



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



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**MANAGERIAL STRATEGY FOR THE WORK OF  
THE PAN AMERICAN SANITARY BUREAU IN THE PERIOD 2003-2007**

This document is presented to the 44th Directing Council in response to Resolution CSP26.R18, adopted by the 26th Pan American Sanitary Conference. This resolution requests the Director to “present an analysis of the existing organizational characteristics and those required for the implementation of the Plan,” and “submit to the next Directing Council proposals reflecting the views of the Director with respect to the Plan and its implementation.”

The document reviews the challenges of the Pan American Health Organization for the improvement of the health and well-being of the population. It then presents the managerial strategy of the Secretariat, which takes into consideration the pertinent global and regional mandates for the period 2003-2007, and the subregional and national health development goals.

The Directing Council is asked to review and comment on the strategy with a view to contributing to the Secretariat’s efforts to improve our systems and managerial process in order to better serve our Member States.

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## **Introduction**

1. In 2002, the Pan American Health Organization celebrated its centennial, and with pride noted its innumerable achievements in all the countries and at the regional level. This track record of health improvements demonstrates that the Organization is in the mature stage of the life cycle of an organization and is poised for renewal in order to ensure that another 100 years is celebrated.

2. In September 2002, the 26th Pan American Sanitary Conference approved the Strategic Plan for the period 2003-2007; and in Resolution CSP26.R18, the Conference requested the Director to, among other things, “present an analysis of the existing organizational characteristics and those required for the implementation of the Plan;” and “submit to the next Directing Council proposals reflecting the views of the Director with respect to the Plan and its implementation.”

3. The ninth Director of the Pan American Sanitary Bureau (PASB) Dr. Mirta Roses took office on 1 February 2003. During the first six months of her tenure, the initial steps for the reorganization of the Bureau have been implemented to gradually adapt the structure and modus operandi of the Secretariat to the evolving program needs of the Organization.

4. The first part of this document is a review of the challenges being faced by Member States as they seek to improve the health and well-being of the people in the Americas and the general thrust of the response needed at the national and regional levels. The managerial strategy is outlined in the second part; the desired attributes of the Secretariat are identified; the previous situation is briefly assessed; and the transformation planned and the strategy to be employed to ensure that the Organization is poised to achieve its mission are detailed.

## **Challenges of the Pan American Health Organization**

5. During the PAHO Centennial countries celebrated the vast array of achievements in health and some of the thousands of health workers who contributed to these. All the actors in health remain inspired by a vision of a united Hemisphere committed to attaining the highest possible level of health for all its inhabitants, in which

- Governments exercise leadership and responsibility in calling on society as a whole to improve the health of the people, and
- Individuals, families, communities, and institutions are empowered to seek social justice by promoting health and protecting life.

6. The Organization must become the premier forum for public health in the Americas. In a world where the decision-makers and influencers of health development are at many levels in the countries and in the international sector, PAHO must be a consensus-builder and creator of partnerships, bringing together the defenders of health. Such defense must be based on the principles of social equity as embodied in Health for All (HFA), and promote the social protection of the excluded members of each society, as well as universal access to effective health services. As the Region marks the 25th anniversary of the launching of the goal of Health for All, no other organization or body in the Region of the Americas is better able to defend the social justice necessary to achieve this goal, and to advocate for the linkages between primary care and health promotion, and citizenship, human rights, and sustainable development.

7. The Millenium Development Goals (MDGs) present an opportunity as well as a challenge for countries. The MDGs place health at the center of the thrusts for development and this external endorsement should strengthen the health sector's promotion of increased attention and resources for health development in several related sectors. On the other hand, these goals do not represent the totality of the priorities that countries need to focus on and some of the goals are not realistic or feasible. As the necessary refining of the goals and targets is undertaken, countries and PAHO must advocate for the inclusion of the equity perspective and insist that progress towards the achievement of the goals be monitored at the subnational level and among groups in the society.

8. In order to improve the health of the people, Member States need to commit to the following common public health objectives:

- Develop and strengthen a culture of life and health;
- Develop healthy settings to create optimal living conditions and greater opportunities in life;
- Control risks and threats to public health, ensuring the quality and safety of the pertinent goods and services;
- Provide effective, timely responses to needs and demands; and
- Understand the determinants and processes involved in generating public health.

9. For this to be achieved, a next generation of reforms, now centered in people's health, has to be addressed. Greater attention will have to be placed to improving the performance of essential public health functions, to the improvement of public health infrastructure, to the extension of social protection in health, and to the interventions that can bring about greater equity in health.

