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Planning Public Health Action

A Collective Vision and Commitment to Better Health

Message from the Director

To the Member States

In accordance with the provisions of the Constitution of the Pan American Health Organization, I have the honor to present the 2007-2008 annual report on the work of the Pan American Sanitary Bureau, Regional Office of the World Health Organization. The report highlights the Bureau's major work in providing technical cooperation during this period within the framework of the 2003-2007 and 2008-2012 Strategic Plans of the Pan American Sanitary Bureau, approved by the Governing Bodies of the Pan American Health Organization.

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CONTENT

	<i>Page</i>
Introduction	3
Chapter I	
Global and Regional Trends	3
Chapter II	
Planning National Action for Health	8
Chapter III	
Planning Pan American Action for Health	16
Chapter IV	
Planning PAHO Action in Health.....	24
Financial Resources for PAHO Technical Cooperation in 2007	30
Master Capital Investment Fund.....	30

Introduction

1. The health panorama of the Americas today is a tapestry of complexities, contrasts, and possibilities. Globalization and advances in science and technology have created unparalleled opportunities for people to enjoy longer, healthier, and more productive lives, but not everyone is benefiting equally from these forces. Economic expansion, slower population growth, and more effective social policies have reduced poverty rates, yet the Region of the Americas retains the unenviable distinction of being the most unequal in the world. Urbanization has moved people closer to health services but has also led to the adoption of unhealthy lifestyles and weaker social ties. Public health action has helped raise life expectancy and other key indicators at the aggregate level, but glaring health gaps and disparities persist.

2. Understanding these contextual trends and conditions is fundamental to addressing the complex health challenges facing the Americas today. But it is only the start. Effective public health action must be grounded in a clear understanding of the multiple forces that affect health, but it must also be guided by a larger vision of what is possible and aimed at ambitious, but achievable, goals. It must be supported with appropriately allocated resources, executed through proven interventions, and subject to evaluation and revision. Through strategic planning, all these elements come together and undergird the work of the Pan American Sanitary Bureau (PASB) and the Member States of the Pan American Health Organization (PAHO). In 2007-2008, PAHO and the PASB focused special efforts on strategic planning to advance public health.

Chapter I

Global and Regional Trends

3. The Region has in recent years proved capable of seizing many of the opportunities presented by the global economy. While overall GDP growth has not matched the levels of the world's most successful regions, the Americas have experienced six years of sustained economic expansion—the longest and largest such expansion since the 1960s. This growth has helped put the Region on track to meet the first Millennium Development Goal (MDG), reducing extreme poverty by half by 2015. In 2007, according to the U.N. Economic Commission on Latin America and the Caribbean (ECLAC), 12.7 percent of the Region's population was living in extreme poverty, down 44 percent from 1990. This means the Region has advanced 87 percent toward MDG #1 in just 68 percent of the allotted time.

4. Economic expansion has also spurred increases in the Region's social spending, which grew an average of 10 percent between 2002-2003 and 2004-2005. Despite this

increase, per capita levels remain low compared with other regions in the world. Moreover, there are enormous differences between countries; social expenditure per capita is 15 times greater in the highest-spending country than in the lowest. Most important, much of the Region's social spending is directed toward social security systems that are linked to participation in the formal work force. Social programs aimed at fighting poverty, such as conditional cash transfer programs, generally receive a much smaller share of the pie. These shortcomings in social spending are reflected in the Region's slower progress in reducing non-extreme poverty and in the failure to reduce high levels of inequality.

5. Recent demographic trends have major, but mixed, implications for the Region's social development. Lower fertility rates have eased pressure on family breadwinners and government services but have also created new health challenges associated with an aging population. Internal migration has diminished in recent years and has shifted from rural-urban flows toward greater movement between and within cities and countries. An emerging concern is growing residential segregation in cities, which results from and reinforces patterns of inequality and exclusion. In the least urbanized countries, rural-urban migration remains a powerful and often destabilizing force that exacerbates existing social inequalities between rural and urban groups. International migration, which continues to increase, benefits the Region through growing remittances but also drains human resources in vital areas such as science, technology, and health.

