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Pan American Health Organization



The Change in  
Management  
and the New  
Administration's  
Foundation

**I commit myself to taking the first steps** toward creating a new model of collective action for the PAHO of the 21st century, assisting each human group in defining its own goals, conquests, and intermediate objectives, and monitoring them to ensure they are met as swiftly as possible.

Mirta Roses Periago  
Inauguration Speech as Director of PAHO



In 2002, the 26th Pan American Sanitary Conference requested the Director to conduct an analysis of the Organization's current characteristics and of the measures required to implement the Strategic Plan of the Pan American Sanitary Bureau for 2003–2007. It also requested that proposals reflecting the Director's view of the Plan and its execution be presented to the next Directing Council.

In that context, the election of the new Director of the Pan American Health Organization provides an opportunity to adapt the Organization's structure so as to make it more efficient, flexible, and better able to respond to the needs of the peoples of the Americas.

Any reorganization is a complex process, and we have made every effort to move ours forward without interrupting the flow of technical cooperation. This has been facilitated by the Organization's existing high level of decentralization in terms of its work programs and budget, which have been set and agreed upon with Member Countries and which are administered through PAHO/WHO Country Offices and Centers in each country.

The guiding principle of this process, which has been conceived as an ongoing evolutionary movement, is based on an already expressed commitment to improve health through activities targeting social, economic, and environmental determinants; the application—as a way to transform the health system—of primary health care, and the incorporation of health promotion at all stages of the life cycle.

Technical cooperation requires good models or cases that can be useful and can serve as inspiration to other interested parties who find themselves in similar situations. To that end, we will redouble our efforts to take advantage of creative experiences and methodologies that emerge even under the worst conditions and in the poorest and most disadvantaged places. These experiences are valuable capital that must be captured, evaluated, systematized, and made available to everyone, so that they may become a shared tool for progress and development.

High social vulnerability, difficulties in stabilizing governance, outdated administrative structures, and problems in adapting to globalization are some of the challenges that must be overcome in order to achieve full development in the Americas. In addition, broad sectors of the population are prey to income disparities and consequent health status inequalities, a deterioration of living conditions, and deepening poverty.

In fulfilling its mission, PAHO has committed itself to spearheading efforts that will bring about an accelerated and sustainable improvement to achieve the highest possible level of health for all. To accomplish this, the governments must exercise their leadership and guidance role and must assume responsibility for mobilizing society to promote health and improve the population's quality of life.

The Organization aspires to widen consensus issues in the Region, forge strategic alliances to defend equity and overcome disparities and gaps in health status, and generate reliable health information to attain public health objectives in the Americas—developing and strengthening a genuine culture of health, expanding healthy settings, ensuring the quality and safety of health services, providing effective responses to the population's health needs, and improving the understanding of and response to the factors that determine public health.

Emphasis will continue to be placed on special population groups—those marginalized or discriminated against, such as the poor, ethnic minorities, women, children, and the elderly—by addressing critical issues through a comprehensive and constructive approach that works to reduce inequalities and eliminate social exclusion.

Priorities include the prevention, control, and reduction of communicable and chronic diseases; promotion of healthy lifestyles and optimal growth and development; the creation of safe physical environments; the efficient delivery of rapid and effective responses to natural disasters; and advocacy for the genuine inclusion of the health sector's perspective and interest in social, economic, environmental, and development policies.

The goal is to take the greatest possible advantage of the rapid development of new ways to communicate and exchange information, so that persons and institutions can be linked in a vast support web that reaches everyone in the Americas. This will facilitate a continual flow of knowledge, ongoing technology generation and adaptation, and the exchange of experiences on new modalities for technical cooperation that respect principles of capability building, self-sufficiency, and sustainable human development.

Cooperation will emphasize work in and with the countries, since it is there that the necessary changes to achieve tangible improvements in the levels of the population's health status must occur. To that end, the Country Support Unit, which in this context plays a basic role, will come under the Office of the Director. Within the framework of cooperation focused on the countries as WHO has adopted, strategic planning in each country will be improved, and the entire Organization's support will intensify to deal with the every country's needs.