10. At the regional level, it will be important that more countries take an active role in regional governance in health. For this purpose the Secretariat envisages that collectively the Member States of the Pan American Health Organization will deepen their understanding of the determinants and processes which contribute to public health objectives; develop shared values and agendas; adopt common rules and standards; manage multiple relationships and diverse situations; and search for inclusive mechanisms that clearly identify responsibilities of all partners.

11. Continued review of the role of and support for Governing Bodies will be necessary, in light of changes in the number and roles of stakeholders in health development and in the governance of States in the Region.

### **Response of the Secretariat**

12. The Strategic Plan for the period 2003-2007 provides major components of the strategic framework that will guide the Secretariat's response. This has to be complemented by the managerial approach detailed below of the desired improvements in the health situation in the countries.

### ***Priorities***

13. The vision, mission, and values of the Bureau guided the formulation of its Strategic Plan for the period 2003-2007 and the design and implementation of the managerial strategy that is being advanced. Keeping in mind the vision of being the major catalyst for health improvements in the Region, and to achieve the mission of leading "...strategic collaborative efforts among Member States and other partners...", the strategy seeks to improve the Secretariat's ability to stimulate action in the countries, to focus attention on those priorities where impact is urgently needed. The strategy aims to empower staff to work in a manner that enhances creativity and innovation in the design and implementation of the interventions for technical cooperation.

14. The Strategic Plan calls on the Bureau to focus on priorities in order to have a greater impact as we pursue our mission. Priorities have been identified in three areas among populations groups, countries, and technical areas.

15. The Special Population Groups are those that are known to suffer the greatest inequities in health in our Region: low income or poor populations, and groups marginalized or discriminated against due to their ethnicity or race, gender or age. The Secretariat will need to help countries identify these groups relevant to each health program and to design interventions that decrease the associated gap.

16. Priority is to be given to five Key Countries: Bolivia, Guyana, Haiti, Honduras, and Nicaragua. While the Secretariat will continue to cooperate with all countries, it will need to intensify its technical cooperation with these countries through new approaches if the gap among the countries is to be reduced. However, improvements in these countries will also require the Bureau to focus the attention of the other Member States on, and galvanize support from our international partners for, these countries.

17. There are eight Priority Areas for Technical Cooperation:

- (a) Prevention, control, and reduction of communicable diseases;
- (b) Prevention, control, and reduction of chronic noncommunicable diseases;
- (c) Promotion of healthy lifestyles and social environments;
- (d) Healthy growth and development;
- (e) Promotion of safe physical environments;
- (f) Disaster management;
- (g) Universal access to integrated and sustainable health systems for individual and public health; and
- (h) Promotion of effective health input into social, economic, cultural, and development policies.

18. The priority technical areas are not discrete and mutually exclusive. There are numerous linkages between the areas or components of areas. Thus the Secretariat needs to work in an integrated manner and can no longer afford to leave teamwork to the individual's preference. Consequently, the changes that are being implemented have both an organizational as well as a process dimension.

### ***Organizational Development***

19. Cooperating technically with countries and partners to address the challenges of the Organization and to achieve the objectives in the Plan require the transformation of the Secretariat at this time. The Organization needs to focus on priorities while at the same time being anticipatory and flexible if it is to be recognized as the first port of call for assistance in health development.

20. The need for change is also influenced by the changes taking place in the countries. In addition, there have been profound reforms in the United Nations as well as in the Organization of American States, the two systems to which PAHO is proud to belong.

21. For the last eight years, the structure of the Secretariat mirrored the structure of the Strategic and Programmatic Orientations (SPOs) with a managerial division for each of the five programmatic orientations and one special program. This has often been identified as one of the constraints to more interprogrammatic and sometimes even intraprogrammatic work. In this regard, the Classified List of Programs was sometimes viewed as a budgeting and accounting mechanism. Another characteristic of the previous structure was that staff offices operated in isolation and focused only on the internal needs of the Secretariat. There was little recognition of the advantage that could be taken of some of their technical expertise and work. The current managerial strategy seeks to introduce a different approach needed to address the shortcomings previously cited.

22. The development of the managerial strategy took into consideration the results gained from various analyses of the Secretariat. Managers identified the following areas for improvement: human resources, managerial processes and planning and evaluation. In addition, core competencies for managers and support staff have been defined and a study of the use of the AMPES instruments identified the need for policies in relation to teamwork.

23. The Director has drawn on feedback from staff including that obtained from managers at their annual meeting over the last eight years and on her own experience of having worked at several levels in the Organization.

24. There are four corporate objectives of the organizational change:

- (a) The central focus of the Secretariat's work will be in and with countries, while achieving a closer relationship between the national, subregional, regional, and corporate planning processes.
- (b) The Organization will be in the mainstream of health-related policy debate at all levels.
- (c) PASB will be recognized as the Region's premier source of health information and there will be increased networking and sharing of knowledge inside the Organization and between the Organization and its environment.
- (d) Priorities will be addressed through innovative approaches to technical cooperation and strategic management of the Secretariat's resources.

