

PAHO STRATEGIC PLAN 2003-2007 - MID-TERM ASSESSMENT

PRIORITY COUNTRIES

OBJECTIVE

PASB will lead strategic collaborative efforts among countries and partners and maximize wider development initiatives like the PRSPs to accelerate the health improvements in Bolivia (BOL), Haiti (HAI), Honduras (HON), Guyana (GUY), and Nicaragua (NIC).

INTRODUCTION

The Priority Countries, are those singled out for special attention in the PAHO Strategic Plan (SP) 2003-2007, due to the fact that their health status remains unacceptable to the Member States of PAHO. Initially, those are the Highly Indebted Poor Countries (HIPC), where the rate of debt payment leaves little national income for increasing expenditure in the development of the social sectors. In these countries, the health institutions and infrastructure are extremely weak. In the case of Haiti, while not an HIPC, its maternal and infant mortality rates, two of the most sensitive health development indicators, are the highest in the Region and among the highest in the world¹.

Perhaps more so than the other countries in the Region, these countries need to make progress toward the achievement of the Millennium Development Goals, and PAHO's focus, in its new technical cooperation (TC) framework, is to work with these countries in *Addressing the Unfinished Agenda*. It refers to the need to liquidate the cumulative health debt in terms of health problems for which technology applicable on a large scale already exists – a debt that consequently reflects unjust and avoidable gaps in health and well-being. The new managerial strategy 2003-2007 emphasizes the centrality of the countries in defining and consolidating technical cooperation from the Secretariat. It also redefines the very concept of a regional program based on this renewed emphasis on country-focused cooperation in line with WHO priorities.

The Director established a Priority Countries Working Group in 2003, which produced a concept paper to guide policy and actions in these countries. The concept paper identified the following elements of the Priority Countries Strategy: redefinition of the nature of TC through development of a strategic agenda; harmonization of TC with the efforts of other development agencies and partners; integration of the redefined TC into PAHO's managerial processes; and appropriate re-profiling of PAHO/WHO's country presence. An additional critical element is resource mobilization.

¹ Strategic Plan for the Pan American Sanitary Bureau for the Period 2003-2007 – CSP 26/10.

Activities have been ongoing to strengthen technical cooperation (TC) with the countries, promote collaboration among the Priority Countries themselves, and advocate for them to development partners and donors. BOL was highlighted in a presentation by the Minister of Health just before the 2004 World Health Assembly (WHA) and a well-received meeting of Priority Countries Ministers of Health and the Country Representative was held during that WHA. The Minister of Health and the Country Representative in Guyana both participated in a presentation “Country Focus in Action: The Case of Guyana”, which was made at the 2005 WHA. During future WHAs, similar activities will be planned to highlight the Priority Countries.

PROGRESS TO DATE

GENERAL

Redefinition of the nature of TC

PAHO/WHO, in its accelerated development of Country Cooperation Strategies (CCS) to guide the work of the Organization in, and with, countries, in the medium-term, ensured that CCS development took place first in BOL, GUY, HON, and NIC. The situation in HAI has not been conducive to the development of a CCS, but there is an Interim Cooperation Framework for that country, which allow all UN Agencies and donors to provide coordinated support. The CCS development took into consideration frameworks for action in health, including the MDGs, regional and subregional agreements, PRSPs, and national health plans, as well as information gleaned from national counterparts and development partners through a participatory in-country process. A Consultative meeting of the Priority Countries working group took place in 2004 and the PAHO/WHO Country Representatives were invited to present their CCS documents.

Harmonization of TC

All Priority Countries Cooperation Strategies highlight the brokering function of PAHO/WHO to facilitate partnerships with other agencies and to foster national capacity in the coordination of international cooperation and sectoral leadership. The countries have participated in several activities to facilitate this function:

- A workshop was jointly organized by UNFPA, and UNICEF to identify effective strategies for interagency collaboration and to formulate regional operative plans for 2005-2006. Representatives from the country offices HON and NIC participated in the workshop.
- A workshop on Harmonization and Alignment hosted by Regional Development Banks was organized in Honduras in November 2004.
- A meeting organized by PAHO/WHO, on Harmonization and Coordination of international cooperation and sectoral approaches to health, Nicaragua, December 2004. All Priority Countries participated in this meeting, supported by extrabudgetary funds from WHO.