6. Social exclusion in the Region continues to occur on the basis of income, age, gender, race or ethnicity, and disability, affecting individuals' and groups' access to health and quality of life. This is nowhere clearer than among the Region's nearly 50 million indigenous people, whose historic exclusion manifests itself in poorer status on a wide range of health indicators, including malnutrition, child and maternal mortality, and life expectancy.

7. In the area of environment, the Region of the Americas continues to face significant pressures, including, but not limited to, climate change. Deforestation, erosion, and desertification are affecting all of the Region's countries to one degree or another, threatening food and water security and increasing the population's vulnerability to natural disasters. Unplanned urban and industrial growth have led to growing air, water, and soil contamination, which are a particular threat to the Region's children, who are more vulnerable to their health effects. Water and sanitation coverage has expanded, yet more than one in five of the Region's inhabitants still lack access to such services. While these trends affect the health situation throughout the Region, their negative impacts are greatest in the small island states of the Caribbean and in the Region's poorest countries, which have less capacity to respond.

8. Apart from its effects on economics and the social determinants of health, globalization presents special opportunities and challenges in public health for PAHO Member States. Increased trade and migration and progress toward economic integration have led to increased permeability of national borders. This has contributed to the global spread of new diseases such as HIV/AIDS, SARS, West Nile fever, and H5N1 influenza (“avian flu”) as well as others that were once largely controlled, including tuberculosis, dengue, malaria, and yellow fever. This growing interdependence and shared vulnerability have led to new collaboration between countries, reflected in the regional integration processes as well as in specific efforts related to health. Examples in the Americas include coordination among PAHO Member States and United Nations agencies to prevent and prepare for highly pathogenic H5N1 avian influenza—efforts that so far have prevented even a single case of the disease in the Region. With PAHO leadership, countries are also collaborating strategically to prevent and control diseases including yellow fever, dengue, tuberculosis, malaria, and human rabies. Examples of these efforts are described in more detail in Chapter 3.

9. At the global level, the new International Health Regulations (IHR), which took effect in June 2007, provide a framework for cooperation to prevent the international spread of diseases and other health threats. With support from the PASB, PAHO Member States are strengthening their public health structures to facilitate full compliance with the IHR by the target date of 2012.

10. Growing international cooperation has also brought important progress in establishing and supporting common development goals, as the international community strives to transform globalization into a more balanced and harmonious process. These efforts are most eloquently embodied in the United Nations Millennium Declaration and the MDGs and can also be found in joint statements and agreements emerging from Regional summits on issues of human development, in which PAHO has been an active participant (see Chapter 3). They reflect a growing international consensus that puts health at the center of the development process and, with its emphasis on equity, reaffirms the concepts of universalism and health as a basic human right. While the right to health is enshrined in 19 of the 35 constitutions of PAHO Member States and in the Constitution of the World Health Organization (WHO), this new prominence on the international development agenda provides an important stimulus for public health action in general and, in particular, for the promotion of universal access to health care. In the Region, these processes are influencing how countries define and pursue their own development goals.

11. The MDGs and related efforts have helped increase overall levels of international development assistance, although Latin America and the Caribbean have received a relatively small share of the increase. The increases have been accompanied by new efforts to make assistance more effective, chief among them the High-Level Forum on

Aid Effectiveness (which issued the 2005 Paris Declaration), through which donors and international cooperation agencies are harmonizing their own priorities and procedures to help countries make better use of development aid. This process has included surveys and diagnostics of countries' capacities to absorb assistance through the use of effective policies and strategies and through results-based management techniques. The United Nations reform process similarly is aimed at making the work of U.N. development agencies more effective, more coherent, and more responsive to country needs and priorities. The U.N. Development Assistance Framework (UNDAF) and the Common Country Assessments (CCA) provide a planning framework for the work of all U.N. agencies at the country level, based on common objectives and cooperation strategies and with a system for programming resources and proposals for monitoring and evaluation. The PAHO Country Cooperation Strategy (CCS), which lays out the roles and functions of the PASB in supporting countries' national health plans and other health actions, is directly linked to CCA/UNDAF (see also Chapter 3). For PAHO, this coordinating mechanism not only facilitates planning, it presents a unique opportunity to promote intersectoral action on health and to address the most critical social determinants of health.

