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**PERFORMANCE ASSESSMENT REPORT
OF THE BIENNIAL PROGRAM BUDGET OF THE
PAN AMERICAN HEALTH ORGANIZATION, 2004-2005**

ADDENDUM

In response to the request of the Delegate of Canada at the 138th Session of the Executive Committee in June 2006, this document provides a complete explanation regarding the Areas of Work of the Organization, outlined in the 2004-2005 Biennial Program Budget, which underperformed and is an addendum to the Performance Assessment Report (Document CD47/10).

Introduction

1. As noted in the Performance Assessment Report of the Biennial Program Budget (BPB) (Document CD47/10), the assessment of achievements against the indicators from the 2004-2005 Program Budget was challenging. Given the fact that neither baselines nor targets (i.e. empirically verifiable data) were included in the 2004-2005 Program Budget, the post-implementation exercise was by necessity a self-assessment, where technical staff in the Secretariat provided their best estimates on achievements compared to what were admittedly less-than-ideal indicators. It is worth noting that this problem was addressed in the 2006-2007 Program Budget, which does include targets and baselines for each indicator. Further refinement in this respect is planned for the 2008-2009 Program Budget, which will be submitted to Governing Bodies in 2007.

Expanding on the Assessment

2. In response to Canada's request during the 138th Session of the Executive Committee for an explanation regarding underperforming Areas of Work (AoWs) (interpreted as those with achievement levels below 70%) in 2004-2005, a call for explanation was sent to relevant technical staff. Their responses are assembled here, listed by Area of Work.

3. It should be noted that, based on the request for additional information, some of technical units responsible for reporting on an Area of Work provided a greater depth of analysis and level of detail than was available prior to the Executive Committee. Based on this expanded analysis, including more precise information regarding indicators that were "partially achieved"¹, some of the Area of Work achievement levels were revised. While for the sake of consistency, these revisions are not included in the main Assessment document (only underperforming Areas of Work were given the opportunity to review their inputs), they are noted here in brackets as additional information for the consideration of Member States.

4. Finally, the Secretariat would like to recognize the imperfect nature of both the 2004-2005 Program Budget document and the Assessment of its achievements, and reiterate that in terms of both programmatic planning and reporting the process is continually being improved. In keeping with the implementation of results-based management in the Organization, the Secretariat looks forward to providing more objective and complete plans and reports on programmatic performance to its Member States.

¹ In accordance with the methodology elaborated in the main Assessment, the reader will note that a value of 25% was assigned to all indicators classified as "partly achieved"; while necessary due to time constraints and for the sake of consistency, clearly this resulted in some Areas of Work showing less progress than was in reality the case.

5. With the above in mind, the following are explanations for those AoWs with an achievement level under 70%.

6. *1.2 GPD Program Development and Management.* The GPD expected results that were partially completed are related to the Pan American Sanitary Bureau's institutional development: programming, monitoring, capacity building on project cycle management, and evaluation. Most of these tasks related to upgrades in and modifications to the American Region Planning, Programming, Monitoring, and Evaluation System/Office Management Information System (AMPES/OMIS), as well as user training. Progress was made introducing new features to expand AMPES functionality and to make it fully results-based management (RBM) compatible, but the process is ongoing. Likewise, training in the field and at Headquarters is ongoing. With regard to capacity building on project cycle management, manuals and training materials were completed, but training has been delayed to coincide with periodic budget planning. Extrabudgetary initiative (EBI) follow-up requirements were included as a pilot in the Information Technology Services (ITS) program, and the system is functional, but full access by users needs improvement. With regard to evaluation, this function was postponed pending the establishment of an appropriate organizational unit. The evaluation function has now been placed within the Internal Oversight Services Unit under the Office of the Director.

7. *2.1 ECO External Relations and Partnerships.* The expected results that were partially completed relate to work with nongovernmental organizations (NGOs), the Shared Agenda Initiative, and interagency coordination on the MDGs. In the first half of 2004, the External Relations and Partnerships Unit (RP) turned over responsibility for NGOs in official relations with PAHO to Governing Bodies (GB). An attempt by PAHO to reorient the core strategic direction of the Shared Agenda Initiative towards achievement of the Millennium Development Goals (MDGs) during a 17 March 2004 meeting with the Inter-American Development Bank and the World Bank did not succeed due to a lack of consensus among the three partners on a number of issues. The potential exists to continue the Shared Agenda Initiative, but this has been impeded by recent leadership and staff changes in the two banks. Since 2005 responsibility for interagency coordination and development of strategies and initiatives for health-related MDGs has become the responsibility of the Area of Sustainable Development and Environmental Health (SDE). Regarding the articulation with foundations, the public, and civil society organizations (CSO) which has been strengthened, the level of achievement has been revised to "Full" on the basis of information that was not taken into account in the original submission. [Revised achievement level, based on additional information provided: 82.3%, versus 61.7% reported in the Assessment.]