Integration of redefined TC into managerial processes

The CCS has allowed the development of more strategic planning, programming, and budgeting, and the December 2004 reviews of the draft BPB 06-07 proposal noted that those countries that

had a CCS had Biennial Program Budgets (BPBs) were more strategic and focused. From the budgetary perspective, PAHO/WHO ensured that the Priority Countries allocations were protected under the Regional Program Budget Policy, even when the application of the formula might have resulted in a decrease in regular budget (RB) ceiling.

The CCS has facilitated interprogrammatic work among the technical units and across organizational levels, putting into practice the managerial strategies of enhanced country focus, strengthening of team work, and integrated actions for TC at the country level. There have been joint missions to the Priority Countries by the Areas of Family & Community Health, Disease Prevention & Control, and Sustainable Development & Environment in the Office of the Assistant Director.

The Priority Countries have been included in interprogrammatic work addressing the 3x5 initiative, HIV/AIDS and Adolescent Health, Gender and Violence, Women and HIV/AIDS, Disease Prevention & Control and Indigenous People's Health.

Re-profiling of PAHO/WHO's country presence

The implications of the CCS have guided the reshaping of the PAHO/WHO country presence, strengthening the country office (CO) as necessary, and allocating or reallocating technical and financial resources. In the Priority Countries, Program Officers were assigned to the Country Offices with duties to assist in the planning, implementation, monitoring, and evaluation of extrabudgetary (EB) projects, and to support the implementation and monitoring of the Country Cooperation Strategy (CCS). There was also recruitment and/or redeployment of technical advisors to fulfill the needs of the respective strategic agendas.

Resource mobilization

These efforts included:

- Development and submission to the WHO Department of Country Focus (CCO), by the CSU, of a proposal for resource mobilization for the Priority Countries. The proposal was funded, and supported the development of the CCS, placement of the Program Officers, and enhanced connectivity in GUY, HAI;
- The placement of 3x5 technical advisors (GUY, HAI);
- Assistance with the development of proposals to the Global Fund to fight against AIDS, Tuberculosis and Malaria (GUY, HAI); and
- Development and submission to the European Commission/WHO Partnership, for health in development, making pregnancy safer, epidemic alert and response, and supporting country cooperation (GUY, HAI).

SPECIFIC

BOLIVIA

During 2003, Bolivia carried out the CCS exercise 2003-2007. The CCS 2003-2007 was carried out in a very timely moment as it coincided with the PAHO Strategic Plan (2003-2007), with the national Government Plan (2002-2007) and with the deadlines of the UN Agencies' country programs (UNICEF, UNFPA, WFP and UNDP), within the framework of UNDAF (Harmonization and Alignment 2003-2007). The country reference as a development strategy for this period was the Bolivian Strategy for Poverty reduction (2002 revised twice) and the Government Agenda for its negotiation with donors (XV Consultative Group, October 2003, the next meeting will take place in 2006). The CCS guided PAHO/WHO technical cooperation program (country focused) through the PTS for the BPB 04-05 and to formulate the BPB 06-07.

The main challenges for the technical cooperation which resulted from the country situation (CCS 2003 – 2007, revised version 2004-2007) are:

- (i) Productive development,
- (ii) Strategic political decisions,
- (iii) Governance,
- (iv) Social Protection in Health,
- (v) Millennium Development Goals,
- (vi) National Health System transformation.

PAHO/WHO Technical Cooperation provision was mainstreamed by the following strategic axes:

- (i) Decentralized Technical cooperation,
- (ii) Advocacy for a greater joint work among different agencies that deal with international cooperation in Health,
- (iii) Establishment of a Permanent Forum for health discussions,
- (iv) Promotion of Intercultural approach,
- (v) Prioritization of actions for most excluded social groups, such as indigenous and disperse rural groups, as well as municipalities in the borders,
- (vi) Promotion of technical cooperation among countries and support to the regional and subregional integration processes related to health issues,
- (vii) Promotion of intersectoral work, shared management and social networks building.

