

CONTENTS

Page

INTRODUCTION

1.	BACKGROUND	1
1.1	The reduction of Investment in the Environment and Health in Latin America and the Caribbean during the 1980s	1
1.2	Deficiencies made manifest by the Cholera Epidemic	2
1.3	The Long-term Response: The Regional Plan for Investment in the Environment and Health for Latin America and the Caribbean	3
1.4	The Process of Formulation of the Regional Plan for Investment in the Environment and Health	4
2.	STRATEGIES FOR THE IMPLEMENTATION OF THE REGIONAL PLAN FOR INVESTMENT IN THE ENVIRONMENT AND HEALTH	7
2.1	Introduction	7
2.2	Strategies at the country level	8
2.3	Strategies at the international level	12
2.4	Strategies at the level of PAHO/WHO	14
ANNEX I.	Regional Plan for Investment in the Environment and Health	
ANNEX II.	Multilateral Fund for the Development of Preinvestment Activities for the Regional Plan for Investment in the Environment and Health	

INTRODUCTION

The economic stagnation that took place in Latin America and the Caribbean during the 1980s decreased public and private investment dramatically generating striking deficiencies in drinking water supplies, sanitation, and in the replacement and maintenance of health services equipment and physical infrastructure. As a result, presently 130 million people do not have access to drinking water supplies; 160 million lack permanent access to health services, and 300 million contaminate public water supplies and water sources utilized for irrigation. These deficiencies are evidenced by the violent outbreak of epidemics, such as cholera which have produced a state of emergency in a number of countries in the Region. Equally, there is strong concern for the high incidence of diarrheal disease in the Region, a major contributor to the approximately 130,000 deaths that occur annually among children under 5 years of age in the Region.

In order to cope with this environmental sanitation and social situation there is a need for a strategy which includes short- and long-term interventions. In the long-term it is essential to gradually overcome the enormous deficit in health services infrastructure, drinking water supplies, and basic sanitation.

This document presents the Background and Strategies for the Regional Plan for Investment in the Environment and Health (RPIEH), prepared following this objective. It

proposes some strategies for its implementation at the country-level for those countries participating, and at the regional level. The Plan also proposes the terms of reference to establish a Multilateral Fund for the Development of Pre-Investment Activities necessary for the implementation of the Regional Plan.

The Plan identifies the necessary investments required in the Region to overcome the aforementioned deficit. As indicated in Annex I, the Plan basically proposes taking in approximately US\$ 216,000 million for a 12 year period, 70% of the Plan will be financed using national resources and 30% through external funds.

To establish the Pre-Investment Fund (Annex II) it is proposed that contributions totalling US\$ 20 million must be attained in the first three years to develop the institutional capacity, and the technical and human expertise necessary to generate the projects and data necessary to support the negotiating processes for investing resources.

The Plan was prepared following Resolution XVII approved by the XXXV Directive Council of the Pan American Health Organization as a response to the mandate given by the I Ibero-American Summit of Presidents and Heads of State. Later, it was adopted by the II Ibero-American Summit and the Directive Council of the Pan American Health Organization who approved the development strategy within the Plan on September 1992.

REGIONAL PLAN FOR INVESTMENT IN THE ENVIRONMENT AND HEALTH

1. BACKGROUND

1.1 The Reduction of Investment in the Environment and Health in Latin America and the Caribbean during the 1980s

The social consequences of the economic crisis of the 1980s have led to increased inequality and poverty in most of the countries of Latin America and the Caribbean, a situation exacerbated by explosive population growth. Equally, a reduction in social sector spending during recent years has increased the deficiencies in basic infrastructure and public services. As a result, the essential needs of large sectors of the population have continued to go unmet.

The economic stagnation of the 1980s brought growth in Latin America and the Caribbean to a halt. Average per capita income in the Region declined, a situation aggravated by spending cuts in the social sectors. Whereas during the 1960s and 1970s public and private spending on social services had been growing at an average annual rate of 5%, during the 1980s it remained stationary. In several countries spending on health actually decreased, first in the area of infrastructure investment, and secondly, in operational areas such as salaries and supplies. Meanwhile, the population continued to grow at a rate of 2.2% per year.

