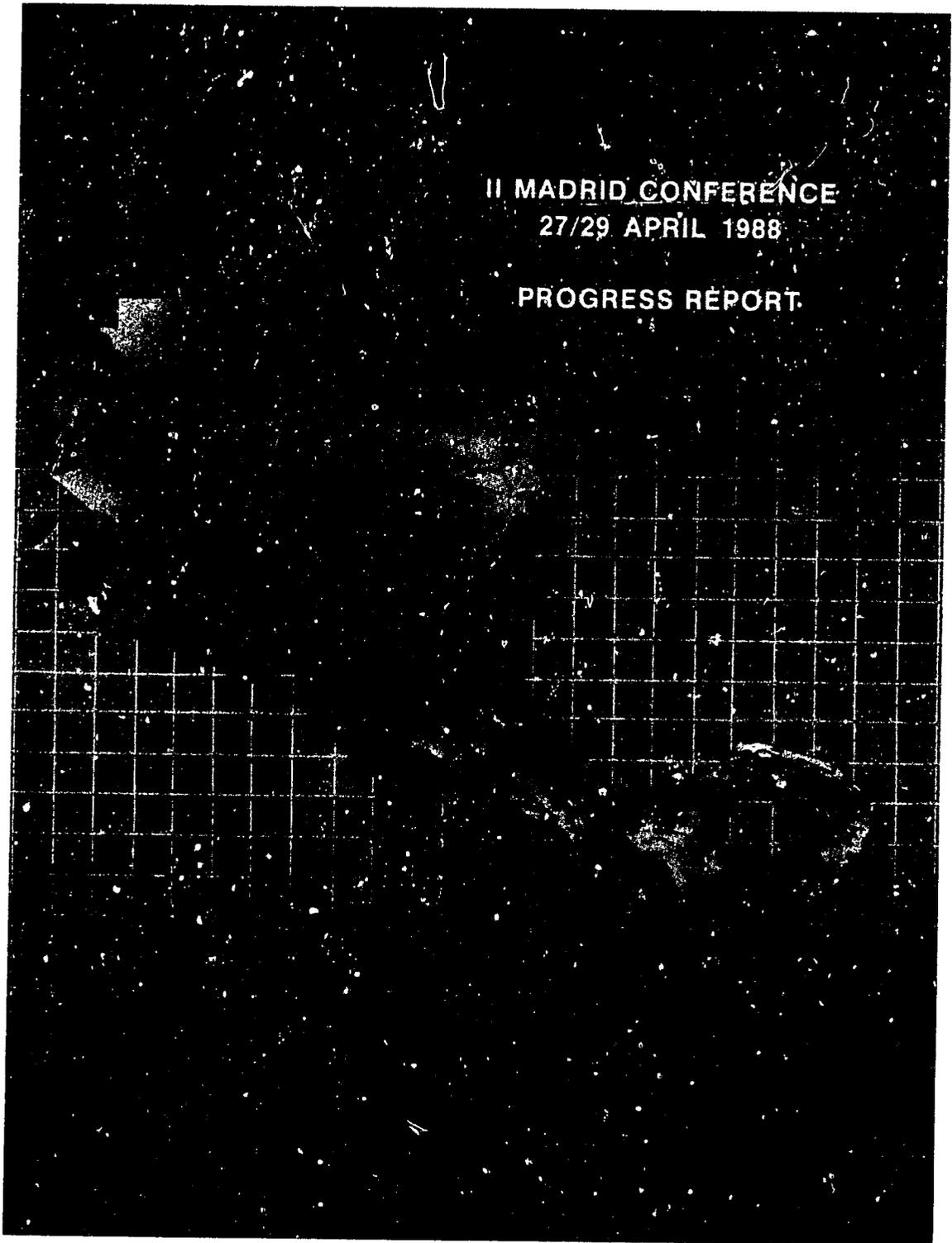


HEALTH: A BRIDGE FOR PEACE



II MADRID CONFERENCE

27/29 APRIL 1988

PROGRESS REPORT

PRIORITY HEALTH NEEDS IN CENTRAL AMERICA AND PANAMA (PPS/CAP)

**PRIORITY HEALTH NEEDS
IN CENTRAL AMERICA
AND PANAMA**

PROGRESS REPORT

HEALTH

**A bridge for peace,
solidarity and understanding
among the peoples of Central
America and Panama**

April 1988

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FOREWORD

In August 1987, the Presidents of five Central American nations signed the Esquipulas Peace Accord in Guatemala, which represents their commitment to take the necessary steps towards achieving peace in the region.

The Presidents dedicated the agreement to the youth of the region who comprise 60% of the population. They truly are the future of Central America, as the Esquipulas Accord reads, "whose legitimate aspirations for peace, social justice, freedom and reconciliation have been frustrated for many generations". Equal access to food, water and sanitation, clothing, shelter, education and health services is their inherent right. That right must be accorded in order for 27 million Central Americans to survive, to develop, and to build peace and democracy.

This historic accord is a breakthrough for peace. It gives renewed hope for the rebirth of social and economic development and the creation of solid and permanent foundations for social justice and democracy. Twenty days later, following the signature of the Esquipulas II Peace Accord by the Presidents of Central America, the Ministers of Health, became the first group of national authorities to endorse this decision with a formal joint declaration. The Central American Health Declaration signed by them on August 27, 1987, represented their commitment to work together and cooperate for peace in the region.

Health professionals all too often are witness to human suffering caused by violence, disease, by inequities, by man's misuse of resources and by the ravages of natural disasters. Therefore, those who have dedicated their lives to promote health must show a special readiness to contribute to the healing of societies and to a development process that seeks an end to poverty.

The Pan American Health Organization was built on the belief that health transcends political divisions and can be a key factor in fostering solidarity and peace between people and nations. We have been honored to respond to the request of the Central American countries to help design, launch and implement the Plan "Priority Health Needs for Central America and Panama" (PPSCAP). Since its inception, this "Health as a bridge for peace" initiative has provided a forum for dialogue, cooperation and understanding in the subregion. It was supported politically by the Contadora countries and the Contadora Support Group, and technically and financially by regional and international development agencies as well as by the international community. The First Madrid Conference signaled the readiness of other nations and a wide range of institutions to support health development in Central America. During the four years that this regional health initiative has been in operation, the Ministers of Health, in their annual meetings, invited the participation of the Directors of Social Security, creating a high level advisory entity linking the critical institutions of the health sector. This body has organized the review of the Central American Health Initiative and its projects. That evaluation served as the basic mechanism to help prepare for this mid-term review conference.

It is with this history in mind, as well as our concern for the future that the PAHO/WHO has been honored to join with the Government of Spain in organizing the Second Madrid Conference "Health: a Bridge for Peace in Central America". It will be another opportunity for the international community to interact with regional health authorities, to coordinate efforts and share concerns, to transform health projects into improved health conditions and to contribute to a durable and permanent peace. As President Oscar Arias of Costa Rica, recipient of the 1987 Nobel Peace Prize, said recently: "WE MUST GIVE PEACE A CHANCE." By working together to achieve the social objective of "Health for all by the year 2000" also in Central America, we can promote justice and contribute to peace.