The projects within the cooperation program are:

- (i) Policy development, health systems and services,
- (ii) Environmental health and disasters preparedness,
- (iii) Diseases Prevention and risks control,
- (iv) Healthy vital cycle,
- (v) Technical scientific information Information and communication in health,
- (vi) Technical Cooperation management for National Health Development.

Achievements

Política

- PAHO/WHO technical cooperation vis a vis national dialogue process.
- PAHO/WHO Country Office jointly with UN Agencies (UN Country Team) has taken precautionary measures to face social and political conflicts which affect peace process in the country.
- In lieu of the “Asamblea Constituyente”, PAHO/WHO technical cooperation supported civil society participation in health issues.
- PAHO/WHO coordinated the Interagency Committee for Health as solicited by the Ministry of Health and Sports. This has favored the harmonization and coordination of technical cooperation among different partners and the Ministry itself.

Technical

- Development of sustained and productive technical cooperation with the “Federación de Asociaciones Municipales de Bolivia (FAM)” (Bolivian Municipalities Associations Federation) to support local management in Health.
- Intercultural Health promotion and technical support for the conformation of the “Dirección Nacional de Medicina Tradicional y Salud Intercultural”, which is part of the cooperation that PAHO/WHO develops in Bolivia.
- Ministry of Health and Sports was incorporated as part of the sectoral policy in Health, and for the development of Essential functions of Public Health within the National Health Development. Despite of the severe governance and institutional development crisis, PAHO/WHO cooperation was oriented to the promotion and strengthening of the national regulatory authority.
- Good response to technical cooperation through inequity indicators health in the processes of situation analysis for decision making. Studies have been finalized on exclusion of social protection in health.
- Technical cooperation to the Ministry of health and Sports in the development of the public reasurement policy through the “Seguro Universal Materno Infantil (SUMI)”.
- Cooperation with the Country in the execution of prevention and control of communicable and non communicable diseases, including the development of environmental primary care and prevention and disasters mitigation.
- Emphasis on information technology development, knowledge management and communication. Much progress has been made in the development of the public health Virtual Health Library (BVSP).
- PAHO/WHO has supported the country on integration of social security services (solución a la segmentación). A study is being carried out to incorporate sindical sector to the short term health insurance system. Different ways to extend public reasurement are being explored, such as the case of “Fondo Comunitario de Salud de Tupiza”.

Managerial/Administrative

- Within the Country Cooperation Strategy (CCS), PAHO/WHO Office in Bolivia has implemented necessary functional changes for a more effective technical cooperation.

- A Development Plan of the Country Office was elaborated. This Plan identifies the main strategic orientations and activities that must be accomplished in order to achieve the objectives of CCS, the BPB and the PTS.
- PAHO/WHO has participated actively in the CCA – UNDAF process. PAHO is also active player within the different Thematic groups which promote a more effective and efficient cooperation with the country. PAHO/WHO developed a study case in order to improve greater coordination towards harmonization with the different agencies of the system.
- Decentralized Technical Cooperation (CTD) resulted a very useful initiative for Technical Cooperation. PAHO/WHO gave support to the administrative decentralization processes in the country, which will be reviewed through a departamental referéndum “referéndum autonómico departamental”, which at the same time will allow PAHO/WHO cooperation assimilate advantageously the development of decentralized technical cooperation in the country.
- Selection of Reference National Institutions (INARS) for the development of technical cooperation, which has not only been useful for technical capacity accreditation (acreditación de la capacidad técnica) of the different national entities related to public health issues, but also to improve national capacity in knowledge administration and production.
- Within the United Nations coordinated actions, PAHO/WHO contributed actively to the development of internal security strategies to protect personnel. This aspect has increased in importance due to the high level of social uncertainty and insecurity, derived from social and political conflicts in the country.
- PAHO/WHO Country Office cared for personnel development and consequently has executed training programs and has worked on the improvement of internal environment in the office.
- PAHO/WHO is participating in public policies related to social and economic development within the SWAP.

