCA (ES-COMISCA) supports COMISCA in the consolidation of its leadership role in protecting and promoting the health of the region. It facilitates the articulation of COMISCA with other institutions of SICA, as well as with other regional extra-regional instances in the implementation of integrated, harmonized, effective and efficient Subregional health initiatives.

Rolando Edgardo Hernández Argueta
Executive Secretary

Health Plan for Central America and the Dominican Republic

United for the Health of Our People

Contents

ABBREVIATIONS AND ACHRONYMS

ACDI	Canadian Agency for International Development (CIDA)
AECID	Spanish Agency for International Cooperation
APS	Primary Health Care
ARV	Anti retroviral
ASN	National Sanitary Authority
BID	Inter American Development Bank
CAMDI	Central American Initiative for Diabetes
CEPAL	Economic Commission for Latin America and the Caribbean
CCAD	Central American Commission on Environment and Development
CEPREDENAC	Coordination Center for Prevention of Natural Disasters in Central America
CISSCAD	Council of Social Security Institutions of Central America and the Dominican Republic
CMCT	Framework Agreement for Control of Smoking
CNE	IHR focal point
COMISCA	Council of Ministers of Health of Central America
COMIECA	Council of Ministers for Economic Integration
COMMCA	Council of Women Ministers of Central America
CONCARD-APS	Council for Potable Water and Sanitation of Central America and the Dominican Republic
COTESAS	Subregional Technical Commission for Elaboration of the Agenda and Health Plan
CTSM	Subregional Technical Commission for Pharmaceuticals
EGI-CA-DOR	Integrated Management Strategy for Prevention and Control of Dengue in Central America and the Dominican Republic
ECNT	Non-communicable Chronic Diseases
ECV	Cardiovascular diseases
ERAS	Subregional Agro Environmental and Health Strategy for Central America
FAO	Food Agriculture Organization
FESP	Essential Functions of Public Health
FOCARD-APS	Forum on Potable Water and Sanitation of Central America and the Dominican Republic
INCAP	Nutrition Institute of Central America and Panama
STD	Sexually Transmitted Disease
JICA	Japanese International Cooperation Agency
MCR	Mechanisms for Subregional Coordination
MDR-TB	Multiple Drug Resistant Tuberculosis
MSF	Doctors Without Frontiers
OCAMED	Observatory for Medicines for Central America and the Dominican Republic
ODECA	Organization for Central American States
ODM	Millennium Development Goals
OEs	Strategic Objectives
OEA	Organization of American States
OIT	International Labor Organization
OMS	World Health Organization
ONU	United Nations Organizations
ONUSIDA	United Nations AIDS
OPS	Pan American Health Organization
PASCAP	Program for Health Worker Training in Central America and Panama
PMA	World Food Program
PNT	National TB Program
PPT	President Pro Tempore
PRESANCA	Subregional Program for Food Security
PRODESO	Project for Hygiene and Occupational Health in Central America and the Dominican Republic

RESSCAD	Forum of the Health Sector in Central America and the Dominican Republic
RIMAIS	Ibero-American Ministerial Network for Learning and Health Research
RMS	Health Metrics System
RSI	International Health Regulations
RSS	Health Sector Reform
SALTRA	Program for Health and Work in Central Americal
SAN	Food and Nutrition Security
SE-COMISCA	Executive Secretary – Council of Ministers of Health of Central America
SICA	System for Central American Integration
SIS	Health Information System
SISCA	Secretariat for Central American Integration
TAES (DOTS)	Direct Observation Treatment Strategy (for TB)
USAID	US Agency for International Development

United for the health of our people

Introduction

This Health Plan complements the Health Agenda, agreed in the XXIII Forum of the Health Sector of Central America and Dominican Republic Sector (RESSCAD) and approved by the XXIX Meeting of the Council of Ministers of Health of Central America (COMISCA) of the System for Central American Integration (SICA), held in Tegucigalpa in January 31st, 2009.

The Subregional Technical Commission for Elaboration of the Agenda and Health Plan (COTESAS) led the process of formulation and dissemination of the Health Agenda for Central America and the Dominican Republic (Subregion). Subsequently, the Technical Commission developed the Health Plan itself, in an intense and extensive process of consultations with the countries and subregional entities. Countless ordinary meetings and virtual sessions of the Commission led to the definition of a conceptual framework for the Health Plan, as well as the identification and definition of expected results, lines of action, indicators, management modalities and monitoring.

The Health Plan was designed with inputs from organizations that are part of the family of specialized agencies participating in the SICA. These specialized agencies include the Nutrition Institute for Central America and Panama (INCAP), the Forum for Health, Potable Water and Sanitation of the Dominican Republic (FOCARD-APS), the Council of Institutions of Social Security in Central America and the Dominican Republic (CISSCAD), and the Center for Coordination of Prevention and Natural Disasters in Central America (CEPREDENAC). The Health Plan was designed to benefit from potential inter institutional synergies, and was guided by agreement documents issued by the different entities that are involved in integration efforts in Central America. Some of these agreement documents include the Strategic Social Agenda of the System for Central American Integration (SISCA), the Meso-american Public Health Plan, the Plan for Care of Indigenous Communities, the Subregional Program for Food Security in Central America (PRESANCA), and the Subregional Strategy for Health and the Agro-environment for Central America (ERAS).

To develop the Health Plan, a technical support team was provided by the Pan American Health Organization (PAHO), Regional Office of the World Health Organization (WHO), and financing was provided by the Spanish Agency for International Cooperation for Development (AECID) throughout the entire process.

Methodology of the Health Plan

This Plan has its genesis in the Health Agenda for Central America and the Dominican Republic, that was approved by the XXIV RESSCAD and the XXIX COMISCA held in Honduras in January 2009. The Health Agenda was formulated based upon an analysis of the health situation and its determinants in the Subregion and it is built upon ten Strategic Objectives (SO's) that respond to a prioritization of subregional needs in the framework of guiding principles and values that are appropriate for achieving integration. (See conceptual framework of the Agenda in Annex 1).

The Strategic Objectives of the Health Agenda are as follows:

Strategic Objectives of the Health Agenda

SO 1	Strengthen the social integration of Central America and the Dominican Republic by defining and implementing Subregional health policies.
SO 2	Strengthen the steering role of the National Health Authority within the framework of Central American integration.
SO 3	Strengthen and extend social protection in health, ensure access to quality health services.
SO 4	Reduce inequalities and inequities and social exclusion in health, within and among the countries.
SO 5	Reduce the risks and burden of communicable and non-communicable diseases, domestic and social violence, and risks related to the environment and lifestyles.
SO 6	Strengthen health worker's management and development.
SO 7	Promote scientific research, and health science and technology development as well as the use/application of scientific evidence in public health policies.
SO 8	Strengthen nutrition and food security and reduce malnutrition, with support from the Subregion's specialized institution—the Institute of Nutrition of Central America and Panama (INCAP).
SO 9	Establish mechanisms to increase coverage for the provision of safe drinking water and protect and improve the human environment, with support from the specialized Subregional entity—the Water and Sanitation Forum for Central American and the Dominican Republic (FOCARD¬APS).
SO 10	Reduce the vulnerability of the Subregion to natural disasters, anthropic emergencies, and the effects of climate change.

For preparation of the Health Plan, challenges were identified on the basis of needs analyses of the Agenda and Subregional initiatives. These two inputs were used to define the expected strategic results as well as the lines of action which are expected to lead to successfully achieving these results. The updated Subregional Situational Analysis also permitted the crafting of baseline indicators and targets which will be essential for follow-up and evaluation of the Health Plan.

During the execution of this work modality, common and crosscutting components were identified for one or more of the SO's. These components were interpreted and integrated into the axes as these might contribute to Subregional integration.

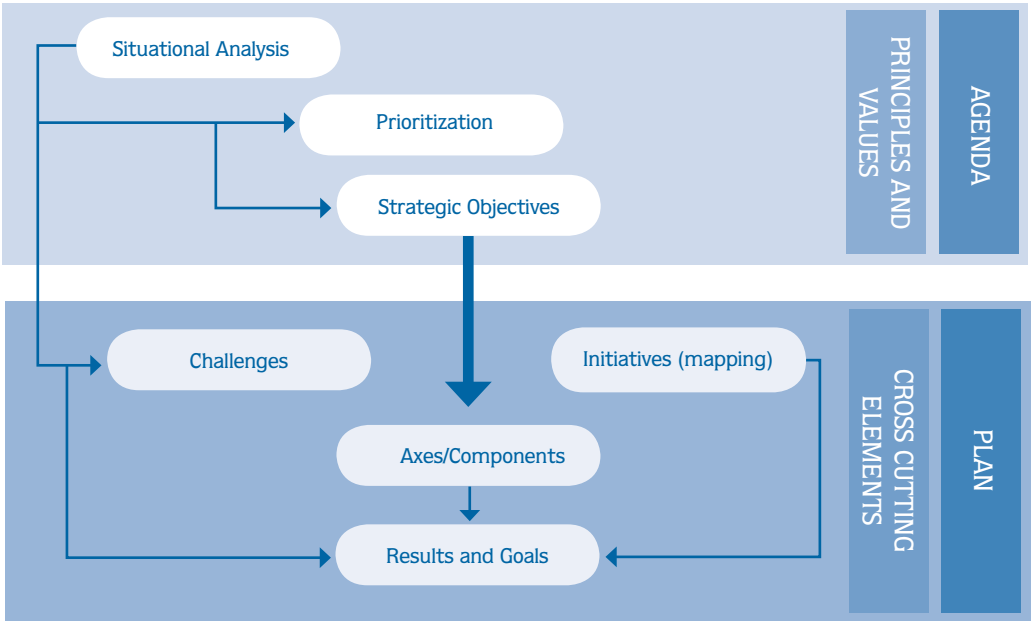
Each of the countries was responsible for the analysis of one component of the Plan. Using the Logical Framework methodology, strategic results and lines of action were established. A senior advisor assigned by PAHO/WHO supported the entire process with numerous visits to the countries.

This information was consolidated, validated and agreed upon in meetings with members of COTESAS, and virtual sessions which had extensive participation of Subregional PAHO/WHO advisors in Central America and the Dominican Republic.

During the formulation process of the Health Plan, COTESAS designed, developed and review the Plan in numerous opportunities and instances.

The methodology followed to develop the Plan based on the Agenda and the interrelationships between the elements is illustrated in Figure 2 on Page 15.

Figure 1: Schematic of the relationships between the Agenda and Health Plan for Central America and Dominican Republic.



Structure of the Health Plan

The structure of the Subregional Health Plan is articulated by four axes shown in Figure 2, following page.

Axis 1: Aims of Integration

The overall aim of the Health Agenda and of the Health Plan is to promote the social and economic integration of the inhabitants of the Subregion by increasing their well-being, protection and social security. The expected achievements include: greater access to quality health services, improvements to environmental sanitation, reductions in the vulnerability of the countries to disasters, always working within a framework of services and health determinants. The objective of the axis is to reduce the gap that exists between the Member States in their fulfillment of the Millennium Development Goals, as well as the challenges presented by the Health Agenda for the Americas.

Axis 2: Integrating Agents

Integrating agents help to facilitate achievement of the health objectives of the Agenda, which in turn, will promote sustainability and stability of the processes for Subregional social integration. By investing in training models common to the Member Countries and standardized management for collective construction and interchange of experiences and best practices, these agents will produce human resources in health who can contribute to the overall goals of Central American integration. Skilled, well oriented human resources will also contribute to closing the gaps in health services that exist between countries, as well as within each member country.

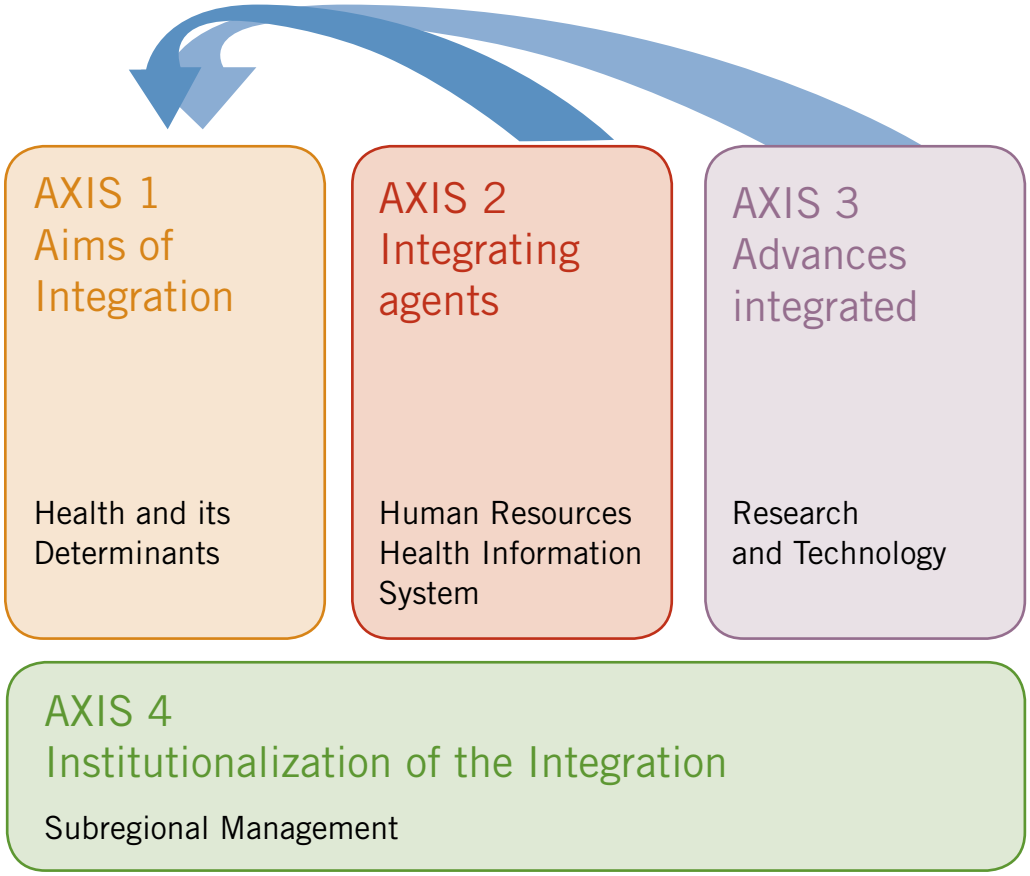
Axis 3: Advances Integrated

While integrating agents generate conditions of stability in the processes for social integration, there are certain types of initiatives whose maximum expression is achieved when they originate and develop at Subregional level. These iniciatives are those that being added generate economies of scale, or where joint action presents advantages over States operating individually, or with specific and isolated investments by the Member States.

Axis 4: Institutionalization of Integration

With a view to consolidating the aims, agents and achievements of integration, it is necessary to strengthen those processes and institutions that provide technical continuity to the Health Plan's development, management, monitoring and evaluation. In the framework of policy directives, the institutionalization of processes for integration facilitate continuity of technical aspects over the long term, as these become articulated and sustained in national processes and agendas. For this reason, this axis is fundamental for fulfillment of the Health Plan.

Figure 2: Structure of the Health Plan for Central America and the Dominican Republic.



Cross Cutting Elements for Implementation

The Health Plan articulates the strategic results and lines of action by means of cross cutting elements that ensure the incorporation and implementation of the principles and values of the Health Agenda.

The cross cutting elements are:

1. Human Rights

Human rights based-aproach is a conceptual framework for human development and is normatively based upon international standards for human rights. Operationally, the rights-based approach requires the promotion and protection of rights of persons through the identification, analysis and correction of the inequalities present in the health sector. The inequalities can lead to discriminatory practices and unjust distributions of power which can effectively block progress on matters of development.

All actions, policies, programs and activities of the Health Plan are designed to promote the achievement of human rights, as established in the Universal Declaration of Human Rights and other international instruments related to human rights.

2. Human Security

Human Security is characterized by the United Nations as "the absence of deprivations and protection of persons in the face of chronic threats, sudden and painful changes in daily life, be it in the home, the workplace or in the community. It protects vital aspects of human life, creating political, social, economic, environmental and cultural conditions that permit the exercise of those freedoms that are the essence of life, placing emphasis on that which can be lost and provide persons important reasons to lead a life of dignity." [i]

3. Social Determinants of Health[ii]

The social conditions in which persons are born, grow, live, work and age significantly affect their health status. Circumstances such as poverty, low educational achievement, food insecurity, exclusion, social discrimination, low quality housing, lack of hygiene in the first years of life and low skill levels for employment, are factors which are determinant of most of the inequalities that exist within and between countries as regards their health status, illnesses and mortality of inhabitants. To improve the health of the populations of the Subregion and to foment equity in health, new strategies for action are needed that take into account those social factors that affect health.

4. Reduction in the Inequities in Health[iii]

Equity in Health refers to the absence of unjust, avoidable or correctible differences in health in population groups who are defined socially, economically, demographically or geographically. The inequities in health are differences in health that are socially determined and are systematically distributed throughout the population.

5. Cultural Diversity

Social diversity refers to any aspect of any interaction between any cultures, and is based upon the respect for ethnic and socio-cultural differences that occur in this Subregion. The Plan recognizes that the interaction between traditional and western health systems needs to be strengthened in order to reduce the inequalities and access to health of certain populations.

6. Gender Equity

Gender equity is understood as impartial treatment of women and men, in accordance with their respective needs. Impartial treatment, be it with equitable treatment or with differentiated treatment, but which views rights, the benefits, the obligations and possibilities for both genders as equivalent. In the field of development, the objective of achieving gender equity frequently requires the incorporation of specific measures to compensate for the historic and social disadvantages that women have suffered.

i. Report of Human Security Today, UNDP, 2003

ii. Taken from the "Global Dispositivo on Social Determinants of Health and Formulation of Public Policies."

iii. Idem 2

Aims of the Health Plan

The Health Plan is the operational instrument for the fulfillment of the Health Agenda of Central America and the Dominican Republic. The Plan is proposed as a frame of reference for all local, national and Subregional initiatives in, or related to the health sector, permitting the blending of isolated actions into broader, more holistic Subregional objectives of greater scope.

The Plan seeks to facilitate the harmonization and alignment of cooperation, both technical as well as financial, whether it be between the Countries in the Subregion, or from agencies that contribute to the Subregion.

The strategic results are oriented to provide a response to the health priorities identified in the Health Agenda. The proposed activities are based on best practices and take into account all existing initiatives. They seek to achieve integration in health, respecting the diversity that exists between the member countries, and capitalizing on the richness of the Subregion to achieve better results in health. Thus, the Health Plan is not intended to homogenize national processes.

Vision and Mission of the Health Plan

Vision

A Subregion which is integrated and socially strengthened by means of the implementation of Subregional health policies with an integrationist focus that contribute to improved health of our population.

Mission

To contribute to ensure the rights of the population in the Subregion to the highest attainable levels of health, by ensuring accessibility, inclusiveness and equity in the health system based on the renewed primary health care strategy, through capacity-building and information systems, and developing joint and innovative initiatives.

AXIS 1

Aims of the Integration

Health and its determinants

Adaptation of the Health Care Model to Population Life Cycles, Gender, Social diversity, and Violence Prevention

Non-communicable Diseases

Communicable Diseases

Subregional Pharmaceutical Policy

Health Promotion: Healthy Settings and Lifestyles

Industrial Hygiene and Occupational Health

Mental Health

Security and Social Protection

Food and Nutrition Security

Water and Sanitation

Risk Management for Disasters

Climate Change

Health Component

Strategic Objectives

- Strengthen and extend social protection in health, ensuring the access to quality health services. (Strategic Objective No. 3 of the Health Agenda)
- Reduce risks and the communicable and non-communicable disease burden, gender and social violence, risks related to the environment and lifestyles. (Strategic Objective No. 5 of the Health Agenda)

Adaptation of the Health Care Model to Population Life Cycles, Gender, Social diversity and Violence Prevention

Situational Analysis

One of the principal problems in health systems in Central America, and which is common to many of the countries in Latin America and the Caribbean (LAC), is the fragmentation and segmentation. This situation is defined as the coexistence of many units or non-integrated entities in the health service network. The traditional organizational structure of health systems in LAC consist in an arrangement of non-integrated subsystems directed at providing services to a specific substrata of the population. This arrangement has led to even greater segmentation and fragmentation and has deeply affected performance of the systems.

Fragmentation of health services is an important cause of the poor performance of health services, and thus, the low general performance of health systems. By itself or together with other factors, fragmentation can generate difficulties in access to services. This is especially true for populations who live in distant locations who have economic limitations for travel to services and where cultural barriers result in a fourth of the population with no access to the health system. Other consequences are the delivery of services of low technical quality, coupled with irrational and inefficient use of available resources, unnecessary increases in production costs and low levels of user satisfaction with services that are received.

Among the principal problems identified in the Subregion is the lack of coordination between the levels of care of public institutions, within public institutions, between the public and private sectors and between countries. Further, there is insufficient decision-making capacity to deal efficiently with the needs of the population, primarily at the first level of care; lack

of management of quality. In the administrative area, financial resources are scarce, with inadequate budgetary execution and fragmentation of financing, excessively centralized administrative systems; and deficiencies in management capacity of both managers and service providers in the network. Finally, human resources are insufficient and poorly distributed, with high concentration in urban areas, and there is non-compliance with, as well as inadequate programming of hours of services in health facilities.

Problems that occur in health services and with their quality, have significant impacts on maternal health and that of women, infants and children, adolescents and youth, adults and the elderly population. Infant and maternal mortality rates in the Central American Subregion show an encouraging downward trend, from the decade of the 80's. But beginning in the decade of the 90's, this decrease begins to slow and in some countries, the declining trend flattens out. In the specific case of infant mortality, a Subregional decline can be observed, but in most of the countries, the rates are higher than the overall Latin American average. There are significant variations among the countries of the Subregion, with infant mortality rates that range between 9.7 x 1000 live births in Costa Rica to 39.0 x 1000 live births in Guatemala. Illnesses in the perinatal period are the fifth cause of general mortality for the entire Subregion, with a rate of 26.4 x 1000 live births, as well as the first cause of infant death in the Subregion.

Similarly, maternal mortality rates in the Subregion have shown a declining trend over the last 20 years. But the rate has leveled out at approximately 120 per 100,000 live births, levels which is still significantly above the overall rate for the Latin American and Caribbean Subregion (89 x 100,000 live births). Differences between countries are also significant. Currently, the levels of maternal mortality go from less than 50 maternal deaths per 100,000 births in Costa Rica to levels of about 150 deaths per 100,000 in Guatemala. In descending order between these two countries, are Nicaragua, Dominican Republic, El Salvador, Belize and Panama.

In Central America and the Dominican Republic, prenatal care by health personnel has shown improvement since 2000, when less than 70% of pregnant women were receiving antenatal care from trained personnel. In 2007, however, this rate showed a marked improvement over earlier rates, reaching a level of about 80% of pregnancies receiving adequate prenatal care. Likewise, care of delivery by health personnel has shown improvements during the same period. Despite this important progress, the indicators for prenatal care and delivery in this area of the continent are below overall levels in of Latin America and the Caribbean as a whole.

In this context, it is extremely urgent that progress be made towards the integration of health services, as a way to achieve national and international goals, notably those contained within the Millennium Development Goals (MDG). Achievement of the MDG's will require greater and more effective performance of health systems and health services.

Initiatives in the Subregion

The PAHO's Subregional strategy framework to improve the health of adolescents and youth contains a Subregional action plan developed in March 2009. With financing from the Swedish International Development Agency (SIDA), the Ministries of Health of Guatemala, El Salvador, Honduras and Nicaragua are carrying out a project called "Maternal Health, Child Survival (Children of Teen Mothers) and Healthy Habits of Young People (10 -24 years)," After SIDA funding is completed, the project will receive financial support from Norway through a project called "Human Rights, HIV and Adolescents". Panama has incorporated itself into this last initiative.

Another relevant project is the El Salvador Ibero-american Declaration for Youth, signed in 2008 by the countries of the Subregion.

For the elderly population, PAHO has a collaborating institution in Costa Rica, for training and capacity-building of health personnel providing health services to this age group.

The "Regional Strategy for Health of the Elderly and Health and Active Aging (June2008) proposes lines of action that support national efforts directed at strengthening the opportunities for the elderly to have healthy and long lives.

PAHO, the Pan-American Foundation for Health and Education (PHEF) and Inter-American Center for Studies of Social Security gave a course in 2009, for specialization in "Management of Health for the Elderly". The training program proposes to improve the quality of health services and to establish minimum standards for selection and evaluation of directors of programs and health services for the elderly in the Subregion.

There are networks of organizations in the countries of the Subregion for the elderly population. One of these is the Gerontology Association of Costa Rica (GAC) which has 10 provincial networks, with more than 100 community-based organizations. In Honduras, a non-governmental organization called the Honduran Association for Senior citizens is dedicated to working on programs for the elderly population, along with fifty affiliated groups and support from the National Honduran Network for the elderly. The Nicaraguan University Foundation for the Elderly has organized 13 groupings of elderly citizens in different parts of the country. Although these groupings are not all active, they operate together with other organizations such as the Nicaraguan Foundation for Aging (NFA), the Nicaraguan Association for Retirees and the Association for Retirees from the Health Sector (RHS), among others. Eight organizations with 42 entities are functioning in El Salvador that provide community based services for senior citizens. These organizations are currently not grouped into networks which would facilitate/ coordinate their efforts. Finally, the Dominican Republic has a Network for Dignified Aging which groups about 12 organizations.

PAHO/WHO's Office for Gender, Ethnicity and Health has a mandate (scheduled for discussion in PAHO's Governing Council, in 2009) to develop a strategic plan for implementation of a Policy for Gender Equality in Health for WHO and PAHO, as well as to accompany the countries of the Subregion Region of the Americas in the definition of their goals in the area of gender and health. Work is underway on this strategic plan, with the Ministries of Health, the Institutes for Women, the civil society and SICA. A number of partners such as AECID (CCC) and the Canadian

International Development Agency (CIDA) are also supporting this effort. Additionally, Council of Women Ministers of Central America (COMMCA) is developing a health profile for Central American women which will define priority areas to be addressed jointly with COMISCA.

Indigenous and Afro descendant Communities: The XXIX Meeting of COMISCA held in Honduras in January 2009, designated the Republic of Panama as coordinator for the elaboration of a "Subregional Health Plan for the Indigenous Community". This effort will have technical and financial assistance from PAHO and other cooperating agencies. This Plan is among the priorities for the Central American Subregion related to improving the quality of life of neglected population groups, principally the indigenous community. A methodology for coordination of this effort was presented to the XXX COMISCA, which includes the creation of a Technical Commission coordinated by the Planning Directorate for the health sector in Panama. The Technical Commission is composed of key national directors (planning, service divisions, the Director General), the national coordinating entity for indigenous communities in Panama, the Commission for Indigenous Affairs the UN Assembly, the National Directorate for Indigenous Policy and PAHO. As a second step, the Technical commission will design and validate a work manual for analysis and presentation of the current situation of the health of the indigenous communities in the Subregion. The Situational Analysis is (will be) designed for consideration by local authorities, international collaborating agencies and country representatives of COMISCA. This presentation includes a proposal for the structure for the Plan, a timetable for activities, and sources of financing. The next step will be to carry out a meeting of the countries of the Subregion in Panama, to prepare the first draft of the "Subregional Health Plan for the Indigenous Community."

Social violence and violence against women is a priority public health problem which has serious repercussions on health and should be addressed in an interinstitutional manner. The health care model for violence against women used by PAHO/WHO was developed on the basis of experience in the Central American Subregion. The model incorporates elements of proposals that Nicaragua and Guatemala presented to the Spain-UNDP funded project called "Window to Gender," which is designed to address the problem of violence against women in the context of achieving the MDGs. Guatemala also presented a joint program to the Window for Governance, for the prevention of conflict and the construction of peace.