In practical terms, the result was a real decline in social services, which coincided with a downward trend in the purchasing power of broad sectors of the population. Gross domestic investment, both public and private, plummeted during the 1980s, dropping from annual growth rates of 7.4% during the two preceding decades to a negative rate, which represented an average annual decrease of 3.2%.¹

As a result of stabilization and structural adjustment measures implemented in the countries of Latin America and the Caribbean during the 1980s, total public sector spending vis-à-vis GDP--which was already lower--declined further. Even more marked during that period was the contraction of public investment, which tended to decrease as a proportion of overall public sector spending, particularly in the social areas. This has resulted in a real reduction in human capital investment in the Region during the last decade, which in turn has limited the capacity to respond in the area of health and environmental sanitation.

¹ Inter-American Development Bank. Economic and Social Progress in Latin America, 1990.

One of the repercussions of this situation has been a reduction in investment for drinking water supply and basic sanitation and for the replacement, maintenance, and conservation of the equipment and physical plant of health services. In addition, it has been impossible to maintain an adequate level of current spending, which has impeded the normal operation of programs aimed at addressing prevalent problems and restricted administrative development as well as training of personnel for the sector. Moreover, resources for health and drinking water and environmental sanitation infrastructure have tended to be concentrated in large urban areas and have been available only on a selective basis or to those who had the ability to pay for them. This has left large segments of the rural and marginal urban population without coverage.

Recently, the international agencies devoted to the monitoring and analysis of economic development have detected signs of renewed growth in the economies of the Region, hopefully signaling a reversal of the trend toward stagnation of the past few years. This is a positive development and one which may mean that the worst of the crisis has passed. However, it is unlikely that this new economic growth by itself will be sufficient to offset all the inequalities and deficiencies that the crisis brought to a head.

1.2. Deficiencies Made Manifest by the Cholera Epidemic

The increasing deterioration of socioeconomic conditions and the reductions in social investment and basic infrastructure have aggravated poverty and placed ever-larger segments of the population in dire straits. Equally, it has created high-risk conditions conducive to the outbreak of virulent epidemics, such as the cholera epidemic which has produced a state of emergency in a number of countries in the Region. Between January 1991 and August 1992 nearly 650,000 cases of cholera occurred. The epidemic has struck virtually all the countries of Latin America and has been responsible for almost 5,000 deaths in the affected countries. As a result of these same deteriorated conditions, by the end of the 1980s other diarrheal diseases were causing close to 130,000 deaths in children under 5 years of age in the Region.

In order to cope with the health disaster produced by the cholera epidemic, a strategy involving short- and long-term interventions is needed. In the short term, emergency action has been required to ensure medical care, public information, epidemiological surveillance, strengthening of diagnostic and reference laboratories, food protection, disinfection of drinking water supplies, wastewater treatment, and proper disposal of excreta, so as to mitigate the effects of the disease in the affected countries. In this connection, PAHO/WHO, in coordination with national health institutions, has taken steps to develop short-term Emergency Plans for the Prevention and Control of Cholera in Latin America and the Caribbean.

However, the cholera epidemic has been, above all, a reminder of all the work that remains to be done in the long term in order to redress the profound cumulative deterioration of health and environmental services and in order to bridge the widening gaps in coverage for a growing population.

1.3 The Long-term Response: The Regional Plan for Investment in the Environment and Health for Latin America and the Caribbean

To gradually overcome the enormous deficit that has built up in the areas of health service infrastructure, drinking water supply, quality assurance of the water supplied, and basic sanitation, the Organization has formulated the Regional Plan for Investment in the Environment and Health. Prepared in close consultation with the countries of the Region, the Plan identifies the investments that need to be made during the next twelve years in Latin America and the Caribbean to alleviate the deficiencies that have accumulated over the decades in this area.