Each year, medium-term cooperation frameworks will be developed for selected countries, as a way to focus all technical cooperation needs at all levels of the Organization. By the same token, multiple groups will be tapped to cooperate in the planning, execution, and monitoring of integrated technical solutions. Regional programs, in turn, will respond to set priorities and will meet goals established in consensus with the countries.

According to the changes, the Office of the Deputy Director will be responsible for the following areas: information and knowledge management, scientific research and development, health information systems, public information, and emergency preparedness.

The Office of the Assistant Director will be responsible for the basic technical areas that deal with technical interventions: family and community health, disease prevention and control, sustainable development and environmental health, and technology and health services delivery. The recently established Office of the Director of Program Management will allow the institutional response to governance and policies; planning, program budget, and project support; and strategic alliances and resource mobilization in its broadest sense to be more consistent and in keeping with PAHO's values and mission.

An attempt also will be made to make technical cooperation with the countries more efficient and effective by tapping available current technologies and new scientific knowledge. Cooperation and the exchange of information among countries will be intensified, retaining and bringing on board creative, competent, and committed technical staff to maximize the Organization's performance. To this end, it will be important to strengthen capabilities in local, national, and subregional technical levels, and to reinforce strategic alliances with key partners in health development. The Organization already has a rich tradition of cooperating with many varied international organizations.

At the same time, internal working groups have begun to be constituted to consider and propose modifications to practices and procedures now in use. It is hoped that these groups will work horizontally to establish a network within the framework of a virtual community that will actively exchange information and lessons learned through 100 years of working under the banner of Panamericanism.

We have committed ourselves to facilitate an institutional transformation based on knowledge, learning, and ongoing growth. Simultaneously, there will be an effort to increase extrabudgetary resources, stressing the support to priority areas and incorporating new partners whose goals are in line with the Organization's. Institutional development will be an ongoing, participatory process, based on innovative activities and operational research.

A new budgetary structure has been adopted, which is based on work areas and supercedes the classified list of programs. The new budgetary policy will support the development of the Strategic Plan and adherence to the Organization's other mandates. In addition, a link will be established among the Bureau's expected results, WHO's global expected results, and the Strategic Plan's goals in terms of Regional- and country-level work.

An organization's most precious resource is its human resource, and PAHO is no exception. WHO's reform policies for human resources management will be applied in the Bureau, and this process will be undertaken through an integral approach that will rely on contracting practices that reflect geographic representation and that highlight gender balance.

New work methods will be set, whereby personnel and various experts will participate in study and work groups. In so doing, teamwork will be institutionalized, and staff will be stimulated to fulfill different functions in integrated initiatives or projects. In addition, leadership will be shared through an executive management committee, consultations with staff, and ongoing dialogue with managers.

Indicators that facilitate monitoring and evaluation will be developed. The administration will use formal and informal means to evaluate the consequence of changes and to make necessary adjustments so that the process responds to the expectations of all actors.

The driving principle will be for the administration and staff to react with sensitivity and intelligence to needs and changes within a framework of complex circumstances to be optimized, so that the Organization can move forward in the best way possible. PAHO must define and disseminate new approaches that balance strategic lines of action and specific demands.

Among the key elements in the transition towards the Organization's new stage of work is the new budget, new work methods, a new structure emphasizing direct support to the countries, and a new management classification with office *directors*, area *managers*, and unit *chiefs*.

The principles of PAHO's new structure have been inspired by changes in the countries and in the reform processes at the United Nations and the Organization of American States. The goals are to reach greater efficiency, transparency, and productivity in the Organization's work.

For the administration, the driving force involves encouraging the Organization's staff, as well as Member Countries and civil society in general, to contribute to PAHO's ongoing daily renewal process, so as to be better prepared to significantly contribute toward the improvement of the peoples of our continent.