COMMCA has begun the process of developing a "Gender and Health Profile of the Subregion." This Profile will provide a basis for developing interventions that address the inequalities and difficulties in access and use of reproductive health services, especially among rural and of indigenous populations.

During the 44th Governing Council of the Pan American Health Organization held in September of 2003, Member States unanimously adopted Resolution CD44.R6 –" Primary Health Care in the Americas: Lessons Learned over 25 years and Future Challenges." This Resolution recognized that a new approach was needed for Primary Health Care (PHC) services, one which emphasizes health promotion. Additionally, the Member States in the 49th Governing Council approved CD49.R13 concerning PHC services delivered by integrated networks and CD49.R13, on family and community health. Both resolutions were directed at the establishment of integrated networks and for the adoption of an integrated and intercultural approach for family and community health. The adoption of these resolutions will greatly facilitate the fulfillment of the MDGs.

Challenges facing the Subregion

- Health systems are fragmented and segmented with persistent and widspread inaccessibility to health services, low quality of care, scarce access to medicines, irrational and inefficient use of available resources, which are inequitably distributed to vulnerable groups in the population. All the above have serious repercussions on the general performance of health systems (Axis 1, RE 1).
- A few of the MDGs will not be met by countries in the Subregion (Axis 1, RE 1).
- Persistent gaps in health services within and between the Countries of the Subregion (Axis 1, RE 1).

Strategic Result 1

The provision of health care services is improved, by adoption by integrated networks of the renewed primary care strategy.

Lines of Action

1.1	Designing and validating care models aligned to Subregion policies and strategies for an intercultural approach, with life cycles with gender and human rights-based approaches. The design will take into account the practice of alternative and traditional medicine in the Subregion.
1.2	Developing and validating of models for integrated Subregion networks (ministries of health/social security systems, public and private) to increase coverage and improve the quality of health services, with emphasis on the migrant worker population group.
1.3	Defining and adopting a set of ensured health benefits for the Subregion in progressive and homogenous ways, which incorporate vulnerable groups (women, children, adolescents and the elderly) using human rights and ethnicity-based approaches.
1.4	Defining jointly sets of protocols and guides for clinical management of prevalent and emergent illnesses in the Subregion.
1.5	Supporting the re-organization of services with an aim of incorporating Mental Health services at the first level of care and in general hospitals, using a community-approach and within the scope of the Strategy and Plan of Action for the Americas.

Non-communicable Diseases

Situational Analysis

The current epidemiological profile for Central America indicates that chronic non-communicable diseases (CNCD), particularly cardiovascular diseases (CD), occupy the first place in mortality rates, when compared with other causes of death [iv]. The CNCD's represent the principal cause of death in all the countries, with exception of Guatemala. However, when cancer is added to the CNCD category, these two groups of diseases become significant in all countries of the Subregion. Population studies carried out in the Central American capitals have reported high prevalences of chronic diseases and their risk factors.

The burden of chronic diseases morbidity could be even greater than shown in statistics because there is extensive under-reporting of deaths in the Subregion. The most frequent chronic diseases of public health importance for the Subregion is the grouping of the cardiovascular diseases, including hypertension, diabetes, cancer and chronic respiratory diseases.

Population and clinic-based studies report a high proportion of persons who suffer chronic diseases, such as diabetes, hypertension and elevated cholesterol, and who do not comply with medical treatment regimens. Many patients treated in the health centers of Central American capitals rarely meet targets for glycemic control and blood pressure.

Mortality trends for chronic non-communicable diseases are surpassing mortality rates for communicable diseases. Available mortality data for the Subregion indicate that of the total deaths reported, 86% are from non-communicable problems, and one of five of these is from degenerative chronic disease. There is an increasing trend in the mortality due to degenerative chronic diseases.

Mortality from degenerative chronic disease is 78.2%, while that of communicable diseases is 13.6%. Diabetes mellitus presents mortality rates which are much greater among women; blood pressure; together with the ischemic diseases of the heart and cerebro vascular diseases form a part of the principal causes of death. It has been estimated that approximately 32,000 persons die from all types of cancer, constituting itself as one of the five principal causes of death.

Arterial hypertension, ischemic diseases of the heart and cerebro-vascular disease are the most important diseases in diseases of the circulatory system. And together, these diseases are among the ten principal causes of death in the Subregion. Guatemala presents an adjusted mortality rate for circulatory diseases of 66.1 per hundred thousand persons, the lowest in the Subregion, while the Dominican Republic and Belize present the highest rates, 274.0 and 321.6 per hundred thousand persons, respectively. The adjusted mortality rate for neoplasm diseases ranges from 76.7 per hundred thousand persons, to 112.9 per hundred thousand persons in the Dominican Republic [v].

The problem of smoking continues. The prevalence of smoking in adults in Costa Rica is 3.0% and in the Dominican Republic, it is 13.2%. In both cases, there is no significant difference between men and women. In Guatemala, the prevalence of smoking in general is 4.1%, with clear predominance of men (7.7%, as against 0.9% among women).

iv. Health Situation in The Americas, Basic Indicators, Pan-American Health Organization, 2006

v. Situational Analysis of the Central American Subregion, April 2008, PAHO.

The prevalence of smoking in young people is significantly higher than in adults, ranging from 13.2% in Panama to 18.2% in Nicaragua. This information, disaggregated by sex, reveals a trend towards greater prevalence among men.

Initiatives in the Subregion

As part of the Central American Initiative for Diabetes (CAID), in 23003-2005 the countries of the Subregion carried out surveys of risk factors for chronic diseases. Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua carried out the survey in their respective capital cities, while Belize performed the survey at national level. These data permitted the Ministries of Health of the Subregion to quantify the magnitude of the problem and led to the formulation and adoption of a Subregional Strategy and Action Plan for an Integrated Approach to the Prevention and Control of Chronic Diseases. The strategy addressed the prevention of obesity and diabetes, dietary regimens, physical activity and health, prevention and control of Cervical-Uterine Cancer.

Within the framework of an integrated approach to prevention and control of chronic diseases, the meeting of RESSCAD XXIV (January 2009) agreed to establish a Subregional Commission on chronic diseases to carry out a Situational Analysis and identification of opportunities for joint action. The Commission was made up of representatives of the national health sectors and a representative from INCAP. The Commission would examine the areas of disease surveillance, training, protocols and norms for care and resource mobilization.

Also in RESSCAD XXIV, a presentation was made of a Subregional Plan for Prevention and Control of Cancer. INCAP has approved a Strategic and Action Plan for the prevention and control of nutrition-related chronic diseases in the Subregion.

Challenges facing the Subregion

- There is a need to work with the young population on aspects of prevention of risk factors (Axis 1, RE 5).
- The magnitude needs to assessed of the true morbidity and mortality burden due to non-communicable diseases (NCD) and their risk factors is not known (Axis 1, RE 1, Axis 2, RE 12, Axis 3, RE 13)
- Promotion of measures for use of mass transport and consumption of fruits and vegetables (Axis 1, RE 5).
- Smoking needs to be addressed by ratification and implementation of the framework agreement on smoking (Axis 4, RE 16) and capitalize on the currently low prevalence of smoking in the Subregion.

- A need for policies for regulation of trans-fats and salt (Axis 1, RE 6).
- A need for improvement of surveillance and monitoring of the quality of care (Axis 2, RE 12).
- A need for organization of services so that they address integrated care of chronic diseases and the preparation of human resources to face these challenges (Axis 1, RE 1, Axis 2, RE 10).

Strategic Result 2

Initiatives and strategies are developed and implemented, using integrated approaches for control and prevention of non-communicable diseases.

Lines of Action

2.1	Supporting the conformation and strengthening of a Subregional Commission for Chronic Diseases and Cancer, so as to strengthen the integrated care of patients with these conditions.
2.2	Supporting the formulation and implementation of the Subregional Plan for Chronic Diseases.

Communicable Diseases

Situational Analysis

Although the Subregion is currently in a process of epidemiological transition in which the communicable diseases are better controlled, these diseases still represent public health problems for some of the countries of the Subregion.

Concerning morbidity of communicable diseases, the principal problems are those diseases that are linked to poor environmental conditions, lack of basic sanitation and the presence of vectors, in combination with poverty, low educational levels and low access to basic services.

STI-HIV-AIDS

Through 1991, a total of 3,362 cases of HIV/AIDS had been reported in the Central American countries. The incidence of this disease has shown progressive annual increases in the Subregion, with an annual incidence greater than 100 cases per million population. In the last three years, Panama, Belize and Honduras have had the highest incidence rates in the Subregion, with rates of more than 200 per million.

As of 2008, the estimate is that 1.7 million persons live with HIV in all of Latin America, and a tenth of these live in the Subregion. Approximately 63,000 persons died of AIDS in that year. AIDS is among the first ten causes of death in Honduras, Guatemala and Panama [vi].

Belize and Honduras have the highest prevalence rates for HIV in Central America in the age group over 15 years of age, which are estimated to be 2.5% and 1.5%, respectively. These rates are among the highest in the American continent. It is estimated that 97% of persons living with HIV are older than 15 and 26%, are adult women. This means that the prevalence of HIV is concentrated in the most productive ages and is progressively increasing in women. This picture can be explained by sexual behavior patterns of the population, which show early initiation of sexual activity, multiple concurrent partners, and occasional unprotected sex. There is insufficient attention given to higher risk groups, and the biological, social, cultural and legal disadvantages that make these population groups more vulnerable.

Available information points to the occurrence of epidemics principally associated with transmission of HIV during unprotected sexual relations between men and dangerous remunerated sexual relations. Extensive migration is also believed to be an important factor in the propagation of the virus. In a context of generalized homophobia, hidden epidemics of HIV among men having sex with other men are occurring in several Central American countries. A study in 2002[vii] that compared the prevalence of HIV in the general adult population, found that infection levels in men who have sex with other men is seven times greater in Honduras, 10 times greater in Guatemala and Panama, 22 times greater in El Salvador, and 38 times greater in Nicaragua.

In a study of five countries carried out in 2002, men resulted HIV positive at the rate of almost one in six (15%) in El Salvador and one in eight (12%) in Guatemala and Honduras. The lowest prevalences were found in Nicaragua 8% and 9% in Panama. The relatively high self-reported knowledge of methods for prevention of HIV (ranging from 79% in El Salvador to 96% in Honduras) are partially contradicted by the large proportion of men (a fourth in Honduras and half in Nicaragua) who had erroneous concepts related to the transmission

vi. HIV AND AIDS Statistics. http://www.observatoriocentroamericanovih.org/estadisticascentroamerica.html

vii. Latin America: The Situation of the AIDS Epidemic, Regional Summary. UNAIDS/08.12S / JC1530S (Spanish version), April 2008.

of HIV. Safe sexual relations were infrequent in Guatemala and Nicaragua, where more than half of men said they had not systematically used condoms with sporadic masculine partners during the month prior to the study. In Nicaragua, almost half of male commercial sex workers surveyed had not systematically used condoms during the month before the study.

The findings of these studies also suggest that transmission of HIV occurs most frequently among HIV positive men who had sexual relations with both male and female partners. With the exception of Panama, between a fourth and a third of men said that they had had sex with at least one man and one woman during the previous 6 months. In addition, between and 30% and 40% of these men indicated that they had had unprotected sexual relations with men as well as with women during the previous 30 days. There is an urgent need to increase the scope of case finding activities and increase the availability and access to integrated clinical and social interventions in the Subregion, especially for men who have sexual relations with other men.

The main epidemiological factors that influence the expansion of the epidemic in the Subregion are the following: a) the predominant means of transmission is sexual; b) the epidemic remains concentrated in certain population groups: MSM, CSW, populations deprived of their freedom and mobile populations, some of whom can become bridge populations and transfer the infection to the general population, and thus contribute to expansion of the epidemic; c) high prevalence of STIs in some populations; and e) limited adoption of preventive behaviors.

Dengue and other diseases

Dengue has continued in the Subregion, with reports of between 50 thousand and 86 thousand cases annually. Cases of dengue in the Subregion represent more than 10% of all cases reported in Latin America and the Caribbean. El Salvador (39%) and Costa Rica (21%) contribute to three fourths of the cases. The countries of Costa Rica, El Salvador and Honduras had the greatest incidence of Dengue in the last three-year period. Honduras reported more than 30 thousand cases in 2007.

The last case of cholera reported in the Subregion occurred in Guatemala in 2002.[viii].

Malaria

The Subregion contributes more than 6% of the malaria burden of Latin America and the Caribbean. It is estimated that about 89 million persons live in malaria transmission zones. It is estimated that 35.3% of these live in high risk zones, 28.9% in moderate risk and 35.7%, in low risk zones. In 2000, a total of 3.5 million blood specimens were drawn and tested, with a detection of almost 125,000 cases. The numbers and case rates were the following for the countries of the Subregion: Belize, 1,486 (1.2%); Costa Rica 1,879 (1.5%); E Salvador, 745 (0.6%); Guatemala 53,311 (42.7%); Honduras 35,122 (28.1%); Nicaragua 24,014 (19.296; and Panama 1,036 (0.8%). Of the eight countries in the Subregion, three (Guatemala, Honduras and Nicaragua) account for 90% of the cases [ix]. In 2006, Guatemala (57%) and Honduras (21%) accounted for more than two thirds of the confirmed cases.

viii. Number of cases of cholera in The Americas, 1990-2008. http://www.paho.org/Spanish/AD/DPC/CD/cholera-1990-2008.pdf

ix. Report on the Situation of Subregion Malaria Programs in The Americas CD43/inf/1(Esp.). September 2001.

Chagas Disease

Chagas disease is endemic in the Subregion. The magnitude and distribution of persons affected is not well known, although different studies indicate a sero-prevalence of between 2 and 4% for the Central American countries. It is estimated that more than half the population is at risk to the infection and to contracting the disease [x]. In the Subregion (Belize, Costa Rica, el Salvador, Guatemala, Honduras, Nicaragua and Panama) there are an estimated 2 million individuals infected (11% of the total persons infected in the world) and 26 million more are at risk of infection. As a result of the presence of the vectors of T. Cruzi in the Subregion, the T. dimidiatea and Rhodnius prolixus, it is not a strictly domiciliary disease. Better vector control strategies are needed to change the entomological conditions and interrupt transmission.

Analysis of samples from blood donors indicates that the highest prevalence of sero-positives occurs in El Salvador and Costa Rica, with rates of 2.5% and 1.9%, respectively. Records of vector control interventions in 2000 showed that there were chemical vector control actions in more than 80 thousand homes. These actions were directed at control of the two principal vectors, the Rhodnioius prolixus and Triatoma Dimidiata.

Among the most important advances in the control of Chagas disease are the extension of coverage, the improvement in the quality of the anti-vectorial actions and the tests performed by the blood-banks; in some areas, interruption of transmission has been possible. In addition, the number of locations with infestation of Rhodnius prolixus has been reduced and the vector has almost been completely eliminated in El Salvador, Guatemala, Honduras and Nicaragua. Domestic infestations have diminished by 60% over the entire Subregion.

Tuberculosis

The annual incidence of tuberculosis in the Subregion shows irregular patterns, with successive increases in numbers of cases through the first years of this decade. And since 2003, there has been a slight reduction, a level which flattens at about 32 cases per 100,000.

In 2006, the incidence of tuberculosis ranged between 12.3 per 100,000 population in Costa Rica, to 47.4 per 100,000 in the Dominican Republic. The latter, together with Panama, Honduras and Nicaragua, presented incidence rates above the median for Latin America and Caribbean of 38.0 per 100,000 31. In 2007 and 2008, the countries with greatest incidence were Honduras, Panama and the Dominican Republic, which still register more than 45 cases per 100,000.

With a view to improving the capacity of the Subregion to respond to epidemics and emergencies, all the countries are working on the implementation of the International Health Regulations (IHR), with the following lines of action: dissemination of the IHR, establishment of National IHR focal points, execution of evaluations of basic country capacities for surveillance and health systems, elaboration of plans for improving basic capacities in surveillance and responses to outbreaks, the designation of official ports of entry , and elaboration of plans for improvement and evaluation of basic capacities at points of entry.

x. Moncayo and Ortiz Yanine. An Update on Chagas Disease (human American trypanosomiasis), Annals of Tropical Medicine & Parasitology, Vol 100, No. 8, 663-677 (2006)

xi. Control of Chagas Disease in Central America. Initiative for Surveillance and Control of Chagas Disease in the Mexican Republic, D.R. National Public Health Institute, First edition, 2003, ISBN 968.6502-73-4 http://www.insp.mx/bidimasp/documentos/5/iniciativa%20vigilancia%20control%20enfermedad%20de%20chagas.pdf

Food Borne Diseases

The majority of countries in the Subregion are producers and net exporters of food products. However, the degree of safety of these food products, which is an area of shared responsibility between the Ministries of Agriculture (production) and Health (processing), represents an important problem common to all the countries in the Subregion, both from the standpoint of the impact of foodborne illnesses on the population, as well as a serious limitation to the potential for international commerce in this production area. A recent meeting (San Salvador, June 2008) of the Ministers of Health of Central America and the United States, emphasized the urgency of strengthening national systems to ensure the safety of food products. These national systems are necessary in order to ensure the production, transformation, inspection and certification of high quality products, and thus protect the health of its citizens and comply with the sanitary requirement of countries importing these food products. In the RIMSA 15, countries requested support for strengthening national systems for ensuring the innocuity of food products, as well as to strengthen the mechanisms for Subregional and global coordination for alerts and early response when facing sanitary risks linked to zoonoses and foodborne diseases, within the framework of the IHR (2005) and linked to the International Network of Authorities on matters of safety of food products.

Initiatives in the Subregion

HIV-AIDS

A Subregional Strategy for Control of HIV/AIDS is in effect that consists of national responses that the countries of the Subregion have formulated within each of their national Strategies and Plans for prevention and control of these diseases. The Subregional Strategy focuses on reducing the prevalence of the epidemic, by encouraging multisectoral participation and by assuring availabilities of the resources needed to carry out these programs.

Valuable efforts have been carried out in the Subregion, to measure and evaluate the impact of the epidemic, as well as to assess the involvement of the States in dealing the problem. The involvement of countries is judged by examining the degree to which counties are fulfilling their international commitments, such as: the MDGs, the Declaration of the Extraordinary Session of the General Assembly of the United Nations on HIV – UNGFASS, 2001, the Strategy "Three Ones" and Harmonization of International Cooperation, the Nuevo Leon Summit, Universal Access, the Declaration of San Salvador, and Follow-up of Resolutions of COMISCA on HIV, and other national commitments.

In 2007, the Ministers of the Health of the Subregion officially designated the Subregional Coordination Mechanism (RCM) as technical coordinator on matters related to HIV/AIDS. Members of the RCM include PAHO and UNAIDS, representing the United Nations System, the bilateral cooperation agencies and a representative of civil society. The RCM is responsible for standardization and harmonization of all Subregional assistance to prevention and control of these diseases. The RMC works in coordination with COMISCA, through national program directors and SISCA.

At the level of The Americas, the Coalition of First Ladies and Women Leaders of Latin America are engaging in advocacy efforts on Subregional agencies so as to achieve greater political commitments of these entities on to gender issues and HIV/AIDS. They are also promoting a social and cultural environment which is free of stigma and discrimination. The Coalition is also advocating for the identification of obstacles that impede universal access to prevention, care, and social support for HIV, especially among women.

Dengue

Based on the Integrated Management Strategy for Prevention and Control of Dengue (IMS-D) in the Subregion, the countries, excepting Belize (which had incorporated itself into the Subregional strategy for Dengue of the French and British Caribbean), have designed national strategies. Belize is soon to become signatory to the IMS-D. In 2004, the IMS-D held a meeting of experts in which all the Ministers of Health of the Subregion participated. The Strategy has been under implementation for a number of years, and some the programs have already been evaluated. With technical collaboration from PAHO/WHO, Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica, Panama and the Dominican Republic have developed their dengue strategies and have entered into implementation phase. To date, programs in Costa Rica, Honduras, Dominican Republic and El Salvador have completed their country evaluations. Guatemala was evaluated in October 2009 and Panama's program is scheduled for the first semester of 2010. Several coordination meetings have been held with the Meso-american Initiative for Dengue Control. The launch of the Subregional Dengue Program was assisted in important ways by the Subregional Dengue program. The Meso-american Initiative has good prospects for financing.

Malaria

One of the Millennium Development Goals (MDG) is reduction of malaria around the world. Program guidelines for this effort are provided by the World Strategy for the Fight against Malaria, signed in 1992, and the Initiative "Push back Malaria", 2001-2010. There is also specific financing for malaria programs in Guatemala, Honduras and, Nicaragua, from the World Fund for the Fight Against AIDS, Tuberculosis and Malaria. In addition, the Fund for the World Environment/UN program for the Environment is providing funding for initiatives to encourage countries to avoid resumption of the use of DDT for control of malaria vectors in Mexico and Central America.

In 2004, the Subregional Project for Action and Demonstration of Sustainable Alternatives for Malaria Control without DDT completed its activities. All the countries of Meso-america (Central America and Mexico) participated in this initiative, and some of the countries have again taken up the work methodology of this project, and it continues to operate in some demonstration areas.

Chagas Disease

Chagas has been considered a neglected disease. However, in 1997 an Intergovernmental Commission for the Initiative of Prevention and Control of Chagas Disease in the countries of Central America was established, for the purpose of interrupting transmission of the disease by vectors and transfusion. This Commission has held 12 uni-, bi-, and multilateral meetings.

Guatemala, Honduras and El Salvador are being supported by the "Subregional Project for Control of Chagas Disease", financed jointly by the Japanese International Cooperation Agency (JICA) and PAHO. This project supported activities in Guatemala during the period 2002-2005 and in El Salvador and Honduras during the period 2003-2007. In Honduras, operations of the PRO-MESAS Project received support from both the Canadian International Development Agency (CIDA) and the government of Taiwan.

Other development partners supporting the fight against Chagas disease in the Subregion include: AECID, MSF, IDRC, Healthy World Foundation, Bill and Melinda Gates Foundation, DNDI and others. Others that should not go without mention are collaborative agreements signed with the pharmaceutical industry, such as Sanofi-Aventis and Bayer.

An initiative which is not exclusive for the Subregion, however, but which supports initiatives in the Subregion is the World Network, organized by WHO. This Network facilitates and promotes joint efforts, providing support such as secretariat services, mobilization of resources and dissemination of information.

El Salvador and Costa Rica are implementing initiatives designed to strengthen human resources through socialization of the Technical Norms for Surveillance and Control Chagas, and development of certificate courses and Master's degrees in Medical Entomology. Educational activities and community participation have been strengthened for vector control in these two countries as well. For instance, an agreement has been signed with the Ministry of Education in El Salvador for the inclusion of Chagas in the 6th Grade curriculum on Natural Sciences. Educational material for the general public has also been elaborated and distributed, including flipcharts, flash cards with Triatomas, flash cards describing cases of acute Chagas, cartoons on Chagas, posters, educational videos, and there is a website part of the Ministry of Health's portal.

Among the principal achievements of the Chagas Disease program, are the following:

- All countries in the Subregion have strengthened programs for blood screening for Chagas.
- In Guatemala, vector transmission of Tripanosoma Cruzi has been interrupted throughout the country, and Honduras is working towards a similar achievement.
- El Salvador is almost ready to certify the elimination of the vector R. Prolixus.
- Indices of domiciliary infestation by triatomes have been reduced in all countries in the Subregion.
- Quality and coverage of medical care of Chagas has improved.

Tuberculosis

The AIDS pandemic has in general, overshadowed all other communicable disease programs. But Tuberculosis has again emerged as a priority disease, as it is not only a disease of poverty but it is also included among the indicators for achievement of the MDGs. To prevent and treat this disease, the countries of the Subregion are carrying out strengthened educational components in support of active case finding programs for respiratory symptomatics to try to detect at least 70% of TB cases in infectious stages. The countries are also carrying out the Directly Observed Treatment Strategy(DOTS/TAES) strategy, for the purpose of achieving cure rates of 85% of patients who are Bk(+). Currently, countries are expanding and improving the quality of the DOTS/TAES as well as addressing the issue of multi-drug resistant (MDR) TB. Countries are addressing other problems including TB in prison and refugee populations, promoting greater involvement of the Health Sector, civil society and human resources in health, empowerment of those affected by the disease, and the promotion of research on this disease. In spite of these efforts, all the countries in the Subregion, with the exception of Costa Rica, have estimated incidences of TB (all types) above the median for the rest of the Americas (43 x 100,000, in 2003).

Some of the countries in the Subregion are receiving support from the Global Fund, through their financing of the Fight Against AIDS, Tuberculosis and Malaria. To date, the Global Fund has contributed a total of US$358.2 million to countries to finance their programs against HIV/ AIDS, Tuberculosis and Malaria.

Leprosy

This disease is on PAHO's Unfinished Agenda and among the neglected poverty-related diseases which should not exist in the Subregion as a public health problem (Brazil is the only country in the Americas where the disease is considered a public health problem). In December 2008, PAHO, IDB and the Sabin Vaccine Institute met to address the problem of unattended diseases, including Leprosy, in Latin America and the Caribbean. The plan was to create a Latin American Trust Fund for Prevention, Control and Elimination of Unattended Diseases, as well as other infectious diseases.

In the past three years, leprosy has been seen in seven of the eight countries of the Subregion (Belize is the only country where Leprosy has not been seen in recent years.). The countries have designed interventions to achieve a tracer index of <1 x 100,000, through implementation of integrated strategies, treatment with multiple drugs (beginning in 1985) and early detection and reduction of the Grade 2 disability.

International Health Regulations (IHR)

With signature of the agreement HON-XXIV-RESSCAD-3 for fulfillment of the IHR, the countries in the Subregion committed themselves to disseminate and give priority to implementation of these regulations. The IHR requires countries to include elements of IHR regulations in their programs, as a matter of Subregion security for their application in other sectors, as for example, the processes for social integration of Central America (commerce, tourism, migration, health, and social). The achievement of the strategic objective to improve the surveillance and alert systems, and response to epidemics and public health emergencies, is essential. All the countries in the Subregion have carried out, or have almost completed evaluations and have developed plans for implementation of the IHR. The evaluations also reviewed basic capacities in ports, airports and points of entry to the country. A Central American meeting was held for the persons in charge of national surveillance services to review and update the functions of the National IHR Focal Points, evaluate basic capacities needed for surveillance and response and to analyze response operations in case of a public health emergency.

The second phase of technical cooperation for the implementation of the IHR is currently in execution in Belize, Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica and the Dominican Republic.

The phase consists of:

- Development of networks for the prevention and control of diseases, by means of proportioned public health responses which are in accord with risks, and avoiding unnecessary interference with traffic and international commerce.

- Evaluation of capacities for surveillance and response of the countries, analysis of information and elaboration of plans for improvement, and intersectoral workshops for socialization of the instrument for evaluation of basic capacities related to points of exit and entry to countries.
- Selection and analysis of valid legal instruments in the countries concerning the application of the IHR.