Resource mobilization

- The BPB regular funds for the period 04/05 reached the amount of US \$ 3,000,000. Extrabudgetary funds for the same period reached US \$ 2,500,000. Extrabudgetary funds correspond to the 80% approximately of the regular funds.
- Extrabudgetary funds are granted from IADB, (Epidemiological Surveillance strengthening and prevention and control of Chagas Disease).
- DFID resources for prevention and control of HIV/AIDS and TB.
- PAHO/WHO has played an active role in the formulation of the Global Fund Project (HIV/AIDS, TB and Malaria).
- Active participation also with ONUSIDA (UNAIDS) (thematic group for HIV/AIDS of UN System in Bolivia) including 3X5 Strategy.
- Funds have been provided from Swedish Cooperation to promote extensión of social protection in Health.
- As per request of the Ministry of health and Sports, and with Nordic funds, PAHO/WHO is providing technical cooperation for the acquisition of medical equipment for immunization campaigns, odontology services and vehicles (Ambulances).
- With French funds PAHO/WHO supports the Ministry of Health and Sports in the organization and implementation of entomology laboratories.

- UIT Funds from Brazil and through PAHO/WHO Offices in both countries, technical cooperation is being provided for the HIV/AIDS Program in Bolivia, mainly in antiretroviral therapy and medicines donation.

GUYANA

The GUY CCS 2004-2007 has provided the framework for strengthening and tailoring the technical expertise available in the country office (CO), focusing on health issues that were previously marginalized, revising the 04-05 Biennial Program Budget (BPB) and developing a more strategic 06-07 BPB, and mobilizing resources for the technical programs. The CCS has also been the focus of communication strategies that target both internal and external audiences and position PAHO/WHO as the leading technical partner for health development in GUY.

The CCS identified PAHO/WHO's priority functions in GUY as brokering, to facilitate partnerships with other agencies in response to public health issues; advocacy, to influence policy; research and analysis, to support evidence-based planning and decision making; sharing information and knowledge, to promote healthy lifestyles; support for program planning and implementation; mobilization of resources; and equity-oriented surveillance and monitoring.

The priority technical issues fall under the following 2004-05 Areas of Work: Tuberculosis and Emerging Diseases; Malaria and Other Vector-borne Diseases; AIDS and Sexually-transmitted Infections; Food Safety; Non-communicable Diseases; Mental Health and Substance Abuse; Healthy Spaces and Local Development; Women's and Maternal Health; Child and Adolescent Health; Human Ecology and Environmental Health; Emergency and Humanitarian Action; Health Services Delivery; Health Information and Analysis; and Research and Knowledge-sharing.

Achievements

Political

- PAHO/WHO is the Secretariat of the Theme Group on Health, which is charged with overseeing the implementation of the health-related aspects of the PRSP.
- The Organization played an active, sometimes leading, role in the UN Country Team, which developed the CCA/UNDAF in 2004 and launched a flash appeal after the floods in January 2005.

Technical

- Implementation of inter-programmatic missions from the regional level related to family and community health.
- Enhanced availability of information to support evidence-based planning.
- Evidence-based decision making and collaboration among the Amazon countries for malaria control and cooperation with Brazil and Suriname to address border health issues.
- Coordinated response to the January 2005 floods in Guyana, with establishment of a situation room and development of a syndromic surveillance system to detect outbreaks.

- Development and implementation of a GUY CCS Communication Strategy, with “Guyana Day” held at PAHO Headquarters in October 2004. External partners, including representatives of development partners based in Washington, DC, and representatives of the Guyana Diaspora, participated.
- Presentation of the GUY CCS at the 2005 WHA, where the Guyana Fact Sheet, one of the products of the communication package developed to support the CCS, was highlighted.

