Health Topic Fact Sheets

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Family Health and Population
Safe Motherhood

The attitude and commitment of those who are responsible for political decisions frequently determine the health situation of individuals, families, and communities. In this manner, decision-makers are fundamental to ensuring that all women have access to quality services and care by trained staff, as well freedom from discrimination based on sex, age, economic condition, race, or religion. This attitude and commitment are also essential for establishing a legal framework that enables people to exercise their reproductive rights and providing opportunities for community members to participate in decisions that affect them.

It is therefore necessary to increase the capacity of communities to detect and treat complications of pregnancy by providing access to health services, to strengthen the quality of "Essential Obstetric Care" services, and to promote public policies in support of maternal health programs, with a view to reducing maternal morbidity and mortality.

Strategies Recommended for Use at the Local Level:

◗ Strengthen maternal health services, especially Essential Obstetric Care (EOC), within communities and health services;

◗ Encourage the formulation of support policies designed to overcome cultural barriers that impede access to EOC services;

◗ Mobilize communities to increase their ability to understand and treat high-risk pregnancies;

◗ Facilitate timely access to care (transportation, ambulance service, community organization);

◗ Promote the participation of NGOs, service providers, political leaders, and representatives of the community in efforts to redesign maternal health services, within an overall context of high quality.

Reference Materials:

◗ USAID/PAHO/QA. *The Latin America and the Caribbean (IAC) Initiative to Reduce Maternal Mortality:* http://www.paho.org/English/HPP/HPF/REP/smi_lac.htm (also available in Spanish)

◗ PAHO/USAID. Videotape *La muerte materna tiene nombre y apellido* ("Maternal Mortality has a Name and Surname"). (In Spanish and Portuguese.)

◗ World Health Organization. *Reducing Maternal Mortality* (Joint Declaration by WHO/UNFPA/UNICEF/World Bank), 1999.

Web Page:

http://www.paho.org (Access Safe Motherhood)

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Family Health and Population

Sexual and Reproductive Health of the Population

The concept of sexual and reproductive health implies that people have the capacity and freedom to decide when and how to reproduce, that they are capable of having a satisfying sex life and that women have the right to access appropriate health services that guarantee a safe pregnancy and delivery, providing the best chance of having a healthy child. This implies the right of women and men to be informed and to have access to acceptable, effective and safe family planning methods of their choice, as well as other methods of fertility regulation that are not prohibited by law, and timely access to quality services without any type of restrictions due to sex, age, economic condition, race, or religion.

The attitude and commitment of those who make political decisions that affect the health situation of individuals, families, and communities are fundamental in order to promote the legal framework that permits the exercise of reproductive rights and the participation of the entire community. To this end, it is necessary to increase the capacity of communities to recognize and respond to problems linked to sexual and reproductive health, and promote public policies that support health programs for women, in order to reduce maternal and perinatal morbidity and mortality.

Strategies Recommended for Use at the Local Level:

◗ Carry out community mobilization activities in order to increase the knowledge of rights related to sexual and reproductive health, domestic violence, and high-risk pregnancies and develop the capacity of the community to respond to them;

◗ Develop sexual and reproductive health programs in schools and work places geared to specific population groups, especially adolescents, and train community health workers, teachers, and parents;

◗ Facilitate policy development that supports overcoming cultural barriers to access services, involving men in sexual and reproductive health, with the dual purpose of improving their own health and that of their partners;

◗ Implement family planning services, including emergency methods and facilitate access to support services in a timely manner (transportation, ambulance, community organization);

◗ Promote the participation of NGOs, providers, political leaders, and community representatives in the redesign of sexual and reproductive health services, within a framework of quality;

◗ Implement Information, Education, and Communication (IEC) strategies to promote healthy and safe sexual and reproductive health practices and to protect the population from risk conditions and behaviors.

Reference Materials:

◗ PAHO. Quality of Sexual and Reproductive Health Services, Washington, DC PAHO, 2001.

◗ PAHO. *Planificación estratégica para el mejoramiento de la enseñanza y la práctica de la salud sexual y reproductiva*. Guía Metodológica. Washington, DC, PAHO, 2001.

◗ WHO. *Reducción de la mortalidad materna*. Joint Declaration WHO/UNFPA/UNICEF/World Bank, 1999.

◗ Hatcher RA, Rinehart W, Blackburn R, Geller JS, Shelton JD. The Essentials of Contraceptive Technology, Baltimore: Johns Hopkins University, 1997.

◗ WHO. *Medical Eligibility Criteria*. Geneva: WHO, 2001.

Web Page:

http://www.paho.org (Access Sexual and Reproductive Health)

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Family Health and Population
Health of Children and Families

The municipality is the ideal context in which to generate comprehensive policies, strategies, plans, and programs on child health. It provides a focal point for the various participants in the human development process, including the health sector, education, housing, employment, recreation, sports, social organizations, the community at large, etc. It is at the local level that decisions can be made jointly, ensuring a more targeted response to community needs and expectations. It is at the municipal level that actions can be implemented on an integrated basis and resources can be mobilized. This creates synergy in child health and development programs through intersectoral actions and social and community participation. The municipalities should provide the conditions so that children are born, raised, and develop healthy and with opportunities to be loved, protected and adequately stimulated. The raising and care of children is the responsibility of the family as well as the community in which they live.

Strategies Recommended For Use at the Local Level:

◗ In view of the importance of infant health, it is important to set up an intersectoral group at the municipal level to engage in advocacy, work to promote infant health, help formulate major strategic guidelines, and provide a setting in which the different community sectors and participants can work together;

◗ Generate local policies and strategies to provide support for families, especially for working women, so that they can raise their children in the best possible environment (i.e., promoting flexible work schedules and facilities compatible with the childcare obligations of men and women). Among the many actions that can be taken in this context are: providing access to information and education; setting up children's day-care centers, nurseries, and kindergartens; strengthening social-support networks; developing preschool education; among others;

◗ Develop, strengthen, and refocus health services, to ensure accessible, high-quality, and timely care for children, from conception onward, not only in regard to disease treatment, but also to implement activities in prevention (e.g., vaccines, education) and health-promotion (e.g., support and promotion of breast-feeding and childrearing techniques, and those areas that impact the physical, psychological, and social environment). Health services should be family-oriented, recognize the characteristics of the population, implement local programs with the participation of community members, identify most vulnerable groups to ensure their inclusion in service provision (the disabled, sufferers of chronic disease, indigenous populations, etc.) which may involve adaptations to service hours, location (i.e., home visits) and communication in accordance with cultural practices;

◗ Promote the participation and empowerment of families and children in local activities which can be achieved through public forums, children councils, intergenerational discussion groups, among other ways;

◗ Create or strengthen a referral and counter-referral network within health services, so that problems detected early can be treated, thereby preventing irreversible retardation in children's growth, development, and health;

◗ Promote and provide healthy school meals such as encouraging the consumption of fruits and vegetables;

◗ Create or improve community recreation areas or spaces where children and families can interact, exercise, and play sports;

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◗ Use mass communication (mass media, printed matter, etc.) as a permanent resource to help raise awareness among families and children about the importance of health- not just disease prevention, and quality of life as something to which they should aspire and work toward. The authorities and population in general should increase their awareness and knowledge of the social value of children and their role in the development of human and social capital, as well as the need to achieve their optimal development in order to break intergenerational cycles of poverty. Through social communication the subject of child abuse can also be emphasized;

◗ Monitor and enforce local policies on child labor, child abuse, and child sexual abuse;

◗ Create healthy environments and surroundings for children by:

- Creating smoke-free environments;

- Enacting laws or regulations governing tobacco, alcohol, and drugs (in schools, on the streets, in public places, in government buildings, etc.);

- Improving public parks and gardens;

- Repairing sidewalks and renovating homes;

- Improving solid and liquid waste disposal systems;

- Helping to set up and run citizens' groups to manage environments frequented by children and families;

- Promoting events or activities that encourage social interaction among the people.

Reference materials:

◗ Myers, R.G., *Publicación Científica #545* "Los doce que sobreviven". Washington, DC: PAHO, 1993.

◗ PAHO. 42nd Directing Council, 52nd Session of the Regional Committee. Washington, DC, September 2000.

◗ Bases para la formulación de políticas a favor de la niñez, la adolescencia y la mujer. Lineamientos para las metas de Salud, Nutrición y Desarrollo para la próxima década. V Reunión Ministerial Americana sobre Infancia y Política Social. Kingston, Jamaica, 9-13 October 2000. Document prepared by PAHO.

Web Pages:

http://www.worldbank.org/children

http://www.nichd.nih.gov/

http://www.paho.org (Access Child Health)

Family Health and Population
Adolescent Health and Development

For adolescents and young adults, the municipal or local level offers several different environments (home, school, health center, workplace, neighborhood streets, community center, neighborhood center, media, places of entertainment, etc.) where they are able to be involved and develop in a healthy manner. The local level is a setting where there is direct contact between individuals, families, and social groups; an encouragement of communication and the provision of the widest range of opportunities for health education and health promotion. Thus, the encouragement, inclusion, and active participation of adolescents and young adults in local participatory planning is fundamental for implementing Healthy Municipalities strategies.

Strategies Recommended for Use at the Local Level:
In order to guarantee the effectiveness of the various interventions and strategies, it is essential that adolescents become the central focus of health-promotion activities, and that they participate in decisions that affect them. A culture of participation is achieved by offering adolescents the chance to use their abilities and skills in order to think, act, and demonstrate their capacity to share power to make the decisions that affect their lives and the development of the community as a whole.