Challenges facing the Subregion

- There is a need to address the social determinants of health in an integrated and intersectoral manner to reduce the burden of communicable disease in the Subregion. For example, incorporate other sectors, such as the municipalities, so that there is sustainable support for activities for prevention of vector borne diseases, placing vector control as the centerpiece the strategy (Axis 1, RE 3).
- Preparation of contingency plans for provision of immediate response to outbreaks of vector- borne diseases (Axis 1, RE 3).
- Networks of laboratories which are insufficiently developed and are not integrated. (Axis 3, RE 14)
- Increasing resistance to pharmaceuticals for use with communicable diseases (Axis 1, RE 4, Axis 3, RE 13)
- Elimination of infestations of the Chagas Disease in the Subregion, achieving certification of the interruption of vector transmission (Axis 1, RE 4, Axis 3, RE 13)
- Coverage's of less than 75% of DOTS/TAES in a group of countries with high communicable disease burdens and poor application of these strategies with coverage's above 90% (Axis 1, RE 4, Axis 3, RE 12).
- Rapid expansion of an improved high quality DOTS/TAES program (Axis 1, RE 4)
- Rapid expansion of the HIV epidemic, and the associated problem of co-infection TB/ HIV and the presence of MDR-TB in all the countries (AXIS 1, RE 4).
- Reinforce primary and secondary prevention to reverse the expansion of the epidemic of HIV/AIDS in the Subregion, as well as improve access to services for care and social support for HIV, with emphasis on women (Axis 1, RE 1, Axis 1, RE 5).
- Consolidation of strategies for promotion of a social and cultural environment for persons living with HIV that is free of stigma and discrimination (Axis 1, RE 5)
- Strengthening of leadership of countries in the Subregion for participation in assistance networks to provide response to outbreaks or epidemics and in general, to public health emergencies of national and international importance, including capacity for communication of risks (Axis 1, RE 8).

Strategic Result 3

An integrated and intersectoral approach is promoted, which contributes to the reduction of the communicable disease burden in the Subregion.

Lines of Action:

3.1	Homogenizing protocols and guidelines for addressing communicable diseases with integrated and multisectoral approaches and which include efforts to address the social determinants of these diseases.
3.2	Implementing Subregional strategic plans for prevention and control of Malaria, Tuberculosis, Neglected Diseases and other poverty-related infections.
3.3	Supporting the implementation and evaluation of the EGI-CA in components of social communication, epidemiological surveillance, entomology, care of patients and laboratory components, as well as to contributing to the elaboration and diffusion of the Communications Plan to Impact Behavior (COMBI), integrated into the general plan for prevention and control of dengue in each country.
3.4	Strengthening of national capacities for implementation of the International Health Regulations (IHR) in the countries of the Subregion.
3.5	Strengthening of Subregional and global coordination mechanisms for early warning and response to sanitary risks linked to zoonosis and food borne diseases.

Subregional Policy on Pharmaceuticals

Situational Analysis

There are important differences between the countries in the Subregion as regards their pharmaceutical policies. For instance, only in Panama and Costa Rica does public expenditure on pharmaceuticals exceed private expenditure; the reverse is true in the remaining countries where private expenditures exceed those of the public sector. For example, in Guatemala, 4.8% of GNP is in private expenditure and only 1.4%, is in public expenditure.

On the other hand, expenditure in the private market for medicines at Subregional level increased by 11.28% last year, without an equivalent increase in the number of units acquired. This might be explained by price increases, leading to inability to purchase medicines, and by greater deterioration of the economic situation of the population. Six of 10 medicines with greatest sales in the private market do not match the country epidemiological profiles (Viagra, Neurobion, Femlane, Dolo-Neurobion, Tafil and Yasmin), providing evidence of irrational use of medicines and disproportionate expenditure by the population on products that do not resolve their principal health problems.

One of the most critical problems for health systems in the Subregion is the insufficient capacity to respond to the needs for medicines that are needed to address the principal health problems of the population. The capacity of the State and the population to acquire medicines is greatly affected by the high costs of manufacture, marketing and prices set by providers.

Reviewing the problems in the area of pharmaceuticals, RESSCAD and COMISCA identified two major problems common to the countries of the Subregion, namely, the absence of national policies on pharmaceuticals, limited access to medicines by the poorest segment of the population. They concluded also that the objectives of the productive and commercialization sectors do not coincide with public health interests, and that there is deficient training in university study programs on pharmacotherapy, based on practical problems.

Initiatives in the Subregion

In 2005, the Ministers of the Subregion decided to take up a Subregion initiative to ensure access to medicines and supplies at low cost which are needed for treatment of priority health problems. This initiative is congruent with the WHO Declaration to the UN Commission on Human Rights of 2003, concerning the right of human beings to health and essential medicines and Resolution CD45/10 of the Governing Council of PAHO related to access to medicines.

In 2006, the XXII RESSCAD agreed to the establishment of the Subregional Technical Commission on Medicines (TCM), made up of representatives of the Ministries of Health and institutions for Social Security in the countries of the Subregion. The TCM was given the mandate to develop the Policy on Medicines for the Subregion, and to elaborate a work plan for implementing the Policy.

In 2007, the Subregion officially adopted a Policy on Pharmaceuticals based upon the universal right to access to essential and high quality medicines. As a result of this policy, a harmonized list of medicines with high costs was prepared for negotiation and joint procurement. The Policy also establishes an Observatory of Medicines for the Subregion.

Subsequently, in the XXIV RESSCAD and XXX COMISCA (2009), a set of regulations was approved for joint negotiation of prices, accompanied by 36 technical specifications for medicines, a study of prices of medicines and providers, and reference prices to support the negotiation. All the countries of the Subregion, except Guatemala, would participate in the joint price negotiations and purchase of medicines. Guatemala's non participation was due to legal difficulties.

The Observatory of Medicines of the Subregion, as part of SICA, (www.ocamed.org) is in operation and is a source of information and a space for interchanges of information on policy, regulation, supply, access and rational use of medicines. The OCAMED is designed to provide assistance in the area of pharmaceuticals to National Health Authorities, agencies and regulating organizations, institutions in the health sector at local and national levels, and academic institutions, and aims at:

- Organizing and consolidating information about medicines that are available in the Subregion.
- Gathering and disseminating information about medicines in a structured and systematic manner.
- Providing information quickly and easily on medicines to national health authorities and others to help support informed decision-making in the countries.
- Facilitating the interchanging of information on medicines between professionals in the sector.
- Providing a space for sharing of experiences and knowledge.

Challenges faced by the Subregion

- Consistent participation of all the countries in the joint negotiation and purchase of medicines (Axis 1, RE 4).
- Increase the number and spectrum of pharmaceuticals in the joint purchases of medicines (Axis 1, RE 4)
- Ratification of the Official Medicine Lists by the countries of the Subregion (Axis 4, RE 16).
- Insufficient access and availability of medicines at all levels of the health system (Axis 1 RE 1, Axis 1, RE 4)
- Strengthening of OCAMED (Axis 1, RE 4)
- Contrafaction of medicines (Axis 1, RE 4, Axis 4, RE 16)

Strategic Result 4

Essential medicines are accessible for treatment of the population of the Subregion, through the application, consolidation and expansion of the Subregional Drug Policy which deals with, among other aspects, issues of production, purchase, supply management and rational usage.

Líneas de Acción

4.1	Supporting the functioning of the Subregional Technical Commission on Pharmaceuticals, by establishment of effective mechanisms that promote joint purchase of drugs.
4.2	Strengthening the Subregional Observatory for Medicines (OCAMED) which will contribute to improvements in the management and supply of medicines.
4.3	Promoting rational use of medicines and the strategy for use of generics in public health establishments.
4.4	Promoting access to medicines at the first level of care, with emphasis on those medicines related to mental health, HIV/AIDS, TB, Malaria and chronic diseases.

Determinants Component

Strategic Objectives

- Reduce inequalities and inequities and social exclusion in health, within and between the countries (Strategic Objective No. 4 of the Health Agenda)
- Strengthen food and nutrition security and reduce malnutrition, with support from the institution in the Subregion specialized in this area, INCAP (Strategic Objective No 8 of the Health Agenda)
- Establish mechanisms for increasing coverage in the provision of safe drinking water protection of the human environment, with support from the entity in the Subregion specialized this area, FOCARD-APS (Strategic Objective No. 9 of the Health Agenda)
- Reduce country vulnerabilities to natural disasters, anthropic emergencies and the effects of climate change (Strategic Objective No. 10 of the Health Agenda)

Health Promotion: Healthy Settings and Lifestyles

Situational Analysis

The Dominican Republic and Honduras currently have a specific public policy regarding Health Promotion. In the former, the policy is part of the General Health Code, and its principal focus is to foment normal physical mental and social development, as well as to create conditions that facilitate improved conditions for health and which facilitate changes in individual behavior.

However, Costa Rica, Nicaragua and Panama, although lacking a specific public policy, do have specific guidelines for health promotion, as part of general health policy. They also do not have specific national plans for Health Promotion. Only the Dominican Republic has a national level entity that governs Health Promotion.

All the countries in the Subregion have frameworks which are reinforced by a diversity of laws that render Health Promotion a legal activity for the State to engage in. It is important to mention that all countries have plans and projects, the majority of which are under implementation or in the process of formulation.

The countries have a variety of resources for execution of national plans for Health Promotion, although some are better equipped to implement a full program.

But all the countries have the minimum resources needed to design and implement Health Promotion programs. What is lacking to differing degrees in many of the countries is political will, technical capacity and human resources who are convinced of the need to carry out effective health promotion activities.

Nicaragua, Belize and Guatemala do not have human resources who are trained specifically to carry out promotional activities. Costa Rica, on the other hand, has special schools dedicated to preparation of persons specialized in this area. Panama has personnel who are trained in public health with a sub-specialty in health promotion, but these are insufficient in numbers for the task.

Some countries have executed health promotion strategies such as "healthy municipalities", "health schools", among others. In addition, countries are carrying out activities as part of the PAHO/WHO initiative called "Faces, Voices and Places."

Initiatives in the Subregion

The XVIII RESSCAD (October 2002) held in Costa Rica recommended that member countries develop national health promotion plans and that funds be assigned from the MOH budget for implementation of public policy that promotes healthy living. In 2003, a Subregional Plan for Health Promotion was developed for presentation to the XIX PRE RESSCAD in Panama.

In 2008, the Central American Commission for the Environment and Development, the Council of Ministers of Health, and the Central American Agriculture Council formulated a "Subregional Strategy for the Environment and Health of Central America 2009-2024" (RSEH). The strategic axis "Spaces and Healthy Lifestyles" of RSEH establishes promotion of processes and practices as a line of action that impacts on the modeling of healthy settings, which are sustainable by the business sector. The strategic axis also strengthens instruments and mechanisms for good governance of agro-environmental management that will promote a culture and values for healthy lifestyles.

In XVIII RESSCAD (September 2002), El Salvador was assigned to elaborate a Subregional Plan for Health Promotion, with the participation of countries in the SubSubregion. The Plan was presented in the XIX RESSCAD. Subsequently, due to other priorities in the Subregion, this topic was not discussed further at the RESSCAD meetings.

Challenges faced by the Subregion

• A change from an individual approach is needed to one which is collective and involves broad participation from all sectors and the civil society. (Axis 1, RE 1, Axis 1 RE 5)

• Active leadership is needed by governments to promote the commitment of all public and private sectors and the civil society for the development of public policies that promote healthy lifestyles (Axis 1, RE 5, Axis 4, RE 15).

Industrial Hygiene and Occupational Health

Situational Analysis

Information on health and occupational risks is sketchy making it difficult to have a clear picture of the true magnitude of this area in the Subregion. Of the countries in the Subregion, only Costa Rica has good statistics on occupational accidents and health. These data have been used to project estimates of the magnitude of this problem in the remaining countries of the Subregion.

The agriculture, hunting and fishing sectors contribute more than 50% of accidents in the workplace, followed by service activities (commerce, hotels and restaurants) and manufacturing industry. The service and manufacturing sectors together, contribute 25% of accidents. This estimation is considered conservative because working conditions for employees in the formal sector who are insured in Costa Rica probably have the best working conditions in the Isthmus. Even if there were to be a system for reporting occupational accidents, there would be considerable under reporting because most of these are dealt with in some way by the company itself. Therefore, occupational accident rates in other countries in the Subregion are likely to be much higher than projected with Costa Rican data.

As a consequence of the extraordinary weight that agricultural activities have in the Subregion, pesticide use is one of the principal causes of accidents in the work place. As the use of these chemicals is the major cause of acute intoxications in the Subregion, the importation of these into the countries in the Subregion becomes an important factor. In 2002-2004, the importation of these substances exceeded 25 million kilograms, with almost half of these being Paraquat [xii]. Surveillance systems for pesticide intoxications record only a small proportion of the cases that occur. Ten years ago, a study estimated that nearly 2% of the population older than 15 years had suffered a symptomatic episode, after having exposed to pesticides. This would translate into some 400,000 intoxications.

The data from the SALTRA project on the importation of pesticides into the Subregion related to toxicity as indicators of danger, permits comparison and surveillance over a time period. Although there may be inconsistencies in the information, importations are an indicator of usage and Costa Rica has the worst results in the Isthmus.

Given this situation, proposals should be considered which facilitate health care in the context of heterogeneities in the characteristics and development of the labor market, which contribute to taking maximum advantage of the demographic bonus bonus that the Subregion is facing over the next decades, and considers the variability of the profile of occupational health that exists in the different countries in the Subregion.

xii State of the Subregion on Sustainable Human Development from and for Central America / Program State of the Nation. – San Jose, C.R. State of the Nation 2008. 656 pages

Initiatives in the Subregion

The Subregion has a Program for Health and Work in Central America (SALTRA, www.saltra.info) with activities in research, training and development. CISSCAD proposed a project for the "Identification and control of factors in occupational illness in the context of theSocial Security of Central America and the Dominican Republic", which proposes the creation of a laboratory for the measurement of occupational risks in the Subregion.

In parallel, CIDA and the Ministry of Human Resources and Competency Development of Canada have launched a project for Safety and Occupational Health in the Subregion (PRODESSO). The project seeks to assist Ministries of Labor with training programs and technical assistance for inspection of companies to identify potential of safety and occupational health risks. Support is foreseen for this project from the National Tripartite Commissions on Safety and Occupational Health, and the Local Intersectoral Strategic Alliance. This strategic alliance is similar to that which PAHO/WHO has been promoting in the Subregion of the Americas. Lastly, a component of the project is oriented towards transforming company Safety and Occupational Health committees and Headquarters for unions, into multipliers of the occupational health message.

There is a Strategic Plan of the Network for Physical Activity of the Americas (RAFA), which was updated in 2009. The countries of Costa Rica, Panama, El Salvador and Guatemala are a participating in this program.

Challenges facing the Subregion

- Need for an information system and surveillance of accidents and occupational risks (Axis 2, RE 11)
- Lack of a set of harmonized standards or occupational health and industrial hygiene (Axis 1, RE 5).

Mental Health

Situational Analysis

Mental Health is a problem requiring integrated approaches for its solution. According to an WHO's estimate in 2002, Mental Health conditions cause nearly 25% of the years of life lost, adjusted for disability world-wide. The category Mental Health includes a wide range of health problems that go from severe depressive states, the different psychoses, the effects of abuse of psychoactive substances, to less severe disorders related to the stress of daily living, which in many cases is a factor present in situations of violence.

Epidemiological studies carried out during the last decade make clear the need for action in the area of mental health. The burden that mental illness represents for health systems is becoming significantly greater, and produces ever greater levels of individual and social suffering. In 1990, psychiatric and neurological conditions accounted for 8.8% of years-of-life adjusted for disability (AVAD) in Latin America and the Caribbean. In 2002, this burden had increased to 22.2% [xiii]. Many consider that the first cause of disability in Latin America to be depression.

A review of the most relevant epidemiological studies on mental disorders carried out in the Subregion during the last 20 years provided an estimate of the median prevalence of these of disorders in the year prior to the study. The non-affective psychoses (among these, schizophrenia) had a median prevalence estimated to be 1.0%, major depression, 4.9% and abuse of, or dependency on alcohol, at 5.7%.

According to statistics kept by the Costa Rican Social Security system for 2001, one of the first causes for outpatient consultation is "anxiety", followed by alcoholism and depression. Although the suicide rate in this country declined to 4.7 per 100,000 at the beginning of the century, in 2005 it had increased to 6.7. The incidence is greatest among men representing 88% of all cases [xiv].

In Nicaragua, the suicide rate among young pregnant women is high. Throughout the Subregion, depression, anxiety, alcoholism and substance abuse are among the first causes of outpatient consultation. In 2000, suicide was the third cause of death in Latin America in the age group 10 to 19, and eighth cause among adults 20 to 59. Since this is a problem that is dealt with largely in the home, there is likely to be a large group of persons with mental disorders of different kinds and severities that do not have access to, or simply choose not to use health services for the solution of these problems. This creates difficulty in proposing realistic policies for dealing with these illnesses.

The response of health services for mental health problems has been limited or inadequate, in comparison to the magnitude of the overall burden created by mental disorders. The result is a paradoxical situation of heavy burden and insufficient capacity to resolve the problem which creates wide gaps in treatment of these disorders.

It is estimated that in Latin America and the Caribbean, neuropsychiatric disorders represent 22% of the total burden of illness. In Central America, however, less than 2% of the health budget is dedicated to this area of health, evidencing a large financial gap. Among the strategies identified to close this gap is decentralization of Mental Health services and bring the available resources closer to the community.

xiii. Strategy and plan of action for Mental Health. 49th Directing Council, 61st Session of the Regional Committee CD49/11 (Sp.). July 13 2009. Washington D.C, October 2009.

xiv. Statutes of the Region in Sustainable Human Development. A report from and for Central America/State of the Nation Program – San Jose C.R.: State of the Nation 2008, 656pp. 28cm ISBN 978-9968-43-6

It is estimated that the treatment gap (persons with mental disorders who do not receive some kind of treatment) in the Subregion is greater than 60%. For example, the system does not treat 58% of persons with non-affective psychoses, about 53.3% of persons affected by alcoholism, 46% of persons with bipolar disorder; and 41.1% of persons with anxiety disorders.

Initiatives in the Subregion

With technical support from PAHO/WHO, an evaluation of Mental Health systems was recently carried out in all the countries of the Subregion using the WHO instrument called the WHO-AIMS. As an outcome of this evaluation, a virtual course is under development using PAHO's virtual campus on management of Mental Health services. The course is for Mental Health professionals who are directing programs or services in the Subregion. In addition, data is becoming available from the Subregion on the topic of suicide to help understand this problem more clearly and provide a basis for development of Subregion strategies for prevention of these conditions.

In September 2009, the Governing Council of PAHO planned a discussion of a Subregion Strategy and Action Plan on mental health, which will offer policy and technical support that will be required in the coming years.

In Panama and Honduras, a mental health component is being carried out using a community approach. The purpose of this activity is to integrate this component into routine services in general hospitals, as well as in situations of emergency, hospitalization and linkage psychiatry. Activities include capacity-building of service providers and promotion of community-based efforts to address these health problems.

Some countries in the Subregion have made significant progress on Mental Health issues. Such is the case of Belize with a decentralized and ambulatory service model, with trained nursing personnel at district level; in Panama, activities are underway to reform a psychiatric hospital and decentralize the hospital's Mental Health services.

A strategy and action plan for Mental Health was approved by the 49 Governing Council (Resolution No. CD49.R17). The resolution established the need to include mental health as a priority in national health policies, and promotes equitable and universal access to Mental Health care services.

Challenges faced by the Subregion

Although some countries of the Subregion have formulated national policies and plans for mental health, the degree of application of these policies and plans is highly variable. The challenges faced by the Subregion are summarized below:

- Low levels of application of policies, plans and legislation in mental health (Axis 4, RE 15).
- Low coverage of mental in Primary Health Care programs; lack of training for mental health professionals. (Axis 1, RE 1, Axis 1, RE 5, Axis 2, RE 10).

- Persistent deficiencies in integration and coordination of mental health services, although there are some advances at local or provincial levels. (Axis 1, RE 1, Axis 1 RE 5).
- Insufficient integration of mental health into health systems in the majority of countries (Axis 1, RE 1).
- Most countries need to need to strengthen efforts to address human rights in health (Axis 4, RE 15).

Security and Social Protection

Situational Analysis

The Social Security system provides coverage to workers in the formal sector of the economy, leaving coverage of unsalaried persons in the informal economy to the Ministry of Health. In Costa Rica, the social security system permits affiliation of the entire population, and in the case of the poorest sectors, the State provides resources to subsidize the costs of membership in the system for these persons.

Population coverage by Social Security institutions in the Subregion is variable, with rates that range between 15% and 90%, the latter being the case of Costa Rica. Coverage generally includes preventive and curative medical services for members and families, plus pensions and retirements. In this sense, Costa Rica and Panama present the best coverage for social security. Lowest coverage by social security is seen in Nicaragua, El Salvador, Honduras and Guatemala, the three countries with the highest percentage of the population without access to the health system.

The private health insurance industry is not well developed in the Subregion and coexists with the public system. Private expenditure in health by out-of-pocket expenditure for direct payment for services predominates in the Subregion[xv].

In effect, countries in the Subregion are operating networks for social protection that focus on the most vulnerable groups. Activities have included monetary transfers which are designed to contribute to reducing poverty and improving education and health indices, as in the case of Guatemala, El Salvador, and Honduras.

Initiatives in the Subregion

Social Protection consists of collective actions for protecting population from health risks to helpto neutralize and/or reduce the impact of certain risks to the individual and society.

In El Salvador, a system for Universal Social Protection is being promoted, coordinated by the Secretariat for Social Inclusion. In Guatemala, the Council for Social Cohesion, is responsible for coordinating the programs My Family Progresses and Pro Rural.

xv. State of the Region in Sustainable Human Development. A report from Central America and for Central America/Program State of the Nation. - San Jose C.R. State oftheNtion 2008. 656pp.: il. 28cm. ISBN 978-9968-806-43-5.

Nicaragua has the National System for Social Welfare which promotes the Amor and My family programs. The Dominican Republic is carrying out the Solidarity Program, and in Panama, the program is called Network of Opportunities.

The Institutions for Social Security in the Subregion make up the CISSCAD, which is a technical, executive and specialized organization, created by the XII Presidential Summit of the Subregion (held in Panama, December 1992). CISSCAD is a member of SICA. In May 2009, CISSCAD a proposed Five-year Strategic Plan with the following strategic projects: Elderly, occupational health, quality of care, actuarial analysis of the portfolio and services, and pharmaceutical management.

The world wide international economic-financial crisis is affecting social protection in all the countries of the Subregion. The crisis intensifies the risk that new populations in the Subregion fall into poverty or indigence, lose formal employment, reduced coverage by Social security, all of which can result in even greater constraints to population access to health services. All countries have taken measures in sectoral and labor and social policy. Some examples: Belize is implementing an extension of coverage of a primary health program in marginalized areas of the country; Costa Rica lengthened the period of eligibility for social security coverage of persons who become unemployed for periods from 3 to 6 months, as well as the provision of subsidies for purchase of food, transport and gasoline; El Salvador, has created a program of solidary urban communities and is extending the Solidarity Network; Guatemala, a basic pension was created for the elderly living in the poorest municipalities in the country; Honduras increased the minimum pay and increased monetary transfers for poor families; Nicaragua strengthened food distribution and sale of these at affordable prices. Panama reduced the tax rate on workers with salaries below one thousand US dollars. Dominican Republic focused the subsidy on liquefied natural gas to benefit the poorest groups and population, and creation of programs.

In the Hemispheric Agenda for Decent Employment in the Americas 2006-2015, within the framework of the International Labor Organization (ILO), proposes a among its objectives the strengthening and extension of the different regimens of social protection and establishes the goal for an increase of 20% in coverage of social security over a ten year period.

In September 2009, the Organization of American States (OAS) launched the Ibero-american Network for Social Protection for its Member States. The central idea of this network is to "facilitate cooperation and exchange of information on matters of policy, experiences and best practices which are able to provide real solutions to the reduction in inequalities and poverty" [xvii]. It will begin full operation in 2010.

xvi. Regional Workshop on Actuarial and Financing Methods for Social Securty, May 2009.

xvii. Interamerican Network for Social Protection, Organization of American States, New York, September 2009.

Challenges facing the Subregion

- Financial sustainability of programs for Social Protection in the countries of the Subregion (Axis 1, RE 5).
- Limited coverage of coverage of national Social Protection programs (Axis 1, RE 5)
- Low coverage of Social Security Institutes. (Axis 1, RE 1, Axis 1, RE 5).
- Management and resource planning models for the Social Security Institutes need systematization and institutionalization (Axis 4, RE 15)
-

Strategic Result 5

Subregional initiatives are developed to promote healthy lifestyles and settings, mental health, safety of the worker and occupational hygiene.

Lines of Action

5.1	Updating and revising RESSCAD`s proposal "Subregional Plan for Health Promotion", formulated in 2003.
5.2	Supporting the implementation of WHO's strategy for Food and Physical Activity (SFPA).
5.3	Developing Subregional guidelines for elaboration of information, education and communication strategies that promote healthy life styles and settings based on the strategy of healthy schools and municipalities, including addiction prevention.
5.4	Developing a Subregional system for pressuring owners to change unhealthy situations in the workplace and promotion of health of workers; the system includes the migrant worker group.
5.5	Elaborating intersectoral proposals for interventions that promote reduction of inequalities and promote equitable access and opportunities for persons with particular health and/or mental conditions.

Food and Nutrition Security

Situational Analysis

The dimensions of food availability, sufficiency, access and innocuousness were considered in the analysis of Food and Nutrition Security (FNS) in Central America. A comparative analysis between the supply of food energy (SFE) and median [xviii] annual requirements for each of the Central American countries, demonstrated that for the period 1990-2000, the percent differences in the countries between the former and the latter oscillated between 1.947 and 2.116 kcal/dia. Data showed that all the counties had kilocalorie levels which are greater than the median energy requirements. However, the margin would be insufficient to overcome the internal variability of food access [xix]. Costa Rica shows a stable and superior supply around 30%, although this would not be sufficient to eradicate under-nutrition, despite these low levels of inequalities of access to foods.

Data from the Food Balance Sheets prepared by FAO, national aggregate numbers reflect a minimum available average consumption of 2,210 kcal/person/day in Guatemala, and a maximum of 2,837 kcal/person/day in Nicaragua and Panamá [xx]. When comparing the minimum requirements for food energy and national per capita consumption, a sufficiency of availability of food is observed. But, this sufficiency has a weakness. A large proportion of the availability of basic grains (corn, beans and rice) in Central America is the result of imports. For corn, for instance, in the period 2001 to 2005, the dependency relation of the average net importations with respect to the average national availability, represents more than 75% for Costa Rica and Panama, and between 30 and 40% for Guatemala, El Salvador and Honduras, including corn for industrial use and that for consumption. The availability of beans and rice is also highly dependent on importations.

The remaining countries present greater inequality, which requires a greater supply of foods to cover their median requirements and eradicate under-nutrition. With different time variability's, El Salvador, Panama and Honduras finished the decade with a supply of around 59% above the average requirement, which is coincident with high levels of mal- and under-nutrition.