Carllyle Guerra de Macedo
Director
Pan American Health Organization
Regional Office of the World Health
Organization

HEALTH DECLARATION OF CENTRAL AMERICA AND PANAMA

HEALTH: A BRIDGE FOR PEACE*

On 7 August 1987, the Presidents of Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua, in their political resolve to respond to the yearnings for Peace and Progress of our peoples, signed in Guatemala City an agreement to establish a firm and lasting peace in Central America.

We, the Ministers of Health and Directors of the Social Security Institutions of Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama, gathered here in Managua, Nicaragua, on 27 August 1987, on the occasion of the III RESSCAP (Meeting of the Health Sector of Central America and Panama), do express the great hope we place in the decision of our Presidents, and reaffirm our complete resolve that the programs and actions of the Health Sector facilitate the attainment and maintenance of the firm and lasting peace needed for the development and health of our peoples.

We reaffirm the spirit of solidarity and cooperation that has guided health activities in Central America and that, despite the existing situation, we have been able to strengthen in recent years.

We express once again our firm support for the Agreement of the Ministers of Health, signed in San José, Costa Rica on 16 March 1984 under the auspices of the Contadora Group and with the support of the Pan American Health Organization/World Health Organization, which launched the Plan for Priority Health Needs in Central America and Panama (PPS/CAP).

* Translation from Spanish version signed by the Central American representatives.

We convey our gratitude to the Governments and agencies that have provided resources and cooperation for priority projects in our countries since the Conference "Contadora/Health for Peace in Central America and Panama," held in Madrid, Spain, in November 1985, thus showing solidarity and support for our needs and understanding of the importance of Health as a Source of and Bridge for Peace.

We ask the authorities in each country that in the coming years they assume the responsibilities of the health institutions, and that they work, as we have, to maintain continuity of care provided in Priority Health Programs and continue strengthening the cooperation that has developed among our countries and institutions.

We declare our conviction that, to attain the best possible conditions of health and welfare for our peoples in the most expeditious and orderly way, coordination is essential, not only within the health sector, but between all health-related areas under the responsibility of other sectors that plan and organize social and economic development in our countries.

We proclaim respect for life and dignity for all men, and we reject with all our hearts everything that strikes at the family, prevents the social and economic development of our countries, and subjects our peoples to great suffering.

We affirm our resolve to provide priority care to groups hitherto disadvantaged with respect to access to health services and to those at greatest risk: children, women, workers in the countryside and marginal areas, refugees, displaced persons, and all who are socially and economically depressed.

We invite other regions of the world that are beset by conflicts and unrest to make use of the consensus on the value of health as a means for promoting understanding and solidarity. Our experience in Central America has shown that this can be done and that there exists not only a resolve to cooperate in health, but also a strong desire to contribute to the attainment of peace.

We uphold our decision to continue our yearly meetings, which serve as a means for evaluating our health policies and strategies, and to apply in each country the decisions we have participated in adopting.

We assert that in order to attain the goal of Health for All by the Year 2000, we must strengthen cooperation among our countries and coordinate these activities with efforts at the institutional and community levels within our countries and with the support provided by the international community.

In memory of the Central American leaders and in honor of the earnest desire for peace on the part of our peoples and Governments and efforts of the Latin American and World Communities, we ratify our purpose and commitment to contribute to the attainment of Peace and Social Justice in the region.

Accordingly, with the knowledge of our Peoples and Governments and in the presence of distinguished witnesses of honor, we sign this declaration of health of Central America and Panama in the city of Managua, Nicaragua, on the twenty-seventh day of August, nineteen hundred eighty-seven.

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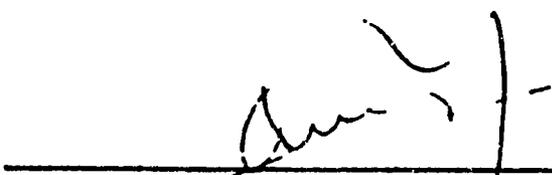
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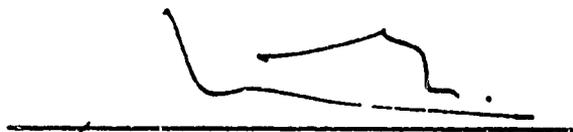
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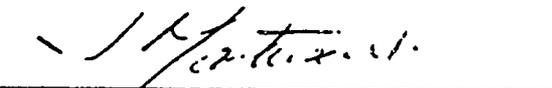
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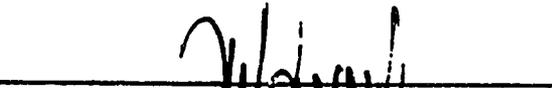
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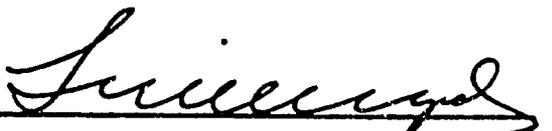
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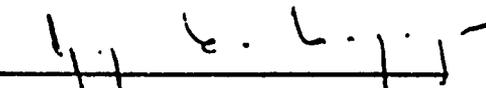
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GENERAL OVERVIEW



I. GENERAL OVERVIEW

Introduction:

The purpose of this document is to give an overview of the Central American situation since the First Madrid Conference in 1985 and to review the progress achieved, the problems encountered and the future actions required in implementing the Plan, "Priority Health Needs for Central America and Panama" (PPSCAP).

Social and Political Aspects:

The violence of war, repression and political conflict has engulfed Central America for the entire decade, including the years since November 1985. Since 1980, more than 100,000 deaths and several hundred thousand casualties have occurred, and more than two million persons have fled their homes. Of these, perhaps 500,000 have crossed into the territories of their Central American neighbors, dependent on international help in recognized camps or, more often, adding their numbers to the marginal populations which comprise a majority of the subregion's 27 million population. The remainder of these displaced persons have stayed in their own countries, drifting toward the urban fringes. A small percentage have located in government or church-sponsored displaced persons camps, but the majority without legal status or protection, settled in shanty-towns where malnutrition is prevalent, living conditions abysmal, sanitation poor and health services virtually non-existent.

Three rays of hope have pierced this tragic and gloomy panorama during the past two and a half years. First, the combined efforts of the Contadora countries and the Contadora Support Group generated successive discussions, debates and dialogues around the central theme that a negotiated political solution was essential. While not fully successful in bringing an end to the conflicts, this concentrated Latin American initiative created a framework for examining the conflicts, generated intense awareness of the underlying social and economic causes of conflict and the overriding need for an end to the political violence.

Second, the Esquipulas I meeting called by President Vinicio Cerezo in Guatemala in 1986 brought the Central American Presidents to the center stage in a summit meeting that sounded a new call for peace.

Third, the continued initiative by the Central Americans themselves saw the announcement of a new peace proposal by President Oscar Arias in February 1987 and its development, amendment and historic signing at the Esquipulas II meeting in Guatemala on August 7, 1987.

