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WORLD HEALTH ORGANIZATION



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METHODOLOGY FOR THE FORMULATION OF THE STRATEGIC PLAN FOR THE PAN AMERICAN SANITARY BUREAU, 2008-2012

In September 2007, the Secretariat will present to its highest Governing Body, the Pan American Sanitary Conference, a Strategic Plan for the Pan American Sanitary Bureau for the period 2008-2012. This document sets out a methodology for development of the Strategic Plan.

The Strategic Plan for the period 2008-2012 will differ significantly from its predecessor. The Plan will define the PASB's regionwide expected results (RERs) – previously these were developed only in the Program Budget documents. The RERs will express the commitment of the Secretariat to answer Member States' call for action in the Health Agenda for the Americas (see document CD147/9). The RERs will also respond to the WHO's Organization-wide Expected Results (OWERs), and ensure the PASB's contribution to the Global Health Agenda in the 11th WHO General Program of Work.

This year, the 40th Session of the Subcommittee on Planning and Programming and the 138th Session of the Executive Committee reviewed a document that combined the Methodology for the Strategic Plan with the new Health Agenda for the Americas. In the interest of clarity, these themes have been separated for the consideration of the Directing Council.

The Directing Council is requested to consider the annexed resolution proposed by the Executive Committee.

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Background

1. It is now the established practice that medium-term plans are submitted to the Pan American Sanitary Conference (PASC) for approval. The previous four-year planning period was changed to five years beginning with the current plan (2003-2007). The continued emphasis on planning within the Region is reflected in the recommendations of the Working Group on Streamlining the Governance Mechanisms of PAHO (see Document CD47/9).

2. *The Midterm Assessment of the Implementation of the Strategic Plan for the Pan American Sanitary Bureau for the Period 2003-2007* (Document CD46/8) was endorsed by the 46th Directing Council in September 2005 (see Resolution CD46.R7). The key recommendations for the development of the next Strategic Plan were as follows:

- The categories of the existing Framework for Technical Cooperation should be used to determine the Secretariat's strategic priorities. This Framework classifies areas of work and expected results into three categories: Addressing the Unfinished Agenda, Facing Challenges, and Protecting Achievements.
- There should be clear accountability for achievement of objectives.
- Data must be available to measure achievements: the Strategic Plan will use objectives and indicators for which data are already available at the start of the planning period. All objectives/indicators will contain baselines and targets.
- In order to ensure that the next Strategic Plan is realistic and achievable, it should include resource strategies, i.e. an analysis of funding sources and levels needed to meet the Secretariat's objectives.
- To ensure that PAHO leverages its limited resources and achieves the greatest impact in the health sector, the Organization's strategic objectives should be elaborated in light of the activities of all players in the health sector in the Americas.

3. In accordance with Resolution CE136.R3, adopted by the Executive Committee at its 136th Session in June 2005, the next Strategic Plan for the work of the Pan American Sanitary Bureau 2008-2012 should take into account the findings of the report and recommendations of the Working Group on PAHO in the 21st Century, the institutional changes within the Pan American Sanitary Bureau (PASB), and the recommendations of the Special Report of the External Auditor.

A New Planning Process

4. For the period beginning in 2008, several innovations are underway not only for the Secretariat's corporate planning process, but for overall health development in the region. The key development is the new Health Agenda for the Americas 2008-2017, which is being developed by Member States and will establish goals for all actors in the health arena for the ten-year period. The Health Agenda is described in document CD47/9, and is discussed here only as it relates to the PASB's Strategic Plan.

5. The Strategic Plan 2008-2012 will have the following characteristics:

- The key planning element of the Strategic Plan will be regionwide expected results (RERs). The RERs will define the Secretariat's contribution to the Health Agenda's goals, and will be the regional equivalent of WHO's Organization-wide Expected Results (OWERs). The Secretariat will be accountable to Member States for achievement of the RERs, which will depend largely, if not exclusively, on the actions of the Secretariat.
- The Strategic Plan's RERs will be used in the respective biennial program budgets for the planning period, thus facilitating aggregation of results and simplifying reporting to Governing Bodies.