With regard to:	What to do?	How to do it?
Health services offered:	◗ Improve access to, and the quality of adolescent health care, in the existing services, ensuring young people the right to health and confidential health care. ◗ Coordinate services with community networks.	◗ Refocus and integrate services, through an intersectoral plan for young people and strategic partnerships. ◗ Young people must become actively involved in efforts to identify priorities and find solutions to their own problems.
Environment	◗ Work with the family, school, peer groups, community, club, church, youth center, sports events, educational fairs, cultural events, street, parks, etc. ◗ Strengthen families so that they can provide better support for adolescents, understand them, and be prepared to deal with this stage of their lives and respond as effectively as possible to their needs. ◗ Support legislation reducing adolescents' access to tobacco and alcohol and making it more difficult for them to carry firearms. ◗ Create a public image of	◗ Ensure access to community recreation services, not only in schools or in other indoor environments, but in public areas and open spaces as well. ◗ Form discussion and/or training groups, or other groups (parent education, preventive guide). ◗ Municipal Legislation (for example, prohibiting the sale of alcohol and tobacco in supermarkets). ◗ Promote positive stories about adolescents in the media.

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	adolescents that reinforces their positive traits.	
Supporting the transition from adolescence to adulthood	◗ Strengthen youth organizations, and promote and support the voluntary participation of young people in community activities. ◗ Adopt policies that help young people find employment.	◗ Support projects developed by adolescents themselves. Encourage adolescents to participate in immunization and dengue prevention campaigns, among other activities; utilize the ECO-CLUBS movement, the Network of Young People. e.g.: Red Creando ("Creative Network") (Chile). ◗ Youth Microenterprises Projects. ◗ Form contacts with community businesses that offer training and jobs for adolescents.
Schools	◗ Define local educational policies that strengthen and improve healthy relationships between school personnel and students, between schools and families, and between schools and communities. ◗ Support educational policies that link health and education.	◗ Provide training to school personnel and promote recreational activities together with the community. ◗ Employ strategies that use health-promoting schools.

Reference Materials:
A CD-Rom is available with all of the Adolescent Health program publications; request from singlets@paho.org

Web Page:
http://www.bireme.br/bvs/adolec/homepage.htm

http://www.paho.org (Access Adolescent Health)

E-mail:
adolec@bireme.br

Family Health and Population

Health-Promoting Schools Regional Initiative

The *Health-Promoting Schools Regional Initiative*, a global strategy launched in the Americas in 1995, is directed toward improving the health of children, teachers, and other members of the school community. The Initiative addresses three main components:

1. *Comprehensive health education and life skills training*, for the acquisition of information, knowledge, and skills that facilitate the adoption and maintenance of healthy behaviors;

2. *Healthy and supportive environments*, to create and maintain enabling school environments and surroundings supportive for health and learning; and

3. *Health and nutrition services*, directed at strengthening coordination and collaboration between the health, education, and other sectors, to facilitate the delivery of health care, food and nutrition services.

Accreditation of Health-Promoting Schools

Latin American and Caribbean countries are in the process of developing mechanisms and local guidelines for the accreditation of schools as Health-Promoting Schools.

A Health-Promoting School is one that:

◗ *Implements policies* that support individual and collective well-being and dignity, and provides multiple opportunities for the growth and development of children and adolescents;

◗ *Implements strategies* that encourage and support learning and health, foster these strategies with every element at its disposal, and engage health and education officials in the development of planned school health activities;

◗ *Involves all school and community members* in making decisions and carrying out interventions to promote learning, healthy lifestyles, and community health promotion projects;

◗ *Has a plan of action* to improve the physical and psychosocial environment throughout the school and the surrounding community;

◗ *Implements actions* to assess and improve the health of students, school personnel, families and community members;

◗ *Provides relevant and effective teacher training* and health education materials; and

◗ *Has a local health and education committee* with active participation of Parent –Teacher Associations (PTAs), NGOs, and community organizations.

Strategies Recommended for Use at the Local Level:

◗ Develop the capacity of each school to create and maintain environments and surroundings that help improve the health of those who learn, teach, and work in the schools;

◗ Provide training at the local level in the use of "life-skills" strategies;

◗ Encourage all members of the educational community to participate in decision-making;

◗ Organize educational extension activities in conjunction with parents' associations, community organizations, the health sector, and other sectors;

◗ Call on society to take part in activities to prevent students from dropping out of school, as well as actions to include and reintegrate children and young people outside the educational system;

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◗ Foster and strengthen the Latin American and Caribbean Networks of Health-Promoting Schools as a forum for the sharing of ideas, resources, and experiences;

◗ Foster the development of mechanisms and guidelines for the accreditation of schools as Health-Promoting Schools.

Reference Materials:

◗ Video: "Health-Promoting Schools" (PAHO): In English, Spanish, and Portuguese.

◗ Documents describing experiences with Health-Promoting Schools in different countries in the Hemisphere:

- PAHO-World Bank. *Initiative XXI Century Schools: Educating for Life*, 1998.

- PAHO. *Educación para la salud en el ámbito escolar: Una perspectiva integral*. HSS/SILOS-37, 1995.

- PAHO. *Escuelas Promotoras de Salud: Modelo y Guía para la acción*. HSP/SILOS-36. Washington, DC: PAHO, 1996.

- PAHO. *Escuelas Promotoras de la Salud*. Washington, DC: PAHO, 1998.

- PAHO. *School Health and Nutrition in Latin America and the Caribbean: Challenges in the New Millennium*. Washington, DC: PAHO, 1997.

- World Bank/PAHO. *The Ten Who Go to School- School Health and Nutrition Programs in Latin America and the Caribbean*, Washington, DC: PAHO, 1998.

- WHO. WHO's *Global School Health Initiative. Health-Promoting Schools*. Geneva: WHO, 1998.

- PAHO/WHO. *Resultados de Encuesta -La Iniciativa Regional Escuelas Promotoras de la Salud*, Washington, DC: PAHO, 2002.

- PAHO-INCAP. *Escuelas Promotoras de la Salud: La Experiencia Centroamericana*. 2002.

Web Page:

http://www.paho.org (Access Health Promoting Schools)

E-mail:

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Family Health and Population
Older Adults and Their Families

Most Latin American countries are still trying to cope with the lack of social resources for the promotion and development of children, young people, and adults. These nations additionally face the challenge of seeking solutions for the promotion and development of an aging population. They must bear in mind that if people wish to be in good physical and psychological health, they must lead healthy lives. Consequently, they must have laws designed to protect that lifestyle, social security (both institutional and private), decent jobs and incomes, and age-appropriate living accommodations.

The United Nations defines the older adult population as people aged 60 and over. It is important to note, however, that there are numerous differences within this age group, not only in terms of age, but health status, socioeconomic situation, and the level of support they receive from their families.

Health and social interventions should address the needs of different groups of older adults, especially those that are the most vulnerable and face a number of risk factors such as old age, disability, poverty, and the lack of a social network. In order to improve the quality of life of their older adult members, communities should allow them to help identify their own problems and formulate proposals suitable for each different group of older adults.

Strategies Recommended for Use at the Local Level:
◗ Include older adults in local participatory planning;
◗ Analyze the situation of older adults in the community;
◗ Develop standards to prevent age discrimination against older adults, ensuring that they have access to productive work, soft loans, continuing education, etc.;
◗ Create employment and educational opportunities for adults, thereby helping to promote a sense of solidarity between different generations and showing appreciation for adults' contribution to the community;
◗ Implement programs that generate income, so that older adults can improve their living conditions and those of their families;
◗ Promote lifelong learning opportunities for older adults, especially those who can neither read nor write;
◗ Implement comprehensive community programs in order to provide family-based support for older adults with physical and mental disabilities;
◗ Improve primary health care for older adults in terms of the quality of services provided.

Interventions should consider different groups of older adults:

Age
◗ Older adults – lower age group (60-74)
◗ Older adults – upper age group (75 +)

Health Status
◗ Healthy older adults
◗ Older adults with chronic diseases
◗ Older adults with disabilities

Economic Situation
◗ Older adults in extreme poverty
◗ Poor older adults
◗ Older adults with adequate income

Social Support

◗ Older adults living alone

◗ Older adults with family

◗ Older adults with social network

Reference Materials:

PAHO. *Guía Clínica de Atención Primaria a las Personas Adultas Mayores*. Washington, DC: PAHO, 2002.

PAHO. *A Guide for the Development of a Comprehensive System of Support to Promote Active Aging*. (Available in English and Spanish).

PAHO. *Protocol of the Multicenter Study: Health, Well-Being and Aging in Latin America and the Caribbean*. (Available in English and Spanish).

PAHO. *Pro Motion: A Life Style for Older Adults. Blue Print for the Development of Physical Activity for Older Persons*. (Available in English and Spanish).

WHO. *Active Aging: A Policy Framework*. (WHO/NMH/NPH/02.8) (Available in English and Spanish).

Web Page:

http://www.paho.org (Access Healthy Aging)

Food and Nutrition
Promotion of Breast-feeding and Complementary Feeding

Local, urban, and rural settings, such as schools, churches, and mothers' clubs, make it possible to consolidate nutritional strategies and national agreements, working directly with the community to improve and safeguard good nutrition and feeding practices among infants and young children.