Managerial/Administrative

- Articulation of PAHO/WHO’s Areas of Work with the UNDAF and other donor programs.
- Establishment of a Guyana Task Force at regional level, with the participation of all organizational levels, to facilitate and support implementation and follow-up of the GUY CCS.

Resource mobilization

- WHO: for improvement in technical capacity in epidemiology, program management, maternal and child health, and HIV/AIDS, focusing on 3x5, and for malaria control, through placement of a Roll Back Malaria advisor;
- GFATM: support for the development and implementation of the proposal to The Global Fund to fight against AIDS, Tuberculosis and Malaria, for the three diseases;
- Technical Cooperation among Countries (TCC): for Integrated Management of Childhood Illness (IMCI) and HIV/AIDS, among other areas.
- EC/ECHO, US Government, DFID: for disaster response

HONDURAS

CCS carried out in Honduras 2006-2010 established a set of principles articulated with the MDGs, with global and regional mandates, with the WHO Work Program, with PAHO Strategic Plan, as well as national priorities for Health and Poverty Reduction Strategy.

The current scenario and the different processes that are being developed in the country demand PAHO/WHO a strategy for cooperation in health, towards the coordination and harmonization of a wide and sustained response, as well as construction of synergies with different actors that contribute to national health development in health. The CCS brings PAHO/WHO the opportunity to redefine its cooperation for the long term, including a multisectorial and interprogrammatic approach, that délas with main health problems and its determinants, in a more integrated and innovative way.

The CCS identifies the following priorities for PAHO/WHO technical cooperation: develop the Primary Health Care strategy to reduce malnutrition and infant and children under 5 years old mortality; develop sectorial approach in health to contribuye to the reduction of poverty; strengthen decentralization and reform process of the health sector; and address environment and social determinants of health within the health promotion and inter sectorial coordination framework.

The priority issues for technical cooperation are included in the following areas of work 2004-2005: health systems and services, Communicable diseases prevention and control; malaria and vector borne diseases, Tuberculosis and emerging diseases and HIV/AIDS and sexual

transmitted infections; healthy environments and local development; reproductive health; Chile and Adolescent health; esencial medicines; health information; Leadership and coordination of external cooperation; Human Resources for health; Humanitarian assistance and disasters response; Violence, Traumatismos and disability; Nutrition and health promotion; gender; and women and health.

Achievements

Political

- PAHO/WHO active participation in the transitional political process, interaction with team members of different political parties for the new presidential period that begins in January, 2006. Besides, negotiation with new national authorities is scheduled for the next year.
- Active role of PAHO/WHO in the design of the National Health Plan 2021. PAHO/WHO will continue to support its follow up and implementation.
- Active participation in the coordination of external cooperation in the health sector (Mesa CESAR), aiming at better coordination of technical cooperation in Health.
- Active participation in the preparation and elaboration of CCA/UNDAF in 2005. At this moment, CCA draft document is being prepared.

Technical

- Significant support to the Health Secretary in the issue of health sector reform, strengthening of key processes such as functional re-structuration and decentralization.
- Follow up and provision of technical advise for improvement of quality of health services and extension of social protection, specifically in the most vulnerable areas of the country, prioritized by the Health Secretary program called “Programa ACCESO”.
- Design, elaboration and approval of health right based policies in maternal and infant health and nutrition as well as in areas prioritized by national government.
- Support to the emergent and re emergent diseases, such as HIV/AIDS, TB, malaria, Dengue and Chagas, among others, as well as its epidemiological analysis and prevention from gender perspective.
- Technical support to the “Comisión Técnica de la Mesa Sectorial en salud”, in collaboration with UNFPA.
- Support for the promulgation of the new law on water and sanitation in Honduras “Ley Marco del Sector de Agua y Saneamiento”.
- Support to the vulnerability reduction in health services and water distribution.
- Implementation of response measures in disasters for the health sector, specially at local level.
- Support to the implementation of (SWAPs), prioritizing child and maternal health, as well as nutrition areas.
- Regarding harmonization and alignment of external cooperation, PAHO/WHO developed important activities and projects in coordination with agencies and organisms of the United Nations System.