Esquipulas II and the adoption of the Arias Plan in the "Procedure for Establishing a Firm and Lasting Peace in Central America" cast a brilliant beam of optimism into the subregion.

The responses were immediate. From the international community came declarations of support and promises of assistance. The United Nations General Assembly commended the Esquipulas Agreement "convinced that the peoples of this region wanted to achieve peace, reconciliation, development and justice..." The General Assembly directed the Secretary General to pursue the development of a Special Plan of Cooperation for Central America. PPSCAP projects have been incorporated into the plan as well.

The Council of Europe and the European Economic Community have expressed similar support. The most recent San Jose IV meeting in Hamburg of the EEC and the Central American nations demonstrated a firm determination to accelerate economic development actions and help consolidate the peace process.

The Organization of American States has similarly urged international assistance to permit the Central American nations to pursue "a balanced and integrated development process so as to achieve a more egalitarian society free of misery." In that context, it has launched jointly with the Inter-American Development Bank and the Pan American Health Organization the Program of Social Investment for the Development of the Central American Isthmus (PISDIC), which incorporates the developments of PPSCAP in the field of health.

The most immediate and direct response to the words of the Guatemala Accord was from the people of Central America. The Accord stated, "The Central American Governments undertake to provide urgent relief to the flows of refugees or displaced persons that the regional crisis has caused, by furnishing protection and assistance particularly with health, education, employment and security problems, and to facilitate their repatriation, resettlement or relocation, provided that it is voluntary and is requested individually."

And the refugees and displaced persons, initially in small numbers, began to return. Some 8800 Salvadoran, Nicaraguan and Guatemalan refugees sought assistance UNHCR to be repatriated. Others informally began to move back across the borders, still cautiously and in small numbers. But it was evident that in the future, there will be major population movements back to their own communities, even recognizing the strong attraction of urban areas.

The new dynamics set in motion by the Guatemala Accord, despite the enormous hope they represent, are developing amid a difficult reality. The Accords are far from full implementation, and the violence persists in several countries. In addition, the underlying causes of the crisis, the social and economic inequities, have not been removed and the pursuit of peace and development is occurring in the context of the worst economic crisis to grip the region since the depression.

Economic Situation:

Although the seven countries of the region began the decade of the 80's with two-thirds of the population enduring poverty, there had been some hope that the economic growth of the previous two decades could be channeled to close the gap of misery which divided several of these nations. Those hopes were shattered by the global recession, ballooning foreign debts and internal economic disruption which have characterized this decade.

The Economic Commission for Latin America and the Caribbean (ECLAC) has reported that the external debt in 1986 for Central America surpassed \$18 billion, some \$764 per person, equalling 88 per cent of the gross domestic product of those countries. Per capita income declined to levels of the early 1970's in these countries while consumer prices rose. The trade imbalance grew along with fiscal deficits, all exacerbated by previously unmatched levels of capital flight. Foreign exchange difficulties increased production costs and although resources for military expenditures rose, investment in the economic and social sectors stagnated. Unemployment figures in all of the countries, except Costa Rica, are among the highest in at least a decade.

In 1987, the per capital product fell once more in Central America, marking the eighth consecutive year in which economic growth has failed to match population growth. Since 1980, the per capita product has dropped by 20% in Guatemala, 17% in Nicaragua, and more than 13% in El Salvador and Honduras. Intra-regional commerce declined again, exacerbating the effects of an overall worsening of the terms of trade for Central American products, as coffee prices plummeted.

These conditions were exacerbated by national disasters which affected all of the countries. The earthquake in El Salvador in 1986 destroyed or damaged severely the majority of the hospitals, health centers, government buildings, and schools in metropolitan San Salvador along with thousands of homes and businesses. Almost all countries in the Isthmus suffered a drought which has required increasing imports of basic grains when foreign exchange is extremely limited. The drought has meant that emergency imports of food are needed now and will be needed even more as returning populations place greater demands on the food supply and distribution system.

It is in the context of both the social crisis and the continuing economic crisis that one has to examine recent health conditions in the subregion.

Health Conditions and Health Financing:

Historically, the health conditions of the Central American people have reflected the social stratification prevalent in the region and the enormous obstacles to the satisfaction of the most basic needs faced by the vast majority of the population.

Almost 50% of the people have no permanent access to health services. Approximately half lack access to safe drinking water. Infant, pre-school and maternal mortality all still register high rates in the majority of the countries. In recent years, the incidence of malaria and dengue fever has been on the increase. Diarrhoeal diseases and acute respiratory infections persist as the principal causes of illness and death among children under five years of age. Malnutrition affects two thirds of the children and contributes to the high infant and child mortality rates. Access to basic sanitation also shows great deficiencies. The panorama of health conditions in the Isthmus is reflected in the dramatic facts in which of the 850,000 Central American children who are born each year, more than 100,000 are underweight at birth and 100,000 die before they reach their fifth year of life.

The trends in health conditions in Central America during the decade of the 1980's reveal stagnation and, in some cases, deterioration. Although there is a long-term tendency toward declining rates of infant mortality, recent data show that in four of the seven countries more than 50 infants die for every 1000 live births and in several countries the national average reaches to close to 80. In the rural areas of those countries, the rates are even more disturbing. Also, in recent years, in four of the seven countries of the isthmus more than 5 mothers died at birth for every 10,000 live births. Births in institutional settings occur in barely 40 per cent of the cases and although immunization coverage is on the increase for polio, it remains below 70 per cent in three of the countries and the coverage rates for the other vaccines is even lower. Similarly, the Central American Isthmus suffered 120,000 new cases of malaria in 1986 which demonstrates the persistence of that disease despite the efforts made to control it. In several countries of the Region less than 75% of the population has access to potable water and less than 60% has access to sewage disposal services.

As mentioned before, more than 50 percent of the population of Central America have no regular access to health services. This is due to limitations in funding, in geographic distribution of facilities, in personnel, and in the right to use some services such as those of the social security institutions. Serious administrative deficiencies are hindering efforts to achieve a better distribution of existing resources. Deficiencies are most severe in medical attention for the rural population, for recent immigrants to the cities, and for refugees and displaced persons.

The development of health services during this period has been uneven. In general, Nicaragua and Honduras were able to expand the coverage of health services significantly from low levels in the 1970's, although the economic crisis and war have caused sharp retrogressions particularly in Nicaragua. Costa Rica and Panama have been struggling to maintain high levels of coverage of services reached during the 1970s, in the face of limited resources and severe constraints on public expenditure. Guatemala and El Salvador continue to show large sectors of the population with low coverage of health services. The military conflicts, civil strife, and recent earthquakes have destroyed important health infrastructure, while resources for the health sector have declined relative to the sharp rise in the demand for services.