Satisfaction of the huge spectrum of unmet needs would help considerably to improve the quality of life for broad sectors of the population. However, if these needs are to be met, a firm political commitment must be obtained from the countries of the Region in order to ensure that a steady flow of financial resources will be channeled into operating expenses and investment in drinking water, basic sanitation, and health services.

The Regional Plan for Investment in the Environment and Health is a Regional frame of reference designed to make it easier to determine, within each country of Latin America and the Caribbean, the investments that need to be made over the next twelve years in order both to compensate for the lack of adequate health and environmental services and to meet the mounting needs of a growing population.

As part of the process of preparing this plan, an attempt has been made to quantify the basic needs for the expansion of coverage, as well as the rehabilitation and adaptation of the services, including both those relating to health care for individuals and those relating to environmental protection. In addition, an analysis of the technical and financial feasibility of the necessary investments has been undertaken.

The proposal is founded, basically, on the idea of channeling a sum of around US\$216 billion over a period of twelve years for investment throughout the Region. The Plan calls for 70% of this amount to be financed by national resources and 30% by contributions from external sources. This would involve an annual allocation of public and private national resources in an amount equivalent to 0.8% of the gross domestic

product of the Region for investment in the areas of environment and health--a level of investment which had been achieved during the 1970s before investments plunged in the 1980s. In addition, the Plan proposes the mobilization of concessionary and non-concessionary external funding in an amount of around US\$5 billion a year, which is the equivalent of 0.3% of the Regional GDP. The latter means that at least 20% of the external resources channeled into the Region every year would be earmarked for investment in health services, drinking water, basic sanitation, and other environmental action.

The investments proposed under the Regional Plan are urgently needed in view of the fact that in Latin America and Caribbean 130 million people lack access to safe drinking water, 145 million do not have sanitary waste disposal systems, 300 million are continuously fouling waterways, 100 million have no access to refuse collection systems, and 160 million do not have permanent access to health services.

The principles that underlie the Regional Plan for Investment in the Environment and Health stress the role of investment as an instrument for reorienting the sectors that are the intended beneficiaries of that investment. Such a reorientation implies more than merely building new infrastructure. It is not a matter of replicating current systems but of introducing into them the qualitative and quantitative changes that will make it possible to ensure universal access to health and environmental services and to attain better health and living conditions for the peoples of Latin America and the Caribbean.

1.4 The Process of Formulation of the Regional Plan for Investment in the Environment and Health

The Pan American Health Organization took on the task of developing the Regional Plan for Investment in the Environment and Health pursuant to Resolution XVII of the XXXV Meeting of the Directing Council of PAHO and in response to the mandate issued by the Ibero-American Summit of Heads of State and Government, held in Guadalajara, Mexico, in July 1991. The participants at that meeting underscored the need to give more attention to alleviating the deficiencies in health services, drinking water supply, proper treatment of wastewater, and basic sanitation in the countries of the Region.

As a first step toward formulation of the proposal for the Regional Plan for Investment in the Environment and Health for Latin America and the Caribbean, the Director of the Pan American Sanitary Bureau initiated a process of consultation with the Office of the President of the Inter-American Development Bank and the office of the Regional Vice President for Latin America and the Caribbean of the World Bank, with

a view to developing a strategy for the design and subsequent implementation of the Plan that would be fully articulated with the policies of both these multilateral lending institutions. Similarly, a constructive dialogue was sustained with other United Nations agencies, including the UNDP, ECLAC, and UNICEF, during the phase of preparing the contents of the Plan. In addition, the Ministers of Planning of Latin America and the Caribbean were informed of progress toward development of the proposal at their regular ILPES-sponsored meeting, held in March 1992.