Managerial/Administrative

- Elaboration of a Development Plan for the Country Office.
- Strengthening of harmonization and alignment for external cooperation.

- Reduction on administrative expenditure to improve security.
- Implementation of security processes in Country Office and in staff training, great investment was made for the acquisition of information and technology equipment required by UN.
- Regularization of nacional professional contracts within the administrative unit.

Changes related to administrative and managerial issues for the short and médium term are subject to the aproval of CCS strategy at PAHO/WHO regional and global levels.

Resource mobilization

- Global Fund for “Proyecto de atención a la niñez huérfana/ vulnerable por el VIH/SIDA en Honduras” (Project for orphan/vulnerable children affected by HIV/AIDS in Honduras).
- Appointment of a consultant from JICA to the Country Office, to give permanent support to the project on Chagas disease control.
- Japan resources for the implementation of a project on human security in the prevention of violence in three municipalities in Honduras. Joint Programming in the coordination with different UN agencies.
- IADB resources for the analysis of national accounts in health.

HAITI

The poverty situation in Haiti has been deteriorating over the past decade, situation which affects dramatically the achievement of the Millennium Development Goals (MDGs). Since the year 1987, with the economical embargo imposed by financing agencies and donors, external resources were drastically reduced and redirected to international NGOs acting in the country.

During 2004, an interim government was installed. Haiti’s authorities, supported by the international community, aimed at reestablishing constitutional order through free, credible and transparent local, parliamentary and presidential elections to be held at the end of 2005. To accomplish that objective, the interim government defined a broad transition strategy and asked the assistance of the external partners to implement it. Based on the lessons learned over the last decade, government and donors, decided to move towards a new partnership, elaborating an Interim Cooperation Framework (ICF) to be translated into projects to provide tangible results in the period 2004-2006.

The ICF exercise has been led by the Government with support of 26 bilateral, multilateral and United Nations agencies. The summary report of the ICF defines four strategic axes, which are:

1. Strengthen political governance and promote national dialogue
2. Strengthen economic governance and contribute to institutional development
3. Promote economic recovery
4. Improve access to basic services

Public health issues are included in the fourth strategic axes, with five priority objectives as follows:

- Restart the operation of the principal hospitals
- Extend a minimum package of health services to 2,500.000 Haitians

- Strengthen management and coordination capacity of Ministry of Public Health and Population
- Improve health care access to the general population and vulnerable groups
- Restart priority programs

Since the end of 2003, the continuing decline in living conditions and the widespread impunity have been led to a sharp augment of acts of violence in the country, and particularly in Port-au-Prince. Natural disasters were tough over the country as well. In September 2004 the tropical storm Jeanne, affected the country, especially Gonaives, where 1200 died. Poorest groups of population are the most affected both by violence and natural catastrophes.

The priority technical issues fall under the following 2004-2005 Areas of Work: Emergency and Humanitarian action, Strengthening country presence, Support to National Health Development, Technical Cooperation among Countries, Human Resources for Health, Environmental Risk Assessment and Management, Diseases control (Tuberculosis and Emerging Diseases, Malaria), Women's and Maternal Health, Child and Adolescents Health, Immunization and Vaccines development, AIDS and Sexually-transmitted Infections.

Facing these circumstances, PAHO's Country Office in Haiti adopted the following lines of action in the period:

1. reinforcing technical presence in the areas more likely to be affected by natural disasters (Gonaives);
2. prioritizing equity-oriented resources allocation by financing small projects developed directly by the community (Pro-vie, Cité Soleil);
3. continuing to invest in the most stable zones with development interventions (Aquin et Port Salut);
4. strengthening actions with key partners in and out side the UN system seeking especially to move towards the achievement of the Millennium Development Goals (vaccination, maternal mortality reduction, TB, Malaria and AIDS);
5. identifying and implementing concrete coordinated actions with the Dominican Republic
6. supporting the Ministry of Health carrying out priority programs as well as coordinating internal partners and external aid.