8. *3.3 NHD Support to National Health Development.* The expected results that were partially completed are related to the increased capacity to manage and coordinate national and international cooperation; advocacy and/or planning with health development partners; strategic focus of the PAHO/WHO Program; and support for sub-regional integration processes. National databases to enable countries to monitor external cooperation are still being developed in Key Countries. Likewise, national interagency mechanisms to develop common policies and approaches from the donor community are in process; this is part of a broader strategy to be embraced by the donors involved in health. PAHO's participation in UN interagency groups in countries is expanding. With regard to strategic focus, four of the Key Countries have completed their Common Country Strategy (CCS); however, due to political and security issues, it was not possible to carry out a CCS in Haiti. Health situation analyses have been prepared for each sub-region, but a specific health agenda by subregion was only completed in a preliminary version for the Caribbean, following the subregional CCS exercise for the Eastern Caribbean. The BPB for the current biennium assigned resources to develop a specific health agenda for the other subregions.

9. *4.3 NUT Nutrition and Food Security.* The expected results that were partially achieved are related to the technical areas of food fortification, vitamin A supplementation, and nutritional surveillance, which were under the responsibility of the Chief of the Nutrition Unit who retired in February 2005. A micronutrient consultant continued to work in the Unit through the summer of 2005 and was able to partially complete two of the three expected results that had been initiated by the Unit Chief, but she also had other responsibilities that limited her availability to meet the expected results in full. A new consultant was hired in September and is now covering the area of micronutrients so that all expected results for the 2006-2007 biennium are expected to be met. Additionally, ongoing surveillance nutrition systems continue to be an area of extreme weakness in the Region because of lack of funding at the national level.

10. *4.4 FOS Food Safety.* The expected results that were partially achieved are related to epidemiological surveillance systems, national food inspection systems, and education on food safety. This was mainly due to human resources limitations and the restructuring of the food safety activities at PAHO, including the closing of the Pan American Institute for Food Protection and Zoonoses (INPPAZ) and transfer of part of the personnel to the Pan American Foot-and-Mouth Disease Center (PANAFTOSA). Concerning foodborne diseases (FBDs) surveillance systems, four levels of training courses for capacity building under the WHO Global Salmonella Surveillance Program (Salm-Surv) have been carried out by the subregions. Fourteen countries are participating in the Pulse Network to develop a regional database for pulsed-field gel electrophoresis (PFGE) profiles. One country (Cuba) has developed the protocol regarding the assessments of the Public Health Impact of FBDs and it is being carried out. The Salm-Surv and related courses built capacity in all subregions to improve

passive and active FBD surveillance. In relation to capacity building for modern food inspection, a complete set of new teaching materials in Portuguese and Spanish have been prepared. The course contained chapters on: the Codex Alimentarius, good manufacturing practices (GMP), good agricultural practices (GAP), hazard analysis critical control point (HACCP), and auditing. Seven of the 10 target countries have undertaken food safety education activities. However, all countries have been using the five keys of WHO for safer food. Only one country (Argentina) has integrated food safety into the primary school curriculum. Plans to address food street vendors in 10 countries are also pending. Food safety healthy markets have been implemented in four of five target countries (Bolivia, Dominican Republic, Guyana, and Paraguay). A pilot project for adaptation and validation of the five WHO Keys for Safer Food Manual in Primary Schools was initiated in Guatemala in coordination with the Institute of Nutrition of Central America and Panama (INCAP). Additionally, a manual of educational activities for primary school teachers, and guidelines for the parent/teacher associations have been prepared. The Ministry of Education reviewed the educational materials and dictated that the proposed learning objectives are congruent and coherent with the teaching material and proposed activities. The Healthy Food Market and Primary School's project have been carried out with extrabudgetary financial resources from the Arab Gulf Program for United Nations Development Organizations (AGFUND) and the United Kingdom Department of International Development (DFID), respectively.

11. *4.5 PHE Human Ecology and Environmental Health.* The expected results were almost totally achieved. Two expected results were partially achieved; one was related to the Shared Agenda and lacked follow-up from the financial institutions. The Focal Point requested use of achievement-level percentages utilized in the BPB-based tracking system. The "partial" indicators are as follows: ER1, the Shared Agenda in environmental health is operational (60%); ER4, guidelines for the strategic participation of PAHO will have been implemented (75%); the program for strengthening networks will have been designed (90%). [Revised achievement level, based on additional information provided: 92.1%, versus 57.1% reported in the Assessment.]