At the XVIII Meeting of the Subcommittee on Planning and Programming of the Executive Committee of PAHO, held in April 1992, the Director submitted for consideration by the member countries a report describing the stage of development of the Regional Plan for Investment in the Environment and Health and proposed a preliminary outline of its contents. In his visits to the countries of the Region during 1991 and 1992, the Director of the Organization has discussed the matter extensively with the Heads of State and Government and with national health authorities in order to building the consensus needed to formulate the Plan.

Based on the suggestions made by the Subcommittee on Planning and Programming and in consultation with the countries of the Region and the multilateral lending institutions, steps were taken to finalize the Regional Plan for Investment in the Environment and Health in June 1992 (Annex I). This version was presented to the 109th Meeting of the Executive Committee, who in its Resolution XIII welcomed the proposal and supported launching actions leading to its implementation.

The Regional Plan for Investment in the Environment and Health for Latin America and the Caribbean, as well as a proposal for the creation of a Multilateral Fund of Voluntary Contributions for the Development of Preinvestment Activities for the Regional Plan, were included on the agenda of the II Ibero-American Summit of Heads of State and Government which brought together the leaders of 19 member countries in Madrid, Spain, on 23-24 July 1992. Both proposals were presented at the Summit, following consultation with the Ministries of Health, Economics and Planning, Foreign Affairs, and Public Works, all of which will play a role in implementing the Plan.

The Document of Conclusions issued in Madrid on 24 July 1992 by the Ibero-American leaders expresses full support for the Regional Plan for Investment in the Environment and Health, and its implementation in each country under the auspices of the Pan American Health Organization. The Document considers it a priority to apply a Regional level strategy that impedes in the future the spread of and prevents epidemics such as cholera and other diseases from becoming endemic. It also calls for the creation of the Multilateral Fund for Preinvestment Activities.

These expressions of political support from the highest levels, issued at the II Ibero-American Summit, make an important contribution to the consolidation of efforts in the countries of the Region to overcome the existing deficits in the areas of health and the environment.

In late July the Director discussed the proposal with the Ministers of Health of the English-speaking Caribbean countries, and he is working to have the subject included on the agenda of the next meeting of Heads of State and Government of the CARICOM countries.

As noted above, the Governing Bodies of the Organization have endorsed the Regional Plan for Investment in the Environment and Health in Latin America and the Caribbean. In addition, the Plan is receiving firm political support from the Heads of State and Government of the member countries. It is now time to outline the strategies for implementation of the Plan and lay the groundwork for the establishment and operation of the Multilateral Fund for the Development of Preinvestment Activities for the Regional Plan, as recommended by the Heads of State and Government during the II Ibero-American Summit.

The Directing Council, during its XXXVI Meeting, is therefore being asked to express its opinion regarding the strategies for implementation of the Regional Plan, which are presented below, and for the establishment and operation of the Preinvestment Fund (Annex II). Based on the decisions of the Directing Council on both matters, PAHO/WHO will be in a position to implement this initiative, which seeks to bridge the gaps that exist in the areas of environment and health in Latin America and the Caribbean.

2. STRATEGIES FOR THE IMPLEMENTATION OF THE REGIONAL PLAN FOR INVESTMENT IN THE ENVIRONMENT AND HEALTH

2.1 Introduction

The Regional Plan for Investment in the Environment and Health seeks to bring about, in the next twelve years, a significant change in the reality that has evolved in the areas of health and the environment in Latin America and the Caribbean over the past few decades. This presupposes a return to positive economic growth in the Region, a development which is already being forecast according to some projections, in order to fund the proposed investments and the respective recurrent costs. These costs will have to be shared by the Governments, the private sector, and the community, in order to sustain the infrastructure created by the Plan. In addition, it will be necessary to adopt measures that will ensure more efficient utilization of the resources mobilized under the Plan, as well as more equitable distribution of its benefits.