Achievements

Political

- PAHO/WHO played a definitive role during the ICF exercise hosting and conducting the meetings of the working group, and mobilizing the technical expertise needed in regards to the health chapter.
- PAHO/WHO acts as focal point of donors and agencies in three of eighteen Sectoral Tables which are the implementation mechanisms of the ICF.
- PAHO/WHO's presence in the country has increased in importance regarding the coordination of health sector on the management of risks and disasters.
- PAHO/WHO is present in all existing forums to establish and coordinate the implementation of public health and environment polices.

Technical

- Over than 850 technicians of national institutions have benefited from PAHO/WHO's technical support and knowledge sharing.
- Almost the total provision of drugs and supplies for emergency, HIV and TB treatments, as well as vaccines, is managed by PROMESS, (a Central Procurement Agency for drugs and medical supplies founded by PAHO in 1992).
- A new program called "PROLIFE Community in Action" has been launched to empower communities on the identification and response of environmental problems.
- PAHO/WHO works closer and directly with the most vulnerable communities to alleviate the impact of poverty especially in degraded areas.
- Several studies were carried out to better assess the health situation in the country. One example is the prevalence of micronutrients (vitamins A & iodine).
- Various initiatives were implemented on women's and maternal, child and adolescent's health, immunization (and vaccines), HIV/AIDS and other sexually-transmitted diseases.
- PAHO/WHO Office in Haiti, in close collaboration with PAHO/WHO's Office in the Dominican Republic, was able to concretize a Plan Bi-national on TB control, signed by the two governments.
- Actions are being taken to extend the bi-national effort to address Malaria, HIV/AIDS and Maternal Health.

Managerial/Administrative

- PAHO/WHO established an Emergency Operations Center in Gonaives and developed a network of partners to assist most affected areas (provision of medical supplies, cold chain assessment, and needs assessment evaluations, etc) to coordinate managerial response to the sociopolitical crises and tropical storm Jeanne.
- A decentralized technical cooperation program was put in place in Aquin and Port Salut.
- Administrative procedures also contributed to staff development.
- PAHO/WHO's Office was improved to create more adequate indoor working place and conditions to staff.
- Professional staff was mobilized in order to strengthen country office presence and operations (program officer, blood safety, HIV/AIDS, administrative operations).

Resource mobilization

- PAHO/WHO mobilized US\$ 10,892.876 in extra budgetary financial resources for Haiti. Most of these resources were granted from traditional partners, such as, among others: the Inter American Development Bank (IADB) (to support a project on "Basic Services for HIV/AIDS"); Canadian International Development Agency (CIDA) (acquisition of essential drugs and medical supplies); the World Bank (WB) (vaccination, maternal and childhood essential medicines, nutrition and healthy schools); ECHO (rehabilitation of water supply network); United States Agency for International Development (USAID), OFDA, and Swedish International Development Agency (SIDA) (several projects on interventions post disasters); etc. Some other extra-budgetary initiatives are being prepared in close collaboration with WHO and the European Commission (EC).
- A Technical Cooperation among Countries' project (TCC) with Cuba in the areas of solid waste management and biomedical equipments is the latest example of human resources mobilization.

NICARAGUA

CCS-NIC 2005-2008 sets PAHO/WHO response to the country priorities for the health sector within the challenges posed by national policies for the long term, aligned to strategic guidelines stated in the National Development Plan (Plan Nacional de Desarrollo) and the PRSPs, as well as the National Health Plan for the medium term launched in September 2004. These processes related also to the MDGs define the platform not only for national development in general, but also for sanitary development in particular and as such, determine the content of PAHO/WHO technical cooperation for the next years in Nicaragua.