In Central America, the populations who are poorest and most vulnerable to food and nutrition insecurity are located both in urban and in rural areas, but with majority in the latter. According to the Economic Commission for Latin America and the Caribbean (ECLAC), both the poor (who do not cover their basic needs) and the indigent (who do not even cover their total food requirements) are greatest in rural areas. Half the Central American populations are categorized as poor and 30% are very poor, and of the population in rural areas, 60% are poor and 40% are very poor. Especially vulnerable are households headed by women, indigenous and afro descendant communities, and small rural farmers.

xviii. Traditionally, the analysis of sufficiency has been done on the basis of the supply of food energy of a country, by means of the FAO Food Balance Sheets, contrasting the result with the minimum necessary requirement for survival of all its members, taking into account the age and sex distributions, with a minimum level of physical activity (about 1,800 kcal/day). In order to incorporate the differential needs for energy resulting from activity of persons, the median requirements (about 2,100 kcal/day) was used.

xix. Poverty, hunger and food security in Central America and Panama. CEPAL, SERIE. Social Policy SERIES, Social Development Division, Santiago, Chile, May 2004.

xx. Subregional Strategic Framework for Special Food Security Programs (PESA) in Central America, 2008-2015. United Nations Food Agriculture Organization (FAO), Central America, November 2007. www.pesacentroamerica.org/pesa_ca/marco_%20estrategico_pesa.pdf

Initiatives in the Subregion

A Subregional Initiative was launched as a result of results of the XXIII RESSCAD (September 2007). The initiative, "Towards the Eradication of Infant Malnutrition" has the technical and financial support of INCAP/PAHO, FAO, World Food Program (WFP), UNICEF and other actors and international agencies. Within this framework, national plans are being socialized and institutionalized for the eradication of chronic child malnutrition and implemented through various mechanisms for coordination, national food and nutrition security commissions, national committees on micronutrients, and other entities who act within the framework of national nutrition policy. As part of capacity development and support, a methodology for the elaboration of the Malnutrition Atlas is being carried out in the Subregion. This has been applied in the Dominican Republic and Panama. The methodology is undergoing improvements before extending it to the remaining countries.

The most relevant entity in this field in the Subregion is INCAP, which, based on the situational analyses in the Subregion and Subregional Agreements, plans to develop availability, access, consumption and biological utilization of foods, in terms of the FNS of populations in the Member States. The initiative uses a promotional approach which is integrated, and is directed at improving the quality of life of the population. This required the development of public policy in the context of globalization and the Central American social integration efforts. One of future challenges for the Institute is the support for ordering and improving social investment in the operationalization of SNF in general, as well as reduction of extreme poverty, hunger and poor nutrition because of excesses and disequilibria. The functionality, flexibility, and horizontality of the task is based on institutional capacities and require effective alliances and work networks, with participation of public sectors of health, education, agriculture, environment, labor of the Member States. Also included are organizations and agencies for external assistance, nongovernmental organizations, the food industry, professional and technical associations related to food and nutrition, professional associations, universities, science and technology councils, among others. All these entities facilitate impact on national and Subregional policies and plans and develop proposals and projects related to SNF in the Member States.

The SISCA Subregional Program for Food and Nutrition of Central America (RPFNCA), financed by the European commission, seeks to reduce food and chronic and acute nutrition insecurity, loss of effectiveness of survival strategies and of mechanisms for local and community compensation, inequalities in the distribution of public and private investment in the different geographical areas in the four countries participating in the initiative (El Salvador, Guatemala, Honduras and Nicaragua).

The Inter American Development Bank (IDB) is financing a project for the Central American countries, to fortify Central American foods with micronutrients (iron, folic acid, vitamin B complex, zinc, vitamin A and iodine). The project is coordinated with national programs for supplementary feeding, benefiting the health of mothers and infants in the beneficiary countries. In parallel, the initiative proposes to: 1) promote the harmonization of norms and regulations for micro nutrient fortification of foods; 2) develop and implement a reciprocal system for quality control of fortified foods; 3) coordinate the epidemiological surveillance systems for conditions preventable by fortification of foods with micronutrients; 4) promote interchange of information for follow-up of these programs. Joint proposals and agreement for the prevention and control of micronutrients has been achieved by diverse national and international institutions, in coordination with INCAP, the Micronutrient Initiative (MI) and Agro-Health at Subregion level. The project will thus contribute to reduce complications of pregnancies caused by deficiencies of micronutrients, reduce anemia in women in fertile age and contribute to healthy growth and development of children under six years old.

The system for information management, www.nutrinet.org , of the WFP has a Subregional portal and national portals in El Salvador, Guatemala, Honduras, Nicaragua, Panama and the Dominican Republic. The system has a data base with 310 programs implemented in the Subregion and has identified a network of 182 experts and 358 institutions. WFP has developed a pilot distance education course for 200 professionals and have established networks and contacts in each country that include more than 80 institutions in Central America.

There is a worldwide commitment for implementation of the World Strategy on Diet, Physical Activity and Health, approved in May 2004 by the World Assembly on Health (WAH), in which Governments and other civil society actors assume different responsibilities for the prevention of non transmissible chronic diseases, and addressing the two principal risk factors: food regimen and physical activity. This strategy complements the work countries have carried with WHO on nutrition-related areas such as malnutrition, deficiencies in micronutrients and feeding practices of nursing mother and small children.

A Plan for Implementation of the World Strategy on Diets, Physical Activity and Health was developed from this Strategy, and approved for 2006-2007. In addition, a plan for follow-up and evaluation of the Strategy was elaborated.

There is a Strategic Plan for Physical Activity in the Americas (SPPA) which was updated in 2009. The countries of Costa Rica, Panama, El Salvador and Guatemala are members of SPPA.

There is a Central American Network on Dietary Guidelines for Health Promotion, promoted by INCAP/PAHO, beginning in 2008.

There is also a Meso-american Public Health project, with a maternal-infant nutrition component which is led by the Meso-american Institute for Public Health.

An inter-country cooperation project is being developed and called the Project for Maternal Breast milk Banks in which Brazil, Ecuador, Guatemala and Honduras are participating. The project seeks to update policies on breast feeding, elaborate and socialize norms for operation of breast milk banks and the training of both institutional and community human resources, and lastly, the monitoring and evaluation of progress in the promotion of breast feeding and finally, the establishment of human breast milk banks.

The Pan-American Alliance for Nutrition and Development for the Achievement of the MDG, is an interagency initiative made up of thirteen UN agencies (UNDP, UNICEF; UNDPA; WFP; PAHO/WHO; CEPAL; OCHA; UNIFEM; UNAIDS; OIR; PNUMA; OHCHR; UNOPA; UNHCR and UN HABITAT) with the purpose of proposing and implementing integrated, intersectoral, coordinated and sustainable programs within the framework of rights, gender and intercultural approaches, to speed the process of achievement of the MDGs. The work of the Alliance is characterized by the use of an approach based on social determinants, an intersectoral strategy and by focusing on vulnerable geo-demographic spaces. The greatest challenge for this network is to increase the scale of interventions as well as their sustainability, so that they may achieve stable public policy dimensions. The Alliance will provide opportunities for planning with the use of lessons learned and actual experiences of the countries. In this manner, the Pan-American Alliance for Nutrition and Health seeks to construct an interagency framework that is able to provide technical assistance in the search, identification, execution and evaluation of integrated interventions which are adapted to previously selected specific situations, in accordance with criteria of vulnerability or others that substitute for them. The Alliance has the objective of promoting a culture of evaluation which permits the identification of more efficacious and efficient strategies.

Other initiatives linked to social protection should be highlighted in counties where SNF has been given priority. For instance, Guatemala has its National Law for the Right to a Diet for Food and Nutrition Security.

El Salvador has benefited by a Joint Program "Infancy, Food and Nutrition Security", which is an interagency proposal (PAHO/WHO, UNDP; WFP, and UNICEF), designed to contribute to infant and reduce dietary and nutritional problems in vulnerable groups. There will be participation from the Ministries of Agriculture, Education and Health, and will be coordinated by the Secretariat for Social Inclusion.

Challenges facing the Subregion

- Lack of a national policy in some countries on Food and Nutrition Security (FNS) in the Subregion (Axis 1, RE 6, Axis 4, RE 15)
- Insufficient investment in FNS, and much of what is accomplished is financed by external assistance (Axis 4, RE 15).
- FNS is not positioned as a transversal axis for the fulfillment of the MDG, principally in MDG 1, and for the social and economic development of the countries in the Subregion. (Axis 1, RE 6)

Strategic Result 6

Subregional Food and Nutrition Security (FNS) is promoted, in coordination with INCAP, using intersectoral and Subregional approaches, to serve as a contribution to social and economic development of the Subregion.

Lines of Action

6.1	Supporting interventions on Food and Nutrition Security, with leadership provided by INCAP and other Subregional institutions.
6.2	Supporting the implementation of the Subregional Plan for Reduction of Chronic Infant Malnutrition, and inclusion of this element in national programs.

Water and Sanitation

Situational Analysis

There are significant inequalities in the coverage of potable water and sanitation among the countries in the Subregion. The most significant differences are seen between urban and rural areas, with 93% of urban dwellers having access to potable water, while only 60% of the rural population has access to this service. Likewise, it is estimated that 78% of the urban population and 58% of rural dwellers have basic sanitation services, defined as only sewage mains, and not including treatment [xxi].

Except for a few of the countries in the Subregion, fresh water is in abundant supply. These countries have annual precipitations that are relatively high, although the distribution of rainfall during the year is increasingly erratic due to the effects of climate change and other related atmospheric events. The annual availability of water per capita exceeds 3,000m3, but only 42% of the rural population and 87% of the urban have access to potable water. Two thirds of the population lives in areas with a coastline on the Pacific Ocean, where only 30% of the fresh water is available. The other third of the population is located on the Caribbean side, which generates 70% of the water for the Isthmus. This unequal distribution of water puts pressure on the hydrological resources of the Subregion.

Although the Isthmus has sufficient fresh water, demand has increased sharply due to high population growth rates. It should be realized that not all the rain received by Central America is usable and not all areas receive the same quantities. The availability of water does not constitute a guarantee in itself for development, although without it, sustainable development is impossible. Currently, its availability for different uses is beginning to become one of the principal socioeconomic concerns for planners.

Limitations to access to water for satisfaction of basic needs such as health, hygiene and food security undermine development and provoke enormous difficulties for the affected population. Water quality, as well as problems of contamination due to industrial, agro- industrial and agricultural activity is of increasing importance. This becomes evident, for example, in the statistic that nearly half the population of the Subregion is exposed to water sources that are contaminated with fecal coliforms, industrial organic substances, acidifying substances, heavy metals, fertilizers, pesticides, sediments and salinization of water.

Many consider that the principal problem of Central America is the governance of water. Country politico-institutional structures for hydrological resource management are characterized by the absence of clear policies, legislation that is out of date or totally lacking, overlap of powers and functions among the governing entities, supervisors and operators from the public sector, non public. All these situations makes difficult the administration of hydrological resources, as well as policy decision-making at political levels.

xxi. World Association for Water, Central America. Situation of Hydrological Resources in Central America: Towards Integrated Management. Ed. Virginia Reyes G., 3rd Edition, San Jose, C.R.: GWP-CA, 2006

The environmental situation and basic sanitation services are aggravated by the fact that Central America is one of the zones in the world with the greatest risk to disasters. It is affected by a large number of natural events, frequently with disaster potential, such as earthquakes, hurricanes, flooding, volcanic eruptions and the hurricane season of the Atlantic. This situation is also occasionally aggravated by the impact of cyclic events such as the Phenomenon of the Niño, the southerly oscillation (ENOS), which produce droughts, excessive rains and flooding, and landslides on mountainsides, due to instability or environmental deterioration, degradation of soils and the extensive deforestation that is occurring in the Subregion.

Initiatives in the Subregion

During the XXIII RESSCAD held in El Salvador (Accord ELS-XXIII RESSCAD-3), the San Salvador Declaration was approved (CONCARD-APS 2007). The Accord calls upon the national health and social security authorities sectors to support the efforts of the FOCARD-APS, so as to achieve improved states of health for its populations, prioritized actions in sanitation through increased public investment in the sector, and requests external technical and financial support for achievement of the Strategic Plan 2007-2015 of FOCARD-APS.

FOCARD-APS is promoting Subregional participation in the construction of a Subregional platform that permits positioning the topic of Sanitation as a top priority agenda item for political action at the highest levels of government. This activity is within the framework of international commitments by the countries of the Subregion for the fulfillment of the MDGs, including the 2008 Declaration of the International Conference "Atmosphere, Ionosphere, Safety", and the Latin-American Conference on Sanitation which produced the Cali Declaration. FOCARD-APS is also strongly encouraging the countries of the Subregion to take firm steps towards the establishment of national and Subregional strategies for the recuperation of sanitary conditions which from all points of views, has long suffered neglect. The process begins with elaboration of national sanitation plans that combine the above and with active participation from social actors, organized community, private sector, local governments, and other stakeholders in the water and sanitation sector.

Currently, all countries in the Subregion, except Belize, have specific initiatives for the promotion of hand washing and safe management of water in the household. These initiatives seek to contribute to the reduction of incidence and prevalence of diseases associated with inadequate hand washing and hygienic practices of children less than 10 years of age.

Recently in Costa rica, as part of the Central American and Dominican Republic Summit on Potable Water and Sanitation, the countries signed a Declaration positioning the topic of potable water and sanitation as an articulating strategy within national development plans, as part of the framework of International Decade for Action "Water, Source of Life 2005-2015", LATINOSAN I and the Central American Strategy for Integrated Management of Hydrological Resources (ECAGIRH).

LATINOSAN I y la Estrategia Centroamericana de Gestión Integrada de los Recursos Hídricos (ECAGIRH).

Challenges facing the Subregion

- Serious problems in solid waste management (domestic, hospital and industrial) have existed for many years in the Subregion, and is considered to be a very important problem (Axis 1, RE 7)
- Low coverage's of collection, transport, storage and treatment of domestic wastes, areas which have not been addressed by public policies in the Subregion (Axis 1, RE 7)
- Minimal attention to treatment of hospital wastes in the countries of the Subregion (Axis 1, RE 7).
- Lack of access to improved potable water sources and to improved sanitary installations, principally in rural areas of the Subregion (Axis 1, RE 7).

Strategic Result 7

Implementation of the Central American Strategy for Water and Sanitation is supported in the areas of protection of water sources and environmental improvement, so as to ensure adequate availability of water that is safe for human consumption.

Lines of Action

7.1	Supporting FOCARD-APS in the implementation of the Central American Strategy for Water and Sanitation, through strengthening of the links to national consultative groups. The consultative groups would be responsible for the execution, among others, of the following initiatives: sectoral information systems for potable water and sanitation, harmonization of conceptual definition of indicators for development of the sector, Subregional sanitation strategy, training and research programs, and promotion of the practices of hand-washing and adequate management of water at the household level (HON XXIV RESSCAD, 2009).

Risk Management for Disasters

Situational Analysis

Central America is one of the Subregions in the world with the greatest probabilities of occurrence of disasters due to the processes of accumulation of risk that it presents. Its populations and territories have become, and are, highly vulnerable to the occurrence of earthquakes, volcanic eruptions, rains, landslides, flooding, and in certain months of the year, by the occurrence of named tropical storms as well as passage of Atlantic hurricanes on their way to the Caribbean and the Gulf of Mexico.

One of the recent major disasters suffered by the Subregion occurred as a result of the passage of Hurricane Mitch, in October 1998. Hurricane Mitch caused enormous human, social, economic and environmental losses and damage, and had the effect of increasing the levels of poverty in many of the affected countries.

This devastating event, however, stimulated extensive dialogue and debate in the Isthmus over the impacts that these events had on economic and social development and country levels of disaster preparedness, risk management and risk mitigation. It was very evident that there was lack of preparedness and community capacity to respond to these emergencies as well as to develop their local level strategies and programs oriented to the reduction of risks present in their areas. There was a need to promote and accompany the processes of recuperation as well, develop proposals and projects in the countries in order to implement risk management actions at local and national scale, and promoting the exchange of cooperation by means of Subregional initiatives and projects.

The social and economic vulnerability associated with the patterns of development in the Subregion create conditions of risk that are far greater than those in the rest of the hemisphere. CEPAL estimates indicate that an estimated 73% of the inhabitants live in vulnerable zones. Additionally, the last ten years has seen increases in the occurrences and human and environmental consequences of chemical-technological accidents and epidemics.

Health services are highly vulnerable, not only because of existing budget deficits but also because of the characteristics of the environment. In Central America, only El Salvador and Costa Rica have a national policy that addresses the issue of ensuring that its hospitals are safe environments during the emergencies. These countries are also carrying out specific activities for risk mitigation in health installations. These two countries and Nicaragua have specific norms for the construction of hospitals and planning hospital responses to disasters. But all the countries lack adequate financial resources to assess the vulnerabilities and to apply norms related to maintenance of infrastructure.

Initiatives in the Subregion

In 2003, the Central American Plan proposed "To reduce the vulnerability of the Health Sector" as a principal objective to be accomplished by inter-country technical and operational assistance for preparation and response to situations of disaster.

The interchange of experiences and actions occurred in several countries in the Subregion, namely Nicaragua, Costa Rica, Guatemala, El Salvador, Costa Rica and Panama. A number of these initiatives were carried out bilaterally. In addition, spaces for discussion and exchange of experiences have opened at Subregional levels on topics such as Hospital Planning for Disasters, Management of Dangerous Substances and Chemical Accidents, Management of Cadavers in Disaster Situations, etc. This has permitted incorporation of some of the topics into national plans which had previously not contemplated these issues.

Other topics of global interest served as well for spaces for discussion and exchange between the countries. Such is the case of Bioterrorism and preparations for situations of Pandemia.

Periodic Subregional meetings with Disaster Coordinators from the Ministries of Health where Subregional lines of action have been defined, have permitted these Coordinators to develop planning instruments that are framed by Subregional and national processes.

Work has been carried out at central level in some of the countries on the formation of human resources for disaster management, as well as the implementation of training programs for human resources at municipal and departmental levels. Countries such as El Salvador, Nicaragua, Costa Rica and Honduras have made significant advances in the preparation of their sectoral plans at these levels.

Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama and the Dominican Republic are participating in the program financed by AECID, to strengthen the response capacity of the Health Sector in the event of disasters. The program seeks to form teams to support the response of the health sector – EARSS – in each country, with personnel who are equipped and with the knowledge and skills to deal with sanitary aspects of emergencies/disasters, and support the countries in the operation of centers for sanitary coordination in the face of disasters (CSCD).

Implementation of the Policy for "Safe Hospitals" adopted by the meeting of Ministers of Health of the Americas and accepted in the World Meetings on Disasters in Kobe, 2005, is one of the areas that has been worked on by the countries of the Subregion. Work is underway to assist with implementation of this Policy in the Subregion, with training for professionals provided on the issues of implementation of National Policies. El Salvador, Guatemala, Nicaragua, and Panama have initiated processes for this purpose. With support of ECHO, a program for Safe Hospitals is underway. It is expected that by the end of 2009, the results of application and analysis of the Index for Hospital Safety in 24 health installations will have been completed.

In some countries, DIPECHO of the European Union finances the "Strengthening of communities by means of safer installations in Central America: a safe hospital program with a local perspective." Its purpose is to provide support to populations and governments in El Salvador, Guatemala, Honduras and Nicaragua so that their health installations become less vulnerable and capable of continued operation during situations of emergency and disaster.

The Center for Coordination for the Prevention of Natural Disasters in Central America (CCPNDCA) is one of the specialized institutions part of SICA. This Center began functioning in 1993. Each country has two representatives on the Council of Representatives, one from the emergency civil defense organizations and the other from the institutions that are techno-scientifically specialized on the topic of emergencies and disasters. Among its functions are to promote and coordinate international assistance in the area of emergencies, facilitate the exchange of experiences between institutions and countries in the area, and provide technical and technological assistance for the purpose of reducing socio-cultural disasters in the Subregion.

Challenges facing the Subregion

To different degrees and effectiveness, all the countries in the Subregion are implementing risk management programs in the Ministries of Health and other institutions in the sector. However, the articulation of these programs under a sectoral approach is one of the fundamental challenges. National plans for risk management use an approach to dealing with the emergency, but only a few of these are linked to national policy and in all cases, the plans need updating. The co-location of offices or the programs for risk management in the organizational and functional structures of the Ministries of Health in the Subregion does not always ensure the level of policy support needed for its sectoral and inter-institutional action. Most depend on intermediate level managers, whose authority and independence of decision-making is somewhat limited, something which frequently makes sectoral coordination difficult in times of stress. Nicaragua is an exception since the program has direct linkage to the Minister. Costa Rica currently carries out the strategic framework for governance of the health sector and analyses the approach to be used for sectoral coordination.

- Non-institutionalization in the health sector of disaster management and inefficient coordination with other entities at national level (Axis 1, RE 8)
- Lack of norms for establishment of functions and responsibilities of sectorial disaster management office (Axis 4, RE 15)
- Lack of strategic plans for development and institutionalization of sectoral disaster management offices (Axis 1, RE 8, Axis 4, RE 15)
- High levels of centralization in the relevant entities that require addressing the organizational aspects of disasters (Axis 1, RE 8)
- Lack of mechanisms for inter-country cooperation for coordination and preparation of responses, and a lack of a Subregional emergency fund for disaster situations (Axis 4, RE 17)

Strategic Result 8

Capabilities of the Subregion's health system are strengthened for effective disaster risk management and mitigation efforts.

Lines of Action

8.1	Elaborating a Subregional Plan for Risk Management for the health sector for dealing with disasters; this includes an inventory of threats and risk scenarios for the service network.
8.2	Developing a proposal for a strategy for safe health establishments for the Subregion.
8.3	Updating agreements at Subregional level, on the issue of an agreed-upon list of dangerous substances and safety guidelines for their prohibition, handling, storage and transport, aligned with the stipulations of the International Health Regulations.

Climate Change

Situational Analysis

There is solid scientific proof and consensus in the scientific community that the world's climate is changing. In 2007, the Inter-governmental Panel of Experts on Climate Change (IPECC), noting increases in median temperature of the air and the sea, the generalized fusion of snow and ice, and the median increase in the sea level throughout the world, concluded that climatic warming is clear and unequivocal. The changes are due, in large measure, to diverse human activities related to burning of solid combustibles, widespread deforestation and agricultural practices.

The Subregion is characterized by great biodiversity and important humid tropical forest reserves. In 1996, forest coverage was estimated at 181million hectares (35% of the territory). The Subregion has 8% of the world's mangroves, and the second largest coral reef in the world. Central America has nearly 12% of the coasts in Latin America and the Caribbean, including 567,000 thousand hectares of mangrove, 1,600 kilometers of coral reef, and 257,000 square kilometers of continental shelf. The coasts house nearly 22% of the population of the Subregion, produce at least $750 million from fishing activity, provides direct employment for 200,000 persons and is inhabited by at least 250,000 indigenous persons who depend directly on these resources [xxii].

The Subregion has suffered increasing deterioration of the environment, as a result of deforestation, contamination of the air, water and soils. The countries are also facing the need to control risks derived from industrialization and failure to plan large urban centers. Only 89% of the population of Subregion have access to water with domiciliary connection, and coverage of sanitation services (management of excreta and residual waters), coverage is 67%. The greatest deficit occurs in rural areas [xxiii].

Among the principal the negative effects of climate change impacts of health, among others, is the increase in vector-borne diseases such as malaria and decreases in food and nutrition security as a result of the loss of cultivatable soils and areas for agriculture, reduction in the production of cereals and effects of reduction and salinization of waters processing of food products.

Initiatives in the Subregion

The Summit of Central American Presidents (October 1994), approved the "Alliance for Sustainable Development of Central America" (ALIDES), which includes the principles, bases, objectives and instruments for this alliance.

As the SICA instance responsible for the Subregional environmental agenda, the Central American Commission for the Environment and Development (CADED) has a principal objective "to contribute to the sustainable development of the Central American Subregion by strengthening the regimen for cooperation and integration for environmental management". To achieve this objective, it has the "Environmental Plan for the Central American Subregion" (EPCA) which covers the period 2005-2010. The Plan is structured into three strategic areas: 1) prevention and control of contamination, 2) conservation and use of the natural patrimony, and

xxii. Synopsis of Stated ptje Regopm- Si,,aru pf tje Forst Re`prt (1999). http:/www.estadonacion.or.cr/portda.html

xxiii. National Accounts, SIECA, 2008

3), Institutional strengthening of the Central American Commission for the Environment and Development." Other entities at Subregional level that have supported CADED are: COMISCA, the Central American Agricultural Council and the Center for Coordination for Prevention of Natural Disasters in Central America.

The Central American countries (not including Dominican Republic) broadened the Joint Declaration Central America-United States (DCAUSA) in 2002. The plan of action for the Declaration has the following priorities: strengthen the capacity of Central American countries to adapt to climate change and reduce the emission of gases, achieve greater harmonization of environmental legislation, application and compliance, at high levels of protection, including international and Subregional conventions and voluntary systems for environmental management, and obtain adequate levels of conservation of the biodiversity, consolidating the components of earth and sea in the Meso-american Biological Corridor, and strengthening public and private administration of biodiversity.

In Honduras in May of 2008, the countries of the Subregion held the Summit on Climate Change and the Environment.

Among the most important agreements of this Summit were to:

- Incorporate climate change as a high priority transversal theme in national devel opment plans
- Approve the document entitled Guidelines for the Subregional Strategy on Climate change.
- Formulate and coordinate the initiation of a Subregional Strategy for Climate changes, based on the principles and programmatic areas included in the Guidelines.
- Likewise, approve the document entitled Subregional Strategy for Agriculture and Health (RSAH) 2009 - 2024.
- Participate actively in the processes contained in the UN Framework Convention on Climate Change.

All the countries of the Subregion (excepting Dominican Republic, as they were not involved in the research activity), through their Ministers of the Environment or their equivalents and the Meteorology Offices, have addressed the topic of climate change. Some aspects of the strategies adopted by the countries are similar. Almost all have environmental strategies which include, among others, the issue of climate change. For instance, Nicaragua has the National Plan of Action for Climate Change, and Costa Rica has a National Strategy for Climate Change. Guatemala and El Salvador have worked on the constitution of "high level" committees with associated topics such as health, agriculture, treasury, external relations, and energy.

Challenges facing the Subregion

- Absence of national sectoral plans that deal with and provide integrated solutions to the negative effects of climate change (Axis 1, RE 9)
- Limited human and technological resources dedicated to the issues of climate change (Axis 2, RE 10)

- Shortage of information, communication and education of the general population on the effects on health of climate change (Axis 1, RE 9)
- Low levels of budgetary allocation for operations of the offices responsible for this area, and similarly low levels of funding from international agencies. (Axis 1, RE 9)
- Research activities related to climate have largely been carried out by universities or non governmental organizations (Axis 3, RE 13)

Strategic Result 9

Aspects of the Subregional Strategy for Agro-environment and Health (SAEH) which are related to the effects of climate change on health of the population are implemented in the Subregion.

Líneas de Acción

9.1	Supporting Ministries of Health and other pertinent actors in their efforts to assess the vulnerability of national health systems to the negative effects of climate change.
9.2	Supporting Ministries of Health in the formulation of plans and programs needed for addressing the negative effects of climate change.
9.3	Developing a proposal for the creation of an Observatory dedicated to Climate and Health.

AXIS 2

Integrating Agents

Human Resources and Health Information Systems

Human Resources

Health Information Systems

Human Resources Component

Strategic Objectives

- Management and development of health workers are strengthened in the Subregion. (Strategic Objective No. 6 of the Health Agenda)

Human Resource Development

Situational Analysis

The number, type and geographic distribution of health personnel are key elements for closing the gaps and filling needs for health services by the population. There are great disparities in the Subregion regarding the availability of human resources, both between and within the countries.

Several years ago, WHO proposed a quantitative goal for the number of physicians per 1000 population. This goal has not been met in Honduras, Nicaragua, and to a lesser degree, in Guatemala. A study by the Human Resources Observatory showed that the number of physicians available in Nicaragua per 1000 population has gone from 0.37 to 0.46 (Ministry of Health, 2004), a number which is still low. Nursing personnel surpass the rate of physicians per population in Belize, Guatemala, Honduras Nicaragua and Panama. The numbers of dental professionals are critically low, above all when considering the challenge of simply satisfying more complex oral health needs for dental care, much less the satisfaction of vast needs for simpler preventive actions and dental caries [xxiv].