The fulfillment of these conditions will require the commitment and the participation of a variety of actors in health and other sectors, in both the public and the private spheres, and at the national and international levels. In addition, implementation of the Regional Plan for Investment will require the adoption of articulated strategies, which should focus on at least the following areas:

- (a) The countries of the Region involved in the formulation and execution of the Plan and will be its principal source of financing and its primary beneficiaries;
- (b) Multilateral and bilateral cooperation agencies who will participate in the Plan through the provision of political, technical, and/or financial support; and
- (c) PAHO/WHO, which is expected to play an active role in various ways in implementing the Plan.

The strategies proposed below have been formulated taking into account the evolution of the Plan up to August 1992. As work toward implementation of the Plan proceeds and as new participants are incorporated and unforeseen circumstances are encountered, it may be necessary to review these strategies and adjust the vision of the future upon which the Plan is based.

2.2 Strategies at the Country Level

2.2.1 Policies for Sectoral Reform and Investment

An attempt will be made to clearly delineate in each country the policies that will guide the processes of reform and investment in environment and health that the Plan seeks to support. These policies should be consistent with national policies and plans for development and with the commitments assumed by the country in the various international forums.

In some cases, such policies may have already been explicitly formulated. In this event, it will be suggested that they be reviewed to introduce any adjustments that may be required in the context of the country's participation in the Plan. In the case that such policies do not exist, it will be necessary to establish a consensus among the most important institutions in terms of investment in the environment and health to establish a basic set of policies that will guide the implementation of the Regional Plan in the country.

These policies should be developed at the appropriate level to ensure their acceptance by the various governmental agencies that will be involved in their implementation. In certain cases it may be necessary to enact legislation concerning the most relevant aspects of the Plan. In addition, in the formulation of these policies it will be necessary to take into account the expectations of the various sectors of society, among which it is considered that a consensus must be built in order to ensure the success of the Plan.

2.2.2 Sectoral Analysis

The proposed Plan (Annex I) has been prepared on the basis of Regional aggregate figures, which in turn are derived from official statistics from the countries and information obtained from international organizations. However, in the formulation of national plans and projects for reform and/or investment, more precise data and information will be needed on the visible and hidden deficits in coverage, the problems that sectoral reform will seek to remedy, and the public and private resources available within each country. The appropriate procedure for characterizing the situation of the countries in regard to their needs and possibilities for reform and investment in environment and health is sectoral analysis, which should cover at least the following areas:

- (a) The principal socioeconomic, political, environmental, and health factors and trends that are relevant to the Plan;
- (b) The national policies, programs, and projects relative to health and the environment; institutional characteristics; human resources; installed capacity;

technology; management and financing of the systems of health services and environmental infrastructure;

- (c) Qualification and quantification of the health and environmental deficits--visible as well as hidden, and current as well as future in the priority areas of the Plan;
- (d) The political, technical, and financial resources (public and private) available at the national level and externally that can be mobilized to support reforms and/or Investments in the Environment and Health.

This analysis should be carried out in all the countries during the first years of implementation of the Plan, with periodic follow-up analysis in subsequent years. To the extent possible, previous sectoral studies carried out by the countries and/or external specialized agencies will be utilized. The analysis will be conducted by national teams, preferably multi-institutional in composition, with support from the international agencies participating in the Plan. In view of the fact that analyses such as these are an essential component of the process of gaining approval for investment projects by international lending agencies, an attempt will be made to adopt methodological procedures that will meet the requirements of such agencies.

2.2.3 National Plans for Investment in the Environment and Health

Through the foregoing activities, it will be possible to design multi-year national plans to cover the twelve years contemplated under the Regional Plan, defining the priority health and environmental problems as well as indicating the interventions proposed in order to address them. In the countries that already have a national plan of this type, all that will be required is to bring it into line with the Regional Plan. However, in all probability, in many countries it will be the Regional Plan that will prompt the formulation of a national plan.

The national plans should seek, as much as possible, to be consonant with the country's national development policy, particularly in regard to the priorities for investment and institutional reform. In the event that the national development policy does not envisage the possibility of developing a plan like the one described in this section, it will be necessary to initiate a special dialogue with the national authorities at the highest level in order to seek other alternatives that will allow the country to benefit from implementation of the Regional Plan for Investment.