12. No contextual factor is more important to health progress in Latin America and the Caribbean than the state of health systems. Historically based on different models of social protection, most of the Region's health systems were originally structured to serve distinct population groups defined primarily by their roles in the formal labor market. The result was a series of subsystems with different modes of financing, forms of affiliation, and standards of care. The health sector reforms of the 1980s and 1990s, which were linked to macroeconomic adjustment, failed to address these problems, focusing instead on cost-effectiveness and financial sustainability. Rather than integrate public health systems, the reforms promoted decentralization and a greater role for the private sector. In the process, they left health systems segmented and fragmented, and weakened the role of the State in providing leadership and direction for public health.

13. Solving these systemic problems in the Region's health sector has been a major focus of new efforts by PAHO Member States to integrate their health systems and strengthen the ability of the State to perform its steering role in public health. These are part of larger efforts to strengthen the role of the State in ensuring equity and sustainability in development through its distribution of fiscal spending between areas and programs, levels of government, and geographical regions, thereby responding more appropriately to peoples' needs. The PASB is supporting these efforts by promoting the Essential Public Health Functions of the State and through technical cooperation programs on health policies and systems, human resources development, and health services organization. Also important is the PASB's work in promoting primary health care strategies in conjunction with WHO's Global Task Force on Primary Health Care, co-chaired by PASB Director Mirta Roses. An important development was the

endorsement by PAHO Member States in 2005 of primary health care as the best strategy for organizing the Region's health systems to achieve both greater equity and sustainability.

14. Building on these efforts, the PASB in 2006-2007 played a catalytic role in the development of a Regional framework to guide national and international health planning and action in PAHO Member States. The culmination of this process was the launch in 2007 of the Health Agenda for the Americas 2008-2017.

The Health Agenda for the Americas 2008-2017

The Health Agenda for the Americas provides a concise set of principles and action areas to guide strategic health planning by countries and by “all organizations interested in cooperating for health with the countries of the Americas.”

The agenda is aligned with the Millennium Development Goals and with WHO's 11th General Program of Work. It is grounded in the principles of health as a human right, universality, access and inclusion, Pan American solidarity, equity in health, and social participation. It envisions a healthier, more equitable Region of the Americas where each person, family, and community has the opportunity to develop to its full potential.

The agenda lays out eight areas of proposed action:

- Strengthening the national health authority
- Tackling health determinants
- Increasing social protection and access to quality health services
- Diminishing health inequalities among countries and inequities within them
- Reducing the risk and burden of disease
- Strengthening the management and development of the health workforce
- Harnessing knowledge, science, and technology
- Strengthening health security

The agenda is also intended to facilitate resource mobilization and to strengthen countries' commitments in health and actions to achieving their goals.

15. The adoption of the Health Agenda for the Americas by PAHO Member States is an important achievement in itself, but its success will depend on how effectively the Region's countries, the PASB, and their international partners work to achieve its goals. In this respect, strategic planning is an essential means to ensure that this work is guided by well-defined objectives, supported by effectively allocated resources, and aimed at measurable results. The PASB has made strategic planning a central component of its own work and is actively promoting its use in PAHO Member States.

16. Chapters 2-4 detail these efforts through examples from the countries, at the subregional level, and from the PASB itself.

Chapter II

Planning National Action for Health

17. PAHO Member States share many similar health challenges, but each country also has its own unique problems, strengths, and priorities in public health. This makes a one-size-fits-all approach to technical cooperation wholly inadequate. Recognizing this, and following similar action by WHO, PAHO in 2005 adopted a Country Focus policy to tailor its in-country activities to each Member State's individual priorities and needs.

18. Under the Country Focus policy, PAHO's technical cooperation is guided by a Country Cooperation Strategy (CCS) developed with and for each PAHO Member State. The CCS provides a medium-term (4–6 years) strategic framework that details PAHO's roles and functions in supporting each country's progress in national health development. The CCS is PAHO's own country-specific plan for stimulating and supporting national planning efforts and promoting continuity in public health programs, plans, and policies over the medium term.