Strategies Recommended For Use at the Local Level:

◗ Promotion of exclusive breastfeeding during the first six months by:

- Encouraging women to begin breast-feeding within an hour of the birth;
- Promoting breastfeeding on demand, day and night;
- Avoiding the use of infusions, formulas, teas, juices, and bottles;
- Forming "mother-to-mother" support groups;
- Promoting counseling on breastfeeding in the health services;
- Promoting mother- and baby-friendly hospital initiatives;
- Creating breast-feeding-friendly environments;
- Passing laws to protect breast-feeding;
- Ensuring in places with a high prevalence of HIV that mothers have access to information on how to feed their babies.

◗ Promotion of breastfeeding and complementary feeding between six and twenty-four months of age or beyond by encouraging women to:

- Continue breast-feeding on demand;
- Feed infants and young children responsively by assisting younger children to eat, and encouraging older children to eat, but never forcing them;
- Diversify the infant and young child diet to improve its quality and intake of micronutrients;
- Provide meat, chicken, or fish at least once a day and more often, if possible;
- Use fortified food whenever possible;
- Increase the frequency of feeding and types of foods offered as the infant grows;
- Give breastfed infants aged 6 to 8 months 2 to 3 meals a day;
- Give breastfed infants aged 9 to 11 and 12 to 24 months 3 to 4 meals a day, with additional snacks (such as fruit or groundnuts) 1 to 2 times a day, as desired;
- Practice personal hygiene and proper food handling;
- Wash hands before preparing food;
- Wash infants' hands before feeding them;
- Serve food immediately after preparation;
- Serve children out of cups or other clean containers and never use bottles.

Web Page:

http://www.paho.org (Access Nutrition and Food Protection)

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Food and Nutrition

Promotion of a Healthy Diet

Local, urban, and rural settings, such as schools, churches, and mothers' clubs, facilitate the dissemination of dietary recommendations to improve people's level of nutrition, working directly with the community.

Strategies Recommended for Use at the Local Level:

◗ Promote a diet rich in the specific necessary nutrients:

- **For anemia and iron deficiency:** promote consumption of vegetables, particularly green leafy vegetables, meats, and citrus fruits during meals, and discourage the consumption of tea and coffee;

- **For vitamin-A deficiency:** promote the consumption of squash, carrots, mangos, tomatoes, and green leafy vegetables;

- **For Iodine deficiency:** recommend daily consumption of iodized salt;

- **To increase folate levels:** promote the consumption of green leafy vegetables and meats;

◗ Promote the fortification of food staples: for example, wheat flour and corn flour;

◗ Promote the fortification of food targeting special groups; for example, children under 3, pregnant women, and the elderly;

◗ Promote the consumption of iron and folate supplements by pregnant women, women of childbearing age, and adolescents;

◗ Promote the consumption of iron and vitamin A supplements by children under three;

◗ Promote the consumption of vitamin A supplements by women immediately after delivery;

◗ Monitor the nutritional status of the population on a continuous basis;

◗ Promote a healthy diet among all groups of civil society and among individuals.

Reference Materials:

WHO. *Iron deficiency anemia. Assessment, Prevention, and Control. A Guide For Programme Managers*. WHO/NHD/01.3. Geneva: WHO, 2001.

WHO. *Assessment of Iodine Deficiency Disorders and Monitoring their Elimination. A Guide for Programme Managers. Second Edition*. WHO/NHD /01.1. Geneva: WHO, 2001.

WHO. *Vitamin A supplements. A guide to their use in the treatment and prevention of vitamin A deficiency. Third Edition*. WHO/UNICEF/IVACK/HKI. WHO/NHD.01. Geneva: WHO, 2001.

Web Page:

http://www.paho.org (Access Nutrition and Food Protection)

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Food and Nutrition

Promotion of Food and Nutrition Security-FNS

What is meant by Food and Nutrition Security - FNS?

Food and nutrition security has been defined as the state in which all people enjoy timely and permanent access to the food that they need, in adequate quantity and quality for effective consumption and biological utilization, and guarantee a state of well-being that supports human development.

The basic pillars of FNS are:

◗ Availability of food

◗ Access to food

◗ Consumption of food

◗ Biological utilization of food

For the sustainable achievement of FNS at the local level, it is necessary to promote integrated actions in each of these pillars.

Recommended Strategies for Use at the Local Level
What is the function of municipalities in the promotion of FNS?

The mayors, supported by Development Councils and Interinstitutional Associations, have an opportunity to carry out the following functions in support of FNS:

◗ Contribute to the development of healthy and productive municipalities;

◗ Consider including FNS on the agenda as a human development and poverty reduction strategy;

◗ Convene and involve institutional and community actors, in order to analyze the problems and decide on actions aimed at increasing food availability and access and consumption by the population;

◗ Improve the health and environmental conditions that influence the improved utilization of food and reduction of infectious diseases;

◗ Mobilize financial and non-financial resources;

◗ Create spaces for sharing experiences;

◗ Coordinate a plan to address FNS in disaster situations;

◗ Monitor the food and nutrition situation, detecting the most vulnerable groups and targeting them in the interventions.

What actions can a municipality carry out in favor of FNS?

◗ Formulate municipal policies and laws related to food access, consumption and protection;

◗ Train community leaders to promote actions to increase local food production, and to improve food trade as well as consumption practices;

◗ Contribute to increased availability of food at the local level through:

• Production of nutritionally improved, culturally acceptable, and low-cost food.

• Promotion of hydroponic cultures, integrated systems of food production and use of eco-technologies.

• Food protection and safety through improving sanitation and infrastructure of markets, street vendors, slaughterhouses, and stores.

• Monitoring and surveillance of fortified food, (i.e., sugar with vitamin A, salt with iodine, flour with iron).

◗ Help improve access to food, and promote employment generation and food

price reduction projects, such as micro enterprises, community/municipal stores, food banks, revolving funds, and community kitchens.

- Orient and educate the population to improve its feeding habits and practices.
- Organization of food distribution to groups at risk.

▶ Contribute to adequate utilization of food through:

- Coordination with the Health Sector for program and project development in the areas of health promotion and women and children's nutrition:

  - Food supplementation with iron and folates for pregnant women, women of childbearing age, school children and adolescents.

  - Vitamin A supplementation for postpartum women and children under 3 years of age.

- Supply and safe management of the water.
- Prevention of infectious diseases that affect nutritional status.

Reference Materials:

INCAP/PAHO. *The Nutrition and Food Security Initiative in Central America*.

INCAP/PAHO. *Model of Implementing Food and Nutrition Security in Processes of Local Development*.

Videotapes:

INCAP/PAHO. "PROSAN Methodology".

INCAP/PAHO. "When the efforts germinate".

Web Pages:

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http://www.incap.ops-oms.org

Food and Nutrition
Promotion of Active Living

Rapid urbanization and demographic changes in the Americas have led to important lifestyle changes, including less physical activity and poor nutritional habits. Together, these changes are responsible for the large and rapid increase in prevalence of non-communicable diseases (NCD) such as stroke, coronary heart disease, type-2 diabetes, and some cancers. According to the World Health Organization, in 1999, NCD accounted for 60% of all deaths in the world, a figure that is expected to rise to 73% by 2020. A sedentary lifestyle is now considered one of the major contributing factors to non-communicable diseases. Nearly three-fourths of the Region's population leads a sedentary lifestyle. Overweight is reaching epidemic proportions in the Region and contributes to the development of several chronic diseases. In most Latin America and Caribbean countries, the prevalence of overweight among women ranges from 30 to 65%, and from 20 to 50% in men.

The increase in sedentary lifestyle is not only a matter of individual choice, but an environment that promotes inactivity is much of the problem. For example, increased motorized transportation and the development of new labor-saving devices results in people walking less often than in the past. Furthermore, in many countries, a lack of public safety in the streets and lack of recreational public places are also important reasons why many people refrain from being more active.

Strategies Recommended for Use at the Local Level:

The environment and immediate surroundings have a major influence on whether or not people will engage in physical activity and adopt it as part of their regular behavior.

◗ Every effort should be made to increase safety on the streets and reduce crime in order to facilitate persons' adopting the habit of walking regularly;

◗ Formulate regulations that ensure respect for a pedestrian right of way and/or general safety on the streets;

◗ Maintain sidewalks in optimal shape and enforce pedestrian right of way at crosswalks;

◗ Promote exclusive pedestrian areas in certain sectors of the city. This not only promotes physical activity but also social interaction and a more lively community;

◗ Engage local schools in the fight against inactivity. They can make a great contribution by sharing their sports infrastructure with the community;

◗ Community leaders should address the safety, accessibility, and affordability of environments for recreation and physical activity for all;

◗ Addressing the problem of sedentary lifestyles calls for a community-wide approach, involving the participation of a wide range of partners, from public to private ones, and including diverse sectors as education, health, sports as well as local governments.