Analyses of the management of human resources in the Subregion coincide that there is weak guidance from the National Health Authorities. There is an evident lack of policies for the development and management of human resources. [xxv]. The processes of analysis and planning of the labor force in health are difficult because agile and reliable information systems are not available. Also, in recruitment of staff, although primarily for technical positions, the decisions in many cases are political. This situation tends to generate problems in the distribution and location of human resources.

Health staff occupying several positions simultaneously in the countries of the Subregion has increased as a consequence of non-competitive salaries, and results in significant impacts on the quality of personnel as well as the services provided. Training of human resources does not respond to the institutional needs in many cases, with the existence of lack of financing primarily, and little coordination with service institutions and those producing the human resources.

xxiv. State of the Region in Sustainable Human Development: a report from Central America and for Central America / Prorgam State of the Nation, San Jose, C.R.: State of the Nation, 2008. 656p: Il; 28 cm.ISBN 978-9968-806-43-5

xxv. Report on the situation of Human Resources in Health in Central America. Panamerican Health Organization. San Jose, February 2006.http://www.infocom-ca.org.pa/files/perfil%20de%20RRHH%20CA.doc

Studies show that in general, the numbers of health workers appears to be sufficient. However, the misdistribution is pronounced, with a much greater proportion of personnel assigned in urban areas, resulting in deficits in rural areas. There are more physicians than nurses in the majority of countries due to migrations from countries with lower economic incentives to more developed countries, which in the case of nursing has created a significant deficit. In many countries, poor working conditions are also a factor which foments emigration.

Most of the countries do not have a policy on human resources. Aggravating this is that progress towards positioning the topic of human resources on the policy agenda of the national health authorities has been very unequal and limited. If the orientation of actions in this field is analyzed, the focus of attention should be on the ministries of health in some of the countries in the ministries of health where there is some responsibility at sectoral level.

A framework policy for human resources has been formulated in Costa Rica and Nicaragua, as well as a proposal to create an information system. In Costa Rica, a Technical Commission for Development of Human Resources has been constituted which acts as the technical entity on the Sectoral Council in Health. The Commission has the strategic authority to take decisions in this field. The Dominican Republic has been able to incorporate the topic in general policies governing the health sector, such as the Ten-Year Health Plan and the National Strategic Agenda, and as in Guatemala, work has been done to make visible and build awareness on the topic in spaces related to the education and training of human resources. Honduras has a very out of date policy on human resources, and there little or no planning or coordination between the entities involved in planning.

In summary, from the point of view of the inequities, the internal distribution of professionals in the countries provides illustrative data on the distribution. Although the available information is insufficient, it is possible to identify a number of differences. The principal finding is that in poor zones, general the rural areas, and where the population is at greater risk, human resources are very limited.

Initiatives in the Subregion

During the period 1979-1996, the Program for Training in Health in Central America and Panama (PASCAP in Spanish) significantly boosted the importance of human resource development in national and Subregional health planning efforts. Beginning in 2004, the topic of human resources was included as a priority item on the agendas of RESSCAD and COMISCA, permitting the Subregion to proceed to identify problems in the human resource area, gather basic data and needs for technical assistance, define the challenges and formulate national plans for human resources, formulate specific initiatives and projects addressing different aspects of the problem, consolidation of working networks and training of leaders in each of the countries.

Consistent with general orientations of the Call to Action of Toronto (2005), most of the countries in the Subregion formulated national plans for human resource development for the period 2006-2015. PAHO's Goals for Human Resources 2007-2015 for the Americas were approved, providing the countries in the Subregion with a framework with which to review and align their national plans to these overall sector Goals.

The XXIII RESSCAD created a Central American Technical Commission for Human Resources, composed of representatives of the Ministers of Health and the Social Security administrations, and PAHO/WHO, SICA/SISCA. The Commission would be in charge of the strategic orientation of the initiative forfor Human Resources over the next decade. The Technical Commission is still under construction with a number of countries that have yet to designate their delegates. During meetings of the XXV, XXVI and XXVII of COMISCA, the topic of human resources was given increasing priority, resulting in a formal request to the Interamerican Development Bank (IDB) for assistance to this sector. The project proposal to BID was entitled "Development of Human Resources of the Ministries of Health Members of COMISCA". Although the proposed project was within the framework of IDB's axis called the "Subregional Public Good", other priorities of the BID led to not financing the project.

Nursing education in five countries in the Subregion is receiving assistance through the JICA-financed project entitled "Strengthening Basic and Permanent Education of Nursing in El Salvador, Guatemala, Honduras, Nicaragua and the Dominican Republic. Project implementation is being coordinated by El Salvador. This project, also known as Project "Angels", has duration of 3 years (August 2007 to August 2010). The purpose of this project is to improve the capacity of nurse educators and in-service instructors in carrying out basic nursing education.

Lastly, mention should be made of the recent creation of the Meso-american Public Health System, which has participation from most of the countries of the Subregion. The project proposes the development of a Meso-american Program for Training and Updating of Public Health Professions, for the purpose of strengthening the human capital dedicated to Subregion development in health.

Challenges facing the Subregion

- Definition and implementation is needed for medium and long-term human resource policies through the strengthening national human resource management units (Axis 2, RE 10)
- Inadequate labor force in health in terms of quantity and qualities that are in accord with the health care model that has PHC as a priority (Axis 3 ·, RE 13)
- Need to mitigate the impact and regulate internal and external migration of health professionals (Axis 2, RE 10, Axis 4, RE 15)
- Lack of communication between workers and health organizations that promotes healthful working environments and which promote institutional commitment to ensuring quality health services for the entire population (Axis 1, RE 5).
- Inequities in in the geographic distribution of human resources; need to consider retention of personnel by means of creation of incentives and regulating salary scales (Axis 2, RE 10, Axis 2, RE 11)
- Absence of a partnership between trainers of health workers and service providers on te competency-based training profiles which are supportive of process for transformation of health services. (Axis 2, RE 10)
- Little congruence between education programs for health personnel, on accreditation and certification of professionals and health care models in national and Subregional policies on human resource development and management (Axis 2, RE 11).

Strategic Result 10

Subregional planning for Human Resource Development in health is implemented and strengthened.

Lines of Action

10.1	Supporting the formation and consolidation of the Central American Technical Commission on Human Resources.
10.2	Supporting the formulation, review and updating of the Subregion Plan for Human Resource Development.
10.3	Generating spaces for joint consensus- building for, and definition of, regulatory mechanisms between training institutions, service providers and associations of professionals at Subregion level.
10.4	Supporting the strengthening of institutions responsible for human resource development in the countries, with special emphasis on the mitigation of impacts of internal migration and emigration of health personnel in the Subregion.

Strategic Result 11

Programs for formation and continuing education of human resources in health are developed which are aligned with the guidance in the Health Agenda.

Lines of Action

11.1	Designing and implementing the Subregional Training Plan for continuing education that includes the use of distance education technology.
11.2	Generating initiatives for technical strengthening and incorporation of technologies for telemedicine and distance education.
11.3	Supporting the development of national distance education and training programs and inter-country exchange of experiences.
11.4	Formulating a Subregional proposal for certification of health professionals to be used by participating countries.
11.5	Implementing a Situational Analysis of health professional training and accreditation of the educational programs, and elaborate proposals for minimum requisites for health professional careers.

Health Information System Component

Strategic Objectives

- Strengthen the steering function of national sanitary authorities, within the framework of Central American Integration (information systems and epidemiological surveillance). (Strategic Objective No. 2 of the Health Agenda)

Health Information System

Situational Analysis

High quality, reliable and timely health information systems (HIS) are essential for the execution of public health activities, and to ensure the functioning of the health systems at national and international levels. An analysis of the situation of statistics of the counties in the Region of the Americas carried out in 2007 provides understanding on the state of vital and health statistics[xxvi]. This study has revealed wide variation in the development in this area by countries of the Subregion.

The findings permit more specific definitions of the areas of need and where efforts should be focused (geographic, sectoral levels, processes associated with health care, vital records, etc.) A good number of the countries, some with significant priority problems in their HIS's, have incorporated evaluation and monitoring tools to examine the performance of their HIS's, to assist in their efforts to strengthen their health statistics and information systems.

Concerning coverage, seven of the 26 countries in the Subregion of the America's showed improvements in their vital statistics efforts (births and deaths) with coverage exceeding 85% throughout their countries. At the other extreme, seven countries had birth and death registrations around 50%. This translates into the recording of only one of two births or deaths, with serious and negative consequences for the analysis of health risks or their determinants. What aggravates the situation even more is the fact that sub-registration of births and deaths especially affects the most vulnerable groups in the population, namely rural sectors, marginalized urban sectors, and the indigenous populations, to mention only a few.

On the other hand, problems related to the quality of vital statistics affect countries more uniformly, especially when the situation is analyzed at local level. The lack of information on the age of the mother, the weight of the child at birth, place of residence, socioeconomic characteristics of those involved in the events (parents of live or still births, deceased adults), or the failure to clearly report the cause of death, present important limitations to countries in their efforts to provide reliable estimates of true levels of risk and disease burdens, as well as the definition of epidemiological profiles of mortality.

xxvi. Strategy for strengthening vital statisctics and of health in the countries of the Americas. 27.a Panamierican Santiary Conferent CSP27/13 (Esp.). June 17, 2007. http://www.paho.org/spanish/gov/csp/csp27-13-s.pdf

Morbidity statistics, resources and services in the countries of the Americas also show great variation. Independent of the degree of progress on their vital statistics systems, the problems are inherent to the functioning of the different health systems, and are particularly related to access of the population to health care services. The lack of coverage in certain geographic areas and social protection settings such as social security or the private sector, are common problems that are causally related to the lack of complete, valid and reliable data which can provide a sound basis for the formulation of health policy.

In order to facilitate harmonization and coordination for the development of health information systems, PAHO adopted the goal, objectives and principles of the Health Metrics Network (HMN). HMN is a world alliance which promotes universal norms for the development of improved performance of health information systems. The purpose of this effort is to achieve the principal goal of the Subregional Action Plan for the Strengthening of Vital Statistics in the countries of the Americas [xxvii]

The HMN is collaborating technically with a view to identifying strategies needed for the development and strengthening of country HIS's. The HMN supports country efforts to apply strategies and generate new knowledge and develop world public assets through research, technical innovation and dissemination of lessons learned [xxviii]. Within the framework of the HMN, several Central American countries have accessed projects for strengthening of their HIS's namely, Panama, El Salvador, Nicaragua, Honduras, Guatemala, and Belize. Almost all have finished the diagnostic review of their HIS, and have elaborated a strategic plan for the strengthening of their systems. Costa Rica and the Dominican Republic are receiving support for strengthening of their HIS's from other organizations.

Initiatives in the Subregion

With support from PAHO/WHO, there is participation by the Subregion in the Health Metrics Network global initiative. The purpose is to strengthen sanitary information systems so that these can become capable of gathering quality data in systematic ways that facilitate informed political decisions, and for use in planning health programs at all levels. All the countries in the Subregion that are participating in this effort should already have completed an assessment of their system as well as developed strategies for development of their HISs. Costa Rica and the Dominican Republic are not participating in this initiative.

In 1992, VII RESSCAD, held in San Salvador, adopted the XIV Resolution as a response to the reappearance cholera in the Subregion of the Americas. This resolution was based on Article 42 of the Presidential Declaration of Managua and on prior resolutions of the COMISCA. At that moment in time, the Countries of the Subregion recommended that the control of this epidemic required coordinated epidemiological surveillance. In the XIII RESSCAD in 1997, a proposal was approved to form a Central American Network for Health Information and Communications (INFOCOM), as a means of exchanging information on the interventions planned for dealing with priority health problems. It was anticipated that INFOCOM would develop the modules; two of these were focused on surveillance of acute infectious disease, and a third, on the

xxvii. Source: Subregional Action Plan for the Strengthening of Vital Statistics in the Countries of the Americas. 142.a Session of the Executive Committee, Washington, D.C., USA, 23 to 27 June 2008. CE142/15 (Sp.). May 20, 2008. http://www.paho.org/spanish/gov/ce/ce142-15-s.pdf

xxviii. Vidaurre, M; Martinez, R; Castill, C. Health Metrics Network: A world Alliance to improve Access to information for health providers and health policy formulators. PAHO Epidemiological Bulletin, Vol 26, No. 2, June 2005.

control of outbreaks. As a consequence of the above, the countries of the Subregion saw the need to form and/or strengthen national systems for alerts and for rapid response through creation of the Central American Network for the Prevention and Control of Emergent and Re-emergent Diseases (RECACER), proposed during the XVII RESSCAD in 2001. The first meeting of RECACER was held in San Salvador in May of 2001.

Currently, the Meso-american System for Public Health has created a working group on health information, monitoring and impact evaluations (SISMEI), with particular emphasis on vaccines, vectors (Dengue and Malaria), nutrition, maternal-child health and reproductive health in three transversal axes: vital statistics, epidemiological surveillance and routine information. Currently, the group is collecting information that will profile the state of the information systems in the different countries.

Inter-country technical cooperation is being carried out under a project called System for Surveillance of Food and Nutrition Surveillance (SISVAN), in which Honduras, Guatemala, Costa Rica and Mexico are participating. This initiative has the objective of strengthening the institutional capacity and performance of existing information subsystems in food and nutrition security and needs of users in the participating countries for timely and informed decision-making.

Challenges facing the Subregion

- Stagnation and limited use of information for decision-making (Axis 4, RE 15).
- Lack of tools, methodologies, guidelines and knowledge of best practices for the organization and management of health services (Axis 2, RE 12)
- Lack of compilation, review and analysis of information (Axis 2 RE 12)
- Deficiencies in the quality of information (Axis 2 RE 12)
- Poor implementation of management information systems (Axis 2, RE 12)
- Non-integration of systems for epidemiological surveillance for laboratories and hospitals, making it difficult to analyze information in an integrated fashion, characterize the situation clearly and serve to orient policies and public health measures effectively (Axis 2, RE 12)
- The Health International Regulations need implementation (Axis 2, RE 12)

Strategic Result 12

Health information systems are strengthened through development of Subregional instruments for collection and exchange of information and analyses that permit inter-country data comparisons to facilitate informed decision-making

Lines of Action

12.1	Identifying a minimum set of Subregional health indicators, risk factors and determinants that can demonstrate population differences as a function of life cycles, sex, place of residence, ethnicity and socioeconomic status.
12.2	Strengthening vital statistic systems in the countries of the Subregion, using the HMN guidelines as a framework.
12.3	Consolidating Subregional instruments for information collection on the communicable diseases that have mandatory notification, as per the International Health Regulations.
12.4	Strengthening and harmonizing the Subregional surveillance system for communicable and non-communicable diseases.
12.5	Strengthening the information and surveillance systems for maternal and child health and sexual and reproductive health, in order to improve the monitoring of MDGs 4 and 5.
12.6	Identifying a system for evaluation of performance of health systems of the Subregion, composed of a minimum set of indicators which are agreed to by the countries and which give particular emphasis on access, equity, protection, quality and contemplate the inclusion of indicators for health financing issues.
12.7	Progressively developing reliable data bases on national and Subregional Human Resources.
12.8	Developing a Subregional proposal for implementation of an information system for pharmaceuticals and medical supplies and which considers market-related information related to consumption.
12.9	Facilitating access to appropriate information and communications technology and to methodologies for management of sanitary information systems.

Axis 3

Advances Integrated

Research and Technology

Health Research

National laboratories

Subregional Laboratories

Innovative Health Technologies

Research Component

Strategic Objectives

- Promote scientific research and the development of science and technology in health and the application of evidence in formulation of public policy in health. (Strategic Objective No. 7, in the Health Agenda)

Health Research

Situational Analysis

Quality research is essential for equity, health and socioeconomic development and for achieving the MDGs related to health. In recent years, the governments of the countries, PAHO/WHO, the international research community and other allies have called for the establishment and strengthening of national systems for health research, so as to increase the production and utilization of research activities that address health needs, equity and development of the countries of the Subregion.

All the countries need sustainable research systems to improve health and well-being of their populations so as to reduce inequalities and social injustice and to promote economic and social prosperity. Although the importance of these systems is widely recognized, there is still much to do in low and medium income countries within the Region of the Americas to strengthen local capacity on matters of research and innovation.

The new policy will address the needs of the Subregion, respond to international exhortation that a strategic approach be developed to improve the steering and guidance functions of research as well as to contribute to strengthening the essential functions of public health. The policy will also help to harmonize, align and facilitate the application of important world research strategies to the Region of the Americas. This includes WHO's strategy on research for health and the World Strategy and Action Plan on Public Health, Innovation and Intellectual Property [xxix].

In this manner, the new policy will provide guidance on the orientation to the development of strategies and associated action plans, help to integrate research into the response to other policies and mandates of PAHO, and ultimately, will contribute to the promotion of equity, health and development of the Americas.

xxix. PAHO/WHO. Policy on Health Research. 49 Governing Council CD49/10 (Span.) July 10 2009. Original: English

The Subregion does not have a policy on science and technology that promotes research in health and gives priority to the elaboration of national scientific research agendas. The policy should foment discussion at Subregional level that includes development of a Subregional strategy for scientific research in health, the possibility of creation of a Subregional Committee on Ethics and Research, the constitution of a Subregional fund for the financing of priority research and the incorporation of universities and research institutions into health research activities. The Subregional policy should likewise include the creation of a program for management and best use of innovative technology in health.

Initiatives in the Subregion

Research in health in the Subregion should harmonize, align and facilitate the application of world initiatives and guidance on research. Among these initiatives is the WHO strategy for health research based on the function and WHO's responsibilities in sanitary research. Another initiative is the World Strategy and Action Plan on Public Health, Innovations and Intellectual property (Resolution WHA61.21, 2008) that was the result of the second session of the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property. Other world-wide initiatives include the Mexico Declaration emitted by the Ministerial Summit on Research on Health in City of Mexico; the Call to Action of the World Ministerial Forum of Bamako on Health Research (November 2008), and lastly, the First Latin American Conference on Research and Innovation for Health(April 2008). All these initiatives seek practical answers to a common challenge in the Americas: how to assure that research addresses the health priorities of the countries and that it contribute to development with equity.

Member States have conceptualized diverse resolutions related to research. Among these, the DC49.R15 can be cited where research and technological innovation is encouraged in the pharmaceutical, scientific and industrial sectors. Another is Resolution CD49.R10 in which PAHO's policy for research in health was ratified, as well as to urge Member states to adopt and put into practice those policies on health research which are congruent with national health plans and establishes mechanisms for governance of research in health.

The Subregion also has the Ibero-American Ministerial Network for Learning and Research in Health-RIMAIS (www.ministeriodesalud.go.cr/rimais), in which El Salvador, Honduras, Nicaragua and the Dominican Republic participate. The network was constituted as an entity to promote Subregional initiatives already underway or under development, and which are directed at strengthening teaching and research in Public Health.

Challenges facing the Subregion

- Lack of sound evidence about the inequities and social exclusion in health in order to develop sound policies and strategies for the Subregion directed at reducing these inequities and exclusions (Axis 3, RE 13)
- Insufficient research generated to elucidate the nature and scope of problems in health in the context of environmental, demographic, social and economic challenges. (Axis 3, RE 13)
- Low levels of investment in multidisciplinary and intersectoral research (Axis 3, RE 13).
- Little capacity in the public sector on the matter of health research (Axis 3, RE 13).

Strategic Result 13

Functional network for health research is developed with self- and/or external financing that strengthens and improves the steering role of research on health development activities.

Lines of Action

13.1	Constituting and implementing a Technical Subregional Committee for Public Health Research.
13.2	Elaborating a Subregional Policy on Public Health Research, including a Situational Analysis/diagnostic, and an identification of critical nodes in this area (topics, lines of action, mechanisms for funding allocation, and others).
13.3	Promoting and mobilizing funds for research at Subregional level.
13.4	Developing and strengthening strategic alliances with research and education institutions at Subregional and international levels that strengthen the research capacity of national and Subregional teams.

Technology Component

Strategic Objectives

- Social protection in health is strengthened and coverage is extended, thereby ensure the access to quality health services . (medicines). (Strategic objective No. 3 of the Health Agenda)

National Laboratories

Situational Analysis

The countries of the Subregion have different levels of development of their national laboratories. Although all countries have national reference laboratories, there are problems in the quality of laboratory operations which include lack of regulation and standardization of technical procedures and biosecurity. There is a need to strengthen the capacity of the laboratories and build a Subregional network that facilitates the function and exchange of information between countries.

Laboratory development should focus on four common topics: clinical diagnosis, foods, medicines and water. Each of these should be addressed in the context of the following:

- Systems for quality management
- Bio-security and maintenance
- SIREVA II (Networking systems for surveillance of agents responsible for bacterial pneumonias and meningitis).
- Surveillance programs.

An additional topic of great importance related to technology and laboratories is the strengthening of Blood Banks and Transfusion Medicine. These two areas have high variability in levels of development among the countries. One of the most urgent problems is the screening of blood for HIV, HBsAg, VHC, syphilis, and T. cruzi, an organism which is not universal in the countries and a source of new infections in the population.

Initiatives in the Subregion

Beginning in 1999, five countries in the Subregion -- Guatemala, El Salvador, Nicaragua and Costa Rica -- carried out joint work on common topics related to food products and medicines. The work was carried out within the framework of issues of interest to the Central American Customs Union.

Food products

In 2002, the five countries mentioned above carried out an evaluation of their laboratories using ISO 17025 as the reference, for accreditation of their respective laboratories. The national laboratories in Costa Rica, Guatemala and El Salvador were accredited.

In 2007, the US Department of Agriculture (USDA), through USAID, began support for strengthening laboratories in analysis of processed and uncooked foods. The support was directed towards the health and agriculture sectors in the participating countries, and sought to strengthen human resources, infrastructure and laboratory procedures. Only Belize and Panama did not participate in this activity.

In 2007, COMISCA with IDB financing (Subregional public good, non reimbursable funds), provided support to all the countries of the Subregion under the initiative entitled "Central American Project for fortification of foods with folic acid and other micronutrients as a common good of the population."

Work was carried out on sanitary registration of foods under the project "Central American Technical Regulations for Microbiological Criteria." With support from the Council of Ministers for Economic Integration (COMIECA) and the Customs Union, criteria for sanitary registration and food product surveillance were developed

Pharmaceuticals

Drug quality control laboratories have progressed differently from country to country. In 2000, PAHO carried out an evaluation of these laboratories to examine the extent to which they were providing analytic support to Ministries of Health of countries in the Subregion. Out of this evaluation came the practice of conducting annual inter-laboratory evaluations of the diagnostic capacity for physico-chemical determinations in the laboratories. There have been some technological advances in the Subregion, and in order to stay abreast of these advances, it became necessary to broaden the pharmaceutical area of interest to include therapeutic procedures including such topics as X-ray therapy, transplants and blood components.

Water

Development in the Subregion on the matter of water testing has been variable. Water quality control laboratories in countries affected by Hurricane Mitch – Honduras, El Salvador and Nicaragua – benefited greatly from the training and equipping that followed as a consequence of that event.

Subregional Laboratories

Situational Analysis

There are a number of reference laboratories in the Subregion with external technical and financial support for different illnesses, and with different degrees of development. An example is the Gorgas Memorial Institute for Health Studies in Panama for HIV/AIDS. Mechanisms for cooperation and exchange of experiences between countries, however, have not been developed resulting in limitations on the development of country internal capacity.

Initiatives in the Subregion

In 2008, two feasibility studies were carried out on Subregional laboratories regarding the production of vaccines and for quality control of pharmaceutical production, food products, water and other items of sanitary interest. These studies were carried out by GESAWORL, with financing from the Government of Spain through the Central American Bank for Economic Integration. Resolution No. 3 of the XXIX COMISCA agreed that each country would review these studies and submit their comments to COMISCA. Since that time, there has been no further discussion of this topic.

Costa Rica assessed its potential capacity to expand the scope and coverage of the activities of its National Laboratory to provide subregional services, as part of the process of establishment of the Costa Rican Institute of Public Health; The Gorgas Memorial Institute for Public Health Studies in Panama has the capacity to serve as reference laboratory for the Subregion in HIV/AIDS. With financing from the World Bank and technical support from CDC, Gorgas Institute offers Subregional training for human resources in public health, focusing its training efforts towards the influenza pandemic. Finally, efforts UNAIDS, USAID and the World Bank's Subregional HIV/AIDS project are coordinating efforts to establish a network for monitoring and evaluation of HIV/AIDS programs.

Innovative Technologies in Health

Situational Analysis

Sanitary technologies contribute to improving the quality of health services provided to patients, through improvements to access, availability, timeliness, equity, rational use and safety of the services. The countries of the Subregion have had different rates of development in this area. Some countries have introduced new state-of-arts technologies, particularly in the Social Security Institutes and private medical establishments, with access limited to persons who are affiliated with the particular entity.

Some of the countries in the Subregion do not have programs or policies that orient and regulate the introduction and evaluation of sanitary technologies in their health systems for the purpose of achieving rational use and provide better quality services to the population.

In general, the principal problems regarding innovative technology can be summarized as follows:

- Countries do not have policies or systems for the identification, introduction and adequate use of sanitary technology.
- Mechanisms for regulation of acquisition and use of new technology do not function adequately. In general, each institution or health establishment decides upon the acquisition of the equipment or technologies and carries out direct purchasing for clinical laboratory, blood banks, hospital equipment, etc.
- Lacking also are legal and safety procedures for the use of sanitary technologies such as for radiological safety, bio security in laboratories, and others.
- Procedures have not been implemented for carrying out health technology assessments (HTA).

To improve the safety of the patient, it is necessary that technical assistance activities consider the integration of diagnostic imaging, clinical and public health laboratories, medical apparatus, radiotherapy services, cell, tissue and organ transplant, and blood services.

- Elaboration and approval of a policy on sanitary technology that includes a legal framework, instrumentation and mechanisms for implementation (skills upgrading, accreditation, certification).
- Development and application of indicators of quality of care and safety of the patient.
- Development of care protocols that ensure the safety of the patients and inclusion of new technologies for health care service delivery.
- Application of structural mechanisms for evaluation, incorporation and management of technology.

Initiatives in the Subregion

PAHO is currently supporting the execution of an analysis and for development of guidelines for managing technologies. The project will first promote the processes for acquisition, and then address the issues of regulation and evaluation. It is important to note that sanitary technologies can contribute to improving the quality of care of patients by improved access, availability, opportunity, equity, rational use, and the safety of these technologies. The different countries have different degrees of development in this area. In some countries, state-of-arts technology is located principally in the social security medical establishments.

As a result of the growing need to harmonize international regulation of medical technology, in 1992 the Global Harmonization Task Force (GHTF) (www.ghtf.org) was established. GHTF is a group of volunteer representatives from the entities that regulate medical and industrial technology and who have produced a series of reference documents.

Challenges facing the Subregion

- Improvement is needed to ensure the safety of the patient, encourage technical cooperation to focus on incorporation of diagnostic imaging, clinical and public health laboratories, medical equipment, radiotherapy services, cell, tissue and organ transplant and blood services. (Axis 3, RE 14)
- Lack of structured mechanisms for evaluation, incorporation and technology management (Axis 3, RE 14)
- Lack of protocols for health care that ensure the safety of the patient and for the inclusion of new technologies in the delivery of health care services (Axis 21, RE 1)
- Lack of policies on technology that include a legal framework and mechanisms for skills upgrading, accreditation and certification (Axis 4, RE 15)
- Development and application of quality of care and patient safely indicators is needed (Axis 2, RE 12)

Strategic Result 14

Subregional centers of excellence in health are established that use advanced systems for evaluation of health technologies, particularly in the areas of drugs, food products and water.