The economic and social crises have led to serious reductions in real health spending in the region. Ministries of Health and Social Security institutions are the principal health providers for the people of Central America. Therefore the budgets of these institutions are the most important reflection of resources available for health care. When this data is expressed as a percent of the gross domestic product it must be interpreted in light of the significant declines in the GDP in Central America. Average health spending is approximately 3% of the gross national product. Although these represent levels of health spending significantly below those of more developed countries, the overall trend seems to indicate a disposition to increase the financial commitment of governments to providing health services to the population in most countries; but this commitment has been severely strained in the face of the economic crisis in all countries.

DEVELOPMENT OF THE HEALTH INITIATIVE



II. DEVELOPMENT OF THE HEALTH INITIATIVE

Origins:

In 1983, PAHO and the Central American countries had affirmed the special value of health despite the political conflicts in the region and agreed to a five year joint venture. This initiative was, in part, a product of the spirit of Contadora, as they emphasized that social and economic injustices were significant causes of the political conflicts buffeting the subregion.

In March 1984, at San Jose, Costa Rica, the ministers of health reached three key decisions. First, the initiative would concentrate on the vulnerable social groups, specifically, mothers and children under five, refugees and displaced persons, and the urban and rural poor. Second, there would be seven priority areas of action: strengthening health services, developing human resources, essential drugs, food and nutrition, control of tropical diseases, child survival and water and sanitation. Third, they decided that the body of the plan would consist of subregional projects in each of those priority areas where common solutions were called for and which complemented the national projects.

Those decisions and the "Health as a Bridge for Peace" initiative were endorsed by the Contadora and Central American Foreign Ministers and then by the World Health Assembly.

For a year, multidisciplinary working groups involving more than 300 Central American professionals, along with PAHO and with UNICEF, in the area of child survival, developed the profiles and projects. Those projects were endorsed by the Central American Ministers of Finance and Planning then presented by the Ministers of Health to the international community at the First Madrid Conference "Contadora/Health for Peace in Central America and Panama" hosted by the Government of Spain in November 1985.

At Madrid, Spain joined with 14 other European countries, Canada, the United States of America, Japan, the Holy See and numerous multilateral agencies along with the Central American, Contadora and Contadora Support Group in endorsing the initiative and offering firm commitments of political, material, technical and financial support.

It was there that President Felipe Gonzalez Marquez, in his opening address, described the key challenge facing the Conference: "We have a fervent wish and firm obligation to ensure that this conference initiate a process which permits the realization of these projects. That can be the specific contribution to peace in Central America from the developed countries, with the object of guaranteeing that 25 million Central Americans can exchange uncertainty for hope..."

In the Madrid Declaration which concluded Conference, that the countries expressed "Their interest in continuing the dialogue already initiated and in requesting PAHO/WHO to organize a second conference within two years to examine the progress made in the plan, and, in the interim, to keep all countries involved informed of its development."

Progress Achieved:

The Central American health initiative truly tested the thesis that health could serve as a bridge to understanding, cooperation, solidarity, justice and peace, within a reality marked by ideological differences and conflict.

The record since the First Madrid Conference is unequivocal and positive. Throughout the past two and a half years, the intrinsic value of health was sufficient to permit not only collaboration but collegiality among Central American health workers. The health sector also was able to demonstrate the potential for Central American cooperation and to remind all sectors of the fundamental and historical solidarity among the Central American nations. PAHO's attendance at both the Esquipulas I and Esquipulas II meetings indicates the value placed by the region's leaders to the "Health as a Bridge for Peace" initiative.

--The willingness and commitment of the health officials of each individual country, and the region as a whole, to analyze and evaluate the health conditions has resulted in a common awareness, vision, self confidence and sense of responsibility to make the necessary efforts to solve these health problems.

--The spirit of Central American integration was enhanced as the Ministers of Health of all seven countries joined with the Central American Directors of Social Security to formalize their relationship in a new body designated as the "Meeting of the Health Sector of Central America and Panama" (RESSCAP).

--The health sector strengthened its links to others sectors as the PPSCAP initiative was endorsed by the planning and finance ministries, partly because it provided a coherent definition of national health priorities and national solutions and generated significant external resources to help implement those solutions.

--Belize as nation that is part of the Isthmus and shares common problems, was included as a full-fledged participant in the Central American initiative.

--Despite the strains on international dialogue stemming from the political conflict, the health sectors not only collaborated but initiated new cooperative actions. Nicaragua and Honduras, Costa Rica and Nicaragua, Guatemala, Belize and Mexico, as well as Honduras, Mexico and El Salvador all have signed specific bilateral and tripartite agreements. Medicines and vaccines, scarce in one country, were exchanged when epidemics occurred or special immunization efforts were required.

--Within each country, the capability of health institutions to design, execute and manage externally-funded projects was enhanced significantly as the PPSCAP projects were put into execution.

--A host of national and international professionals have come together to plan, design and help carry out several of those projects.

--There was an early and clear demonstration of the benefits of subregional integration through the creation of a revolving fund for essential drugs which initially permitted 16 drugs to be purchased at a third of the cost countries previously had paid.

--The initiative served as a vehicle to enable rapid response to the health needs of El Salvador in the aftermath of the devastating earthquake of 1986. A reconstruction plan for the metropolitan area was prepared to coordinate efforts to rebuild a more decentralized, more accessible and more comprehensive health service delivery system for the people of San Salvador.

--In 1986 and 1987, in conjunction with UNICEF, ceasefire were organized in El Salvador on three different days each year to permit nationwide immunization campaigns to be carried out with more than 200,000 infants inoculated each year.

An important consequence of the initiative since the First Madrid Conference has been the fostering of technical cooperation (TCC) among the Central American nations.

--Mexico, Belize and Guatemala signed agreements to conduct studies on the border health problems affecting their countries. Common information systems have been established and combined disease control and surveillance activities are underway.

--Honduras and Nicaragua signed on 3 April 1987 an agreement to undertake joint studies and exchange epidemiological information on the prevalence, trends and magnitude of malaria, dengue, Chagas' disease and leishmaniasis in the contiguous health regions along the Honduran/Nicaraguan border. Those results would form the basis for a joint plan of action to control those diseases in the border areas.

--Nicaragua and Costa Rica also have signed on agreement for training and technical cooperation as well as border malaria surveillance.

Perhaps one of the areas of greatest success in the implementation of the Plan has been the mobilization of new resources in support of the various projects.

--More than \$102 million has been raised during these first few years to finance 18 of the 30 subregional projects.

--More than \$255 million has been pledged, committed or actually expended to finance more than 90 national projects.

--National resources have been mobilized as a counterpart to those external funds as well as to finance the major share of other projects.

--More than 25 donor agencies and organization have provided financial and technical support for those projects. They include the European Economic Community, the Governments of Holland, Italy, the United States, Sweden, France, Spain, Switzerland, Norway, Germany, Finland, Belgium, and Japan, along with PAHO/WHO, UNICEF, the Inter-American Development Bank, World Bank, OAS, UNFPA and UNDP. In addition, many of these and other agencies, non-governmental organizations and countries have increased their own support for health activities, even though not directly funding PPSCAP projects.

Structure of the Plan:

The Plan was initially comprised of 267 national projects and 40 subregional projects. Prior to the First Madrid Conference, there was an agreement reached to establish a rank order of those projects which resulted in the 30 subregional and 123 national high priority projects receiving an endorsement.