The multi-year national plan should provide guidelines for the activities of all the public and private institutions engaged in the areas of health and the environment within the

country and should also guide the mobilization of multilateral and bilateral technical and financial resources. In addition to its passage through formal channels at the level of State agencies, the national plan will need to be the result of consensus and agreement between the relevant institutions and representative organizations of civil society. The national plan should make explicit the assumptions on which its projections are based and should also point out any factors beyond the control of the participating institutions which might affect implementation of the Plan for Investment in the country.

The national plan should be prepared in such a way as to allow periodic review and updating as needed by changing socioeconomic and political circumstances, as well as the evolution of situations, resources, and technology relating to health and the environment. The multi-year national plan should also indicate the criteria, indicators, terms, and mechanisms for the monitoring and evaluation of both the plan itself and the projects formulated under it.

2.2.4 Profiles of Priority Projects

The national plan should indicate the priority projects to which investment is to be channeled to address the problems detected by sectoral analysis. Profiles of priority projects should be compiled in a portfolio of projects, which should be sufficiently flexible to permit, inter alia, periodic updating, revision to accommodate changing contexts, adaptation in response to new financing opportunities that may arise, etc. Of course, the portfolio should include all the projects identified in the country, independent of the source of financing or the institution slated to execute the project.

The portfolio of projects should be managed in a way that will guarantee access thereto by the various public and private institutions concerned with investment in the environment and health. In addition, it should be a key instrument for the negotiation of resources at the national and extra-national levels for implementation of the multi-year national plan.

2.2.5 Formulation and Negotiation of Projects

The formulation and negotiation of projects with national and external providers of financing will be another key stage in the implementation of the Regional Plan for Investment in each country. The projects envisaged under the Plan might be of two types:

- (a) Reorientation and development projects: Such projects involve political, technical, managerial, and/or financial macro-reorganizations that are

sectoral, interinstitutional, or institutional in scope (in the case of the principal sectoral institutions), as well as changes in the division of labor and the relationship between the public and private sub-sectors in the areas of health and the environment.

- (b) Projects to increase and/or restore physical infrastructure: Projects of this type are aimed at increasing and/or restoring the installed capacity of health and environmental services, including their human, physical, and technological resources.

As is the case with sectoral analysis, here also the information that must be submitted may vary depending on the financing agencies with which the project is being negotiated. In order to facilitate this process, it would be desirable for the principal agencies working in the Region to agree on a common set of specifications to be provided to the countries participating in the Regional Plan for Investment. An attempt will also be made to encourage these agencies to provide preferential treatment in the negotiation process to projects that fulfill the requirements established by common agreement in the context of the Regional Plan.

2.2.6 Methodological Development and Training

As will be seen below, the preinvestment stage of the Plan will consist of a series of activities carried out in the countries of the Region. The countries will be supported in methodological development and training of national teams, which will be responsible for carrying out preinvestment activities in general and sectoral analysis and formulation of projects in particular. This support will take into account the deficiencies existing in the countries, as well as the requirements of the major financing agencies, to achieve greater effectiveness and efficiency in the preparation and negotiation of projects. Also, the experience accumulated by the countries, PAHO/WHO, and various other agencies will be utilized to facilitate the training of national teams to develop health and environmental projects.

2.2.7 National Coordinating Commission for the Plan

It will be proposed to the government of each country participating in the Plan that a National Coordinating Commission be created which will comprise the principal public and private institutions concerned with health and environmental issues. The Commission's functions will include:

- (a) Drafting the policies that will guide the process of investment in the country under the Plan;
- (b) Supporting the national government in establishing a consensus among the groups concerned with health and the environment, which is necessary in order for the Plan to be implemented in the country.

In the event that the country already has a similar body, that body could take responsibility for carrying out the functions of the Commission.