12. *5.3 ICT Information and Communication Technology.* In the original submission five expected results were tagged as "Partial" achievement. One indicator should not have been included; three should have been "Full". And one remains accurate. The following provides information on each "Partial" achievement in the order they appear in the document. Regarding ITS having the resources and training to execute information technology projects, ITS had 6 of its posts cut and funding for contractors reduced in half. While training has been adequately addressed, the resources part of this target has been outside of ITS's span of control. Therefore, this should not have been listed as a target or indicator and should have been removed from the report. Regarding a trend toward reducing "Help Desk" trouble tickets, the indicator refers to the trend within a given technology or system introduction and when evaluating progress against this trend,

ITS fully achieved its objectives. As stated in the original explanation, the overall increase in numbers was due to the introduction of new systems, tools and technologies and, as new technology is introduced in the Organization, the result is a spike upwards of Help Desk tickets. The numbers have then stabilized within each technology implementation as it matures and our trends have then consistently decreased. When initially completing its evaluation, ITS incorrectly focused on the overall number of tickets, instead of the trend within a technology as stated in the indicator. This achievement level should be “Full”. Regarding reduction in identified network security infractions, our explanation states that the infractions have been reduced in accordance with the indicator. However, our evaluation incorrectly focused on the fact that additional opportunity for improvement remains. This achievement level should be “Full”. Regarding satisfactory speed of Internet access and other communications, ITS has significantly improved the quality of access in a number of country offices; and complaints have all but disappeared indicating that a satisfactory level has now been achieved. However, as above, our evaluation incorrectly focused on the fact that additional opportunity for improvement remains. This achievement level should be “Full”. [Revised achievement level, based on additional information provided: 75.0%, versus 52.5% reported in the Assessment.]

13. *5.4 EDV Essential Medicines: Access, Quality, and Rational Use.* The expected results that were partially achieved are related to facilitating access to essential drugs. Activities related to two of the indicators were postponed, one of them related to an Associate Professional Officer (APO) from Spain (Pharmaceutical Observatory) whose arrival in PAHO has been postponed; and for the second, resources were reassigned to study the impact of trade agreements on access to medicines.

14. *5.5 CLT Clinical Technology and Blood Safety.* There are two issues regarding the level of achievement: (a) the indicators refer to countries and thus the responsibility is outside PAHO’s reach, and (b) based on the number of countries, more than 50% achieved the expected indicators. Thus, the achievement-level percentage, originally reported in the self-assessment for ER1, the number of countries with official operational accreditation systems, which increased from 3 to 13 (70%), has been taken into account in the overall calculation. [Revised achievement level, based on additional information provided: 71.9%, versus 67.2% reported in the Assessment.]

15. *6.1 PHI Leadership and Public Infrastructure.* Regarding ER1 the national plans for strengthening the Steering Role are formulated and under way in at least 3 countries of the Region. The achievement level has been revised to “Full”, on the basis of completion in the Dominican Republic, El Salvador, and Honduras, which was not originally reported. Regarding ER2, the analysis of infrastructure and practice of performance measurements of the essential public health functions carried out in 10 countries of the Region, the achievement level has been revised to “Full”, on the basis of

completion in 12 countries originally not reported. The focal point also requested use of achievement-level percentages based on the BPB two ER2 partial indicators (70% and 60%, respectively). [Revised achievement level, based on additional information provided: 77.8%, versus 63.3% reported in the Assessment.]

16. *6.2 SPH Social Protection in Health.* Regarding ER1 one indicator was revised to “Full” on the basis of BPB activities carried out but not originally reported; and for another, the Focal Point requested use of a higher percentage of achievement based on the BPB information (75%). Likewise for ER2, one of the two indicators was revised to “Full” as the target of entities for social dialogue functioning in 10 countries was met; for the other the Focal Point requested use of a higher percentage of achievement based on BPB information (70%). Regarding ER3, one of the “Partial” indicators was revised to “Full” on the basis of BPB information that shows that it had been actually exceeded by an ample margin. Regarding ER4, one indicator was revised to “Full” on the basis of BPB information that shows that it has been exceeded. Regarding ER5, one indicator was revised to “Full”, on the basis of information not originally included in the self-assessment. Regarding ER6, one indicator was revised to “Full” on the basis of information showing that it was actually exceeded. [Revised achievement level, based on additional information provided: 81.5%, versus 66.7% reported in the Assessment.]