6. The following diagram depicts the relationship between planning instruments and operational results under the new scenario:

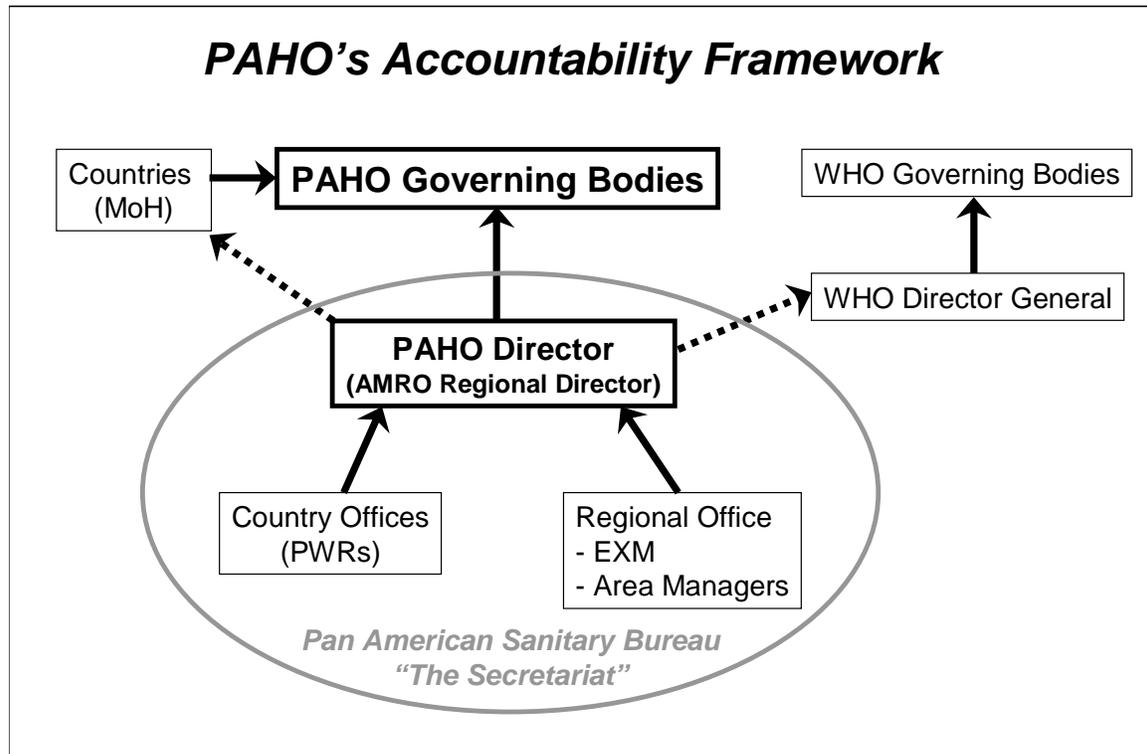
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Strategic Planning Principles

Accountability

7. The Pan American Sanitary Bureau is first and foremost accountable to its Member States. This relationship is formalized through the appointment of a Director of the PASB to implement the priorities and programs of the Organization. Governing Bodies determine what those priorities and programs should be. The Pan American Sanitary Conference is the supreme governing authority of the Organization, as set out in the Constitution of the Pan American Health Organization. Thus, in terms of the strategic planning and reporting of programmatic results, the Secretariat (in the person of the Director) remains accountable to the Pan American Sanitary Conference, to which timely updates and reports on the achievement of results will be reported.

8. In the interest of clarity, the following diagram depicts key accountability relationships.



Results-based Planning and Management

9. The principles of results-based planning and management will be manifest in the development of the Strategic Plan. The RERs will be set out in concise, measurable terms, with explicit causal relationships between the RERs and the Goals contained in the Health Agenda. RERs will also be defined through SMART (specific, measurable, achievable, realistic, and timely) indicators.

Maximizing Participation

10. The planning process will seek to maximize stakeholder participation and ownership. Consultations will be held as widely as possible and structured in a manner that will enable the Organization to benefit from the views and experiences of a wide cross section of individuals and organizations. In this regard:

- Consultations will be organized with Member States and health partners, largely through existing meetings and electronic communications to minimize costs.
- The Member State-comprised Working Group developing the Health Agenda will be consulted for input and guidance in the development of the Strategic Plan.

- PASB staff will be encouraged to make individual contributions to the Strategic Plan. Virtual consultations and face-to-face consultations (in the Annual Managers Meeting and other forums) will be used to maximize staff input.
11. The Secretariat will endeavor to develop a Strategic Plan that reflects the views, concerns, and aspirations of the PASB's Member States and staff.

Country Focus

12. The Strategic Plan will be country-focused, in keeping with the orientations contained in Document CD46/19 Country-focused Cooperation and National Health Development. In the planning process, existing Country Cooperation Strategies (CCS), will be analyzed and used as one means to ensure that the needs of countries are identified and prioritized. At the same time, care will be taken to maintain PAHO's multinational perspective since the Organization's greatest impact is often on health issues that cross borders and regions. The Plan will thus address health gaps among and within individual countries.