Lines of Action

14.1	Developing a map of technology that currently exists in the Subregion.
14.2	Estimating needs for advanced technology.
14.3	Formulating projects for development of Subregional technology hubs.
14.4	Promoting Subregional or international collaborative networks for development of commodities (pharmaceuticals, vaccines, and diagnostics) for used with prevalent diseases in the Subregion.
14.5	Developing a Subregional program for evaluation (acquisition, management, and maintenance) of health technologies.
14.6	Generating initiatives for the acquisition of appropriate technology for telemedicine.

AXIS 4

Institutionalization of the Integration

Subregional Management

Instances for Subregional Governance

Subregional Management

Strategic Objectives

- Strengthen the social integration of the Subregion by defining and implementing Subregional health policies. (Strategic Objective No. 1 of the Health Agenda)
- Strengthen the governance function of the national Sanitary Authorities within the framework of Central American Integration (Strategic Objective No. 2 in the Health Agenda)

Subregional Governance Entities

Situational Analysis

The System for Central American Integration is the institutional framework for the efforts for Subregional social integration in Central America. SICA was created by the States of Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama. The United States of Mexico, the Republic of Chile and the Federative Republic of Brazil are Regional Observers, and The Republic of China (Taiwan), the Kingdom of Spain and the Federal Republic of Germany are Extra-Regional Observers. Headquarters for SICA are in the General Secretariat, located in the Republic of El Salvador.

The SICA was officially constituted on December 13, 1991 by signature of the Charter of the Organization of Central American States (OCA), signed in Panama on December 12, 1962 and began formal operations on February 1, 1993.

The SICA initiative was broadly supported by the UN General Assembly (Resolution A/48 L, December 1993), with the Tegucigalpa Protocol duly inscribed in the UN. This permits SICA to operate internationally, and permits SICA's Subregional organizations and institutions to relate themselves to the UN System.

The system was designed taking into account past experiences to unify the Subregion, as well as lessons learned from historic events , including political, bellicose conflicts and dictatorial regimens of Governments. Countries of the Subregion went through a process of constitutional transformations and evolution into democratic regimes throughout the Isthmus. Its fundamental objective was to achieve social integration of Central America, constituting it as a Subregion of Peace, Liberty, Democracy and Development, firmly sustained by the respect, protection and promotion of human rights.

In case of health, the Council of Ministers of Health of Central America (COMISCA) serves as the political entity of the System for Central American Integration, SICA. It has the purpose of directing the Subregional Health Sector. It will identify, decide the approach and resolve Subregional health problems. These problems are treated jointly by means of an agreed upon Agenda that establishes priorities for the process of integration. Additionally, the Meso-american Health Plan, and other Forums and meetings are present to help ensure the rights to health of Central American population.

COMISCA is presided over by the Minister of Health of the country where the particular Ordinary Meeting is held, and exercises this function until the next rotation. The Secretary General of COMISCA serves as principal administrator for the work of COMISCA. This entity, charged with the governance of the health sector in the Subregion, is structured within a harmonious system which is coordinated with different institutions and forums that seek to guarantee the health of the Subregion. Among these forums are: FOCARD-APS, CISSCAD, RESSCAD, and INCAP.

The Executive Secretariat of COMISCA (ES-COMISCA) was created by decision and mandate of the Council of Ministers of Central America and the Dominican Republic, as expressed in the only resolution of the Extraordinary Meeting of CCOMISCA of September 10, 2007. The content of this resolution describes in a practical and clear manner the political will of COMÏSCA to contribute to the process of Subregional social integration in general, and particularly, integration of the health sector.

Subsequently, and because of the need to strengthen this entity, a revision of various aspects of its organization and functioning was proposed, such as: the legal and strategic framework, vision and mission, the structure and organization, the methodological approach to operations, the processes, procedures and activities, and the requirements for implementation.

Given the importance that the Executive Secretariat has to the functioning of COMISCA, the legal and strategic frameworks of that originated ES-COMISCA were carefully analyzed, so that the proposed strengthening of this entity give due attention to all the technical, political, and legal support needed for its rapid adoption and implementation.

A compilation of relevant political and legal documents related to SICA and COMISCA was carried out for use in the elaboration of the proposal of organic and functional aspects for operations of ES-COMISCA. Considerable emphasis was given to the examination of the various resolutions and agreements linked to the Executive Secretariat, which permitted the elaboration of the functions, functional organization and organizational structure of this entity with greater precision [xxx].

xxx. Technical and Administrative Proposal of the Executive Secretary of COMISCA. International consultation for the strengthening of the Executive Secretariat of COMISCA. San Salvador, El Salvador, March 2009.

Initiatives in the Subregion

The XXV COMISCA, celebrated in Costa Rica in November 2006, established that Costa Rica would elaborate a proposal for the criteria and mechanisms for execution of COMISCA's proceedings. In June 2007, in the XXVI Ordinary Meeting of COMISCA en Belize, the document containing the model for articulation of COMISCA and ES-COMISCA was presented. This document contained the organizational proposal, the strategic framework and a proposal for implementation, along with an estimation of resources needed for its operation.

In September 2007, in an extraordinary meeting in San Salvador, COMISCA resolved to create the Executive Secretariat for the Council of Ministers of Health (ES-COMISCA) charged it with the elaboration of work plan.

The ES-COMISCA, which also serves as Secretariat for Consultative Councils and the Director of INCAP, is the organism that supports COMISCA in its governance function, linking it with entities and institutions charged with aspects of the social integration and which impact directly or indirectly on the health of the population, with emphasis on those of the Subregional Health Sector. ES-COMISCA is thus, the entity that technically and administratively supports COMISCA so as it may direct and lead these entities in a manner which is coordinated, integrated, harmonized, efficacious, and efficient, in the context of a Subregional sanitary agenda that ensures the protection and improvement of the health of the population of the Subregion.

Additionally, a study carried out by AECID in March 2009 contains a technical and administrative proposal for ES-COMISCA, based on existing legislation.

Challenges facing the Subregion

- Function of ES-COMISCA needs strengthening and consolidation (Axis 4, RE 17)
- Commitments are needed from the Member Countries to invest and mobilize resources in support of the Subregional entity (Axis 4, RE 17)

Strategic Result 15

National sanitary authorities are supported and strengthened in making informed decisions using best practices and evidence for the generation of strategic policies and plans for health, that impact on the determinants, in accord with the priorities established by the Health Agenda.

Lines of Action

15.1	Strengthening national capacity for formulation of policies, plans and programs which are harmonized with the Subregional Plan.
15.2	Progressively developing tools, methodologies, guidelines and knowledge of best practices for the organization and management of health services.
15.3	Developing a proposal for a Subregional Policy and Strategic Plan for Food and Nutrition Security, using an intersectoral approach.

Strategic Result 16

National norms and regulations are harmonized with the guidelines and resolutions of COMISCA and other Subregional and international initiatives in health and its determinants.

Lines of Action

16.1	Developing a Subregional system for follow-up of national normative advances to align them with Subregional and international norms and initiatives.
16.2	Coordinating intersectorially with other Subregional and national instances.
16.3	Harmonizing of pharmaceutical regulation including the use of generics, best practices for production, criteria for quality and ensuring observance of resolutions of the Subregional Technical Commission on Drugs.

Strategic Result 17

Subregional technical entities are strengthened to implement, monitor and evaluate the Health Plan and other initiatives of COMISCA in a framework for harmonization and alignment of efforts and Subregional and external resources.

Lines of Action

17.1	Reviewing and updating of functions and structural organization of the Executive Secretariat of COMISCA to adapt it to current exigencies.
17.2	Elaborating annual work plans for implementation of the Health Plan, and elaboration of technical, administrative and accounting reports that permit the monitoring by, and rendering of accounts to, the Member States.
17.3	Creating and supporting the function of a "Subregional Donors Roundtable" for the harmonization and alignment of international cooperation with implementation of the Health Plan
17.4	Defining mechanisms that permit the Countries to manage and follow-up on the lines of action proposed in the Health Plan
17.5	Defining strategies to support implementation of the Health Plan.
17.6	Formulating methodologies for follow-up, monitoring and evaluation of the Health Plan.

Organization of Management, Monitoring and Evaluation of the Health Plan

Management and Monitoring

COMISCA has the political responsibility for implementation of the Agenda and the Health Plan. It assigns necessary resources for its achievement and orders the evaluations and adjustments needed during their implementation. It ensures that the execution of the Plan is aligned with the Agenda and that Subregional commitments are fulfilled in each Member Country.

As is stipulated in Articles three and six of the COMISCA Regulation, the President PRO TEMPORE (PPT) is representative and spokesperson for COMISCA when dealing with the different entities within SICA, as well with the different forums and international cooperation mechanisms. Therefore, it is a function of the PPT to manage/generate financial resources and subscribe to agreements authorized by COMISCA.

Administration of financial resources will be carried out by the General Secretary-SICA or another SICA instance, until SE-COMISCA achieves legal status and develops its technical, administrative and financial capacities.

The Ministers/Secretaries of Health of the Member Countries will name a career officer as the Technical Secretary for Integration (TSI) in Health. The TSI will be responsible for coordinating national actions in fulfillment of the Agenda and the Health Plan, bringing together other national resources as necessary.

The group of TSI's, the Executive Secretary of FOCARD-APS, the Technical Secretary of CISSCAD [xxxi] and the Director of INCAP will make up the Executive Committee for implementation of the Agenda and Health Plan. The Executive Committee will be chaired by the STI of the country where the PPT is located.

The Executive Committee will hold ordinary meetings or virtual sessions on a semester basis. Extraordinary meetings may be held at the request of the STI from the country of the PPT, with authorization from two thirds of the Member Countries.

The Ministries of Health will carry out national activities that are necessary to fulfill the objectives of the Agenda and implement the Health Plan.

The Executive Secretary of COMISCA (ES-COMISCA) is charged with the responsibility for implementing the Health Plan along with other instances of SICA and Subregional cooperating entities. On a semester basis, the Executive Secretary will provide information on the state of progress of the Plan. The report will use a set of defined indicators for monitoring progress.

xxxi. Refers to the Technical Secretary of the social security institution who has the position of PPT.

Each year, ES-COMISCA will formulate an Annual Work Plan and Budget, which will contain specific tasks for each activity and the amounts required for their accomplishment. The Annual Work Plan will be submitted to the Executive Committee for its approval.

For implementation of the Health Plan, ES-COMISCA will be supported by specific technical commissions. The Technical Commissions foreseen are:

- Technical Commission on Pharmaceuticals
- Technical Commission on Human Resources and
- Technical Commission on Chronic Diseases and Cancer
- Technical Commission for Public Health Research

Each Technical Commissions must have a coordinator, a work plan and an annual budget.

If during implementation of the Plan, the need arises to modify or create new specific technical commissions, the ES-COMISCA will propose the needed changes to the Executive Committee and these will subsequently be considered by the COMISCA.

PAHO-WHO will continue its technical support role through its Country Offices, the Regional Office, as well as provide support for resource mobilization and harmonization with other Subregional instances.

Evaluation

The Health Plan will be evaluated externally at the midpoint of the period (June 2012) covered by the plan, and at the finalization of the implementation period (December 2015). The results of the intermediate evaluation will be used to restructure activities that have been difficult to implement, and to propose measures to COMISCA to improve the execution of these activities. The results of the Final Evaluation will be used as inputs to the formulation of the next Health Plan.

ORGANIZATION OF MANAGEMENT, MONITORING AND EVALUATION OF THE HEALTH PLAN

Communication, Knowledge Management and Information

COMMUNICATION, KNOWLEDGE MANAGEMENT AND INFORMATION

Implementation of the Health Plan will require the use of communications and knowledge management and information technologies.

The Subregion currently has two information platforms: InfoCom and RECACER. Both platforms have fallen into disuse, so that it will be necessary to do a review, adaptation and updating of the platforms so that they are transformed into dynamic instruments for the diffusion and exchange of information on progress in implementation of the Health Plan, as well as to facilitate informed decision-making.

The Health Plan anticipates the formation and strengthening of networks and practice communities, as a means of systematically sharing experiences, and for jointly creating knowledge.

INCREMENTAL INVESTMENTS

Incremental Investments

A Donor's Roundtable will be formed to mobilize needed technical and financial support and maintain a dialogue between national institutions and cooperating agencies. The Roundtable will be presided over by the PPT of COMISCA, and will meet annually to review progress and to agree upon the support for the following year. Between the annual Donor Roundtable meetings, the ES-COMISCA will serve as technical liaison.

Mechanisms and Sources of Financing

Implementation of the Health Plan will be based on the principles of harmonization and alignment of the international assistance. Therefore, the Health Plan will promote the use of national structures and systems and will avoid the establishment of parallel structures for the execution of activities, excepting those functional arrangements described in the section on Management of the Health Plan.

The following are proposed as operational mechanisms for execution of activities contained in the Health Plan:

Technical Commissions: As has been previously mentioned, the Technical Commissions must have a Coordinator, a Work plan and an annual budget. They will be made up of ad hoc functionaries from health sector institutions, who will work ad honorem. To fulfill their missions, the Technical Commissions must have sufficient financial resources to implement their work plan. The Work Plans and Annual Budgets of the Technical commissions must be a section contained in the Operational Plan and Annual Budget of the Health Plan. Steps will be taken with the development partners to ensure the availability of these resources.

National Contributions: Countries of the Subregion have committed themselves to payment of a monthly quota to finance the functioning of the ES-COMISCA, and the Executive Secretariat of FOCARD-APS. The quotas only cover basic operating expenses and not the substantive activities of the Plan.

To ensure progress of integration, financing of the activities must not depend exclusively on external resources. Thus, if national legislatures, two additional methods to contribute to the Health Plan are proposed:

- Functionaries on loan to SICA: Institutions in the Sector may assign personnel (both technical and administrative) who are paid out of the regular operating budget, to provide integral support to the implementation of the Health Plan. This modality is particularly relevant in the case of the country in which the headquarters of the SICA is located.

- Capital investment projects: If there is a topic of particular interest to one of the member countries, it may prepare a public capital investment project, financed by its normal budgetary mechanisms (national budget) and executed by national institutions, in support of one or various activities in the Health Plan. In this case, the installed capacity in the country will serve as support to activities for integration of health, involving, for instance, universities, national institutes or non governmental organizations, as implementing agents.

Inter-country Cooperation (South-South): When two or more countries have special interest in working together to implement activities contained in the Health Plan, and in addition, there is knowledge, capacities or experiences that may be exchanged, an Inter-Country Technical Cooperation Project may be formulated. PAHO/WHO has funds to finance this type of project. Additionally, other partners for development may be willing to finance these types of projects. The ideal would be to create a fund in SICA to finance this kind of project. Activities to be carried out by this mechanism must be part of the Annual Operational Plan and Budget of the Health Plan, and arrangements for their financing must be carried out in a timely manner.

Subregional Projects, Initiatives or Programs: When the magnitude of investments that are needed is great, projects to arrange for financing will be formulated for presentation to bilateral or multilateral partners for development (Spain, European Union, BCIE, IDB or others). Institutional arrangements proposed for execution of these projects should consider the need for strengthening the institutionality of the countries, and the structures for integration and keep the principles of harmonization and alignment in mind.

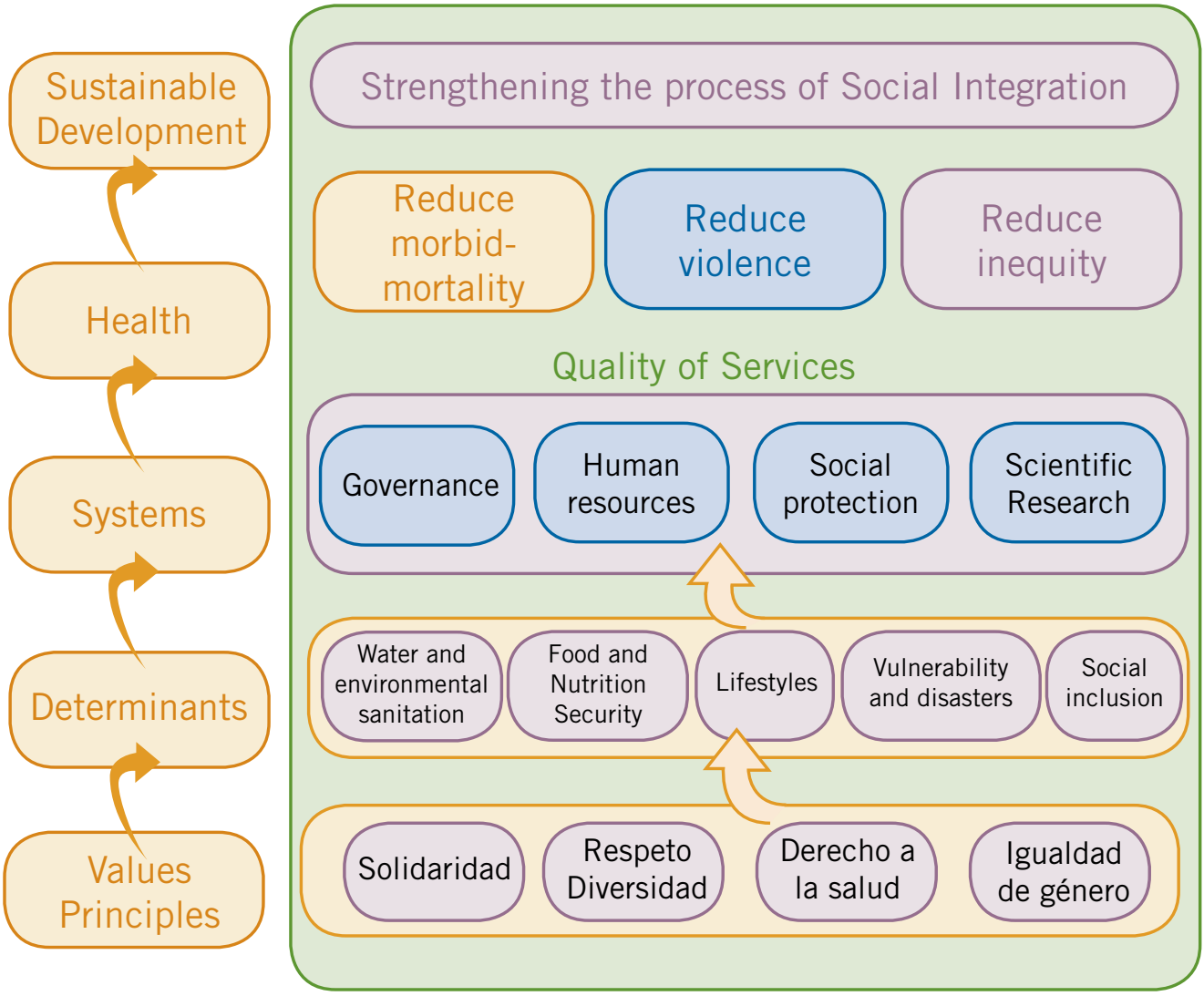
Articulation with the Subregional Budget of PAHO/WHO: Some activities of the Health Plan may be financed by the PAHO/WHO's Biennial Budget which corresponds to the Central American Subregion. The PPT and the ES-COMISCA may negotiate with PAHO/WHO every two years the activities to be financed, as provided for in the Subregional Policy of the Organization and with that stipulated in the Cooperation Strategy of PAHO/WHO for the Subregion (CCS).

In accord with the operational mechanism selected for each activity, there will be one responsible entity for its execution that may include the focal point of the national institution, the National Technical Secretary, a PAHO Inter-country Consultant, PAHO Focal Point, among others.

Annexes

Annex 1: Conceptual Model of the Health Agenda

Annex 1: Conceptual Model of the Health Agenda



ANNEX 2:
Table of objectives, expected results And lines of action

Annex 2: Table of objectives, expected results and lines of action

Agenda	PLAN				
Strategic Objectives	Axis	Compnt.	Strategic Results	Lines of Action	
SO 3 Strengthen and extend social protection in Health guaranteeing access to quality Health services.	**Axis 1** **Aims of the Integration**	Health	SR 1 Provision of benefits of Health services to integrated networks, adopting the improved strategy of primary care	LA 1.1	Design and validation of Health care modules based on a Sub regional policy and strategy for dealing interculturally by lifecycles, with a gender and human rights approach. Design will take into account the practice of alternate and traditional medicine in the Sub region.
				LA 1.2	Development and validation of models of Sub regional integrated networks (ministry of Health and social security, public and private), to increase coverage and improve quality of Health services, with special emphasis on migrant workers.
				LA 1.3	Specification and adoption in a progressive and homogeneous manner, a set of guaranteed Health benefits for the Sub region that incorporates vulnerable groups (women, children, adolescents and seniors) with human rights and ethnic approach.
				LA 1.4	Joint Specification of protocols and clinical management guides for prevalent and emerging diseases in the Sub region.
				LA 1.5	Support for the reorganization of services oriented to the incorporation of mental Health in the first level of care and general hospitals, with community approaches in within the context of the Strategy and Action Plan for the Americas.
SO 5 Reduce risks and load of communicable and non communicable diseases, and gender and social violence, environment and lifestyles			SR 2 Sub regional initiatives and strategies developed and implemented to control and prevent non communicable diseases using an integrated approach.	LA 2.1	Support for the formation and Strengthening of the Sub regional Commission on Chronic Disease and Cancer to strengthen the integral treatment of these patients.
				LA 2.2	Support the elaboration and implementation of the Sub regional Plan for Chronic diseases.
			SR 3 Integrated and intersectoral approach promoted that contributes to the reduction of load of communicable diseases in the Sub region.	LA 3.1	Foment the homogenization of protocols and guidelines for integrated and intersectoral approaches to communicable diseases that includes social determinants of these diseases.
				LA 3.2	Implementation of Sub regional strategic plans for prevention n and control of Malaria, Tuberculosis, Neglected Diseases, and other infections related to poverty.
				LA 3.3	Support for the implementation and evaluation of the EGI-CA in the components of social communication, epidemiological surveillance, entomology, care of the patient and laboratory, as well as contribute to elaboration and diffusion of Communications Plan for Behavior Impact (COMBI) integrated into the general plan for prevention and control of dengue in each country.
				LA 3.4	Strengthen national capacities to implement the International Health Regulations (IRS) in the countries of the Sub region.
				LA 3.5	Strengthen the Sub regional and global coordination mechanisms for alert and early response to sanitary risks linked to zoonoses and food borne degasses.

Annex 2: Table of objectives, expected results and lines of action

AGENDA	PLAN				
Strategic Objectives	Axis	Compnt.	Strategic Results	Lines of Action	
SO 5 Reduce risks and load of communicable and non communicable diseases, and gender and social violence, environment and lifestyles	**Axis 1** **Aims of the Integration**	Health	SR 4 Essential medicines for care of the population of the region are made accesible through the application, consolidation and expansion of the Regional Pharmaceutical Policy, which includes, among others, aspects of production, procurement, supply management and rational usage.	LA 4.1	4.1 Support for function of the Sub Regional Technical Commission for Medicines, by means of establishment of effective mechanisms that also promote the joint purchase of medicines.
				LA 4.2	4.2 Strengthening of the Sub regional Observatory for Medicines (OCAMED) that contributes to improve the management and supply of medicines.
				LA 4.3	4.3 Promote rational use of medicines and strategy for use of generics in the public Health units.
				LA 4.4	4.4 Promotion of access to medicines in the first level of care, with emphasis on those related to mental Health, HIV/AIDS, Malaria and chronic diseases.
SO 4 Reducir las desigualdades e inequidades y exclusión social en salud dentro y entre los países.		Determinants of Health	SR 5 Sub regional initiatives developed to promote Healthy life styles and settings, mental Health and hygiene and occupational safety.	LA 5.1	5.1 Updating and revision of proposal for “Sub regional Plan for Health Promotion”.
				LA 5.2	5.2 Support for the implementation of the strategy of dietary regimens and physical activity of WHO (ERAAF).
				LA 5.3	5.3 Development of Sub regional guidelines for elaboration of strategies for information, education and communication that promote Healthy lifestyles and settings based on the strategy of Health schools and municipalities, taking into account the revision of additions.
				LA 5.4	5.4 Develop the Sub regional system for certification of workplaces on Health habits and Health promotion of the worker, which include migrant workers
				LA 5.5	5.5 Elaboration of intersectoral proposals for interventions the permit reduction of inequalities and promote egalitarian access to opportunities for social and community insertion of persons with particular physical Health and mental conditions.
SO 8 Strengthen the food and nutrition security and reduce malnutrition with support from the Sub region’s specialized institution INCAP			SR 6 Sub regional Policy for Food and Nutrition Security (FNS) with an intersectoral and Sub regional approaches in coordination with INCAP, as a support for social and economic development of the Sub region.	LA 6.1	6.1 Support to the Food and Nutrition Security interventions led by INCAP and other entities in the Sub region.
				LA 6.2	6.2 Support to the implementation of the Sub regional Plan for Reduction of Chronic Child Malnutrition and respective national programs.

Annex 2: Table of objectives, expected results and lines of action

AGENDA	PLAN				
Strategic Objectives	Axis	Compnt.	Strategic Results	Lines of Action	
SO 9 Establish mechanisms for increasing coverage in the provision of water suitable for human consumption, protection and improvement of the human environment, supporting itself in FOCAR-APS.	**Axis 1** **Aims of the Integration**	Determinants of Health	SR 7 Implementation of the Central American Water and Sanitation Strategy supported, and which guarantees the surveillance of water suitable for human consumption in respect to protection and improvement of the environment.	LA 7.1	Support FOCARD-APS in the implementation of the Central American Strategy for Water and Sanitation by means of Strengthening the links with national consultative groups for execution of, among others, the following initiatives: sectorial information system for water and sanitation, harmonization of concepts and Specification of indicators of development of the sector, Sub regional strategy for sanitation, training and research and promoting programs of the practice of hand washing and adequate management of water at family level.
SO 10 Reduce the vulnerability to disasters of natural origin, the man-made emergencies and the effects of climate change.			SR 8 Capacity of the Health sector in the Sub regional Health Sector developed for risk management in the face of disasters.	LA 8.1	Elaboration of a Sub regional Plan for risk management for disasters in the Health sector, which contemplates an inventory of threats and risk scenarios for the service network.
				LA 8.2	Proposal of a strategy for safe Health establishments for the Sub region
				LA 8.3	Updating and accords at Sub regional level of a listing of dangerous substances and safety guidelines for their prohibition, handling, storage and transport within the framework for application of the IRS.
			SR 9 The Sub regional Agro Environmental and Health Strategy implemented, relating the effects on Health of the population which are linked to climate change.	LA 9.1	Support to the Ministries of Health and other pertinent actors in the valuation of the vulnerability of national Health systems in the face of negative effects of climate change.
				LA 9.2	Support to the Ministries of Health for the formulation of plans and programs needed to attend to the needs as a Result of negative effects of climate change.
				LA 9.3	Development of a proposal for the creation of an Observatory for Climate and Health.