17. *6.3 OSD Health Service Delivery.* The expected results that were partially achieved are related to health care models, developing population-based health care systems, local capacity for managing health service networks, improving the quality of care, and supporting fluoridation programs and odontological services. The Unit of Health Services Organization (OS) has undergone several changes and faced several challenges during 2004-2005. Resources assigned to a vacant post (dedicated to hospitals and models of care) as well as financial resources of the Unit were dedicated to support the process leading to the Renewal of Primary Health Care. This activity consumed resources and time planned for other activities for the period 2004-2005. At the same time, the result on quality of care was dependant on the arrival of an APO from Spain to conduct the technical cooperation (TC) in the Region.

18. *7.3 TED Tuberculosis and Emerging Diseases.* The expected results that were partially achieved are related to coverage of the “directly observed treatment, short course” (DOTS) strategy, resistance to antimicrobial drugs, and actions to confront the West Nile virus. With regard to DOTS coverage, 2 of the 3 additional countries for 2004 have reached their goal and the third one is making progress. Progress in the 7 target countries and the English-speaking Caribbean for 2005 is mixed. Brazil, which accounts for the highest number of TB cases in the Region, is expanding DOTS efficiently following a strategy plan strongly supported by the national authorities. DOTS expansion in the English-speaking Caribbean countries was constrained by the weak political commitment due to the low TB burden. With regard to antimicrobial resistance,

there is a mistake in the achievement level, which should be “Full” since five countries had plans in place (indicator stated four of nine). Progress has been made in adopting clinical guidelines and in the collection, analysis, and reporting of antimicrobial resistance data but work on both issues is ongoing. With regard to the West Nile virus, 20 countries have surveillance systems in place, but performance and coverage cannot be considered complete. A concerted plan of action is still needed for the adoption of the International Health Regulations.

19. *7.4 VEC Malaria and Other Vector-borne Diseases.* The expected results that were partially achieved are related to coverage of the strategy to prevent and control malaria, and to disrupt the transmission of Chagas disease. As explained in Part C ER1 of the original manuscript, all 21 endemic countries (100%) are in the continuous process of implementing the RBM components and strategies. Full implementation of all strategic components, however, are complete only in 17 out of the 21 countries (81%), explaining why the level of achievement is reported only as partial. Also, the systematization and consolidation of common epidemiological and managerial indicators has essentially been completed from the regional perspective through the development and consolidation of the 2006-2010 Regional Strategic Plan for Malaria in the Americas. The level of achievement for this ER is reported as partial since the regional program recognizes specificities in the country settings and thus maintains a certain degree of openness to possible modifications as the process is likewise deemed as dynamic and evolving. With regard to Chagas disease, transmission has been interrupted in 3 of the 5 Southern Cone countries, and in parts of the other 2. Transmission has also been interrupted in portions of Central American countries. Partial progress has also been made in the reduction of seroprevalence in school children in Central America, which is more focused than the indicator suggests.

20. *7.7 VPH Veterinary Public Health.* The expected results that were partially achieved are related to canine vaccination and control of rabies, control programs for bovine tuberculosis, the eradication of foot-and-mouth disease, surveillance systems for zoonotic diseases, and public services for veterinary and animal health. Canine vaccination campaigns are held annually in the countries with risk of the disease. During the period evaluated, two of the Key Countries of the Organization (Bolivia and Haiti) did not have sources to purchase the canine vaccine to do mass vaccination. PAHO contacted the Brazilian Government, which donated a considerable amount of dog vaccine for these two countries and they did partial vaccination, prioritizing higher risk areas. With regard to foot-and-mouth disease, significant progress was made in its eradication in the Southern Cone, although there was an outbreak in October 2005 in Argentina and Brazil that interfered with attainment of the goal. The development of a structure for epidemiological surveillance of bovine spongiform encephalopathy (BSE) has been made in 10 countries by the end of 2005. At the beginning of 2006, the other 5 countries that were postponed were already developed (fully achieved now). With the

emerging of other zoonotic diseases, brucellosis and bovine tuberculosis were not considered as a priority in this period. The resources were focused to develop activities in avian influenza preparedness. Also, a technical consultation on visceral leishmaniasis was organized jointly with the Communicable Diseases Unit in November 2005. With regard to veterinary and animal health services, the construction of a virtual library is in progress and guidelines on social education and communication for food safety have been developed and distributed. A memorandum of understanding was signed with veterinary schools in six countries to develop distance learning courses.