Operational Relevance

13. The Strategic Plan will be operationally relevant for countries and for the PASB staff. The expected results contained in the Strategic Plan will be directly linked to program budgets for the respective planning period, enabling regular monitoring of performance and ease of reporting through aggregation of data in the AMPES (planning and reporting) system.

Planning Environment

14. This section highlights factors and issues in PAHO's environment to be addressed in the planning process.

World Health Organization

15. PAHO's relationship with WHO has enabled the Region to strengthen its participation in health development worldwide, an essential modality due to the increased global dimensions of public health. The synergies and complementarity between the two organizations have increased in recent years, allowing PAHO to leverage international resources for the benefit of its Member States.

16. At the same time, PAHO's relationship with WHO has broad implications for strategic planning, programmatic implementation, and managerial functions and systems:

- PAHO's greater alignment with WHO has significant implications for financial and programmatic planning and reporting.
- In keeping with the implementation of results-based management, WHO is for the first time preparing a medium-term strategic plan (MTSP) for 2008-2013 that will set out WHO's strategic objectives and organization-wide expected results (OWERs). PAHO's own Strategic Plan will take into account the OWERs in the development of the Region's own regionwide expected results. The RERs will be the contribution of the Americas to the achievements of the OWERs.

17. The Secretariat seeks to harmonize the programs and objectives of PAHO and WHO, while at the same time maintaining the regional specificity that allows PAHO to address its Member States' concerns and priorities. Maintaining PAHO's added value to its Member States as the health organization of the inter-American system, as well as the Regional Office of the World Health Organization, is integral to the PAHO Constitution. A graphic representation of the planning and reporting relationship between WHO and PAHO follows:

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18. The benefits of this approach:

- Ensures PAHO's contribution to WHO at the programmatic level, without losing PAHO's flexibility to define its priorities and operations to meet region-specific needs.
- Allows for creativity and innovation that can benefit the global Organization.
- Allows for consultation and input from the countries of the Americas and PAHO/WHO Representatives (PWRs).
- Provides for participative and country-focused development of regionwide expected results.
- Reduces planning and reporting demands on technical areas by eliminating duplicative reporting.

External Environment

19. PAHO's external environment can be divided in the following main categories: closely related organizations—the Organization of American States and WHO (discussed above); multilateral partners, including other United Nations bodies and the international financing institutions; and subregional bodies. The strategies and programs of all these organizations figure in the PASB's strategic planning process.

Organization of American States (OAS)

20. It will be important to ensure that the Strategic Plan incorporate the mandates of the Summit of the Americas. Over the years, health-related objectives have been enunciated by this forum, and PAHO has been given direct responsibility for coordinating the implementation of several of these objectives. Building on this thrust, joint plans of action will be developed with the OAS, and its respective specialized bodies, such as: the Inter-American Institute for Cooperation on Agriculture, Inter-American Commission of Women, Inter-American Commission on Human Rights, and Inter-American Drug Abuse Control Commission (joint technical publications).

United Nations (UN)

21. At the multinational level, the Development Goals of the Millennium Declaration (MDGs) are the highest-level UN goals to which PAHO contributes. The RERs will make explicit the contribution of PAHO's programs to the achievement of the MDGs.

22. Reviews of the strategic frameworks of the UN agencies and of the available United Nations Development Assistance Frameworks (UNDAFs) for countries in the Region will help ensure consistency and complementarity with the ongoing efforts of our UN partners.

Subregional Bodies

23. The Regional Program Budget Policy formalized PAHO's support for the subregional integration processes. The Strategic Plan will respond to the priorities and needs of the subregions. Subregional health plans will be developed and ongoing dialogue commenced with the subregional health entities to ensure implementation of those plans and to formulate required technical cooperation.

Financing Institutions and Global Partnerships

24. The largest financial contributors in the public health sector today are the multilateral financing institutions and new global partnerships (e.g. the Global Fund to Fight AIDS, Tuberculosis, and Malaria; and the Global Alliance for Vaccines and Immunization). The Strategic Plan will include strategies and guidelines for the PASB to help guide investments in the health sector and to leverage its own limited resources through cooperative agreements and joint programs.