CCS prioritizes PAHO/WHO advocacy for policy formulation towards inequity and exclusion reduction in health. Besides, it sets the strengthening of sectorial capacity to widen coverage and quality in health services as a priority for technical cooperation, as well as institutional development (para ejercer la rectoría) to develop and implement sectorial policies. CCS also demands expansion of PAHO/WHO technical cooperation within the multisectorial and multidisciplinary framework and gives priority to the generation, analysis and dissemination of information about health, health services and health determinants.

Technical priorities fall under the following areas of work 2004-2005: health systems and provision of sanitary services; prevention and control of communicable diseases; malaria and other vector borne diseases; Tuberculosis and emergent diseases; HIV/AIDS and sexually transmitted infections, human ecology and environmental health; reproductive health; Chile and adolescent health; essential medicines; sanitary information; Nutrition; health promotion; Gender, women and health.

Achievements

Political

- PAHO/WHO played an active role in supporting the Government in the definition of National Health Policy and the National Health Plan 2004-2015. Country Office Team, in collaboration with the Regional Office and WHO Missions, facilitated and supported this process. PAHO/WHO support was recognized by the President of Nicaragua.
- As a consequence of CCS, PAHO/WHO Nicaragua advocated for policy formulation to combat inequity and exclusion in health; recommendations to the Government were made about the National Plan “Plan Nacional de Desarrollo Operativo (PRSP II)” and for the “Plan Quinquenal de Salud”, jointly with other UN agencies.

Technical

- Country Office and the Information/Communication Unit is being reorganized to support intelligence information and knowledge management. For this purpose, it is necessary to build capacity for learning management and the promotion and use of new technologies to strengthen Country Office capacity in technical response.
- Implementation of intensified technical cooperation in the department of Chinandega, including interprogrammatic mission at regional level related to family and community health and the creation of a clinic for the integral attention for adolescents.

- National Tuberculosis program evaluation, with the support of the Regional Office and the CDC.
- Regional and subregional advice to address social violence.
- Regional advice and financial support for the perinatal and maternal surveillance system extensión.
- Advice to international experts in the planning, supervision and evaluation of the “Plan de Eliminación de la Rubéola y Síndrome de Rubéola Congénita”.
- Revision of the HIV/AIDS Strategic Plan and study of sentinel sites and indicators of HIV/AIDS in adolescents.

Managerial/Administrative

- Joint mission to WDC/WHO HQ in december 2004 to support country office re structuration.
- Based on CCS, technical support was provided to the Country Office for the follow up and implementation of CCS strategy through the appointment of Program Officer funded by country focus initiative.
- New Organizational Development Plan was elaborated, including an Operaitonal Plan for 2005-2007 and for the up date of the Learning and Development Integral Plan.
- The Country Office Technical Administrative Committee, which started in 2002, is being consolidated.

Resource mobilization

- Country Focus Initiative:US \$ 100,000.
- WHO-Luxemburg funds for the strengthening of national health development: US \$ 300,000.
- Support to the Immunization program and rubella eradication: US \$ 350,000.
- AECI Funds for the extension of social protection in health; US \$ 25,000.

Challenges

The stage is set for this Priority Country objective in the Strategic Plan to be achieved by 2007. However, there are several challenges, including:

- Issues of governance and security in some of the countries challenge the sustainable planning and implementation of the TC.
- Achieving an organization-wide shift in culture, thinking, and managerial and administrative processes in support of country-focused cooperation.
- Continued mobilization of resources to support the implementation of the CCS and other mechanisms to provide enhanced TC to the Priority Countries. For example, the GUY CO faces the prospect of losing key human resources because of the short-term nature of the current contractual arrangements and mobilization of resources to support their renewal will be critical.
- Expansion of collaboration among technical units and organizational levels to undertake integrated technical cooperation with the Priority Countries.
- Strengthening of mechanisms for information-sharing and technical cooperation among countries (TCC), especially among the Priority Countries themselves, including best practices.

- Greater implementation of communication strategies to promote the Priority Countries and advocate to development partners and donors for their support.
- Coordination with other agencies and development partners, through the UN Country Team and other mechanisms, to strengthen efforts to Address the Unfinished Agenda and undertake intersectoral work for MDG achievement.