Reference Materials:

CDC. *Promoting Better Health for Young People through Physical Activity And Sports. A Report to the President from the Secretary of Health and Human Services and the Secretary of Education:* http://www.cdc.gov/nccdphp/dash/pres-physactrpt

Livable Communities
http://www.lgc.org/freepub/PDF/Land_Use/focus/plan_to_walk.pdf

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Manifesto de Sao Paulo para la Promoción de la Actividad Física en las Americas /The São Paulo manifesto promoting physical activity in the Americas.
http://www.celafiscs.com.br/index.htm

National Blueprint: Increasing Physical Activity among Adults Age 50 and Older
http://www.rwjf.org/app/rw_publications_and_links/publicationsPdfs/Age50_Blue
print_singlepages.pdf

Pate RR, Pratt M. Blair S et. al. *Physical Activity and Public Health.* JAMA, February 1,
1995; 273(5):402-407.

Sallis JF, Bauman A, Pratt M. *Environmental and Policy Interventions to Promote
Physical Activity.* Am J Prev Medicine 1998; 15(4):379-397.

U.S. Department of Health and Human Services, Centers for Disease Control and
Prevention, National Center for Chronic Disease Prevention and Health Promotion,
The President's Council on Physical Fitness and Sports. Physical Activity and Health.
A Report of the Surgeon General. *Atlanta, GA, 1996.*
http://www.cdc.gov/nccdphp/sgr/sgr.htm

Vida Chile. The Health Promotion Agency of Chile
http://www.minsal.cl/

WHO, Physical Activity Program
http://www.who.int/hpr/physactiv/index.htm

Web Page:
http://www.paho.org (Access Nutrition and Food Protection)

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Mental Health

Mental Health is crucial to social inclusion and full participation in the community and the economy. It is the key to balanced development and performs a very important function in terms of interpersonal relations, family life, and social integration. Yet, despite the significant impact of mental disorders on the overall disease burden and the influence of mental health on social development and productivity, mental health continues today to be a neglected area of public health. Far too often, the importance of mental health is not recognized. Millions of people suffer from depression, schizophrenia, epilepsy, and other mental disorders with devastating consequences, and yet they are completely without access to necessary treatment that has been proven to be highly effective. It is a proven fact that those afflicted with a mental illness or a neurological disorder can recover and make a useful contribution to society. There are presently a number of possible treatments available. It is insufficient however, to consider the suffering individual alone. Treatment is a process requiring a joint effort on the part of families and other loved ones. Studies conducted in recent years in the Region of the Americas and the Caribbean indicate that by the year 2010, there will be more than 11 million people suffering from some form of emotional disorder. It is for this reason that, as the new millennium begins, Mental Health has been recognized as a decisive factor in the future development of our society.

Strategies Recommended for Use at the Local Level:

◗ Evaluating day-care centers, with respect to actions, facilities, and personnel, according to standards established by WHO;

◗ Training and instructing day-care center/kindergarten teachers and adolescents in early stimulation techniques and social skills for the prevention of drug and alcohol abuse, behavioral disorders, etc.;

◗ Training police in assisting/handling psychiatric patients in situations related to problems of violence;

◗ Promoting family participation in the treatment of mental illnesses;

◗ Promoting self-help groups for people with mental health problems (victims of abuse, people who have lost family members, people with problems of drug or alcohol abuse);

◗ Training health professionals and educators to identify and support people at risk of suicide;

◗ Incorporating the mentally ill into programs for professional integration;

◗ Disseminating information on mental health issues.

Web Page:

http://www.paho.org (Access Mental Health)

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Mental Health

Prevention and Control of Smoking

The impact of reducing tobacco use affects all community sectors and settings, regardless of age, gender, socioeconomic level, etc. Consequently, if Mayors and other local decision-makers, adopt a policy of promoting healthy, tobacco-free environments, this will have an impact on the health status of the entire community.

Strategies Recommended for Use at the Local Level:

◗ Promoting tobacco-free environments at the local level, both in public spaces and in the workplace;

◗ Prohibiting smoking at all health facilities (health centers, hospitals, clinics, etc.) education facilities, and youth centers;

◗ Creating self-help groups or workshops in the workplace for tobacco addicts who want to quit smoking;

◗ Promoting municipal standards that ban advertising by tobacco companies at sports or recreational events, and encouraging alternative sponsors/companies/organizations that promote healthy lifestyles.

Reference Materials:

World Bank, Pan American Health Organization. *Curbing the Epidemic: Government and the Economics of Tobacco Control.* Scientific Publication No. 577. Washington, DC: PAHO, 1999.

Web Pages:

There has been a major increase in experiences with the implementation of tobacco-free policies at the municipal level. The publications listed below offer useful information about how to reduce tobacco use. These Web pages offer information about the effects on health of passive or environmental smoking and give detailed information on how "tobacco-free" policies may be developed and implemented, including suggestions about countering arguments made by the tobacco industry.

Americans for Nonsmokers' Rights: http://www.no-smoke.org/index.html

U.S. Environmental Protection Agency: http://www.epa.gov/iaq/pubs/humo.html

The PAHO Website: offers some documents:
http://www.paho.org (Access Tobacco Prevention and Control)

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Mental Health
Alcohol Consumption Control in Youth

In Latin America and the Caribbean, 14% of the total burden of disease is attributable to alcohol consumption. This burden is especially significant in individuals between 15 and 25 years of age. Today, aggressive advertising campaigns to promote drinking and alcohol consumption target youths and contribute to the easy accessibility of alcohol. Given this situation, local governments are able to play a very important role in the reduction of access to alcohol for youths and under-age individuals. It is for this reason that PAHO has designed strategies to address this issue. PAHO has established a clear objective and a recommended basic strategy for local implementation.

Objective: To avoid underage drinking

Strategies Recommended for Use at the Local Level:

1. Enforcement of laws concerning the legal age for the purchase of alcoholic beverages.

2. The approval, or enforcement of pre-existing legislation restricting the consumption of alcohol in public places (e.g. parks, sporting events) and restricting sale to certain days and times.

3. The approval of municipal legislation to ban alcohol sponsorship or advertising within the limits of the legal authority of the city or town.

4. The enforcement of legislation regarding the sale of illegal alcoholic beverages, such as home-produced liquor.

Reference Materials:

Fernandez C et al. Prevención del consumo de alcohol y tabaco: guía didáctica para el profesorado de Primer Ciclo. Madrid: Ministerio del Interior, Gobierno de España, 1999.

Lehto, J. Approaches To Alcohol Control Policy. WHO Regional Publications European Series No. 63 Denmark: WHO, 1995.

PAHO. *El consumo de sustancias adictivas en las Américas.* Salud de las Américas 2000. Washington, DC: PAHO, 2002.

Ritson B. Community and Municipal Action on Alcohol. WHO Regional Publications European Series No.63, Denmark: WHO, 1995.

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Mental Health

International Human Rights Law as a Tool in Health Promotion and Protection

The general human rights conventions protect all persons without regard to race, color, sex, language, religion, political affiliation, national origin, socio-economic position, or any other characteristic. Additionally, persons with health problems, disabilities, or members of at-risk groups are protected by international human rights instruments such as the Universal Declaration of Human Rights[1]; The International Covenant on Civil and Political Rights[2]; The International Covenant on Economic, Social and Cultural Rights[3]; The American Declaration of the Rights and Duties of Man[4]; The American Convention on Human Rights[5]; and its Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights[6]; the [European] Convention for the Protection of Human Rights and Fundamental Freedoms[7]. Children with disabilities are also protected by the United Nations Convention on the Rights of the Child[8]. In addition, persons with disabilities, or health problems are also protected by special human rights standards established by international law.

Human rights law can be used to protect people with health problems and disabilities. Consequently, it can be a tool to provide a framework for action in shaping specific interventions aimed at preventing the impact of health conditions on the lives of individuals with health problems or disabilities and can improve their general state of health. In the same way, human rights violations can also damage the health of individuals, such as in hospitals where patients are isolated under inhuman, degrading or deplorable conditions, or discrimination in employment opportunities and health care services due to a disability. This is the first link between human rights and health promotion: violations to human rights affect health.

A second link exists between public health policies and general health. Policies can promote and protect basic rights and fundamental freedoms or they can become instruments for hindering the exercise of those rights and freedoms. Therefore, it is necessary to incorporate into the existing domestic legal framework and public health policies accepted international human rights provisions and standards to ensure the exercise of basic human rights and protect individuals whose health can be in a situation of particular risk (example: people with disabilities, children, adolescent, older adults, etc.).

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1. G.A. res. 217A (III), U.N. Doc A/810 at 71 (1948).

2. G.A. res. 2200A (XXI), 21 U.N. GAOR Supp. (No. 16) at 52, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 171, entered into force Mar. 23, 1976.

3. G.A. res. 2200A (XXI), 21 U.N.GAOR Supp. (No. 16) at 49, U.N. Doc. A/6316 (1966), 993 U.N.T.S. 3, entered into force Jan. 3, 1976 and ratified by 88 states.

4. O.A.S. Res. XXX, adopted by the Ninth International Conference of American States (1948), reprinted in Basic Documents Pertaining to Human Rights in the Inter-American System, OEA/Ser.L.V/II.82 doc.6 rev.1 at 17 (1992).

5. O.A.S. Treaty Series No. 36, 1144 U.N.T.S. 123 entered into force July 18, 1978, reprinted in Basic Documents Pertaining to Human Rights in the Inter-American System, OEA/Ser.L.V/II.82 doc.6 rev.1 at 25 (1992).

6. O.A.S. Treaty Series No. 69 (1988), signed November 17, 1988, reprinted in Basic Documents Pertaining to Human Rights in the Inter-American System, OEA/Ser.L.V/II.82 doc.6 rev.1 at 67 (1992). It became effective on 16 November 1999 and has been ratified by 12 states.