2.2.8 Technical Secretariat for the Plan

It will also be proposed that the countries establish a multi-institutional technical-administrative secretariat which, without prejudice to the responsibilities of the individual institutions comprising it, will be responsible for the following functions:

- (a) Supporting the National Coordinating Commission as it carries out its functions of providing advisory services and establishing consensus;
- (b) Coordinating implementation of the preinvestment activities discussed above;
- (c) Updating the portfolio of projects profiles and the documentation relating to the multi-year plan and corresponding projects, and
- (d) Overseeing the monitoring and evaluation of the multi-year national plan and the preinvestment activities, proposing regular updates.

2.3 Strategies at the International Level

2.3.1 Creation of the Preinvestment Fund

Support for some of the preinvestment activities under the Plan will be provided through the Preinvestment Fund, the organization and operation of which are described in Annex II. In addition to financial support, technical support will be mobilized among the international and bilateral agencies involved in the Plan. Technical support will also be provided in the form of technical cooperation among the countries of the Region.

2.3.2 Importance of Bilateral and Multilateral Cooperation

Successful implementation of the Plan will require the political support, technical cooperation, and financial backing of the international community as a complement to the national resources to be mobilized for the same purpose. To this end, it will be necessary to establish an intensive effort of negotiation and consensus-building with other multilateral and bilateral agencies to overcome the differences between existing criteria and to coordinate action at both the international level and in the countries. The agencies whose participation is considered most critical in this alliance and the strategies to help gain support for implementation of the Plan, are listed below.

2.3.3 Multilateral Lending Agencies

The cooperation of the World Bank and the Inter-American Development Bank is crucial to implementation of the Plan, particularly in regard to:

- (a) Definition of basic assumptions and formulation of investment projects under the Plan, to identify the areas in which there is consensus with these agencies;
- (b) Reconciliation of the criteria, requirements, and specifications of the respective project cycles and pipelines for the preparation, evaluation, and approval of loan proposals;
- (c) Coordination of the activities regarding technical and financial support for preinvestment; and
- (d) Participation in the Preinvestment Fund as described in Annex I.

2.3.4 Agencies of United Nations and the Inter-American System

Negotiations with these agencies should be aimed at the mobilization of political support and technical cooperation for studies, projects of mutual interest, and training and preinvestment activities.

2.3.5 Bilateral Agencies in Developed Countries:

Technical and financial support will be enlisted from these agencies for the various activities related to implementation of the Plan, including participation in the Preinvestment Fund.

2.3.6 Bilateral Agencies in Countries of Latin America and the Caribbean

Technical and financial cooperation will also be sought from these agencies for the implementation of the Plan, including participation in the Preinvestment Fund.

2.4 Strategies at the Level of PAHO/WHO

2.4.1 Governing Bodies

The Governing Bodies of PAHO/WHO are privileged political forums for guiding and overseeing the implementation of the Regional Plan for Investment and the Preinvestment Fund at the Regional level, particularly in regard to the Organization's participation therein. The frame of reference for this participation is provided by the Strategic Orientations and Program Priorities for PAHO/WHO during the Quadrennium 1991/1994 and by those resolutions relating specifically to the Plan and the Fund which have been or may be approved by the Governing Bodies of the Organization.

2.4.2 Secretariat

In fulfillment of the mandates established by the Governing Bodies, the Director will adopt the measures necessary in order to ensure the Bureau's participation in the implementation of the Plan and the administration of the Fund. These measures will relate to the roles to be played by the PAHO/WHO Country Representations, the Regional Programs, and the coordinations and other units at Headquarters in the implementation of the Plan and administration of the Fund. An attempt will be made whenever possible to limit any changes in organizational structure at PAHO Headquarters in connection with the Plan's implementation. Preference will be given to mechanisms of internal coordination, including the formation of functional working groups depending on the projects or activities to be supported. Programming, monitoring, and evaluation of the process as a whole will be carried out utilizing, as much as possible, the mechanisms already available in the Planning, Programming, Monitoring and Evaluation System for PAHO's Cooperation (AMPES).