25. It is important that the budget policy supports the implementation of the Strategic Plan and of the other mandates. A working group of relevant experts from Member States and key staff will be established to review the regional budget policy, as recommended by the Subcommittee on Planning and Programming (SPP) in 2001.

### ***Managerial Approach to Technical Cooperation***

#### *Regional Programs—A New Orientation*

26. In keeping with the principle of Pan Americanism, regional programs will come to mean something different. No longer will this refer to the work of the regional technical units but to regionwide actions to address selected priorities for the achievement of goals agreed to collectively by countries. Regional programs will become calls for action within and among countries, supported by the coordinated and concerted efforts of all the levels of the Secretariat and all our national and international partners. The new paradigm builds on the experience and lessons learned from the now well-recognized success of the Expanded Program on Immunization. PASB will support countries to develop and execute plans in collaboration with stakeholders and partners; PASB's technical support will be comprehensive and intensive, integrating the management of resources to the issue.

#### *Technical Cooperation among Countries (TCC)*

27. TCC is another expression of Pan Americanism. Over the last 10 years, the Secretariat has worked to increase the understanding of the concept and potential of TCC for increased sustainability of interventions, and this has been recognized within the Secretariat and in the countries. Nearly all countries participated in TCC projects in the last biennium and the funds mobilized internally for this purpose has increased by 76% over the last two biennia. Managers will be encouraged to integrate this approach into the Biennial Program Budget (BPB) as one of the modes of technical cooperation (TC) to be programmed at the time of planning.

#### *Increasing the Country Focus*

28. Over the last two decades, PAHO has put in place the necessary structures and processes to make the decentralized country offices the functional gateway for cooperation with the countries. Among its priorities for 2004-2005, WHO has introduced a new focus on country cooperation; and PASB will take advantage of this to improve the strategic planning of its work at the country level and increase the integration of technical support being provided to a country. Medium-term country cooperation frameworks, named Country Cooperation Strategies (CCS), will be developed each year for selected countries based on specific criteria; and these will influence and focus the cooperation from all levels of PAHO and WHO in subsequent biennia. The use of task forces will ensure the planning, execution, and monitoring of integrated technical solutions. The placement of the Unit responsible for Country Support in the Director's Office indicates the priority to be given to this approach.



### *Information and Knowledge Management*

29. The rapid developments in information and communication technologies provide numerous ways in which PASB can increase the effectiveness and coverage of its technical cooperation and improve the efficiency of its operations. However, it must be remembered that while the Internet connectivity in the Americas is growing exponentially, millions still remain excluded. Information to improve the practice of public health must be harnessed and made accessible to the Secretariat, countries, and partners in a coordinated manner. Some of this will be facilitated through the restructuring and this will be complemented by increased networking inside and outside the Secretariat, the sharing of experience and knowledge through communities of practice.

### *Synergistic Actions*

30. Synergic action with more development partners will become evident in all spheres of our work. Outreach to nontraditional partners will be intensified at the country and regional levels, and the activities will range from the development of common agendas to the joint formulation and execution of projects. Within the Secretariat, the project management processes and instruments will be modified to facilitate interprogrammatic work.

### *Program Evaluation*

31. The current practice of program evaluation will be increased at the operational and strategic levels of the Secretariat. Support to countries to improve the availability and use of information for decision-making must become one of the common goals for all programs.

### *Strategic Management of Resources*

32. A new budgeting structure based on Areas of Work (AOW) instead of the Classified List of Programs has been introduced. This allows for more comprehensive grouping of activities regardless of units of execution and in this way facilitates better use of the budget as a strategic management tool. The number of AOWs has been reduced from 65 to 42 and in the streamlining these have been aligned, as far as possible, with those of WHO. More detailed analyses will assist the Director and the Governing Bodies to, among other things, monitor the extent to which resources are being reallocated to support the priorities of the Organization.

33. Through the program budgeting process, the linkage of the Secretariat's Expected Results with the WHO Global Expected Results (GER) will be established in relation to

the work at the regional and country levels. This will improve the quality and timeliness of reporting to the Governing Bodies and consequently the usefulness of monitoring and evaluation for future planning.

34. Organizational development will be a continuous process through which the Secretariat will strive to improve its effectiveness and efficiency. The process will be participatory, based on action or operational research and will maximize the expertise available in the Secretariat regardless of locus or level. The experiences of our Member States and partners will be sought directly through their inclusion in working groups, etc. In addition, institutional development will be important in our thrust to improve the effectiveness of the policy formulation and its interfaces with the governance level.