7. (ETS No. 5), 213 U.N.T.S. 222, entered into force Sept. 3, 1953, as amended by Protocols Nos 3, 5, 8, and 11 which entered into force on 21 September 1970, 20 December 1971, 1 January 1990, and 1 November 1998 respectively. It has been ratified by 21 states.

8. G.A. res. 44/25, annex, 44 U.N. GAOR Supp. (No. 49) at 167, U.N. Doc. A/44/49 (1989), entered into force Sept.2 1990. In Article 23 of this document, the States recognize the right of children who suffer from physical or mental disabilities to receive special care and establishes measures that these states should take in order to guarantee the development of the child as a human being.

Strategies Recommended for Use at the Local Level:

◗ Disseminate the human rights, norms and standards (conventions, declarations, special standards of protection, recommendations, etc.) in an attractive, interesting, and easy to understand manner, e.g. training workshops;

◗ Display in visible places in various city institutions (public and private agencies, schools, hospitals, etc.), the basic human rights and fundamental freedoms established by the human rights instruments ratified by the States of the Region;

◗ Support the creation of monitoring bodies at the municipal level that supervise compliance in health centers involving its users, family members, and health workers, with the human rights norms and standards established by international conventions;

◗ Promote training courses for teachers and professors at the school and university level to disseminate how to use the international human rights instruments in the community to promote and protect health;

◗ Promote training courses to members of the Judiciary;

◗ Design and distribute educational materials such as "Booklets", "Brochures", and "Posters" on human rights that are focused towards specific groups, and age levels, as well as promote campaigns in the communications media on the use of human rights instruments;

◗ Coordinate actions with the ministries of health, social security offices, health centers and Ombudsmen in order to protect the rights of the people with health problems or disabilities, or individuals in at-risk groups.

Reference Materials:

International human rights conventions ratified by PAHO's Member States.

International human rights standards of protection approved by the United Nations General Assembly (people with disabilities, older adults, children, etc.)

International standards approved by the Inter-American Commission on Human Rights (OAS).

International standards of protection approved by specialized agencies of the United Nations (PAHO/WHO, the ILO, UNESCO, etc.)

Web Pages:

http://oas.org (Access Human Rights)

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Development of Human Resources

It is essential to effectively incorporate the central role of human resources in health-sector reform. Due to the decentralization of services it is important to ensure that this process produces an improvement in the health status of the population as a whole. These changes have presented health workers with new challenges and have imposed the need to improve working and training conditions.

Strategies Recommended for Use at the Local Level:

◗ Define competencies in the area of public health, in keeping with the needs of the health system;

◗ Develop tools for staff training, in keeping with local demands;

◗ Promote ongoing training of human resources for the health sector, aimed at those who are already working in the municipality's health services and those training at Schools of Public Health and Universities;

◗ Promote the use of social communication strategies in the health sector;

◗ Set up partnerships with universities, schools of public health, and academic institutions, in order to promote bilateral collaboration with local government, ensuring a more appropriate response to health needs, in terms of human resources education.

Reference Materials:

PAHO/CINTERFOR/ILO. *Competencias: Manual De Conceptos, Métodos y Aplicaciones en el Sector Salud* (Available only in Spanish).

PAHO: *Gestión de Proyectos de Educación Permanente en los Servicios de Salud.*

Management of Permanent Education Projects in Health Services (Available only in Spanish).

PAHO: Manual on the Development of Health-Sector Communication In Healthy Municipalities (In Preparation).

Web Page:

http://www.paho.org (Access Health Systems and Services)

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Organization and Management of Health Systems and Services: Nursing Services

Nursing personnel are often the only full time health provider personnel at the local level in small municipalities. The nursing team has demonstrated its active participation in the process of health sector reform, at the local level. The team is well placed and equipped to play an active role in implementing actions as part of the Healthy Municipalities and Communities strategy.

Nursing has effectively strengthened programs and projects for the prevention of infectious and chronic diseases, for the control of risks during pregnancy, delivery, and the postpartum period, and for the care and monitoring of newborns and children under 7. It has also helped to create public policies that foster territorial and sectoral socioeconomic development. Examples of efficient, effective nursing interventions to improve the health conditions of communities; include, rural nursing in Chile; the maternal and child program in Paraguay; immunization and the activities of rural health promoters in Bolivia; and mental health in Belize.

In the more developed countries, nursing and health care are generally more diversified. Home care is a strategy that targets the most vulnerable groups, such as the elderly, the disabled, and children, and is an alternative for guaranteeing access, quality, timeliness, and lower costs in the services.

Strategies Recommended For Use at the Local Level:

◗ Through decentralization, local development and as part of all intersectoral activities, create a framework to help nursing staff perform essential public health functions, and health promotion activities;

◗ Formulate, execute, and evaluate nursing projects that strengthen local development and health sector development in the management and delivery of services;

◗ Assure that nurses participate in the formulation, execution, and evaluation of healthy public policies and intersectoral projects that strengthen local development;

◗ Engage in research on the components that promote or limit territorial development and that can be modified through nursing interventions;

◗ Promote the training of nursing staff in essential public health functions and health promotion;

◗ Train nursing staff to implement healthy municipalities strategies and activities.

Reference Materials:

PAHO. *Nursing Services Contributing to Equity, Access, Quality and Sustainability in the Health Services, Mid Term Plan 2001-2003*. Washington, D.C.: PAHO, 2001 (PAHO/HSP/HSO/020.01). (Available in Spanish and English).

PAHO. *Public Health Nursing and Essential Public Health Functions: A Basis for Practice in the Twenty-First Century*. Washington, D.C.: PAHO, 2001. (Available in English, Spanish, Portuguese and French).

PAHO. *Nursing in the Americas*. Washington, D.C.: PAHO, 1999 (Scientific Publication # 571). (Available in English, Spanish and Portuguese).

Web Page:
http://www.paho.org/Project.asp?SEL=TP&LNG=ENG&CD=NURSI

Other Contacts:
PAHO/WHO Collaborating Center for the Development of
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CHS/HSS

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Essential Drugs and Technology, Laboratory and Blood Services

The transfusion of human blood components and derivatives is used to treat patients with serious disorders and diseases that cannot be cured in other ways. Transfusion is vitally important in the treatment of injuries, complications of delivery, and cancer, and it makes surgical intervention possible. It is therefore essential to have blood components and their derivatives for transfusion at treatment centers in order to prevent patients from suffering more serious complications or death.

Strategies Recommended for Use at the Local Level:

◗ Develop local policy within the context of the national blood policy;

◗ Promote the adoption of a legal framework for the local blood program;

◗ Make human, intellectual, physical, and economic resources available to the local blood program, in accordance with national program guidelines;

◗ Develop and strengthen the local blood program, based on the principle of volunteer blood donation;

◗ Implement a permanent Information, Education, and Communication (IEC) program about the importance of regular volunteer blood donation and its contribution to the safety of transfusions;

◗ Implement and participate in campaigns to promote volunteer blood donations, as well as programs to recognize the contribution of volunteer blood donors;

◗ Improve conditions and operations at blood banks, transfusion services, or blood-donation centers, by investing in infrastructure, equipment, maintenance, staff training, organization, and local planning, as well as by keeping reliable records and ensuring the availability of blood and other inputs, such as blood bags, reagents, and so forth;

◗ Support and sustain the system for inspecting, monitoring, and accrediting blood banks;

◗ Ensure that the disaster-relief plan includes an element on the supply of blood components and derivatives;

◗ Identify sustainable sources or methods of funding for the local blood program;

◗ Mobilize resources to ensure that the local blood components and derivatives plan is adequately funded;

◗ Ensure that people have timely access to blood components and derivatives of the highest quality.

Reference Materials:

Resolution 15 of the 41st Directing Council, held in San Juan, Puerto Rico, 1999;

Safe Blood Starts with Me, produced for World Health Day, April 2000;

Working Standards for Blood Banks and Transfusion Services, 1999;

Medicina transfusional en América Latina, 1994-2000, 2001;

Study on the sociocultural aspects of volunteer blood donation, 2000;

Plan of Work for the Regional Meeting in Mérida, Mexico, May 2001.

Web Pages:

www.paho.org

Blood Services: http://www.paho.org/project.asp?SEL=TP&LNG=ENG&CD=BLOOD

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Public Policies and Health

The main problem in health remains that of inequity in health care (access, utilization, and quality) and health-care spending. These factors, in turn, interact with each other, causing general inequities in the health sector. In order to achieve a more effective response to this situation, we must incorporate the present process, based on the relationship between the macrodeterminants of health (social, economic, gender, ethnic, etc.), at the regional and national levels, but primarily at the national level. The entire process should, however, focus on supporting society's most marginalized groups and creating networks to provide social support and foster solidarity among the communities concerned.

Strategies Recommended for Use at the Local Level:

◗ Conduct research at the local level, using techniques suited to the context and the objectives identified under this study. Those objectives are:

   a) To identify and analyze inequities in health, as well as determine exactly where those inequities lie, with a view to achieving more effective solutions;

   b) Determine service access and utilization levels, depending on specific health-care needs;

   c) Increase understanding of the socioeconomic factors most strongly associated with inequities in health at the various levels, identifying possible causes and chains of association.