Annex 2: Table of objectives, expected results and lines of action

AGENDA	PLAN				
Strategic Objectives	Axis	Compnt.	Strategic Results	Lines of Action	
SO 6 Strengthen the management and development of Health workers.	**Axis 2** **Integrating Agents**	Human Resources	SR 11 Programs for training and continuing education in framework of achieving fulfillment of the Agenda.	LA 11.1	Design and implementation of the Sub regional training plan for continuing education that includes the use of technologies for distance education.
				LA 11.2	Generación de iniciativas para el fortalecimiento técnico y la incorporación de tecnologías para telemedicina y educación a distancia.
				LA 11.3	Support for the development of national distance training and interchange of experiences between countries.
				LA 11.4	Formulation of a Sub regional proposal for certification of Health professionals to be implemented in the participating countries.
				LA 11.5	Situation analysis of the formation of Health professionals and of the accreditation of education programs and elaborate proposals for minimum requisites for Health professional career tracks.
SO 2 Strengthen the governance function of the national sanitary authority in the framework of central American integration (information system and epidemiological surveillance).		Health Information System	SR 12 Health information systems strengthened by means of development Sub regional instruments for collection and interchange of information and analysis that permits comparison of data between the Countries to facilitate decision making.	LA 12.1	Identification of a minimum set of Sub regional indicators for surveillance of Health, risk factors and determinants the produces evidence on differences based on lifecycles, sex, place of residence, ethnicity and socio economic status.
				LA 12.2	Strengthening of the vital statistical systems in the countries of the Sub region in the framework of the guidelines of the Metric Network System.
				LA 12.3	Consolidations of Sub regional instruments for the collection of information on communicable disease requiring immediate notification by the International Health Regulations.
				LA 12.4	Strengthening and harmonization of the Sub regional surveillance system of communicable and non communicable diseases in the Sub region.
				LA 12.5	Strengthening of information systems and surveillance of maternal and child Health, and sexual and reproductive Health in the Sub region, in order to improve the monitoring of MDGs 4 and
				LA 12.6	Identification of a system for evaluation of performance of the Health systems in the Sub region, made up of a minimum set of agreed upon indicators with special emphasis on access, equitable protection, quality, and that it contemplate Health care financing.
				LA 12.7	Progressive development of reliable data bases on national and Sub regional HRs.
				LA 12.8	Development of a Sub regional proposal for implementing an information system on medicines and medical supplies that contemplate joint procurement of medicines.
				LA 12.9	Facilitation of access to appropriate information technology and for communication, and the methodologies for management of sanitary information systems.

Annex 2: Table of objectives, expected results and lines of action

AGENDA	PLAN				
Strategic Objectives	Axis	Compnt.	Strategic Results	Lines of Action	
SO 7 Promote scientific research and the development of science and technology in Health, and use (application of evidence in public policy in Health.	**Axis 3** **Advances Integrated**	Research	SR 13 A function network for Health research developed, with own resources and/or external financing, that improves the Governance and governance of research.	LA 13.1	Formation and implementation of a Regional committee for Research in public Health.
				LA 13.2	Elaboration of the Sub regional Policy for Public Health Research, based upon the diagnosis and identification of critical points in this area (items, lines of action, mechanisms for fund allocation and others).
				LA 13.3	Creation of the fund, and raising resources for Sub regional research.
				LA 13.4	Development and Strengthening of strategic alliances with research and education entities at sub regional and international levels that Strengthen the research capacity in public Health of national and Sub regional Health teams.
SO 3 Strengthen and extend social protection guaranteeing the access to quality Health serves (medicines).		Technologies	SR 14 Sub regional centers of excellence in Health established, that use an advanced system for evaluation of technologies in Health, in particular the areas of medicines, foods and water.	LA 14.1	Development of a mapping of existing technology in the Sub region.
				LA 14.2	Estimation of needs for vanguard technology.
				LA 14.3	Formulation of projects for development of Sub regional technology poles.
				LA 14.4	Promotion of Sub regional or international collaborative networks for the development of products (pharmaceuticals, vaccines and diagnostics) diseases prevalent in the Sub region.
				LA 14.5	Development of a Sub regional program for the evaluation (purchase, management and maintenance) of Health technology.
				LA 14.6	Generation of initiatives for the acquisition of technology appropriate for telemedicine.

Annex 2: Table of objectives, expected results and lines of action

AGENDA	PLAN				
Strategic Objectives	Axis	Compnt.	Strategic Results	Lines of Action	
SO 2 Strengthen the governance function of the national sanitary authority, in the framework central American integration.	**Axis 4** **Institutionalization of the integration**	Subregional Management	RE 15 National Sanitary Authorities supported and strengthened in informed decision making using best practices and evidence for generation of strategic policies and plans for Health, that impact on the determinants, in accord with the priorities set forth by the Health Agenda.	LA 15.1	Strengthening of the national capacity for formulation of policies, plans and programs that are harmonized with the Sub regional plan.
				LA 15.2	Progressive development tools, methodologies, guidelines and knowledge of best practices for the organization and management of Health services.
				LA 15.3	Development of a proposal for a Sub regional Strategy Policy and Plan for Food and nutrition Security, using an instersecoral approaches.
			RE 16 National norms and regulations harmonized with the directives and resolutions of COMISCA and other Sub regional or international initiatives in Health and its determinants.	LA 16.1	Development of a Sub regional follow-up system on the national normative advances for adaptation to the Sub regional or international norms or initiatives.
				LA 16.2	Intersectoral coordination with other Sub regional and national instances.
				LA 16.3	Harmonization of the pharmaceutical regulations including the use of generics, best practices for production, quality criteria and granting of linking power to the resolutions of the Sub Regional Technical Commission on Medicines.
			RE 17 Sub regional technical instances strengthened for implementation, monitoring and evaluation of the Health Plan and other initiatives of COMISCA in a framework for harmonization and alignment of efforts and own resources as well as those external to the Sub region.	LA 17.1	Review and updating of functions and structural organization of the Executive Secretariat of COMISCA so as to adapt it to current exigencies.
				LA 17.2	Elaboration of annual operational plans for implementation of the Health Plan that contemplate a system for monitoring, evaluation and accountability to the Member States.
				LA 17.3	Creation and support for the function of a Sub regional roundtable of donors for the harmonization and alignment of international cooperation that supports the implementation of the Health Plan.
				LA 17.4	Specification of strategies for support of the countries in the sub region for the process of follow-up and monitoring.
				LA 17.5	Formulation of projects to support and implement the lines of action in the Health Plan.
				LA 17.6	Formulation of methodologies for follow-up, monitoring and evaluation of the Health Plan.

Annex 3: Table of Indicators and Targets

Annex 3: Table of Indicators and Targets

Indicators		Specification	Type of indicator	Source of information	Units of Measure-ment	Targets		
						Base-line 2009	2012	2015
Strategic Result 1								
Provision of benefits of health services, adapted to integrated networks, adopting the new primary care strategy.								
1.1	Number of countries who, within their national health policies, have integrated improved Primary Health care.	Number of countries with approved health policies which demonstrate the incorporation of values, principles and elements of the improved Primary Health care strategy.	Process	Policy documents (plans and national health policies)	Number			8
1.2	Number of countries that implement health care models in integrated networks with family health and community approaches.	Number of countries that form integrated networks, fulfilling at least 7 of the 13 essential attributes of integrated networks of health services.	Process	Country reports	Number			
1.3	Percentage of population (by life cycle and vulnerable groups) with coverage of care by health services.	Number of persons receiving care, by life cycle and vulnerable groups, for the first time in a given year in health services (public and private) in a geographical area/ Total of corresponding population for the same and geographic area/100.	Process	Country Information Systems	Number			
1.4	Maternal mortality rate	Quotient between the number of maternal deaths in a given year and the number of live births in the same year, express by 100,000 live births, for a given country, territory or geographic area, as reported by the National Sanitary Authority. Maternal mortality is defined as the death of a woman while pregnant or within 42 days after the termination of her pregnancy, be it the duration and site of pregnancy, due to a complication of pregnancy, delivery and puerperium (i.e. Any cause related to, or aggravated by, the pregnancy itself or the women's care, principally codes 630-676 of the ICD, codes 000-099, A34 of ICD-10, but not for accidental or incidental causes.	Impact	National records and reports generated by HIS and VE	Number	118		

Annex 3: Table of Indicators and Targets

Indicators		Specification	Type of indicator	Source of information	Units of Measurement	Targets		
						Base-line 2009	2012	2015
1.5	Coverage of prenatal care	Number of pregnant women who have received at least one health care consultation during pregnancy, provided by a trained health worker, expressed as a percent of the population of live births, for a given year in a given country, territory or geographic area. Health care service during pregnancy is defined as services for control and monitoring of pregnancy and/or ambulatory care for associated morbidity; does not include direct activities of vaccination nor care immediately before delivery. Trained personnel include physicians, nurses and midwives with diploma; does not include traditional midwives, trained or untrained	Result	National records and reports, HIS and VE	Percentage	77,3		
1.6	Percentage of deliveries by trained≤ attendants.	Number of deliveries attended by trained personnel during a specific year, independent of location of occurrence, expressed as percentage of the Total Number of births in that same year, in a given country, territory or geographic area. Trained personnel include physicians, nurses and midwives with diploma, does not include traditional midwives, trained or untrained	Result	National records and reports, HIS and VE	Percentage	55,4	70	≥90
1.7	Coverage of vaccination with DPT or pentavalent.	Number of third doses of DPT or Penta-valent applied to children under one year old, in a specific geographic area, in a given year/ Total children under one year in the specific geographic area, in the same year x 100.	Result	National records and reports, HIS and VE	Percentage	94		≥95
1.8	Coverage of vaccinations with SPR.	Number of third doses of SPR applied to children 1 year old, in a specific geographic area, in a given year/ Total children 1 year of age in the specific geographic area in the same year x 100.	Result	National records and reports, HIS and VE	Percentage	95		≥95
1.9	Neonatal mortality rate.	Number of deaths of children under 28 days/ Total of live births x 1000 live births. Quotient between Number of deaths in children under 28 days in a given year and Number of live births in the same year, for a given country.	Impact	National records and reports, HIS and VE	Rate per 1000 live births			
1.10	Tasa de mortalidad infantil.	Number of deaths of children under one year/ Total of live births x 1000 live births. Quotient between the Number of deaths of children under one year in a given year and the Number of live births in the same year, for a given country	Impact	National records and reports, HIS and VE	Rate per 1000 live births	18,7		
1.11	Tasa de mortalidad en el menor de 5 años.	Number of deaths of children under 5/ Total live births x 1000 live births. Quotient between Number of deaths of children under 5 in a given year and the Number of live births in the same year, for a given country	Impact	National records and reports, HIS and VE	Rate per 1000 live births	24		

Annex 3. Table of Indicators and Targets

Indicators		Specification	Type of indicator	Source of information	Units of Measure-ment	Targets		
						Base-line 2009	2012	2015
Strategic Result 2								
Sub regional initiatives and strategies developed and implemented for control and prevention of non communicable diseases, using an integrated approach.								
2.1	Number of countries that are aligned to Sub regional Plan for prevention and control non communicable diseases (NCD).	Number of countries that implement at least three lines of action from the Sub regional plan for prevention and control of NCDs.	Process	Documents/national norms, country reports (RESSCAD, COMISCA)	Number	0	4	8
2.2	Number of countries aligned with Sub Regional plan for prevention and control of cancer.	Number of countries that implement at least three lines of action of the Sub regional Plan for prevention of cancer.	Process	Documents/national norms, country reports (RESSCAD, COMISCA)	Number	0	4	8
2.3	Number of countries with policies for reduction of consumption of fats and salt.	Number of countries with policies for promotion and prevention that include at least one strategy for the reduction of fats in the diet and at least one strategy for reducing consumption of salt.	Process	Policy documents and country reports	Number			
2.4	Number of countries that develop systematic and specific programs for early detection of cancer (screening).	Number of countries that systematically apply (by department, district or national) specific screening programs for cancer (breast, cervico-uterine, and colo-rectal) and provide statistics and reports on these programs.	Process	National records and reports HIS and VE	Number	Breast, cervical uterine, colorectal		
2.5	Number of persons screened by programs for early detection of cancer.	Number of persons screened by programs for early detection of breast, cervical-uterine, and colo rectal cancer.	Process	National records and reports HIS and VE	Number	Breast, cervical uterine, colorectal		
2.6	Mortality rates for specific NCDs.	Mortality rate for specific NCDs, diabetes, cancer, cardiovascular among others.	Process	National records and reports HIS and VE	Rate/ 100,000 population	DM: 80 CI 65.4 Neoplasia 75.5		

Annex 3: Table of Indicators and Targets

Indicators		Specification	Type of indicator	Source of information	Units of Measure-ment	Targets		
						Base-line 2009	2012	2015
Strategic Result 3								
Integrated and intersectoral approach promoted that contributes to reduction of the communicable diseases load in the Sub Region.								
3.1	Number of countries where the International Health Regulations is applied.	Number of countries where the application of the IRS is satisfactory, on the basis of the application of the evaluation questionnaire	Process	Country evaluation and application of evaluation instrument of IRS	Number			
3.2	New cases of AIDS.	Number of new cases of AIDS in a given year in a specific geographic area	Impact	Country records and reports HIS and VE	Número			
3.3	Prevalence of HIV in persons 15 to 24.	Estimated Number of existing cases HIV+ in 15 to 24 in a given year, in a specific geographical area in relation to the population 15 to 24 in the same geographic area and in the same year x 100,000 population	Impact	Country records and reports HIS and VE	Number			
3.4	Number children born HIV – of mothers + for HIV.	Total VIH - children in a geographic area for a given period born to HIV + mothers in a geographic area for the same period.	Result	Country records and reports HIS and VE	Number			
3.5	Number of HIV+ patients with access to ARV treatment.	Number of HIV+ patients with access to the corresponding ARV medications that require ARV treatment x 100.	Result	National Program for HIV-AIDS	Percentage			
3.6	Incidence rate of BK+ TB.	Total cases of BK + TB in a given year in a specific geographic area in relation to the Total population of the same geographic area in the same year x 100,000 (Number of incident cases of TB confirmed by bacilloscopy.	Impact	Country records and reports HIS and VE	Rate per 100,000 population	19.7	17	14
3.7	Percentage of estimated case detections of BK+ TB.	Total cases of BK+TB diagnosed in the Sub region/ Total expected cases BK+ in the Sub region X 100.	Result	Country records and reports HIS and VE	Percentage			≥70
3.8	Percentage of BK+ TB cases detected and treated successfully under DOTS.	Number of cases that complete treatment under the DOTS strategy, with negative bacilloscopy (BK -/ Total of BK+ who begin treatment.	Result	Country records and reports HIS and VE	Percentage			≥85
3.9	Percentage of countries certified for elimination of measles.	Number of countries who hold certification issued by PAHO/WHO.	Impact	Certificate	Number	0	4	8
3.10	Number of reported cases of dengue.	Number of cases of dengue in a given geographic area in a given year.	Impact	Country records and reports HIS and VE	Number	83,167 cases		

Annex 3: Table of Indicators and Targets

Indicators		Specification	Type of indicator	Source of information	Units of Measurement	Targets		
						Base-line 2009	2012	2015
Strategic Result 3								
Integrated and intersectoral approach promoted that contributes to reduction of the communicable diseases load in the Sub Region								
3.11	Lethality rate for hemorrhagic dengue.	Number deaths by hemorrhagic dengue in a given geographic area in a given year/ Total cases of hemorrhagic dengue in a given geographic area in a given year x 100.	Impact	Country records and reports HIS and VE	Percentage			
3.12	Annual parasite incidence.	Number of new cases of confirmed malaria cases in a specific year/population at risk to malaria x 1000.	Impact	Country records and reports HIS and VE	Rate per 100,000 population	4,40		
3.13	Index of vector dispersion for Chagas disease.	Number of localities with domiciliary capture of triatomes/ Total of localities surveyed x 100.	Impact	Country records and reports HIS and VE	Percentage			
3.14	Index of domiciliary infestation for Chagas disease.	Number of homes with triatome capture / Total homes investigated x 100.	Impact	Country records and reports HIS and VE	Percentage			
Strategic Result 4								
Essential medicines for treatment of Sub regional population are accessible to the population, through application, consolidation and expansion of Regional Pharmaceutical Policy which includes, among others, aspects of production, purchase, supply management and rational use.								
4.1	Number of countries that have adopted Sub Regional Medicine policy.	Number of countries that adopt Sub Regional Pharmaceutical policy that participate in the joint negotiation and purchase of medicines.	Result	Country reports (RESSCAD, COMISCA, information from CTSM and OCAMED	Number	2	5	8
4.2	Number of medicines that form a part of the harmonized list of Sub regional Medicines.	Number of medicines increased on the harmonized list of Sub regional medicines.						
4.3	Presentation of the proposal of a list of approved essential medicines by the Sub region.	COMISCA resolution by which the list of essential medicines is formally approved.	Result	COMISCA accord	Number	0	1	1
4.4	Number of countries that increase access to essential medicines.	Number of countries that have increased access to essential medicines, especially at the first levels of care, using a standard methodology.	Result	Country reports (RESSCAD, COMISCA, information from CTSM and OCAMED	Number	0	8	8

Annex 3: Table of indictors and Targets

	Indicators	Specification	Type of indicator	Source of information	Units of Measure-ment	Targets		
						Base-line 2009	2012	2015
Strategic Result 5								
Sub regional initiatives and strategies developed and implemented for control and prevention of non communicable diseases, using integrated approach								
5.1	Approval of Sub regional Plan for Health Promotion.	Agreement by COMISCA that approves the Sub regional Plan for Health Promotion	Result	COMISCA Agreement	Number	0	1	1
5.2	Number of countries who have implemented initiatives to promote Healthy life styles and settings.	Number of countries that carry out initiatives to promote healthy lifestyles and settings (strategy for diet and physical exercise) that include strategies of information, education and social communication and others.	Result	Documents/national norms	Number	0	4	8
5.3	Approval of a Sub regional system for certification of health workplace environments.	A Sub regional system approved by COMISCA for certification of Health work settings (Healthy habits and promotion of worker Health) that includes migrant workers.	Result	COMISCA Agreements	Number	0	0 (proposal of Sub regional system prepared)	1
5.4	Number of countries that have implemented initiatives for promotion of Mental Health.	Number of countries that have implemented intersectoral initiatives on Mental Health, that permit reductions in inequalities and permits egalitarian access to opportunities for social and community insertion	Result	Documents and country reports	Number	0	4	8
Strategic Result 6								
Sub regional policy on Food and Nutrition security (FNS) promoted using an intersectoral and Sub regional approach, in coordination with INCAP.								
6.1	Number of countries that apply the Sub regional Plan for Reduction of Chronic Infant malnutrition.	Number of countries that apply at least three lines of actions of the Sub regional Plan for Reduction of Chronic Infant malnutrition.	Process	Documents/national norms	Number	0	4	8
6.2	Number of countries that have updated their Dietary Guidelines for the population.	Number of countries that have dietary norms and guidelines approved by their respective Ministries of Health, as effective educational tools for dealing with malnutrition by deficit or over consumption.	Result	Documents/national norms	Number	0	4	8
6.3	Number of countries that participate in intersectoral initiatives of INCAP directed at improving FNS.	Number of countries that participate in INCAP init initiatives (research, seminars, congresses, projects, educational programs, among others (directed at improving FNS.	Process	Documents and country reports	Number	0	4	8

Annex 3: Table of Indicators and Targets gets

Indicators		Specification	Type of indicator	Source of information	Units of Measure-ment	Targets		
						Base-line 2009	2012	2015
Strategic Result 7								
Implementation of Sub regional Plan for Water and Sanitation supported, which guarantees water suitable for human consumption with respect to protection and improvement of the environment.								
7.1	Number of countries that have harmonized national policies with the Sub regional Water and Sanitation plan.	Number of countries that have included at least three of the lines of action in their national policies from the Sub regional Plan for Water and Sanitation.	Result	Documents and country reports	Number			
7.2	Number of countries that allocated resources for the implementation of the Sub regional Plan for Water and Sanitation (RPWS).	Number of countries that allocate resources for the execution of activities or projects related to the RPWS.	Result	Documents and country reports	Number			
7.3	Percentage of houses with access to improved water sources.	Number of houses with access to safe water in a given geographic area in a given year/ Total houses in the same geographic area and year x 100.	Result	National records and reports	Percentage			
7.4	Percentage of population with access to water service.	Number of persons with access to safe water in a given geographic area and given year / Total Number of inhabitants in the same geographic area and year x 100.	Result	National records and reports	Percentage	88	90	95
7.5	Percentage of population with access to improved sanitation systems.	Number of persons with access to improved sanitation systems in a given geographic area and year / Total inhabitants of the same area and year x 100.	Result	National records and reports	Percentage	77	80	85
Strategic Result 8								
Capacities of Sub regional Health sector developed on matters related to risk management for disasters .								
8.1	Approval of Sub regional plan for Health sector risk management for disasters.	Sub regional plan for risk management for disasters in the Health Sector that includes, in addition, a list of risks and risk scenarios for the service networks, and which is approved by COMISCA.	Result	COMISCA resolution	Resolution	0	1	1
8.2	Number of countries that have care norms for Mental Health, within the framework of the Plan for Risk Management for disasters.	Number of countries that have approved norms for Mental Health care, within the framework of the Plan for Risk Management for disasters.	Result	Documents/ national norms	Number	0	4	8

Annex 3: Table of Indicators and Targets

Indicators		Specification	Type of indicator	Source of information	Units of Measurement	Targets		
						Base-line 2009	2012	2015
8.3	Number of countries that have norms for care of chronic disease and other priority diseases, within the framework of the Plan for Risk Management for Disasters.	Number of countries that have approved norms for chronic diseases and other priority diseases within the framework of the Plan for Risk Management for Disasters.	Result	Documentos/ Normas nacionales	Number	0	4	8
8.4	Number of countries with first responder teams that are operational.	Number of countries that have approved norms for chronic diseases and other priority diseases within the framework of the Plan for Risk Management for Disasters.	Result	Documents/ national norms, country evaluation	Number	0	8	8
8.5	Number of countries that evaluate the levels of safety in all establishments in the public Health services network.	Number of countries that demonstrate evidence that they have evaluated all establishment in the public Health services network, applying the methodology of Index of Hospital Safety.	Result	Documents/ national norms, country evaluation	Number	0	4	8
8.6	Number of countries that have certified all public hospitals as Safe Hospitals.	Number of countries that have certified all public hospitals as Safe Hospitals.	Result	Documents/ national norms, country evaluation	Number	0	4	8
Strategic Result 9								
Sub regional Agro environmental and Health Strategy implemented, related to Health effects on the population because of climate change.								
9.1	Number of countries that implement at national level The “Sub regional Agro environmental and Health Strategy 2009-2024”.	Number of countries that execute activities (measures) in at least two lines of action in the framework of the strategic axes for climate change and variability, or Healthy settings and lifestyles.	Process	Documents and country reports	Number	0	4	8
9.2	Number of countries that have national plans or programs for facing the effects of climate change.	Number of countries that have national plans or programs approved by the National Sanitary Authority.	Result	Documents and country reports	Number	0	4	8

Annex 3: Table of Indicators and Targets

Indicators		Specification	Type of indicator	Source of information	Units of Measure-ment	Targets		
						Base-line 2009	2012	2015
Strategic Result 10								
Programs for training and continuing education developed and strengthened for human resource development.								
10.1	Number of countries that have implemented the strategies of the Sub regional Plan for Human Resources (HR).	Number of countries that have implemented activities in at least 3 of the five strategies in the Sub regional Plan for HR.	Result	Documents and country reports	Number	0	4	8
10.2	Sub regional Proposal of mechanisms for regulation between trainer and service provider institutions and associations of professionals.	Sub regional Proposal for mechanisms for regulation between trainers, service provider and professional associations, which is approved by COMISCA	Result	COMISCA accord	Number	0	0	1
10.3	Number of countries whose Human Resource Units plan the development of HR with orientation to mitigate the impacts of emigration of Health personnel.	Number of countries whose HR Units have defined strategies for development with orientation towards mitigation of the impact of emigration of Health personnel.	Process	Documents and country reports	Number	0	4	8
Strategic Result 11								
Programs for training and continuing education developed within the framework of achievement of the Agenda.								
11.1	Number of Health personnel inscribed in the program for training and continuing education	Number of Health professionals inscribed in the program for training and continuing education.	Result	Documents and country reports	Number			
11.2	Number of Health personnel inscribed in programs for distance education	Number of Health professionals who participate actively in distance training programs with use of modern communications technology.	Result	Documents and country reports	Number			
11.3	Number of bilateral and multilateral accords between countries in the Sub region on the certification of services of Health professionals	Number of bilateral and multilateral accords for certification of professional exercise of Health professionals between countries of the Sub region.	Result	Documents and accords	Number	0	2	4
11.4	Approval of Sub regional proposal for minimum requisites for career track for principal Health professionals	Approval by COMISCA of Sub regional proposal for minimum requisites for career tracks of Health Professionals.	Result	COMISCA accord	Number	0	0	1

Annex 3: Table of Indicators and Targets

Indicators		Specification	Type of indicator	Source of information	Units of Measurement	Targets		
						Base-line 2009	2012	2015
Strategic Result 12								
Health information systems strengthened by means of development of Sub regional data collection instruments and interchange of information and analysis that permits comparisons of data between the Countries, to facilitate decision making.								
12.1	Number of countries that have included indicators related to the non communicable diseases (NCD) within their information and/or epidemiological surveillance systems	Number of countries that have indicators within their surveillance system (define criteria for inclusion) for morbidity (consults, hospital discharge, costs of care, laboratory exams performed, and risk factors (overweight, obesity, sedentarism, smoking, dislipedemias, among others) of NCDs.	Result	Documents or national reports	Number	2	6	8
12.2	Number of officially approved information collection instruments on communicable diseases.	Information collection instruments on communicable diseases of required notification in the framework of the IRS standardized by COMISCA.	Result	COMISCA accord	Number	0	2	4
12.3	Number of countries that have strengthened their HIS within the framework of the RMS guidelines..	Countries that have strengthened their HIS, improving coverage and quality of sanitary statistics within the framework of the RMS.	Result	Documents or national reports	Number	0	4	8
12.4	Design and approval of a set of administrat6ive indicators (Sub regional management) for evaluation of performance of Health systems.	COMISCA accord approving the set of Sub regional management indicators for evaluation of performance of Health systems.	Result	COMISCA accord	Number	0	Set of indicators designed	Set of indicators approved
12.5	Number of countries with mechanisms for gathering, processing of data on human resources, medicines, and others, integrated into national HIS.	Number of countries that have developed mechanisms for collection, processing of data on human resources, medicines, and others, as models integrated into national HIS, permitting generation of information for decision making.	Result	Documents or national reports	Number	0	3	6
12.6	Strengthening of Sub regional Health Surveillance System.	Consolidation of a Sub regional System for Health Surveillance by means of strengthened the mechanism for reports, analysis and dissemination of the information generated by the countries, taking into consideration the initiatives of INFOCOM and RECACER.	Result	Information of SE-COMISCA	Number	0	0	1

Annex 3: Table qf Indicators and Targets

Indicators		Specification	Type of indicator	Source of information	Units of Measure-ment	Targets		
						Base-line 2009	2012	2015
12.7	Number of countries that have implemented Perinatal and Adolescent Information Systems in the Sub region, as a subsystem of the national HIS.	Number of countries in the Sub regional that have implemented the Perinatal and Adolescent Information System, as a subsystem integrated in the national HIS.	Result	Information of SE-COMISCA	Number	0	3	6
12.8	Implementation and periodic updating of a Sub regional Data Base on Human Resources.	Implementation and periodically updated of a Sub regional data base on Human Resources, based on the data generated by the country Human Resource Information subsystem.	Process	Documents and national norms	Number	0	0	1
12.9	Implementation and periodic updating of a Sub regional Data base on medicines.	Implementation and periodic update of Sub regional Data Base on medicines, based upon data generated by the country Medicine Information subsystem.	Process	Documents and national norms	Number	0	0	1
Strategic Result 13								
Function network developed for carrying out Health research with own funds and/or external financing that improves the governance of the research.								
13.1	Formation of Sub regional Ethics and Research Committee	A COMISCA accord which approves the Sub regional Ethics and Research Committee	Result	COMISCA accord	Number	0	1	1
13.2	Application of the Sub regional Policy on Research	A COMISCA accord which approves the research policy.	Result	COMISCA accord	Number	0	0	1
13.3	Number of Health research in Sub regional public Health carried out.	Number of research activities in public Health carried out by countries	Result	Documents and research reports	Number		One per country	One per country
13.4	Number of research activities in Sub regional public Health published in scientific magazines.	Number of Sub regional public Health research activities published in scientific magazines, at national or international levels	Result	Bibliographic source	Number		Four by Sub region	Four by Sub region