35. As a technical agency, our most valuable asset is our workforce and hence the change in name for the Department of Personnel to Human Resource Management is not cosmetic. The approach of human resource management will be comprehensive, with continuous planning and recruitment practices to improve the geographic representation among staff and proper application of the WHO reform policies for human resource management.

36. The PASB is fortunate to have staff with a high level of commitment to its mission and will support its workforce through staff development to promote increasing competencies for new technical challenges and emerging roles. There will be constant efforts to foster empowerment and innovation of individuals and teams, and to inculcate healthy approaches to work life.

37. The new structure responds to the corporate objectives and functional requirements of the managerial strategy outlined above. Key aspects to be noted are:

- (a) Further delegation at the executive level to four instead of three Office Directors. In the new managerial classification Directors head Offices; Areas are coordinated by Area Managers; and Units are led by Chiefs. This organization applies to both technical and administrative units.
- (b) The Country Support Unit is positioned in the Director's Office to give effect to the priority placed on the interaction with Member States by the Director.
- (c) The Areas of Emergency Preparedness and Disaster Relief and Information and Knowledge Management have been placed under the direct responsibility of the Deputy Director. The latter Area consolidates many information and knowledge management approaches, assets, and activities thus facilitating an integrated approach to our work.

- (d) The Office of Program Management has been established in keeping with the practices in many other WHO Regions. The functions of this Office bring together the vertical and horizontal integration of planning in the Secretariat and in countries. This new office facilitates better foresight and positioning of the Organization; integrates policy and planning and strategic budgeting and programming; and promotes integrated support to planning of health systems, investment planning, and improvement of the project management cycle in countries and the Secretariat.
38. To complement the above, new methods of work are being introduced:
- Increased participation of staff and other experts through work groups and task forces: the former will focus on policy issues while the latter will be asked to develop recommendations on management issues, processes, and procedures.
  - Teamwork will be institutionalized and staff will be challenged to play different roles for different initiatives or projects. The concept of a matrix organization will gradually be introduced.
  - The policy-making group and processes have been streamlined.
39. The process for change is always challenging and care has been taken to ensure that this proceeds in a transparent manner. The leadership has been shared through a Steering Committee and the continuous dialogue with managers. Staff have been encouraged to participate and there have been several consultations with stakeholders and partners. To support this, many channels of communication have been opened and feedback sought.
40. The administration will use formal and informal mechanisms to continuously assess the impact of the changes and make adjustments as necessary. Towards this end, measures and indicators will be developed to facilitate the monitoring and evaluation.
41. One of the important features of the process is the value placed on internal expertise in management and the introduction of the initial changes at no additional cost to the Organization and with minimal disruption in the delivery of technical cooperation at any level.
42. During the first six months, several actions have taken place and PASB's transition and renewal are well under way to better position PAHO to meet the challenges of the 21st Century.
43. The new structure and functional descriptions took effect on 1 March 2003 and 700 staff members have been reassigned to take advantage of their competencies and

experiences. This could only have been completed with the cooperation of all staff and the dedication of the Realignment Task Force and the Human Resource Management Area that ensured that the necessary revision of post descriptions and other paperwork was satisfactorily completed in time. Each staff member affected received a personal letter informing of his or her reassignment. New delegations of authority have been issued for each manager, at the level of office, area, and unit.

44. The projects and budgets in BPB 2002-2003 were realigned with no disruption of technical cooperation. For BPB 2004-2005, the same process was completed and in addition the program budget proposal was reconstructed in line with the new areas of work. This required collaboration among and within the units.

45. There has been continuous updating of and feedback from staff through e-mail, meeting of managers at all levels, and an Intranet clearinghouse. Staff has been encouraged to participate and over 500 of them participated in the weeklong discussions on the issues under consideration by the working groups.

46. The Director has kept Member States and partners informed of the transitional developments and seized every opportunity to consult ministers of health during their visits to countries and to Headquarters.

47. During the month of March, staff in the field as well as in Headquarters contributed to the deliberations of seven workgroups which are considering the following issues:

- Positioning PAHO in the 21st Century
- Optimizing Information and Knowledge
- Corporate Management
- PAHO Human Capital
- Strategic Alliances for Health
- Healthy Organization
- Country-Centered Strategic Cooperation

48. Reports from groups have been finalized and a change management road map for the next two years will be developed shortly.

49. The transition process will continue until 1 January 2004 when the “new beginnings” will take full effect with the implementation of the Program Budget for 2004-2005.

50. The Secretariat must transform itself if it is to meet the complex needs of countries in this ever changing world. If PASB fails to change, it fails to grow. For the 21st century, it is critical that the Secretariat operates as one team with the singular goal of improving the health of the Americas.

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