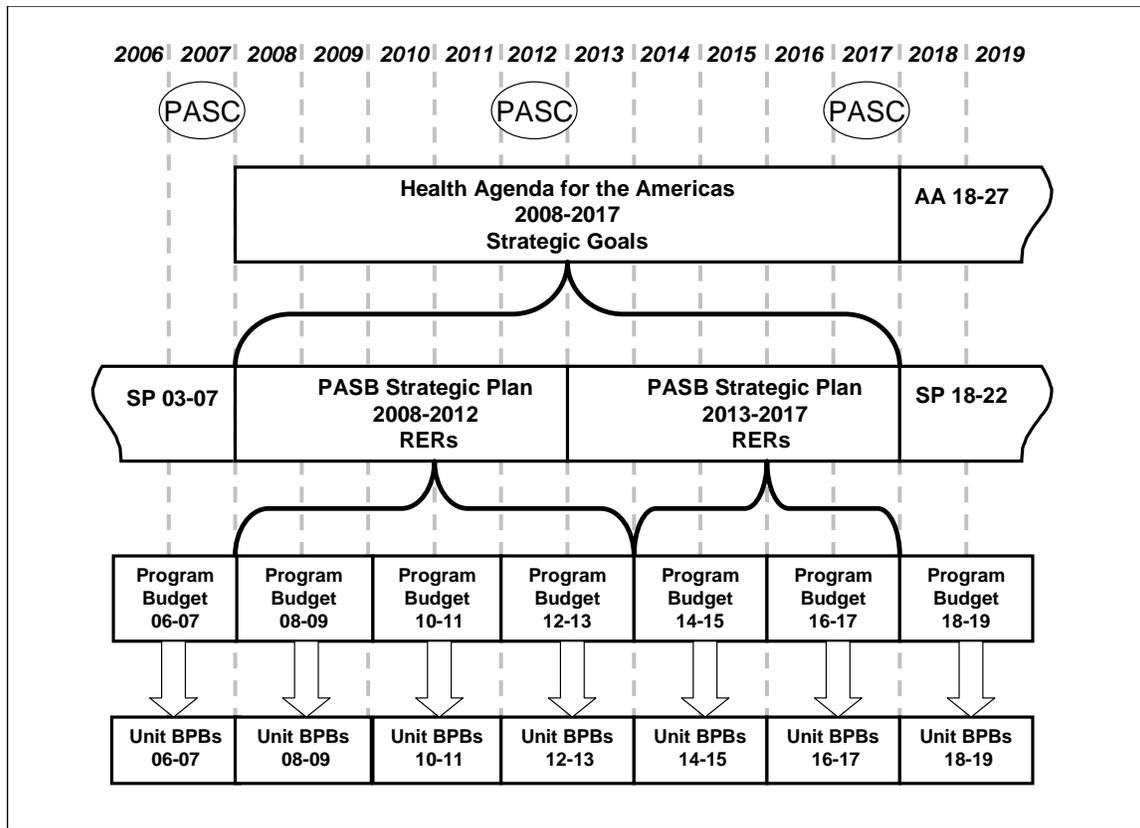
Internal Environment

25. The strategic planning process will take advantage of the numerous surveys and analyses that have been undertaken within the current Roadmap Initiatives. The definition of the Secretariat's corporate response will be led by the newly created Institutional Development Unit which coordinates the recommendations of the Roadmap teams, including those on the reorientation of the regional public health plans, the resource mobilization strategy, internal communication strategy, and the human resource strategy. Further, the analysis of the internal environment will take into consideration the actions included in the Results-based Management: Plan of Action for the Pan American Sanitary Bureau (see Document SPP40/9).

Aligning Planning Instruments

26. There currently exists a situation where every 10 years a program budget is "split" across two strategic planning periods (see the diagram in paragraph 36). The Joint Inspection Unit's report (Document CD46/23, Add. I) suggests extending the period covered by the Strategic Plan from five to six years in order to address this problem. While this suggestion is consistent with WHO's new six-year MTSP and would facilitate planning and reporting tasks by allowing each Strategic Plan to cover exactly three biennial program budget cycles, it is impractical owing to the cycle of the Pan American Sanitary Conference, which meets every five years and approves the Strategic Plan. While this is not a constitutional stipulation, the Secretariat does not recommend changing the practice without full consideration by Member States.

27. The proposed solution to the program budget versus strategic planning periods is to designate RERs in program budgets as depicted in the diagram below.



28. Thus, each program budget (and therefore unit-level BPB, as included in the AMPES system) is clearly linked to the RERs in a Strategic Plan. The consequence of this proposal is that the RERs contained in Strategic Plans will de facto cover alternating four- and six-year periods. Governing Bodies will need to acknowledge and accept this modality when they consider planning and reporting documents.