21. *8.1 WMMH Woman and Maternal Health.*

The focal point requested utilization of percentages for “Partial” achievement originally included in the assessment instead of the standard weight of 25%, as follows:

Expected Result	Achievement Level (indicators)
1. Public policies, plans, programs, and projects on sexual and reproductive health (SRH), male involvement, and maternal mortality reduction at regional, national, and local levels.	100.0%
2. Evidence-based norms, standards, and guidelines on selected aspects of sexual and reproductive health, developed and disseminated.	90.0%
3. Monitoring, surveillance, and evaluation systems for women’s health programs and maternal and perinatal programs strengthened, and countries’ progress towards the MDGs monitored.	100.0%
4. Alliances, networks, and interagency coordination at regional and country levels in maternal mortality reduction and SRH supported.	100.0%
5. Reorientation of services in SRH including EOC and male involvement; empowering women, families, and communities as effective interventions for making pregnancy safer.	90.0%
6. Network of centers collaborating with the Latin American Center for Perinatology, Women, and Reproductive Health (CLAP) strengthened and providing TC to countries.	90.0%
7. The Perinatal Information System (SIP) will be disseminated and implemented as an effective tool of epidemiological surveillance for maternal and perinatal morbidity.	66.7%
8. Multicenter research and activities of the Network of Associated Centers of CLAP will be strengthened and supported.	50.0%
9. Latest scientific information on beneficial practices of maternal and perinatal health and its adoption strategies will be made available to countries.	33.3%
10. CLAP’s research findings will be translated into practice guidelines and generate tools and protocols for country programs and practitioners on main causes of maternal mortality and morbidity.	36.4%
Total for all indicators	75.6%

22. Regarding ER9 and ER10, the low achievement levels are attributed to the fact that several indicators could not be met inasmuch as during 2004 CLAP was in an irregular situation as a consequence of an administrative review held in 2003. In addition, during 2005 CLAP was restructured and merged with the Woman and Maternal Health Unit. [Revised achievement level, based on additional information provided: 75.6%, versus 67.2% reported in the Assessment.]

23. *8.3 HED Education and Social Communication.* Nearly all of the expected results were fully achieved with the exception of three indicators with partial achievement. The Focal Point requested use of achievement level percentages from the BPB-based tracking system. The “partial” indicators were reported as follows: ER1, parenting skills education programs adapted, disseminated to municipalities and schools and support provided for the implementation (75%), countries supported to implement teacher training activities in health and life skills education, health literacy, parenting skills, and prevention of health risk behaviors (75%); ER2 countries and municipalities supported to develop, implement, and evaluate social communications campaigns to reduce violence, traffic accidents, and other injuries (60%). [Revised achievement level, based on additional information provided: 83.8%, versus 62.5% reported in the Assessment.]

24. *8.4 MNH Mental Health and Substance Abuse.* The expected results that were partially achieved are related to: disseminating information on mental health and substance dependence; policies, plans, programs to prevent and treat mental disorders; mental health legislation; and programs and services to control alcohol and drug abuse. The Unit of Mental Health had internal staff issues and human resources availability was limited, thus several activities were slow to be implemented.

25. *9.1 HRM Human Resources Management.* The expected results that were partially achieved are related to good human resources practices, and working effectively towards the organizational mission. Throughout the 2004-2005 biennium, several important policies were developed by the Area of Human Resources Management (HRM), including the HIV/AIDS policy in the workplace; PAHO’s Code of Ethical Principles and Conduct; PAHO’s Policy on the Prevention and Resolution of Harassment in the Workplace; a revised Nursing Policy; a revised Flexitime policy (implemented in 2006); and a new Business Class Travel policy. Also, significant revisions were made to PAHO’s Staff Rules and Regulations in 2005 for purposes of consistency with WHO and to maintain good human resources practices. While the quality of HRM’s work is high, limitations in the area of automation and staffing difficulties in the area of Classification affected the timeliness of some HR actions. HRM has taken action to deal with these constraints and has initiated the development of automated systems such as, a correspondence tracking system to allow HRM to better respond to inquiries. In 2005, HRM also developed an electronic performance planning and evaluation system (PPES) that is currently being rolled out to all staff. By establishing an electronic version of PAHO’s PPES process, HRM will better ensure that performance appraisals are being completed by all managers and staff in a timely manner; can ascertain where there are delays; and will no longer have to keep track of paper originals. HRM further continues to support gender balance in the recruitment of staff by ensuring that at least 20% of all applicants to vacant posts are women—if this threshold is not attained, the vacancy

announcement is reissued for a second time. While PAHO considers geographic distribution during the selection process, this factor is not determinative as the key component in the selection process is competence. HRM continues to provide guidance and support to managers dealing with performance-related issues within their units/areas.

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