◗ Produce regular newsletters on inequalities in health at the local level;

◗ Increase the study of causal relationships, the mechanisms for measuring the macrodeterminants of health and their causation, and inequalities to ensure that the interventions proposed have a greater chance of success;

◗ Address the inequalities identified through the participation of society and all community actors, through an open, democratic, and participatory discussion, as the most appropriate and effective way of responding to inequalities that are avoidable, unnecessary, and unjust;

◗ Formulate policy proposals designed to address inequalities and inequities in the health sector, incorporating all that is known about the relationship between social, economic, gender, and ethnic macrodeterminants of health and inequalities at the local, national, and regional levels.

Reference Materials:

Documents: *Estudio Multicéntrico sobre Inequidades en Salud.*

PAHO. *Health Modules in Household Surveys in Latin America and the Caribbean: An Analysis of Recent Questionnaires*: http://www.paho.org/English/HDP/HDD/tr72ferrer.pdf

Base de Datos sobre encuestas de Hogares en América Latina y el Caribe".

Kunst, AE, Mackenbach JP. Measuring socioeconomic inequalities in health. EUR/ICP/RDP 416. Copenhagen: WHO.

Braveman, P. *Monitoring equity in health: A policy-oriented approach in low- and middle-income countries*, WHO/CHS/HSS/98.1. Geneva: WHO, 1998.

Dachs, N. *Inequidades en salud: cómo estudiarlas.* In: Restrepo HE & Málaga H Promoción de la salud: Cómo construir vida saludable. PAHO/WHO/Ed Médica Panamericana. Washington, DC: PAHO, 2000.

Web Page:

http://www.paho.org (Access Equity and Human Development)

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Women, Health and Development

Efforts to improve the biopsychosocial health of the entire population will require the redistribution of responsibilities and power between men and women, with a view to promoting equitable and sustainable human development at the local level.

Strategies recommended at the local level:

◗ Create the conditions and mechanisms necessary to ensure that men and women from different social groups, particularly the most disadvantaged groups, can participate on an equitable basis in community power structures that set priorities and allocate resources;

◗ Mobilize the different sectors of the community via standing committees or work groups, which should meet on a regular basis to identify solutions to the problem of domestic violence;

◗ Ensure that men are taken into account and they participate appropriately in the issue of reproductive health without disempowering women;

◗ Ensure that men and women from different social groups have access to quality resources and health care in order to meet their specific needs;

◗ Facilitate and implement the redistribution of employment and power by sex within health management, within the family, the community, and the health system as a whole.

Reference Materials:

Gomez, E. *Equity, Gender, and Health Policy Reform in Latin America and the Caribbean*. Washington, DC: PAHO, 2000.

Drennan, M. *Reproductive Health: New Perspectives on Men's Participation*. Population Reports, Series J, No. 46. Baltimore, MD: John Hopkins University School of Public Health, Population Information Program, 1998.

Pan American Health Organization *Towards an Integrated Model Approach to Intrafamily Violence: Expansion and Consolidation of Interventions Coordinated by State and Civil Society* Washington, DC: Women, Health, and Development Program, Pan American Health Organization, 2001.

Web Pages:

http://www.paho.org:/project.asp?SEL=OR&LNG=ENG&U=HDP&D=HDW

http://10.2.1.51/spanish/hdp/hdwmuje.htm

Electronic Network on Gender and Health (GENSALUD): gensalud@paho.org

Environmental Quality

The local environment, whether urban or rural, is an area of special importance, in which consistent efforts can be made toward solving people's problems and improving their quality of life.

Strategies recommended at the local level: *Primary Environmental Care (PEC)*

◗ Work together with all those involved at the local level to construct a primary environmental level, in line with the objective of achieving "Sustainable Development";

◗ Mobilize and encourage all citizens to become involved in maintaining the quality of the environment in their local areas and decision-making in that regard;

◗ Encourage and empower participants at the local level by caring for the environment, and train people to be environmental leaders to achieve sustainability at the local level;

◗ Help to build Healthy Municipalities by encouraging participation and environmental education at the local level;

◗ Establish local environmental management (primary environmental level), which should involve all local actors, especially the municipal government and the community;

◗ Identify local environmental problems that have a direct impact on the health and quality of life of the community or municipality in question: (Preparation of participatory environmental diagnoses), e.g.:

• Urban: air pollution (industrial and household); noise and water pollution; lack of paving; food security and quality; illegal burning; lack of green spaces; drinking-water supply; refuse dumps; rubble; unauthorized use of soil; pests; poor management of rainwater; natural disasters; chemical emergencies; etc.

• Rural: basic sanitation; waste management; erosion and deforestation; pesticides, etc.

◗ Conduct environmental surveillance, using environmental indicators.

Ecoclubs

◗ Promote and disseminate formation of "Ecoclubs";

◗ Promote activities involving Ecoclubs from other communities;

◗ Promote the International Ecoclubs Network;

◗ Highlight the importance of Ecoclubs in the training of future leaders, under the heading of environmental control and protection; participatory democracy, and efforts to train and instill a sense of responsibility in young people.

Reference Materials:

PAHO/WHO. *Primary Environmental Care*. Washington, DC, PAHO, 1998. (In Spanish, English, and Portuguese).

WHO/UNDP. *El camino saludable hacia un mundo sostenible - Salud, medio ambiente y desarrollo sostenible.*

PAHO. *Programa Marco de Atención al Medio para los Sistemas Locales de Salud en las Américas.*

◗ Video-cassette: "Atención Primaria Ambiental".

◗ Video-cassette: "Ecoclubes".

Web Pages:

http://www.paho.org/english/HEP/HES/hes_home.htm

CEPIS Pan American Center for Sanitary Engineering and Environmental Sciences: http://www.cepis.ops-oms.org.

Distance learning course: http://www.cepis.ops-oms.org/eswww/reucur98/cursoint.html

Environmental Quality
Healthy Work Environments

Focus actions on local governments, as agents of change, with a view to improving the physical, biological, chemical, psychosocial, and organizational factors influencing workers' health and well-being, and affecting municipalities' right to develop. Within the context of occupational health, promotion and protection are local issues, which consequently have a significant impact on legislation at that level.

Strategies recommended at the local level:

◗ Promote quality of life within working environments, emphasizing:

  a) A change of culture;

  b) Worker participation, on both an individual and collective basis, with a view to promoting healthy lifestyles and;

  c) Increased "empowerment" of the workforce in decision-making to ensure safe, healthy, and worthwhile employment conditions;

  d) Use various health promotion strategies, such as healthy municipalities, cities, hospitals, and hotels, and primary environmental care, in order to create healthy work environments and places.

◗ Incorporate workers' health into the primary care level;

◗ Disseminate information on and share the expertise gained in different countries in the region, utilizing electronic media (electronic networks such as PROM-SALUD and HECONet) and the mass media, and taking advantage of national and international events focusing on workers' health, safety, and well-being;

◗ Invite the governmental sector, the nongovernmental sector, the labor sector, the public and private sectors, and civil society to participate in project development.

Reference Materials:

PAHO. *Regional Plan on Workers' Health*. PAHO/WHO. Division of Health and Environment. Workers' Health Regional Program. Washington, DC, 6-7 May, 1999.

PAHO. *Strategic and Programmatic Orientations, 1999-2002*. Washington, DC: PAHO, 1999.

Plan de Acción para la PSLT 2000-01 Plan Regional de Salud de los Trabajadores: Organización de grupos y presentación de Guías de Trabajo. San José, Costa Rica, 15-17 March, 2000.

Informe: *Taller Estrategia de Promoción de la Salud de los Trabajadores en América Latina y el Caribe Temas: Empresas, Centros y Puestos de Trabajo Saludables*. San José, Costa Rica, 15-17 March, 2000.

Informe: *Sesión de Redes y Talleres: Promoción de la salud en los lugares de trabajo en América Latina y el Caribe: un plan de acción*. Mexico City, 5-9 June, 2000.

Web Page:
Discussion list PROMSALUD: promsalu@listserv.paho.org

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Basic Sanitation

It is the local authorities who are best placed to eliminate the health risks posed to the local population by poor quality water and solid-waste management and the deterioration of their homes and environments. It is also the local health authorities who are responsible for eliminating those risks.

According to PAHO's Division of Health and Environment, there are three interrelated aspects of this problem: basic sanitation, environmental risks, and health and environment in development. In addition to health, sanitation, and environment concerns, there is also the enormous demand in the Region for security, employment, and adequate urban environments.

The goals of the Organization for the Quadrennium are set out in its Strategic and Programmatic Orientations. Water and environmental sanitation have a key role to play in the reduction of morbidity and mortality in general, and for children in particular. Water disinfection is a basic need in the Region, and tremendous progress has been made in this respect over the past decade; a global evaluation of the decade shows that countries, municipalities, and cities have made impressive advances in the disinfection of drinking water, in terms of awareness and practice. This is an effort that should continue and a goal that is perfectly attainable.

Strategies recommended at the local level:

Water Supply and Basic Sanitation

◗ Promote water disinfection at the household level, where drinking-water supply is either nonexistent or sporadic;

◗ Disseminate and decentralize the educational theme of Inter-American Water Day (IAWD) and set up IAWD Coordinating Committees in each locality to carry out educational activities aimed at encouraging community participation;

◗ Distance learning for municipal services, covering around 50,000 inhabitants;

◗ Health education to develop good hygiene at Healthy Schools;

◗ Disseminate and establish contact with the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS/PAHO);

◗ Promote community participation in water and sanitation activities, especially in marginalized rural and urban areas.