Annex 3: Table of Indicators and Targets

Indicators		Specification	Type of indicator	Source of information	Units of Measurement	Targets		
						Base-line 2009	2012	2015
Strategic Result 14								
Sub regional centers of excellence established which use an advanced for evaluation of Health technology in particular on medicines, foods and water.								
14.1	Approval of creation of Sub regional Public Health Laboratory for Quality control of manufacture of medicines, foods, Water and others.	COMISCA accord that approves the creation of a Sub regional Public Health Laboratory for Quality control of elaboration of Medicines, foods, water and others.	Result	COMISCA accord	Number	0	Proposal finalized	Proposal approved
14.2	Number of national centers of excellence integrated to Sub regional technology poles.	Number of national centers of excellence integrated into a Sub regional pole of excellence (includes national reference laboratories for medicines, food and water).	Result	Country reports	Number	0	4	8
14.3	Number of countries that have mapped technological support.	Number of countries who have a document which contains Results of national technological support, based in the Metric Network Project, including telemedicine.	Result	Documents and national reports	Number	0	4	8
Strategic Result 15								
National Sanitary Authorities supported and strengthened on informed decision making using best practices and evidence for generation of policies and strategic Health plans that impact on the determinants, in accord with priorities as established in the Health Agenda.								
15.1	Number of countries in which the National Sanitary Authority makes evidence based decisions.	Number of countries that strengthen knowledge management of the national Sanitary Authority for evidence-based decision making.	Result	Technical documents, country reports, reports and publications.	Number			
15.2	Number of countries that formulate policies, plans, programs aligned with the Health Plan.	Number of countries that formulated policies, plans, programs aligned with strategic Results foreseen in the Health Plan for Central America and Dominican Republic.	Result	Technical documents, country reports, reports and publications.	Number	0	4	8
15.3	Number of countries that have mechanisms institutionalized to improve organizational practice Health service management.	Number of countries that have developed methodological tools, guidelines and knowledge of best practices for organization and management of Health services.	Result	Technical documents, country reports, reports and publications.	Number			

Annex 3: Table of Indicators and Targets

Indicators		Specification	Type of indicator	Source of information	Units of Measurement	Targets		
						Base-line 2009	2012	2015
15.4	Number of countries that carry out evaluations every two years of FESP.	Number of countries with FESP evaluations carried out every two years, starting in 2007, including dissemination of Results.	Result	Documents or national reports	Number	0	4	8
15.5	Approval by COMISCA of Sub regional Policy for Food and Nutrition Security .	A COMISCA accord which approves the policy.	Result	COMISCA accord	Number	0	Proposal finalized	Proposal approved
15.6	Approval of a Sub regional Policy of the Safe Hospital in Disasters.	A COMISCA accord approving the policy.	Result	COMISCA accord	Number		Proposal finalized	Proposal approved
15.7	Approval of Sub regional HIV Plan.	Document that contains approval by COMISCA of the Sub regional HIV Plan .	Result	COMISCA accord	Number	118	1	1
Strategic Result 16								
National norms and regulations harmonized with COMISCA directives and resolutions and with other Sub regional or international initiatives in Health and its determinants.								
16.1	Number of countries that harmonize national norms to Sub regional accords.	Number of countries that present evidence of one or more national norms harmonized with Sub regional accords.	Result	Documents of national reports	Number	0	4	8
16.2	Number of joint initiatives with other national and Sub regional intersectoral entities.	Number of joint initiatives and coordination's with other national and Sub regional intersectoral entities, including Secretariats of SICA (SISCA, ST COMMCA, ST CCAD) and specialized institutions (FOCARD-APS, INCAP, CISSCAD, CEPREDENAC, among others).	Process	Documents and national reports	Number			
16.3	Number of coordination meetings with other Sub regional entities linked to the Plan.	Number of coordination meetings between SE COMISCA and specialized institutions in the Sub regional, related to execution of the Health Plan.	Process	Report of SE COMISCA	Number		One meeting annually by institution linked to Plan	One meeting annually by institution linked to Plan
16.4	Number of countries that have ratified the WHO Framework Agreement for control of smoking.	Number of countries who have ratified the Framework Agreement in an official document.	Result	Country Ratification document	Number	6	7	8

Annex 3: Table of Indicators and Targets

Indicators		Specification	Type of indicator	Source of information	Units of Measure-ment	Targets		
						Base-line 2009	2012	2015
Strategic Result 17								
Sub regional technical entities strengthened to implement, monitor and evaluate the Health Plan and other COMISCA initiative in a framework for the harmonization and alignment of efforts, own and those external to the Sub region.								
17.1	Elaboration and approval of annual operating plans for implementation, monitoring and evaluation of the Health Plan for CA and DR.	COMISCA accord approving annual operational plans for execution of the Sub regional Health Plan.	Result	COMISCA accord	Number	0	3	6
17.2	Strengthening of SE COMISCA	Includes legal status, management of financial, material and human resources.	Result	Reports and documents of SE COMISCA	Number			
17.3	Institutionalization of a Sub regional roundtable of donors for harmonization and alignment of international assistance in Health	An accord signed by SE XOMISCA and the Assistance Agencies in Health, to form a roundtable of donors to support the execution of the Plan and other Health initiatives of the Sub region.	Result	COMISCA accord	Number	0	1	1
17.4	Number of projects lined to the Health Plan supported by the roundtable of donors	Number of projects lined to the Health Plan supported by resources approved by the donor roundtable, and classified by axes and components of the Plan.	Result	Documents of approved projects	Number	0	3	6

Bibliography

1. Agenda de Salud para las Américas 2008—2017, Ciudad de Panamá, junio 2007. (Health Agenda for the Americas 2008-2017, Panamá City, June 2007

2. Agencia de Cooperación Internacional de Japón, Organización Panamericana de Salud, "Proyecto Subregional de Control de la Enfermedad de Chagas", coordinado entre JICA y OPS. (Japanese International Cooperation Agency, Pan American Health Organization, "Subregional Project for Control of the Disease Chagas."

3. Aguilar, Y., "El cambio climático en Centroamérica: manifestaciones, riesgos y adaptación". El Salvador ("Climate change in Central America: Manifestations, risks and adaptation." El Salvador

4. Banco Interamericano de Desarrollo, Engler, T., "El empoderamiento de adultos mayores organizados en la búsqueda de un nuevo contrato social: experiencias del Banco Interamericano de Desarrollo y la Red Tiempos", 2005 http://www.scielosp.org/scielo.php?pid=S1020-49892005000500016&script=sci_arttext (Inter American Development Bank, Engler, T., "The empowerment of organized seniors in search of a new social contract: experiences of the Inter American Development Bank and the Tiempos Network."),

5. Comisión Centroamericana de Ambiente y Desarrollo. Lineamientos de la estrategia Subregional de cambio climático. http://www.sica.int/ccad/temporal/LINEAMIENTOS.pdf (Central American Commission on the Environment and Development. Guidelines of the Subregional strategy on climate change.), San Salvador, 2008

6. Comité Permanente de Nutrición del Sistema de las Naciones Unidas. "Nutrición: la base para el desarrollo", http://www.unscn.org/layout/modules/resources/files/Brief1-12SP.pdf Geneva, 2002. (Permanent Committee on Nutrition of the United Nations System. "Nutrition: the basis for development.",

7. Consejo Centroamericano y Republica Dominicana de Agua Potable y Saneamiento. Informe Ejecutivo IV CONCARD-APS. http://www.ops.org.sv/XXIIIRESSCAD/presentaciones/Microsoft%20PowerPoint%20-%20Presentacion%20COCNARD%20San%20Salvador%202007.pdf San Salvador, September, 2007. (Council on Potable Water ands Sanitation for Central America and the Dominican Republic. Executive Report IV CONCARD-APS.)

8. Consejo de Instituciones de Seguridad Social de Centroamérica y Republica Dominicana. Plan Estratégico del Consejo de Instituciones de Seguridad Social de Centroamérica y Republica Dominicana. Ciudad de Panama, mayo 2009. (Council of Social Security Institutions of Central America and the Dominican Republic. Strategic Plan of the Council of Social Security Institutions of Central America and the Dominican Republic. City of Panama May 2009.)

9. Consejo de Ministros de Salud del Sistema de Integración Centroamericana. "Agenda de Salud de Centroamérica y Republica Dominicana 2009-2018,http://www.paho.org/Spanish/D/Agenda_Salud_Centroamerica_RepDom-2009-2018%5B1%5D.pdf (Council of Ministers of Health of the System for Integration. "Agenda for Health of Central America and the Dominican Republic 2009-2018.)

10. Declaracion de San Pedro Sula. Reunión Extraordinaria de Presidentes del SICA-CARICOM-MEXICO, San Pedro Sula, mayo 2008. (Declaration of San Pedro Sula. Extraordinary Meeting of Presidents of SICA-CARICOM-Mexico, San Pedro Sula, May 2008.

11. Naciones Unidas, Comisión Económica para América Latina y el Caribe (CEPAL), "Informe de factibilidad económica del cambio climático en Centroamérica", México, marzo 2009. (United Nations, Economic Commission for Latin America and the Caribbean *CEPAL), "Report on Economic Feasibility of Climate Change in Central America," Mexico, March 2009)

12. Organización de estados Americanos, Red Interamericana de Protección Social, http//www.sedi.oas.org/ddse/español/cpo_desoc_proteccion_social.asp, New York, septiembre 2009. (Organization of American States, Interamerican Social Protection Network)

13. Organización Internacional de Trabajo, XVI Reunión Subregional Americana. Trabajo decente en las Américas: una agenda hemisférica. 2006-2015, http://www.ilo.org/public/spanish/standards/relm/rgmeet/americas.htm Brasilia, mayo 2006. (International Labor Organization, XVI Reunion of the American Subregion. Decent work in the Americas: A Hemispheric Agenda, 2006-2015.),

14. Organización Internacional de Trabajo, Taller Subregional sobre Métodos Actuariales y Financiamiento de la Seguridad Social, http://www.ciss.org.mx/pdf/es/oit_panama.pdf, Panamá, mayo 2009. (International Labor Organization, Subregional Workshop on Actuarial Methods and Financing of Social Security.)

15. Organización Mundial de la Salud. Global Tuberculosis Control: surveillance, planning, and financing. WHO Report 2005. Geneva, 2005 (WHO/HTM/TB/2005.349) http://www.who.int/tb/publications/global_report/2005/annex2/en/index2.html (World Health Organization. Global Tuberculosis Control: Surveillance, planning, and financing. WHO Report 2005, Geneva 2005.)

16. Organización Panamericana de la Salud. "Capacidades en Salud Publica en América Latina y el Caribe," Washington DC, 2007. (Pan American Health Organization. "Capacities in Public Health in Latin America and the Caribbean," Washington DC, 2007.)

17. Organización Panamericana de la Salud. 44 Consejo Directivo, 55 Sesión del Comité Subregional, Resolución CD44.R6 "Atención Primaria de Salud en las Américas: las enseñanza s extraídas a lo largo de 25 anos y los retos futuros" http://www.paho.org/spanish/DD/PIN/aps_resolucion.htm Washington DC, septiembre 2003. (Pan American Health Organization. 44th Governing Council Session 55 of the Subregional Committee, resolution CD 44.R6 "Primary Health Care in the Americas: Learning's extracted over a period of 25 years and future challenges." Washington DC September 2003.)

18. Organización Pan Americana de la Salud. 48 Consejo Directivo, 60 Sesión del Comité Subregional, Resolución CD48.R15 "Salud Publica, innovación y propiedad intelectual: una perspectiva Subregional." http://www.paho.org/spanish/gov//cd/cd48.r15-s.pdf. Washington "septiembre y octubre de 2008. (Pan American Health Organization. 48th Governing Council, 60th Session of the Subregional Committee, Resolution CD48. R15 "Public Health, innovation and intellectual property: A Subregional perspective." Washington DC, September and October 2008.)

19. Organización Panamericana de la Salud. 49 Consejo Directivo, 60 Sesión del Comité Subregional, Resolución CD49.R10. "Política de investigación para la salud" http://new.paho.org/hq/index.php?option=com.content&task=view&id=1640&temid=1425&lang=es#Resoluciones. Washington DC, septiembre y octubre de 2009. (Pan American Health Organization. 49th Governing Council 60th Session of the Subregional Committee,

Resolution CD49.R10. "Policy on Research in Health." Washington DC, September and October 2009.)

20. Organización Panamericana de la Salud. 49 Consejo Directivo, 61 Sesión del Comité Subregional, Resolución CD49.R13 "Salud familiar y comunitaria". (http://www.new.paho.org/hq/index.php?option=com_content&task=view&id=1640&itemid=1425&lang=es#Resoluciones. Washington DC, septiembre y octubre de 2009. (Pan American Health Organization. 49th Governing Council, 61st Session of the Subregional Committee, Resolution CD49.R13 "Family and Community Health."

21. Organización Panamericana de la Salud. 49 Consejo Directivo, 61 Sesión del Comité Subregional, Resolución CD49.R17 "Estrategia y plan de acción sobre salud mental". "http://new.paho.org/hq/index.php?option=com.content&task=view&id=1640&temid=1425&lang=es#Resoluciones. Washington DC, septiembre y octubre de 2009. (Pan American Health Organization. 49th Governing Council, 61st Session of the Subregional Committee, Resolution CD49.R17 "Strategy and Plan of Action for Mental Health." Washington DC, September and October 2009."

22. Organización Panamericana de la Salud. 49 Consejo Directivo, 61 Sesión del Comité Subregional, Resolución CD49.R22, "Redes Integradas de servicios de salud basadas en la atención primaria de la salud." http://new.paho.org/hq/index.php?option=com.content&task=view&id=1640&temid=1425&lang=es#Resoluciones. Washington DC, septiembre y octubre de2009 (Pan American Health Organization. 49th Governing Council, 61st Session of the Subregional Committee, Resolution CD49.R22 "Integrated Health Service Networks based on Primary Health Care. Washington DC, September and October 2009.)

23. Organización Panamericana de la Salud, "Desafíos de la gestión de los recursos humanos en salud 2005-2015", Washington DC, 2006. Organización Panamericana de la Salud, "Desafíos de la gestión de los recursos humanos en salud 2005-2015", Washington DC, 2006. (Pan American Health Organization . "Challenges for management of human resources in health 2005-2015" Washington DC, 2006.)

24. Organización Panamericana de la Salud, "Dispositivo Global de Aprendizaje sobre Determinantes Sociales de Salud y Formulación de Políticas Públicas" (Pan American Health Organization, "Global Learning Devices for Learning of Social Determinants of Health and Formulation of Public Policy.)

25. Organización Panamericana de la Salud, "Epidemiological Profiles of Neglected Diseases and Other Infections Related to Poverty in Latin America and the Caribbean", Washington DC.

26. Organización Panamericana de la Salud, "Estrategias de cooperación técnica de la Organización Panamericana de la Salud en la nueva fase de la reforma de los servicios de salud mental en América Latina y el Caribe", http://journal.paho.org/?a_ID=163&catID=) (Pan American Health Organization, "Strategies of Technical Cooperation of the Pan American Health Organization in the new phases of health service reform in Latin America and the Caribbean.)

27. Organización Panamericana de la Salud, "Estrategia de Gestión Integrada de Prevención y Control del Dengue en Centroamérica y República Dominicana", Honduras, enero 2004 (Pan American Health Organization, "Strategy for Integrated Manament of Prevention and Control of Dengue in Central America and the Dominican Republic.)

28. Organización Panamericana de la Salud, "Estrategia Subregional sobre la Salud de las Personas Mayores y el Envejecimiento sano y activo", CE 142/14, Washington DC, junio 2008 (Pan American Health Organization, "Subregional Strategy on health of the elderly and Health and Active Aging" CE 142.14, Washington DC, June 2008)

29. Organización Panamericana de la Salud, "Estrategia Subregional y Plan de Acción para un enfoque integrado sobre la prevención y control de las enfermedades crónicas", Washington DC, 2007 (Pan American Health Organization, "Subregional Strategy and Plan of Action for an Integrated Approach to prevention and control of chronic diseases." Washington DC, 2007.)

30. Organización Panamericana de la Salud, "Estrategias para desarrollar las competencias para la Salud Pública en la fuerza de trabajo basadas en políticas actuales y en evidencias", Washington DC, octubre 2006 "Strategies for development of competencies in Public Health by the labor force based on current policy and evidence." Washington DC, October 2006.)

31. Organización Panamericana de la Salud, "Evaluación y mejora del desempeño de los Sistemas de Salud en la Región de las Américas ", Washington DC, diciembre, 2001 (Pan American Health Organization, "Evaluation and improvement of performance of Health Systems in the Region of the Americas." Washington DC, 2001.)

32. Organización Panamericana de la Salud, "Informe Anual de la Directora 2009 Avances en torno a la Atención Primaria de Salud en las Américas", http://www.paho.org/Director/AR2009/spanish/message.htm, Washington DC, septiembre y octubre, 2009. (Pan American Health Organization, "Annual Report of the Director, 2009, "Progress around Primary Health Care in the Americas." Washington DC, September and October 2009.

33. Organización Panamericana de la Salud, "Iniciativa Centroamericana para Diabetes (CAMDI)", Washington DC, 2002. (Pan American Health Organization, "Central American Initiatives for Diabetes (CAMDI)" Washington DC, 2002) http://www.paho.org/Spanish/AD/DPC/NC/camdi.htm

34. Organización Mundial de la Salud, Instrumento de Evaluación para Sistemas de Salud Mental (IESM OMS), http://new.paho.org/hq/index.php?option=com_content&task=view&id=445&Itemid=259 (World Health Organization, "Evaluation Instrument of Mental Health Systems *ESM WHO)

35. Organización Panamericana de la Salud, "IPCA: Iniciativa de los Países de América Central para el Control de la Transmisión Vectorial, Transfusional y la Atención Médica de la Enfermedad de Chagas", http://www.paho.org/spanish/ad/dpc/cd/dch-ca.htm (Pan American Health Organization, "IPCA: Initiative of the Countries of Central America for the Control of Vector Transmission, Transfusion Medicine and Care of the Disease of Chagas.")

36. Organización Panamericana de la Salud, "La Estrategia Alto a la TB", proyecto en revisión 2008. (Pan American Health Organization, "Strategy: Stop TB, project underway, 2008)

37. Organización Panamericana de la Salud, "La renovación de la atención primaria de salud en las Américas, Documento de posición de la Organización Panamericana de la Salud/ Organización Mundial de la Salud", Washington DC, julio 2007 (Pan American Health Organization, "Renovation of Primary Health Care in the Americas. Position Paper of the Pan American Health Organization/World Health Organization", Washington DC, 2007.),

38. Organización Panamericana de la Salud, "Plan Estratégico Subregional contra la Malaria en las Américas 2006-2010", Washington DC, 2006. (Pan American Health Organization, "Regional Strategic Plan against Malaria in the Americas 2006-2010", Washington DC, 2006.

39. Organización Panamericana de la Salud, "Plan Estratégico Subregional de Tuberculosis, 2006- 2015, Washington DC, 2006. (Pan American Health Organization, "Subregional Strategic Plan for Tuberculosis, 2006-2015, Washington DC, 2006.)

40. Organización Panamericana de la Salud, "Plan Subregional de VIH/ITS para el Sector Salud 2006-2015, noviembre 2005 (Pan American Health Organization, "Subregional Plan for HIV/STI for the Health Sector 2006-2015, November 2005)

41. Organización Panamericana de la Salud, Propuesta del Plan de Acción de la OPS para Proteger la Salud frente a los Efectos del Cambio Climático en la Región de las Américas. (Pan American Health Organization, "PAHO's Proposed Plan of Action to protect Health in the face of the Effects of Climate Change in the Region of the Americas.)

42. Organización Panamericana de la Salud, "Propuesta del plan estratégico 2008-2012", http:// www.paho.org/spanish/gov/cd/cd48-od328-s.pdf, Washington DC, octubre 2007. (Pan American Health Organization, "Proposal for Strategic Plan 2008-2012".)

43. Organización Panamericana de la Salud, Proyecto de Información y comunicación en Centroamérica (InfoCom), http://www.ops-oms.org.pa/id22.htm (Pan American Health Organization, "Project for Information and Communication in Central America (Infocom).

44. Organización Panamericana de la Salud, "Red Métrica de Salud", http://www.paho.org/spanish/dd/ais/be_v26n2-sp-redmetricasalud.html (Pan American Health Organization, "Network for Health Metrics."

45. Organización Panamericana de la Salud, Sistema de Datos Básicos de Salud – Glosario, http:// www.paho.org/Spanish/SHA/glossary.htm (Pan American Health Organization, "Systems for Basic Health Data – Glossary,"

46. Plan Puebla-Panamá, Plan Integral para el Desarrollo de un Sistema Meso-americano de Salud Pública (Pan American Health Organization, "Plan Puebla-Panama, Integrated Plan for Development of a Meso-american System for PUblic Health."

47. Programa de las Naciones Unidas para el Desarrollo y Programa de Población de las Naciones Unidas, "Indicators for Monitoring the Millennium Development Goals", New York, 2003 (United Nations Program for Development and Population Program of the United Nations, "Indicators for Monitoring the Millennium Development Goals.)

48. Programa de las Naciones Unidas para el Desarrollo, Fonseca, A., "Los Sistemas de Protección Social en América Latina: Un análisis de las transferencias monetarias condicionadas", septiembre 2006, UNDP, Fonseca, A. "Systems for Social Protection in Latin America: An analysis of conditioned monetary transfers, September 2006.)

49. Programa de las Naciones Unidas para el Desarrollo, Informe sobre Desarrollo Humano 2009 "Superando barreras: movilidad y desarrollos humanos", http://hdr.undp.org/es/informes/mundial/idh2009/ Nueva York, 2009, (UNDP, "Human Development Report 2009. "Overcoming barriers: mobility and human development"),

50. Programa de Salud y Trabajo en América Central (SALTRA), http://www.saltra.info/images/articles/BrochureSaltra.pdf (Program for Health and Work in Central America *(SALTRA)

51. Reunión del Sector Salud de Centroamérica y República Dominicana, Acuerdos XXIII RESSCAD, San Salvador, septiembre 2007 (Meeting of the Health Sector of Central America and the Dominican Republic XXIII RESSCAD, San Salvador.)

52. Secretaría Ejecutiva de COMISCA, Estructura Organizativa y Funciones, http://www.sica.int/comisca/ (Executive Secretary of COMISCA, "Organizational Structure and Function.)

53. Sistema de la Integración Centroamericana, Comisión Centroamericana de Ambiente y Desarrollo, http://www.sica.int/ccad/ccad_breve.aspx?IdEnt=2 (System for Central American Integration: Central American Commission for Environment and Development.)

54. Sistema de la Integración Centroamericana, Consejos de Ministros de Ambiente, de Salud y de Agricultura, "Estrategia Subregional Agroambiental y de Salud de Centroamérica 2009-2024", Centroamérica, mayo 2008 (System for Central American Integration, Council of Ministers of the Environment, Health and Agricture, "Subregional System for AgroEnvironmental Integration, 2009-2024, Central America May 2008)

55. Sistema de la Integración Centroamericana, Consejo de Ministros de la Comisión Centroamericana de Ambiente y Desarrollo, Plan Ambiental de la Región Centroamericana (PARCA) 2005-2015, Managua, julio 2005. (System for Central American Integration, Council of Ministers of the Central American Commission for the Environment and Development,Subregional Environmental Plan (PARCA) 2005-2015, Managua, July 2005)

56. Sistema de Naciones Unidas, Propuesta "Alianza Panamericana por la Nutrición y el Desarrollo para la Consecución de los Objetivos de Desarrollo del Milenio", Washington DC, julio 2008. (United Nations System, Proposal: "Panamerican Alliance for Nutrition and Development, to Achieve the Millenium Development Goals Development Objectives" Washington DC, July 2008.)

57. The Global Fund, http://www.theglobalfund.org/en/portfolio/?lang=en

Acknowledgements

This document had the full support of the eight Member Countries and associated entities of the System for Central American Integration to strengthen the union in favor of the health of its people. It is a product of the initiative of the Ministers and Secretaries of Health of the Subregion, who, by means of their representatives on the Subregion Technical Commission for the Elaboration of the Agenda and Health Plan (COTESAS) participated actively providing contributions and dedicating their invaluable time to successfully develop this Plan. Each country was responsible for a specific component of the Plan and collected information on the progress made in the Subregion on that topic, coordinating with health institutions and national level, and presenting proposals for lines of action. Belize was responsible for Health Information Systems, Costa Rica for Governance, El Salvador for Technology, Guatemala for the Determinants, Honduras for Health, Panama for Research, Dominican Republic for Human Resources and Nicaragua, for management of the Health Plan.

The representative of the COTESAS were Dr. José Marenco for Belize, Dr. Andrea Garita and Mrs. Rosibel Méndez, for Costa Rica, Dr. Carmen Vilanova-Denys and Dr. Miguel Linares for El Salvador, Dr. Edgar González for Guatemala, Dr. Jorge Alberto Sierra Barahona for Honduras, Dr. Alejandro Solís and Lic. Rosa Argentina Madriz for Nicaragua, Dr. Nadja Porcell and Dr. Félix Bonilla for Panama and Dr. Ilda Natera for Dominican Republic.

Coordination for the process of formulation of the Health Plan was carried out by the President ProTempore-Nicaragua of RESSCAD, in the person of Dr. Alejandro Solis, Director of Planning of the Ministry of Health of Nicaragua. The methodological coordination of the Health Plan was carried out by Dr. Juan Eduardo Tello, senior Advisor of PAHO/WHO, who was technically and operationally assited by Dr. Roger Montes, National Official of PAHO/WHO in Nicaragua, Dr. Iris Padilla, National Official in PAHO/WHO in Honduras and Dr. Carmen Vilanova-Denys and Dr. Ricardo Batista, both PAHO/WHO Consultants in El Salvador.

Important participants in the process include Dr. Rolando Hernandez Argueta, Executive Secretary for COMISCA, and Dr. Julio Valdes, of the Spanish Integration Cooperation Agency (SIDA) and focal points of PAHO/WHO, Dr. Mariela Licha, Dr. Enrique Perez-Flores and Dr. Mario Cruz-Peñate (PAHO Headquarters in Washington), Dr. Guillermo Troya (Belize), Dr. Federico Hernandez (Costa Rica),Dr. Hilda Leal de Molina (Guatemala), Dr. Jose Jorge and Dr. Maria Angelica Gomes (Nicaragua) and Dr. Gustavo Vargas (Panama). Many other PAHO/WHO Advisors made their contributions and revised the Health Plan.

Elaboration of this Health Plan was financed by PAHO/WHO and AECID.

COMISCA
Consejo de Ministros de Salud de Centroamérica

MINISTERIO DE ASUNTOS EXTERIORES Y DE COOPERACIÓN

aecid

Organización Panamericana de la Salud
Oficina Regional de la Organización Mundial de la Salud