19. The development of the CCS is a participatory process that seeks input from different levels of government and across sectors, while drawing on relevant frameworks, planning tools, and best practices identified by PAHO and other partner institutions. Each CCS is carefully aligned with PAHO's own Strategic Plan and thus linked with the global and regional mandates of PAHO. The strategy also draws on and feeds into the Common Country Assessments (CCA) that are part of U.N. efforts to harmonize its agencies' in-country work through the Development Assistance Framework (UNDAF).

20. By late 2007, PAHO had developed CCSs for 27 Member States, with each CCS serving as the basis for the biennial work plan of the respective PAHO Country Office.

PAHO CCS in Cuba

In line with the U.N. Millennium Development Goals, Cuba has set 2015 as a target date for meeting a series of priority health goals laid out in its National Health Plan. PAHO is supporting these efforts through a Country Cooperation Strategy (CCS) developed in close consultation with the Ministry of Health.

The PAHO CCS identifies 14 technical cooperation priorities, including:

- Support for health promotion
- Monitoring and evaluation of the essential public health functions of the state
- Revision and updating of norms, procedures, and regulations for the provision of services in community health centers.
- Strengthening of health sector and cross-sector responses to population aging.
- Carrying out sector analyses in water, sanitation, and solid waste, with emphasis on identifying and managing environmental health risks.
- Improving programs for food and nutrition security.

The PAHO CCS for Cuba takes a decentralized approach, with separate components for each of eight provinces that are among the country's neediest. The CCS also is aligned with the U.N. Development Assistance Framework (UNDAF) for Cuba, falling within the "health and food security" line of technical cooperation, one of five areas of U.N. agencies' in-country work.

21. The CCS is PAHO's own strategic planning tool at the country level, but one of the Organization's overarching priorities is to stimulate strategic planning by the country itself. In 2007, PAHO country offices throughout the Region provided support and encouragement for country-level strategic planning in health. PAHO's technical cooperation in this area included training and workshops for ministry of health and other key personnel in the principles and practices of strategic planning, situation analyses and needs assessments, and reviews and recommendations for legal frameworks for planning. PAHO also played an important role in facilitating broad-based participation in the strategic planning process and promoted the inclusion of strategic objectives based on the regional health priorities—the "Areas of Action"—laid out in the Health Agenda for the Americas.

22. PAHO, in conjunction with the Joint United Nations Program on HIV/AIDS (UNAIDS), is supporting **Argentina's** efforts to improve strategic planning on HIV and sexually transmitted infections (STDs) for 2008-2011, building on and providing continuity to earlier efforts in this area. In 2007, PAHO helped the Ministry of Health's Office on HIV and STDs mobilize broad-based participation in a "Process of Updating the Strategic Response to HIV/AIDS in Argentina." A centerpiece of the process was an Expanded National Consultation, which brought together actors from government and nongovernmental organizations in health as well as other sectors, followed by a series of

five two-day workshops. Participants worked together to develop a situation analysis, identifying needs at the national, provincial, and local levels, as well as a series of lines of action within a strategic planning framework. In 2008, PAHO is providing technical cooperation to operationalize these strategies through yearly operative plans at the regional level that are consistent with the national plan.

23. In the **Bahamas**, PAHO's Country Office provided technical support for the development of a new strategic plan for the country's public health services during 2007-2015. As part of these efforts, PAHO organized a workshop on strategic management for public health managers and key program staff. The workshop reviewed the social determinants of health, national health policy formulation and the importance of broad stakeholder participation, the strategic analysis and planning processes, logical frameworks, and results-based management.

24. PAHO's Country Office in **Belize** is supporting a new National Health Agenda 2007-2011 that was developed through a participatory process involving health managers and staff from the country's four health regions, members of civil society, PAHO, and other international development partners. PAHO is helping the Ministry of Health formulate a plan to make the National Health Agenda operational, using a multisectoral approach and mechanisms for monitoring and evaluation. In addition, with support from WHO's Health Metrics Network, PAHO is helping the ministry develop a strategic plan for strengthening the country's health information systems. PAHO is also supporting national plans and policies in tobacco control, mental health, and strengthening of the public health functions of the State.