Solid-Waste and Health Facilities

◗ Disseminate and promote the initiative "Keep Kids out of the Trash";

◗ Promote the training of administrators or local leaders by implementing the "Distance-learning Course on the Collection and Final Disposal of Solid Waste";

◗ Promote the implementation of projects to recycle, reuse, and make the most of solid waste.

Housing and its Environment

◗ Promote "healthy housing" and community participation in initiatives aimed at improving people's quality of life;

◗ Invite all members of the community and local government to participate in the Virtual Forum on Housing and Health;

◗ Promote and support housing networks;

◗ Promote the distance-learning system in order to ensure that initiatives are self-sustainable.

Reference Materials:

PAHO/CEPIS. *Desinfección y usos del agua a nivel domiciliario.*

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PAHO/CEPIS. *Desinfección del agua y alimentos a nivel domiciliario. Proyecto Demostrativo en comunidades rurales y urbano marginales del Perú.*

PAHO/WHO. CD-ROM ; *Calidad de Agua: desinfección efectiva.*

PAHO/WHO, AIDIS, CWWA, UNICEF. *Guía de trabajo sobre agua y saneamiento ambiental en las escuelas y comunidades de América Latina y el Caribe.*

PAHO/WHO. Serie *Autoridades Locales, salud y ambiente* (Download).

PAHO/WHO. *El impacto ambiental en la salud de los niños.*

PAHO. CD-ROM: *Red Interamericana de Centros de Salud en la vivienda.*

PAHO. *Programa Marco de Atención al Medio para los Sistemas Locales de Salud en las Américas.*

A Training Module is currently being prepared for agencies and/or entities that promote capacity-building in the area of local environmental management.

Web Pages:
CEPIS: http://www.cepis.ops-oms.org

Distance-learning course: http://www.cepis.ops-oms.org/eswww/reucur98/cursoint.html

http://www.paho.org/english/HEP/HES/hes_home.htm

Program on Noncommunicable Diseases

Noncommunicable diseases are the main health problem in the Americas. These diseases include cardiovascular diseases, cancer, and injuries due to external causes, such as trauma or injuries caused by accidents, suicide, or homicides. In an effort to address this problem, in 1995 PAHO developed its CARMEN Program (Actions for Multifactorial Reduction of Noncommunicable Diseases) as a practical tool for improving the health of the population by reducing the prevalence of risk factors associated with noncommunicable diseases. In order to meet these objectives, the program focuses on coordinated action involving interventions aimed at reducing a series of shared risk factors and noncommunicable diseases. In this way, at both the individual and community level, the program utilizes a range of combined interventions, geared to both the general population and high-risk groups, in this case, through local health services.

Strategies Recommended for Use at the Local Level:

◗ Implement promotion and prevention programs that address all risk factors related to noncommunicable diseases and unintentional injuries, such as:

  a) biological conditions: high blood pressure and high cholesterol; obesity and diabetes;

  b) unhealthy patterns of consumption: smoking, eating habits, alcohol abuse;

  c) absence of health-protection and promotion behaviors: sedentary lifestyles and failure to use seat belts;

  d) psychosocial factors: stress, social support, and working environments;

  e) specific risk factors related to the priorities of each municipality.

◗ Guarantee implementation of programs for the general population, basing interventions on the specific needs of the target populations, that is:

  a) children, young people, special populations, and high-risk groups, through different environments within the community, workplace, school, and health services;

  b) health professionals and other professionals, through their professional associations and workplace.

◗ Develop public policies and norms designed to build consensus among the relevant partners for implementing the activities and coordinating their efforts;

◗ Promote and encourage the training of health professionals to upgrade their skills, heighten their commitment to the prevention of noncommunicable diseases, and help to reorient preventive health services;

◗ Promote intersectoral actions;

◗ Develop methodologies for assessing not only the impact of interventions but also the processes involved.

Reference Materials:

CARMEN/CINDI 2000. Protocolo y directrices - Conjunto de acciones para la reducción multifactorial de enfermedades no transmisibles - Programa de intervención integrada de alcance nacional en enfermedades no transmisibles. PAHO/WHO. 1997. Basic information available at http://www.paho.org/English/HCD/HCN/IPM/CMN-hncarmen_1.htm

Manifesto de São Paulo para a Promoção da Atividade Física nas Américas - Agita São Paulo.

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PAHO/WHO/CDC. Proyecto "Muévete" - Manual del personal de salud - Evaluación y orientación médicas referentes a la actividad física.

*Process Evaluation Manua*l. WHO/ PAHO/WHO Collaborating Center for Policy Development and Implementation on Noncommunicable Disease prevention in Ottawa.

Web Pages:
http://www.paho.org:/Project.asp?SEL=TP&LNG=ENG&CD=CARDI

For information on cardiovascular disease statistics: http://cvdinfobase.ic.gc.ca

Sexually Transmitted Infections (STIs) and AIDS

Recent advances in the treatment of AIDS (notably, the increase in life expectancy among people living with HIV/AIDS) pose new challenges to local authorities in prevention and health care, in terms of promoting the health of people living with HIV/AIDS, their family members, and that of the general population.

Strategies Recommended for Use at the Local level:

◗ Promote actions designed to prevent sexually transmitted infections/AIDS, geared to the general population:

a) **Information, Education and Communication (IEC) Programs**-distribute pamphlets, booklets, radio and television commercial; show videos in waiting rooms, health services, doctors' offices, banks; create interactive games, etc.;

b) **AIDS Education Programs** geared to different population groups and locations, such as schools, community centers, sports associations, churches, and workplaces, either in the public private sector;

c) **Condom Distribution Programs** and the distribution of disposable syringes;

d) **Voluntary, Confidential Testing and Counseling**.

◗ Implement and/or expand health care services for people living with AIDS and their family members, at the various levels of care:

a) **Home:** secondary preventive measures (counseling and education on any clinical symptoms that may appear, and prevention of reinfection, focusing on safe sex and family planning, personal hygiene, and the environment); proper diet and nutrition; promotion of adherence to drug treatment regimens, through individual and family counseling sessions; keeping the public informed about psychological social, and medical support networks;

b) **Community:** provide counseling and emotional support through governmental and nongovernmental organizations and self-help or support groups; promote social interaction by creating community meeting-places; provide the resources necessary for an adequate diet, access to multidisciplinary health practices; legal and financial support; access to condoms and syringes; care for orphaned children; create daycare centers, administer drug banks;

c) **Health services:** pain management; training in personal hygiene and environmental awareness, safe sex, and family planning; nutritional assessment; syndromic management of sexually transmitted infections; clinical diagnosis of HIV-related diseases; tetanus vaccination; nutritional supplements; offer alternatives to breast-feeding; laboratory and clinical monitoring of the course of the disease.

◗ Promote the training and education of human resources to carry our activities in disease prevention and health care, through technical cooperation partnerships among the various governmental agencies (municipal, regional, or federal/national), and with international agencies.

Reference Materials:

PAHO/WHO. *Guía para la atención domiciliaria de personas que viven con VIH/SIDA*, 1999.

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PAHO/WHO/UNAIDS/IAPAC. *Building Blocks: Comprehensive Care Guidelines for Persons Living with HIV/AIDS in the Americas - Summary Report*, 2000.

WHO/UNAIDS/UNESCO. *WHO Information Series on School Health. Preventing HIV/AIDS/STI and related Discrimination: An Important Responsibility of Health-Promoting Schools*, 1999.

Web Pages:

www.paho.org (Access AIDS and STI)

www.unaids.org

Communicable Diseases: Dengue Prevention and Control

I n recent years the countries of Latin America have seen a significant increase in the incidence of dengue in its most serious form, hemorrhagic dengue fever. In order to prevent dengue outbreaks and epidemics and the possible reappearance of urban yellow fever (which is transmitted by the same mosquito, Aedes aegypti), political will, financial commitment, and comprehensive intervention will be required. It is municipalities, as the agents of change, that must spearhead this movement. Dengue transmission can be reduced only by controlling the vector. This requires health surveillance activities, human resources development, community participation, and mass communication, as well as intra- and intersectoral partnerships.

Strategies Recommended for Use at the Local Level:

◗ Promote environmental control measures that reduce *Aedes aegypti* breeding sites, emphasizing regular refuse collection, regular water supply and sanitation service, sanitary landfills, recycling, the reuse of solid waste (mainly cans and plastics), as well as reuse and recycling of tires;

◗ Promote prevention and control activities, stressing community participation, health education, and social communication, based on the sharing of experiences within local programs;

◗ Promote an intra- and intersectoral approach, encouraging joint projects and creating partnerships for all the proposed activities;

◗ Promote entomological surveillance activities aimed at vector control and the reduction of vector breeding sites;

◗ Strengthen the prevention and control of dengue by including it in school curricula, mainly at the primary or basic levels of the formal education system;

◗ Coordinate local and regional epidemiological surveillance activities with local initiatives, and upgrade laboratory research, medical services, and the capacities of institutional health care professionals; and

◗ Implement or enact legislation to strengthen and regulate the various factors and activities involved in the prevention and control of dengue.