The projects have a duration of up to five years and are in different stages of execution, some in their third year of execution, others at much earlier stages. The Central American countries, in addition to assuring the availability of the needed counterpart funds, also have initiated several projects with their own national funds.

Annual programming meetings are held during which national authorities in the priority area under discussion review the project's objectives, its past record, and complementary actions required to insure its coherent development.

The RESSCAP meetings have become the mechanism through which country members, together with PAHO, examine the development of the various priority areas. In August 1986, they agreed to take a leading role in the evaluation of the initiative, dividing the responsibility for the priority area.

Strengthening of Health Services--Costa Rica

Human Resources Development--Guatemala

Essential Drugs--Honduras

Food and Nutrition---El Salvador

Tropical Diseases--Nicaragua

Child Survival--Panama

Water and Situation--Belize

Each country has coordinated an evaluation of the effectiveness of the projects within the assigned priority health area throughout the subregion. Based on those evaluations and the changing health conditions as well as the implications of the Esquipulas Accords, the countries together with PAHO, have reviewed the projects and identified the five highest priority national projects along with the five highest priority subregional projects. These, together with the other unfinanced and still valid projects previously presented, represent the current health resource needs of the Central American countries.

Priority Health Areas

In the area of Strengthening of Health Services, the projects were designed to strengthen the institutions of the sector through greater coordination and extension of services, training, and technological exchange, particularly with regard to maintenance and repair of the physical infrastructure . The projects also covered the production, acquisition, and distribution of critical supplies, formulation, execution and evaluation of health service delivery projects, and enhancement of the overall capacity to manage those health service delivery systems.

Of the 55 national projects in this area, some 23 are being partially financed with external funds, covering from 10 to 80% of the total project costs. In addition, six other projects are in execution. By July 1987 approximately \$38 million, have been approved (all estimates include the total of a multi-year agreement when they exist). The projects have concentrated on improving management capacities, remodeling of physical infrastructure , and planning for improved systems of plant and equipment maintenance. International support has been forthcoming from Holland, Belgium, West Germany, USAID, Italy, the Inter-American Development Bank, France, CARE/Canada, and the OAS.

Two of the five subregional projects have received significant external funding, totalling \$11.8 million. The first project (RE-HS-02) is designed to improve the maintenance of physical plants and equipment in the countries. It is supported by the Government of the Netherlands, with supplementary components financed by France. On 3-5 June 1987 representatives of the Maintenance Units of the Ministries of Health and Social Security Institutions of Central America and Panama met and approved the first year work plan activities including establishing preventive maintenance systems, repair centers, logistics support, and information exchange.

The Subregional Project on Development of Managerial Capacity, RE-HS-05, is supported by UNDP and provides for improving the managerial capacity of those responsible for the delivery of health services at the national and

local levels. In March 1987, activities were initiated under the project to improve financial budgetary control of the sector's available resources, promote intrasectoral coordination, and decentralize services.

The evaluation has demonstrated that subregional projects have contributed to strengthening management staff, training technicians in the operation and maintenance of health facilities and equipment, promoting exchange of technology, developing new models for outpatient care and for the process of decentralization.

Advances also were achieved in coordination between Ministries of Health and Social Security institutes with the collaboration of PAHO and with technical cooperation between the countries themselves.

PPSCAP has contributed to the definition of clear goals and objectives and the broadening of coverage. The development of the plan has encouraged the identification of the groups at risk and of their health status. It also served in El Salvador as a mechanism for responding to the earthquake of 1986 where more than 1,500 persons died, 10,000 were injured and more than a hundred thousand left homeless. The health sector suffered extensive damage including the loss of numerous health centers and the collapse or structural harm to almost 80% of the hospitals in the metropolitan area. Restructuring those health services became the first priority of the country component in the initiative.

Significant responses from the international community were received immediately and the overall reconstruction plan has served to guide external support. Holland, Italy, the EEC, France, Belgium, the U.S. and others are engaged in helping to provide the external support for the realization of that reconstruction plan.

Overall, the evaluation showed progress toward the objectives initially agreed upon by the Central American countries, including the extension of health services to those without access, upgrading the health systems'

operating capacity, and strengthening its physical infrastructure. In spite of these achievements additional efforts are still necessary to reduce the lack of access to the health services of vast sectors of the population of the region.

In the area of Human Resources the existence of an adequate number of qualified health workers is recognized by the Ministers of Health of Central America as a fundamental requirement for the extension of coverage and improvement of the quality health services.

The continuing efforts to apply the primary health care strategy and respond to the subregion's major health problems have underlined the need for effective national systems of manpower planning. Recent studies have underscored the scarcity of health personnel in certain areas and the overproduction and underutilization in others.

In two countries, Honduras and Guatemala, national studies on health resource needs were conducted. In Guatemala, Honduras and Nicaragua major efforts were undertaken to reshape and institute continuing education.

For the purpose of strengthening the human resources in health, five subregional projects were designed. Spain has committed \$10 million to support this area with additional contributions from UNDP, PAHO/WHO and USAID. At the national level, an estimated \$2.3 million in funding has been approved for specific national projects.

A principal activity last year was supporting the different modalities adopted by the countries for public health training, which range from short in-service courses to the organization of schools of public health and of master's degree programs in specific fields.

PAHO's Program for Health Training for Central America and Panama (PASCAP) has provided support for the training component of the Central American projects for child survival, malaria, essential drugs, food and nutrition and management.

On 5 May 1987, the Director of the Pan American Health Organization and the Minister of Health and Consumer Affairs of Spain signed in Geneva a "Plan of Joint Actions for 1987 in the Area of Human Resources in Central America and Panama." As a consequence of the signing of this Plan, subregional courses were organized in Costa Rica, Nicaragua, Guatemala and Spain in the framework of the project RE-HR-01.

In the area of Essential Drugs, all five regional projects composing this area are being implemented as a result of significant international financial and technical resource contributions. Those projects are directed at strengthening the supply and quality control systems for essential drugs, setting up a revolving fund for the joint purchase of essential drugs, promoting the national production of medicines and supporting the formulation of standard national drug policies throughout Central America.

International support has come from Holland, the United States, Sweden, Norway, France and Finland for a total of \$18 million, with the funds available in some cases over a full five-year period.

The first round of joint purchase of drugs (FORMED), project RE-ED-05, was carried out at the end of 1986 with funding from the Government of the Netherlands to establish the revolving fund. Prices for the 16 essential drugs purchased through this mechanism were one-third of the average price previously paid by the countries of Central America. A second round of purchases now including 25 products and raw materials also has been conducted. Resources from the Government of Sweden have provided technical support and also have improved storage capacity, warehousing, and distribution, with stress on reaching the local health units. One of the critical areas still to be addressed involves the absence of effective national laws defining overall drug policies. The lack of appropriate legislation and in-country operational mechanisms have restricted full development of the activities.