Process for Developing the Content of the Strategic Plan

29. The following section lists each major element of the Strategic Plan, the respective task and deadlines.

Situation Analysis

30. Task: Perform analysis of the external and internal environments, including those elements discussed above.

31. Deadline: 15 September 2006.

Regionwide Expected Results

32. Task: Develop RERs, including indicators and resource requirements. RERs will be the Secretariat's response to the Health Agenda's strategic goals as well as the WHO Medium-Term Strategic Plan. The RERs represent PAHO's contract with its Member States: once approved, monitoring and reporting against RERs will form the core of the Secretariat's reporting responsibilities to Governing Bodies for the entire planning period (notwithstanding periodic adjustments as mutually agreed upon).

33. Deadlines:

- Draft RERs completion: 30 October 2006.
- Consideration at the PASB Annual Managers Meeting: November 2006.
- Endorsement by Executive Management: December 2006.

Implementation Strategy

34. Task: Develop a strategy to ensure programmatic implementation of RERs.

35. Deadline: 30 December 2006.

Resource Strategy

36. Task: Based largely on the existing resource mobilization strategy, develop a high-level resource strategy for the activities described in the Strategic Plan, including:

- Cost estimates to achieve RERs
- Projected funding sources (regular and voluntary)

- Strategy to address projected shortfalls.
37. Deadline: 15 January 2007.

Monitoring and Evaluation

38. Task: Determine how implementation of the RERs will be monitored on an ongoing basis and periodically evaluated. This system will use existing information system tools (notably AMPES) wherever possible, with a view to streamlining reporting requirements.

Note: This section refers to the monitoring and evaluation of programmatic performance; financial tracking systems are already in place.

39. Deadline: 15 January 2007.

Communication Strategy

40. The communication strategy to be developed will cover the entire development and implementation period of the Strategic Plan. The objective of the strategy will be to inform all stakeholders (Member States, Governing Bodies, staff and external partners) of their roles and inputs in the planning and implementation processes, and to encourage their fullest participation. The strategy must also inform on the consultation processes and provide feedback to participants/stakeholders. In the implementation period, the communication strategy will provide timely and relevant feedback on the successes and issues arising through monitoring of implementation. The strategy will utilize all existing communication mechanisms and information systems of the Organization:

- CCS consultative process
- Annual consultations with countries
- PAHO newsletter
- Internet Web site
- Intranet
- Others as appropriate

PASB Strategic Plan Review and Approval

41. The following table shows the timing of submissions to the Governing Bodies for review, endorsement, and approval.

| <i>Action</i> | <i>Date</i> | <i>Result</i> |
|--|--------------------|---|
| 1st draft of the Strategic Plan submitted to the Subcommittee on Program, Budget, and Administration | March 2007 | Comments for revision and submission to Executive Committee |
| 2nd draft of the Strategic Plan submitted to the Executive Committee | June 2007 | Endorsement for approval by PASC |
| Final Strategic Plan submitted to the Pan American Sanitary Conference | September 2007 | Approval |

Action by the Directing Council

42. The Directing Council is requested to consider the annexed resolution proposed by the Executive Committee.

Annex



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



138th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 19-23 June 2006

CD47/9 (Eng.)
Annex

RESOLUTION

CE138.R21

METHODOLOGY FOR THE FORMULATION OF THE STRATEGIC PLAN FOR THE PAN AMERICAN SANITARY BUREAU, 2008-2012

THE 138th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed Document CE138/9 “Methodology for the Formulation of the PASB Strategic Plan for the Pan American Sanitary Bureau, 2008-2012”;

Acknowledging the briefings provided by the Rapporteur of the Subcommittee on Planning and Programming (SPP) and the Rapporteur of the 18 June 2006 special meeting regarding the Health Agenda for the Americas; and

Having arrived at a consensus among the Members of the Executive Committee regarding this matter,

RESOLVES:

To recommend to the Directing Council the adoption of a resolution along the following lines:

THE 47th DIRECTING COUNCIL,

Having reviewed Document CD47/9 regarding the development of the Strategic Plan for the Pan American Sanitary Bureau, 2008-2012;

Recognizing that the Strategic Plan will be the Secretariat's response to the goals set out in Health Agenda for the Americas;

RESOLVES:

1. To approve Document CD47/9 regarding the development of the Strategic Plan for the Pan American Sanitary Bureau, 2008-2012.

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