Reference Materials:

Dengue and Dengue Hemorrhagic Fever in the Americas: Guidelines for Prevention and Control. PAHO/OPS- Publicación Científica 548, 1995. (http://www.publications.paho.org.english/moreinfo.cfm?Product_ID=291)

Blueprint for the Next Generation : Dengue Prevention and Control PAHO/HCP/HCT/136/99. www.paho.org/English/Gov/CE/SPP/SPP35_7-e.pdf

Strengthening Implementation of the Global Strategy for Dengue Fever/Dengue Haemorrhagic Fever Prevention and Control - WHO/CDS/(DEN)/IC/2000.1 http://www.who.int/tdr/diseases/dengue/pubs.htm

Promoción de Estrategias para el estímulo de la participación comunitaria y la educación popular en el control del dengue a través de la comunicación social – Reunión Subregional de los Países Andinos (Bolivia, Colombia, Ecuador, Perú y Venezuela) – April 2000- PAHO/HCP/HCT/172.00. http://www.paho.org/Project.asp?SEL=TP&LNG=SPA&CD=DENGU

Reunión Subregional sobre la Promoción de Estrategias para la Participación Comunitaria y la Educación Popular en el Control del Dengue a través de la comunicación social en los Países del Cono Sur (Argentina, Brasil, Chile, Paraguay, Uruguay) – May 2000 - PAHO/HCP/HCT/173.00. http://www.paho.org/Spanish/HCP/HCT/hct-173-00.pdf

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Reunión Subregional sobre la Promoción de Estrategias para la Participación Comunitaria y la Educación Popular en el Control del Dengue a través de la comunicación social en los Países de Centroamérica (Panamá, Belice, México y Rep. Dominicana) – May 2000 - PAHO/HCP/HCT/174.00. http://www.paho.org /Spanish/HCP/HCT/hct-174-00.pdf

Proceedings of the CAREC/PAHO Sub-Regional Dengue Meeting. Caribbean Countries and Territories (Aruba, Barbados, Belize, Cuba, Curaçao, Dominica, Grenada, Guyana, Montserrat, St. Kitts, Tobago, Trinidad, Turks and Caicos Islands) – June 1999- PAHO/HCP/HCT/171.00. http://www.paho.org/English/HCP/HCT/ UBD/Dengue_Caribe_1999.htm

Jugando en Salud – Dengue. Proyecto Control de Enfermedades Endémicas, Convenio PAHO/PCEE: Escuela de Malariología y Saneamiento Ambiental. Jorge Arias, Milady Sequeda de Guevara y Edison Vivas, 1999. http://www.paho.org/Project.asp? SEL=TP&LNG=SPA&CD=DENGU

Audiovisual Materials:

Mensaje de interés público – Dengue Hemorrágico, Dengue Prevención y Mónica y sus amigos. PAHO – 5 min.

Diagnosis y tratamiento del dengue y DHF. PAHO – 23:07 min.

Epidemiología, Diagnosis y Tratamiento del Dengue y DHF. PAHO – 29:08 min.

Evaluación de las Densidades del Aedes aegypti. PAHO– 8:46 min.

Métodos de Laboratorio para el Diagnóstico del Dengue. PAHO– 10:34 min.

Web Page:
http://www.paho.org/Project.asp?SEL=TP&LNG=ENG&CD=DENGU

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Expanded Program on Vaccines and Immunization

Vaccination is a preventive intervention that has a major impact on the general health status of the population, especially the infant population. It is therefore essential that the population be guaranteed permanent, free immunization service by the appropriate administrative channels.

Strategies Recommended for Use at the Local Level:

◗ Develop and strengthen immunization activities as a permanent activity of health-care teams, ensuring access to immunization against serious forms of childhood tuberculosis (BCG vaccine), poliomyelitis (Sabin vaccine), diphtheria, whooping cough, and tetanus (DTP vaccine), hepatitis B, meningitis, and pneumonia caused by the bacterium Haemophilus influenzae Type B (separate vaccines or combination vaccines: pentavalent DPT–HepB-Hib), measles (measles vaccine or measles, mumps, and rubella--MMR--vaccine), tetanus and diphtheria toxoid (Td, for women of childbearing age and other at-risk groups), yellow fever (yellow fever vaccine);

◗ Implement and participate in vaccination campaigns via national, regional, or municipal immunization weeks;

◗ Guarantee access by the target population to immunization programs, especially in remote regions where access to health services is difficult;

◗ Improve operational conditions and the sustainability of immunization program through investment in infrastructure, cold-chain equipment (refrigerators, coolers, thermoses, thermometers, etc.), maintenance, personnel training, organization, and local planning, as well as reliable records and the availability of vaccines and other inputs (disposable syringes, boxes for disposal of syringes with used needles, etc.);

◗ Perform annual evaluation of the local program situation, identifying risks, strengths, and weaknesses, working together with the Mayor's Office and organized civil society;

◗ Implement local planning to identify priorities and effective responses for each municipality;

◗ Strengthen epidemiological surveillance activities with regard to vaccine-preventable diseases and timely reporting;

◗ Implement permanent Information, Education, and Communication (IEC) program on the Expanded Program on Immunization;

◗ Mobilize resources to ensure funding of the local health plan, as well as vaccination and surveillance activities.

Reference Materials:

Recommendations and Conclusions of the 14th Meeting of the Technical Advisory Group on Vaccine-Preventable Diseases of the Pan American Health Organization, Foz de Iguazú, October 2000; http://www.paho.org/english/HVP/HVI/tag14_conclusions.pdf

Multidisciplinary methodology for evaluations of national immunization programs.

Guidelines for vaccination and monitoring of coverage at local level.

Guide to active case-finding for measles.

Web Pages:

www.paho.org

Vaccines and Immunization Division: http://www.paho.org/Selection.asp?SEL=TP&LNG=ENG&CD=DISVACIMUN

Measles: http://www.paho.org/english/HVP/towardsmeasl_err.htm

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Reducing Disaster Risk

The community itself is in the best position to reduce its own vulnerability and respond to disasters. In this regard, the following points should be considered:

◗ The health effects of disasters differ according to the type of disaster, the economic and political situation in the affected country and the degree to which its infrastructure is developed;

◗ Effective disaster preparedness reduces deaths and injuries;

◗ Most lives are saved in the first few hours after a disaster strikes. External aid always arrives late and is not as substantial as one might expect;

◗ The community itself is responsible for increasing or decreasing its disaster risk.

Strategies Recommended for Use at the Local Level:
Reducing Vulnerability

◗ Produce a risk map, using the community's knowledge of the surrounding natural hazards and focusing on the disasters that may occur;

◗ Identify priority areas of greatest risk to the community itself;

◗ Establish risk-reduction standards (earthquake-resistant buildings, improvements to sanitation and sewer systems, etc.);

◗ Ensure that new or renovated health facilities and water and sanitation systems are sufficiently earthquake-resistant.

Preparedness

◗ Draft municipal disaster plans;

◗ Designate an official to coordinate emergency response activities with people from different sectors;

◗ Prepare health workers and all members of the community to take part in a simulation exercise, at least once every two years, and help ensure that such activities are included in local legislation;

◗ Ensure that all sectors of the community (NGOs, schools, churches, community associations, etc.) participate in disaster preparedness planning;

◗ Train managers or those associated with risk and disaster management, both in the governmental and non-governmental sectors in health, disasters and development.

Response and Humanitarian Assistance

◗ Set up agreements with neighboring municipalities and/or the central level for disaster prevention and relief;

◗ Provide assistance to all disaster victims;

◗ Use SUMA, the Humanitarian Supply Management System, to ensure transparent management of external aid and prevent the duplication of efforts.

Reference Materials:

All PAHO/WHO publications on disasters can be read or downloaded from the web. Visit the website *www.paho.org/disasters* (click on Publications) to view the complete list of what is available. Individual copies of publications can be made available free of charge in the Caribbean (see address below). Some of the most requested publications are:

Humanitarian Assistance in Disaster Situations - A Guide for Effective Ai, 2000.

Natural Disasters - Protecting the Public's Health, 2000.

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Coping with Natural Disasters: The Role of Local Health Personnel and the Community: Working guide, 1989.

Natural Disaster Mitigation in Drinking Water and Sewerage Systems - Guidelines for Vulnerability Analysis, 1998.

Guidelines for Assessing Disaster Preparedness in the Health Sector, 1995.

Cohen, Raquel. *Mental Health Services in Disasters: Manual for Humanitarian Workers*, 1999.

Bryce, Cyralene. *Stress management in Disasters*, 2001.

Bryce, Cyralene. *Insights into the Concept of Stress*, 2001.

Web Pages:

http://www.paho.org/disasters: *web page of PAHO's Emergency Preparedness Program, it contains technical guidelines, full-text publications and information on meetings, courses, and training events.*

http://www.paho.org/english/ped/whendisa.htm: *contains a list of disaster authorities by subregion (Caribbean, Central America, and South America).*

http://www.crid.or.cr/crid/Index.htm: *CRID, the Regional Disaster Information Center) has a database of 12,000 references to disaster literature.*

http://www.disaster.info.desastres.net/SUMA: *SUMA is the regional standard in Latin America and the Caribbean for managing humanitarian aid. Download the software and users manuals from the web and keep up on the latest news.*

For More Information:
General questions: disaster@paho.org

54 *PAHO/WHO Subregional Disaster Office for the Caribbean:* disaster@cpc.paho.org

For questions about SUMA: funsuma@sol.racsa.co.cr

For information about publications: disaster-publications@paho.org