The combined projects involving the Drug Supply Systems and Drug Quality (RE-ED-02, RE-ED-03), currently in their third year of execution, have emphasized training and institution building. They have touched all aspects of the supply system (selection, storage, distribution, use, quality, etc.), focusing on rational use to contain costs and to improve the quality of pharmacotherapies. USAID, PAHO and the Government of Sweden have provided support for those activities.

The objective of project (RE-ED-01), "Development of Essential Drug Policies," was agreed on by the Member Governments and incorporated in a project document that was submitted to and approved by the Government of France. This project funded a region-wide study on the obstacles to access of essential drugs and financed activities to harmonize national drug formularies and to develop consensus on the character of needed national drug policy legislation. The project also has developed a model for enhancing the knowledge of everyone involved in prescribing, dispensing, selling and consuming essential drugs. The education program is directed both at health professionals and the community. Among the activities being carried out are programs for education and promotion of community participation in the rational use of drugs.

The Work Plan for the first year of the project RE-ED-04, "Improvement and Development of National Production of Essential Drugs," has been developed and has received the support of the Government of Norway. The objective is to increase the participation and promote the development of local and regional industries in the production of essential drugs. This will diminish dependency on foreign markets and save foreign exchange to import finished drugs that cannot be produced in the subregion, thereby promoting the utilization and adaptation of technology and creating new sources of work.

National projects in the area of essential drugs have received some \$3.7 million in support and permitted additional actions to complement the subregional projects to be carried out in Guatemala, Panama and El Salvador.

In the area of Food and Nutrition, there continues to be significant deterioration in the nutrition conditions of vast numbers of children under five years of age throughout the Isthmus. The combination of the continuing conflicts, the drought and the economic crisis have produced this situation. For that reason, the series of activities programmed in subregional and national projects are of continuing importance.

The approaches agreed to by the countries are reflected in both subregional and national projects and focus on establishing an effective systems of food and nutrition surveillance, training health workers with a nutrition expertise, increasing food availability and food quality, promoting food and nutrition education, achieving the appropriate fortification of food, and strengthening the food and nutrition component in the child survival area.

At the subregional level, four of the seven projects that were defined initially are being implemented. External resources totalling \$19.4 million are committed to those projects over a variable time frame during these five years.

With respect to project RE-FN-02, "Training of Human Resources," identifying the needs for training of human resources in food and nutrition in the countries of the subregion has been finalized with the support of the Government of Switzerland. National commissions for inter-country and subregional programming of the project have been established. Full project implementation is to begin shortly.

Project RE-FN-04, "Food and Nutrition Education", is being developed with the support of the Government of France and is in its second year of execution. The objective of this project is to ensure more effective use of national and international cooperation to promote nutrition education and to advise various population groups on proper diet and food hygiene. It is also directed toward promoting nutritious food production and better use of available foods. Finally, it has succeeded in merging health, education and agricultural training programs to promote nutrition education.

Project RE-FN-05, "Technical Support for Programs for Feeding Groups", is in its second year of execution with the support of USAID, PAHO and the Government of Sweden. This project is directed toward defining and establishing national strategies to make food distribution programs more effective, to insure they reach the target population, to expand community participation in their management and to encourage and demonstrate how locally produced nutritious foods can be incorporated in the programs, thereby supporting greater agricultural production among the rural poor themselves.

Project RE-FN-07, "Food and Nutrition in Child Survival," is in its third year of execution with the support of USAID and the Government of Sweden. The fundamental objective of this project is the strengthening of national and regional capacities to develop strategies for the prevention and control of maternal and child malnutrition and diarrhoeal disease. Actions in promoting oral rehydration therapy, growth monitoring, proper nutrition and health education are underway.

In area five, Tropical Diseases, the continuing high levels of malaria and dengue fever represent a major challenge to the health systems of all countries. In 1986, some 120,000 cases of malaria were laboratory-demonstrated indicating that the actual totals are far higher. Outbreaks of dengue fever in several of the countries also showed the continued threat from the Aedes aegypti mosquito.

The two subregional projects in this action area have received external funding totalling \$4.7 million. However, funding for the malaria control project only covers the feasibility study phase. The second project RE-TD-01 Training, Research and Institutional Strengthening in Malaria Programs, has had significant resources made available and activities undertaken over the past several years. It is the subregional technical cooperation project to strengthen the managerial and technical capability of malaria control programs.

USAID, PAHO and the Government of Finland have supported this project which includes training, institutional strengthening, and research, that is currently in its third year of execution. The directors of the malaria

services of the seven countries met in March 1987 to exchange experiences on incorporating malaria prevention and control activities into the national health system. Within the framework of the project are activities directed toward the strengthening of those malaria programs and the establishment and institutionalization of a subregional training and operations research program on vector-borne diseases.

The project has trained some 900 persons in areas such as medical entomology, vector control, educational technology, stratification, methodology for development of research, serology, management of insecticides and spraying equipment, production of teaching materials, epidemiology and surveillance, and community management and participation.

With respect to the subregional project RE-TD-01 involving major new investment in physical infrastructure for the malaria control programs in Central America, the initial feasibility stage has been financed recently by the Inter-American Development Bank. The IDB approved the request from four countries of the subregion (Guatemala, El Salvador, Honduras, and Nicaragua) for the preparation of those feasibility studies.

At the national level, there already were several projects financed in Guatemala, Honduras, and El Salvador, involving the extension of malaria control activities.

In 1987, with the support of \$3.5 million of the EEC, \$350 thousand from the Mérieux Foundation/Bioforce and other funding from the Order of Malta, an urban rabies eradication program began.

In the area of Child Survival, the overall conditions continue to demand the most urgent attention. National average infant mortality rates range from the low of 18 in Costa Rica to a high of nearly 80 in several countries. The unacceptably high rates still prevalent in several countries are significantly worse in the marginal urban and rural communities.

The EEC and the Government of Italy combined their efforts to commit \$30 million to this area. UNICEF has managed the project with the participation of PAHO, the donor agencies and the countries themselves. INCAP also has been involved in this effort. PAHO has worked together with UNICEF and the countries in reviewing the plans of action and the design of national and subregional components. The principal activities of the subregional component are directed toward the strengthening of administrative capacity, development of evaluation and monitoring systems, human resource development, health education, and research.

Basic national activities financed under the project include, among others, acute respiratory disease control, monitoring of growth and development, promotion of breast-feeding, control of diarrhea, strengthening of programs for immunization, strengthening of prenatal and delivery care, family planning, and community participation. In addition, an Ad Hoc Technical Committee was set up with the participation of all the governments and agencies involved in the project in order to supervise subregional activities and ensure their complementarity with national activities. Still the need persists to improve the capacity for integrated programming of national maternal and child health activities. The Government of Sweden has been supporting these and other aspects of the program.

In the area of child survival, the immunization program also has received support from the UNICEF, the U.S., the Inter-American Development Bank and the International Rotary Club, as part of the PAHO-coordinated campaign to eradicate polio in the Western Hemisphere by 1990.