25. In 2007, PAHO's Country Office in **Bolivia** provided support for the government's new socioeconomic development plan, "Bolivia: Dignified, Sovereign, and Productive." PAHO worked through seven lines of action, including addressing the social determinants of health and promoting the concept of health as a human right; providing technical support for the constitutional reform process; supporting the development of a single, universal system of health coverage; and strengthening the State's steering role in public health.

Health Agenda for the Americas Action Area
Strengthening the National Health Authority

In **Brazil**, PAHO is helping the Ministry of Health use strategic planning for institutional strengthening as part of a larger national program of goals and investments known as Mais Saúde (“More Health”). PAHO is assisting in three areas: identifying and assigning the responsibilities and contributions to Mais Saúde for different secretariats, foundations, and agencies within the Ministry of Health; performing an institutional diagnosis of the Ministry of Health and formulating a proposal for its strategic restructuring; and diagnosing problem areas for implementation of restructuring as well as developing a proposal to address these through process reengineering.

Health Agenda for the Americas Action Area
Increasing Social Protection and Access to Quality Care

PAHO’s Country Office in **Colombia** signed an agreement in late 2006 with the Department of Antioquia under which PAHO provided technical cooperation to help systematize the objectives of three key departmental social and health strategies: Primary Health Care, Integrated Attention to Prevalent Childhood Diseases (AIEPI), and Food and Nutritional Security. On the basis of this work, PAHO helped the department develop a proposal for incorporating the three strategies into the departmental and national Social Protection System, using an integrated management model and focusing on sustainability, efficiency, and optimal use of resources. The proposal aims to position Antioquia’s Social Protection System as a pioneer in increasing social protection and access to quality health services.

26. In the **Dominican Republic**, PAHO’s Country Office supported the Ministry of Public Health and Social Assistance in a process of intersectoral consultations that led to the relaunching of the country’s 10-year Health Plan 2006-2015. PAHO also provided support for the ministry’s planning in other areas, including human resources development and management, child and maternal mortality, and pharmaceuticals.

27. PAHO’s Country Office in Quito assisted with the formulation of the health section of **Ecuador’s** new constitution and, in collaboration with the ministries of health of Brazil, Chile, Paraguay, and Uruguay, supported the development of a Proposal for Transformation of the Health Sector. The Country Office also helped Ecuador develop strategic plans for prevention and control of HIV/AIDS, tuberculosis, and malaria, which formed the basis of funding proposals presented to the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

Health Agenda for the Americas Action Area
Diminishing Health Inequities

PAHO's "Faces, Voices, and Places" initiative seeks to empower some of the most vulnerable communities in the Americas to ensure that they benefit from efforts to advance the Millennium Development Goals (MDGs). As part of the initiative, PAHO has worked with the community of Nabón, **Ecuador**, helping to revise and systematize their Municipal Development Plan to better address the economic, social, and environmental determinants of health; strengthen primary health care strategies; and apply lessons learned to advance along the lines of the MDGs. Developed by the community itself, the municipal plan has six components: institutional strengthening, local economic development, natural resources management, comprehensive health, child and adolescent health, and strengthening of human resources. PAHO has promoted a process of "critical reflection" in the community and assisted with information gathering and analysis to support the plan's revision, and has coordinated support from international cooperation agencies for the plan's implementation.

28. PAHO's Country Office in **Guyana** has provided critical support to the Ministry of Health's strategic planning efforts, offering training to key staff in the logical framework approach and in principles of strategic planning. PAHO also provided support in the subsequent development of a series of strategic public health plans, including a new HIV/AIDS Strategic Plan, a Malaria Strategic Plan, a Tuberculosis Strategic Plan, a Vector Control Strategic Plan, a Noncommunicable Disease Control Strategic Plan, an Influenza Pandemic Plan, and a National Health Plan 2008-2012. The Country Office also helped with the evaluation of Guyana's National Plan for Health 2003-2007.