Finally, in the area of Water and Sanitation, there has been little progress with respect to subregional activities contained within PPSCAP projects. The Ministers of Health recently reiterated the urgent importance of reversing the low levels of water and sanitation coverage in the subregion. They also noted that the expected return of refugees and displaced persons will mean even larger numbers of families without access to either safe drinking water or adequate sanitation facilities.

Within the context, they also noted the importance of obtaining support for the five subregional projects presented in 1985 and a series of national urban and rural water projects. The subregional projects include: Strengthening of the Management of Solid Wastes, Preparations for Disasters in Water and Sanitation Systems, Development of Information and Human Resources Systems, Research on Water Supply, and a Production of Chemical Inputs required in order to obtain adequate drinking water quality.

Eighty five national projects comprise the priority needs of the countries. Currently, at the national level, more than ten projects are being carried out in all of the countries. Among the donor countries and agencies are: IDB, GTZ, World Bank, Japan, Italy and UNDP. More than \$150 million in financing for those projects has been committed.

Charts indicating number of national and subregional projects by priority area, estimated costs and resources approved are included in annex, as well as the estimated cost for high priority projects presented as the II Madrid Conference.

PERSPECTIVES



III. PERSPECTIVES

In the preamble to the Esquipulas II Agreement, the five Presidents directed a clarion call to the international community:

"We ask the international community to respect and assist our efforts. We have our own approaches to peace and development; but we need help in making them a reality. We ask for an international response which will guarantee development so that the peace we are seeking can be a lasting one. We reiterate firmly that peace and development are inseparable."

That declaration also signalled a new era beginning to dawn in Central America, one in which the Central American nations may construct more equitable and prosperous societies without the burden of violence and war. A new era in which the international community responds to the needs defined by the Central American family of nations.

It was in that context that the Ministers of Health decided to identify the five health projects of greatest priority in each country and to determine jointly with PAHO the five new subregional projects of greatest urgency. These, along with the remaining subregional and national projects of PPSCAP for which external financial cooperation is needed, are being presented in the Project Profile document.

Priority Projects:

Both the subregional and national projects concentrate on the most vulnerable groups in society and on the critical health problems of those groups. These projects have been crafted in an effort to respond to the implications of the developing peace process.

The subregional projects are focussed on the following subjects:

1. Support for Cooperative activities in Health Among the Countries of the Central American Isthmus. The development of PPSCAP increased the opportunities for cooperation among the Central American countries in the health area. A series of inter-country formal health agreements have been reached. Those agreements involve on-going exchanges, joint studies of common problems, sharing of technology and expertise and even joint provision of services. The possibilities of technological development in the area and better control of the process of transfer of technology is only at the initial stages. It demands support for multicountry studies, research, development of subregional technical-scientific information networks and development of mechanisms for the production and/or joint procurement of critical supplies. However, there is a need for financial support to permit those activities to be conducted, to foster others, such agreements and provide support to the units responsible for their management. The strengthening of these units plays also a major role in the coordination of external aid for the health sector in the countries and permits to establish a better interaction between the projects supported by technical or financial cooperation agencies with the process of national health development.

2. Educational Development in Health: There is a real need to advance in improving the skills and capabilities of technical, auxiliary and community level personnel within the health systems in Central America. In that regard the project proposes to alter the existing basic and advanced training of health personnel, to emphasize and promote in-service training, to shift the academic curricula of universities toward the primary health care approach in national health policies and to make health personnel management more responsive to current health conditions and national needs.

3. Development of Managerial Capacity for the Strengthening of Local Health Systems in Central America: The Central American countries have expanded their health service coverage despite great obstacles and that system now involves nearly 60 health regions, 250 health areas and 3,500 health facilities with more than 7,000 staff. Nevertheless, a high proportion of the

region's population lacks coverage and a large number of people has no access to regular care. The project seeks to improve the management of health services and to strengthen the process of decentralization of those services which is now underway. Similarly, there is an effort to strengthen those services and the related national economic and financial planning processes.

4. Attention to Priority Groups in the Peace Process of Central America:

The more than 2 million refugees and displaced persons of Central America constitute one of the most tragic consequences of the conflict. This project is designed to assist the countries assess and meet the emergency and longer term health and other basic needs of those individuals currently living in Central America and those who will be returning. The project will assist in the extension of primary health care to the refugee/displaced populations within their temporary and permanent local communities and will facilitate their progressive integration into national health systems. Provision of services to disabled victims of the conflict is one of the most urgent needs. Others include improvement of disease control programs, addressing mental health consequences for victims, providing for water and sanitation, food and nutrition and improving the infrastructure for delivery of those services including training. The project contemplates integrated programs meeting physical, psychological, nutritional and environmental needs of those communities, within an established decentralized health service delivery system.

5. Women in Health and Development in Central America: The health problems of women in Central America are conditioned by the general situation in the subregion. Nearly 7 million women live in extreme poverty and marginal high risk situations. Of the refugees and displaced persons, women and children comprise the highest proportion, in some refugee camps reaching nearly more than 80 per cent of the population. They face discrimination in jobs, in the wages they receive for those jobs and in access to education. In the region, malnutrition, and nutritional anemia constitute serious threats to the health of women and particularly pregnant women. Complications during

pregnancy, delivery and the puerperium constitute the second and third causes of death for women between 15 to 24 and 25 to 44 years of age. As a result, this project has focussed on promotion, education and training for more active participation by women in all areas, the strengthening of intersectoral and community-based actions to respond to the priority needs of women, particularly those living in marginal and temporary conditions. In addition, the project proposes mechanisms to analyze further the situation of women and proposes specific components to strengthen the health services to permit them to focus on the most prevalent problems among women of different age groups.

The national projects put forward have similar characteristics, focussing on key groups and critical health problems. Twelve projects are aimed at providing health services to marginal population groups including displaced persons in temporary or permanent situations. One specifically provides aid to the disabled. Two concentrate on specific actions to reduce infant mortality. Five involve control of malaria and dengue. Four deal with providing water, sanitation and solid waste disposal and two propose specific separate programs to increase food availability to poor communities. Five projects focus on training and education and the remainder include specific needs such as health maintenance at the national level. They are presented in detail in the Project Profiles Document (PAHO/WHO).

The health sectors of Central America have responded to the Esquipulas II agreement with an effort to define the current needs for coping with the most urgent health problems. Their decision to emphasize regional cooperation and to give first priority to the needs of the most vulnerable groups represents a clear statement of their determination to promote the basic spirit of Esquipulas--to replace conflict with collaboration among the nations and to substitute equitable social and economic development for the inequities of the past.

The Esquipulas II Agreement reads:

"In the climate of freedom guaranteed by democracy, the Central American countries shall adopt such agreements as will help to speed up development in order to make their societies more egalitarian and free from misery. The strengthening of democracy entails creating a system of economic and social well-being and justice. To achieve these goals, the governments shall jointly seek special economic assistance from the international community."

The health sectors of the countries of Central America have responded to the vision of Esquipulas and have no doubt that there will be a clear response from the international community.