PAHO and Planning in Nicaragua

PAHO's Country Office in Managua provided support in the area of health for Nicaragua's new planning process, known as National Short-Term Planning (PCP). The process seeks to integrate planning by different institutions of the state, ensuring alignment as well as harmonization of the contributions of international cooperation agencies. PAHO's focus has been on helping to consolidate the steering function of the Ministry of Health. PAHO has provided technical assistance in analyzing a number of existing laws governing the planning process, including the General Health Law, the Law on Autonomy, the General Education Law, the Law on Municipalities, the General Law on Water and Its Regulation, the Law on Sovereignty, and laws on Citizen Participation and Nutritional Security. PAHO has also assisted with the development and presentation to the National Assembly of new laws including the Health Career Law, the Tobacco Law, the Law on Divers, a law on Traditional Medicine, and the Water Committee Law.

PAHO also assisted with the development of the health component for Nicaragua's new National Plan for Human Development (PNDH), which seeks to end discrimination and exclusion and to enable Nicaraguans to exercise their full economic, social, cultural, and environmental rights.

PAHO and Planning in the Eastern Caribbean

Six countries and territories of the Eastern Caribbean—Barbados, St. Lucia, Dominica, Anguilla, St. Kitts and Nevis, Grenada, and Montserrat—have approved national strategic developments plans that are currently being implemented with support from PAHO and other partners, including the European Union, the U.K Department for International Development, and the World Bank. PAHO is providing technical cooperation to address special challenges in the health sector, including limited resources and competencies for implementation of plans and the need for stronger systems for monitoring and evaluation.

PAHO is also supporting national participatory efforts to improve strategic planning in health by bringing together multidisciplinary, multisectoral teams to evaluate health system performance, identify key problems, and prioritize health directions and interventions. This work has helped broaden the base of stakeholders involved in health development and has raised the profile of health as a strategic component of national development. In addition, PAHO is helping the countries put planning into action by moving from strategic directions and performance indicators to operational planning and implementation, and from planning to budgeting and the allocation of resources.

Health Agenda for the Americas Action Area
Increasing Social Protection and Access to Quality Care

PAHO's Country Office in **Haiti** supported the strategic planning process behind the government's new Free Obstetric Care (SOG) program for pregnant women and newborns, the first step toward the creation of a national system of social protection in health for mothers and children. PAHO assisted with planning for the reallocation of resources derived from international humanitarian assistance to finance the new program and helped create and implement a training program for Ministry of Public Health staff in stakeholder analysis, methodologies for costing health packages, conceptual frameworks, and the design of social protection in health schemes. In addition, PAHO supported the National Forum for the Realignment of Health Reform, a major social dialogue initiative and part of national development planning, to facilitate multisectoral alliance-building in support of the realignment of the health sector reform process around the creation of the social protection system. PAHO also was a key partner to the Ministry of Public Health in preparing the health component of Haiti's National Strategic Document for Growth and Poverty Reduction 2008-2010.

29. PAHO's Country Office in 2007 provided key technical support for the development of **Honduras's** Strategic Health Sector Plan 2012, part of the country's national Strategy for Poverty Reduction (ERP). PAHO led an ongoing Health Sector Roundtable (Mesa CESAR) made up of representatives from government, civil society, and more than a dozen international cooperation agencies active in Honduras. The roundtable served as a platform for analysis, dialogue, coordination, and consensus for the development of multiyear budgets and strategic plans for the health sector as a whole and for the country's Social Security Institute (IHSS) in particular. The CESAR roundtable also actively assisted in the development of a new National Strategic Plan for Chagas, the 3rd National Strategic Plan for HIV/AIDS 2008-2012, and a National Strategy for the Accelerated Reduction of Maternal and Child Mortality 2008-2015.