A N N E X

SUBREGIONAL AND NATIONAL PROJECTS BY PRIORITY AREA

April 1988

Priority Areas	Subregional Projects	National Projects	Total
1 Health Services	5	55	60
2 Human Resources	5	23	28
3 Essential Drugs	5	20	25
4 Food and Nutrition	7	36	43
5 Tropical Diseases	2	15	17
6 Child Survival	1	15	16
7 Water and Sanitation	5	85	90
Total	30	249	279

NUMBER AND ESTIMATED COSTS OF ALL NATIONAL PROJECTS

- April 1988 -

	<u>BELIZE</u>	<u>COSTA RICA</u>	<u>EL SALVADOR</u>	<u>GUATEMALA</u>	<u>HONDURAS</u>	<u>NICARAGUA</u>	<u>PANAMA</u>	<u>TOTAL</u>
Health Services	(3) 9,194.0	(4) 35,150.3	(23) 142,494.5	(6) 60,719.0	(4) 59,280.4	(3) 52,971.3	(12) 81,900.0	(55) 441,709.5
Human Resources	(1) 1,366.0	(4) 10,061.0	(1) 520.0	(6) 9,886.0	(3) 19,175.5	(5) 40,049.1	(3) 8,100.0	23 89,157.6
Essential Drugs	(1) 457.0	(4) 12,602.3	(1) 4,548.0	(4) 22,461.8	(4) 13,955.1	(4) 24,941.2	(2) 5,703.1	(20) 84,668.5
Food and Nutrition	(1) 683.0	(5) 813.2	10 32,989.7	(1) 3,736.0	(5) 26,196.0	(3) 7,360.0	(11) 84,453.6	(36) 156,231.5
Tropical Diseases	(1) 804.4	(3) 5,931.1	(2) 69,669.7	(2) 28,112.6	(3) 34,775.4	(2) 43,280.0	(2) 18,923.5	(15) 201,496.7
Child Survival	(1) 608.9	(2) 39,083.9	(2) 98.1	(1) 15,153.9	(1) 6,201.0	(7) 71,212.6	(1) 4,700.0	(15) 137,058.4
Water and Sanitation	(7) 32,714.0	(22) 161,577.0	(3) 12,680.9	(16) 163,101.7	(15) 136,985.5	(5) 54,973.8	(17) 280,705.0	(85) 842,737.9
Totals	(15) 45,827.3	(44) 265,218.8	(42) 263,000.9	(36) 303,171.0	(35) 296,568.9	(29) 294,788.0	(48) 484,485.2	(249) 1,953,060.1

Note: Estimation in thousands of U.S. dollars.
Number in brackets () equals number of projects.

RESOURCES APPROVED TO SUPPORT NATIONAL PROJECTS
BY PRIORITY AREA

(in thousands of US \$)

July 1987

Area	Total of approved external resources
1. Health Services	84,702.9*
2. Human Resources	2,243.0
3. Essential Drugs	3,298.0
4. Food and Nutrition	613.6
5. Tropical Diseases	6,527.0
6. Child Survival	29,706.9
7. Water and Sanitation	153,241.3
Total	280,327.7

* Includes support received for El Salvador's reconstruction after earthquake.

Doc. 3151N

FUNDS APPROVED FOR SUBREGIONAL PROJECTS
BY DONOR AND PRIORITY AREAS
(In U. S. Dollars)

Areas Donors	Health Services	Human Resources	Essential Drugs	Food and Nutrition	Tropical Diseases	Child Survival	Total
France	226,000		440,000	1,240,000 (a)			1,906,000
Holland	13,000,000		13,000,000				26,000,000
Sweden			937,290	247,524	497,508 (c)		1,682,322
Finland			202,400		281,250		483,650
Italy						15,000,000 (a)	15,000,000
U.S.A.		56,000	3,860,000	15,240,000	4,000,000	3,348,200 (b)	26,504,200
Norway			3,017,500				3,017,500
ECC						15,000,000 (c)	18,500,000 (d)
Switzerland				2,630,000			2,630,000
Spain		10,000,000					10,000,000
UNDP	1,514,000						1,514,000
IDB					400,000	879,500	1,279,500
Total	14,740,000	10,056,000	21,457,190	19,357,524	4,681,250	34,725,208	108,517,172 (d)

No funds approved for subregional projects in Water and Sanitation.

Note: France, Spain and the Netherlands have also supported associate experts in Central America.

Spain, Holland and Norway, resources planned for a four-year support.

- a) Support given through UNICEF.
- b) EPI Plan of Action.
- c) \$415,000 given through UNICEF in 1986.
- d) Includes \$3,500,000 for a Rabies Eradication Program for Central America

Doc. 3152N

REGULAR FUNDS FROM PAHO'S TECHNICAL COOPERATION PROGRAM
FOR COUNTRIES IN THE ISTHMUS
(in thousands of US dollars)

COUNTRY	1984-85	1986-87	1988-89	TOTAL 1984-89
BELIZE	513.8	571.0	630.6	1,715.4
COSTA RICA	1,580.4	1,970.8	2,110.9	5,662.1
EL SALVADOR	1,609.6	1,781.9	1,944.2	5,335.7
GUATEMALA	2,638.6	3,048.7	3,289.4	8,976.7
HONDURAS	1,816.6	2,104.2	2,326.4	6,246.2
NICARAGUA	1,437.1	1,539.0	1,725.0	4,701.1
PANAMA	1,252.5	1,504.4	1,648.8	4,405.7
SUBREGIONAL TOTAL	10,847.6	12,520.0	13,675.3	37,042.9

Doc. 3165N

ESTIMATED COSTS OF HIGH PRIORITY
NATIONAL PROJECTS PRESENTED AT THE
VI MADRID CONFERENCE
(in thousands of US\$)

Country	Number of Projects	National funds	External funds	Total
Guatemala	5	17,515.4	27,651.5	45,166.9
El Salvador	5	4,948.8	75,607.5	80,556.3
Honduras	5	13,516.0	51,271.4	64,787.4
Nicaragua	5	28,664.9	20,418.6	49,083.5
Costa Rica	5	4,048.5	6,867.1	10,915.6
Panama	5	1,576.2	4,574.8	6,151.0
Belize	3	2,004.1	7,593.9	9,598.0
TOTAL	33	72,273.9	193,984.8	266,258.7

ESTIMATED COSTS OF PRIORITY SUBREGIONAL PROJECTS
PRESENTED AT THE II MADRID CONFERENCE
(in thousands of US \$)

Project Title	Possible National contributions	External funding required	Total estimated costs
1.Support of Cooperative Actions in Health Among the Countries of the Central American Isthmus	1,400.0	8,515.0	9,915.0
2.Educational Development in Health	530.0	1,240.0	1,770.0
3.Development of Management Capacity for Strengthening of Local Health Systems in Central America	600.0	3,400.0	4,000.0
4.Attention to Priority Groups in the Peace Process of Central America	4,990.0	24,460.0	29,450.0
5.Women in Health and Development in Central America	2,091.5	8,366.0	10,457.5
Total	9,611.5	45,981.0	55,592.5