30. In **Jamaica**, PAHO's Country Office participated in the multisectoral process of developing the new National Development Plan 2030. PAHO provided general guidance for the health component of the plan, which provides a planning framework for moving Jamaica to "developed nation" status over the next 22 years. In addition, PAHO helped the Ministry of Health update a number of existing plans and develop several new ones, including the National Health Plan 2006-2010, the Ministry of Health Strategic Plan 2006-2015, the National Strategic Plan for HIV/STIs 2008-2012, and the Sexual and Reproductive Health Plan.

31. PAHO provided key support in 2007 for the development of **Peru's** first National Health Plan in 20 years. The process was broadly participatory, with consultations involving representatives of professional and health workers' associations, private service

providers, the social security system and other public institutions, and regional governments. Regional health plans were developed through similar processes in La Libertad, Arequipa, Ancash, and Callao.

Health Agenda for the Americas Action Area
Harnessing Science, Knowledge, and Technology for Health

PAHO's Country Office in **Paraguay** provided key support for the formulation of a National Strategic Plan for the Development of a Health Information System 2007-2011 (SINAIS). PAHO participated as a member of an interagency technical team that analyzed the health system's information needs, defined priorities, and identified a series of goals, strategies, lines of action, and budgeting implications for the development of a health information system over a five-year period. The final plan sets eight strategic objectives, including the establishment of a national policy and legal framework that ensures the right to health information, strengthening human resources, and strengthening the physical and technological infrastructure for the health information system at the national, regional, and local levels. Other members of the interagency team included the U.S. Agency for International Development's (USAID) Measure Evaluation program and representatives of Paraguay's departments of biostatistics; programming, monitoring, and evaluation; health services; health surveillance; and surveys, statistics, and censuses; among others.

Health Agenda for the Americas Action Area
Tackling Health Determinants

In **Peru**, PAHO partnered with 12 United Nations and other international cooperation agencies starting in 2006 to spearhead the "Fight against Malnutrition Initiative," an effort to build national political commitment to reducing hunger. The initiative has since become the basis of international support for the government's CRECER National Strategy, a multisectoral strategic plan that addresses the social determinants of hunger, including education, environmental and living conditions, and access to health care. CRECER falls under the direction of Peru's Council of Ministers (PCM) and is coordinated by the Inter-Ministerial Commission on Social Affairs (CIAS), which joins the ministries of health, education, women and development, housing, and economy and finance. PAHO and its partner international agencies continue to play a key advocacy and support role for the CRECER strategy at the national, regional, and local levels.

32. PAHO's Country Office in Paramaibo supported the development of **Suriname's** Multi-Annual Development Plan 2006-2010 and during 2007 geared its technical cooperation to addressing health priorities laid out in the plan. This included support for an inter-sectoral approach to food production and security and to water and sanitation, greater emphasis on primary and secondary prevention in primary health care, greater community participation, prevention and early detection of chronic diseases, extending primary and secondary health care coverage to people living in the country's interior and rural areas, and achieving the health-related MDGs.

33. In **Trinidad and Tobago**, PAHO's Country Office, as chair of the U.N. Country Theme Group on HIV, led the development of a Joint Program of Support for HIV control and prevention to guide the in-country work of U.N. agencies in this area. With UNAIDS, PAHO organized training for members of the U.N. team on joint execution and monitoring of the plan and sponsored an assessment of gaps and different agencies' strengths for addressing them.

34. In **Uruguay**, PAHO supported the creation of a new National Road Safety Unit in the Office of the Presidency, which will coordinate national efforts in the area of traffic safety. PAHO also supported the development of legislation and plans relating to the basic pillars of the country's health sector reform, including the creation of a National Health Fund (FONASA) and the decentralization of the State Health Services (ASSE).

Chapter III

Planning Pan American Action for Health

35. Since its founding, the Pan American Health Organization (PAHO) has been a catalyst for cooperation among its Member States in efforts to protect and promote the health of their respective populations. This Pan American collaboration is grounded in the understanding that the Region's countries have shared health conditions and concerns, and that their historical, political, and geographical ties can facilitate effective joint action to address common problems.

36. The "value added" of Pan Americanism in health can be seen clearly in the results of PAHO's regional public health plans, subregional initiatives, and Technical Cooperation among Countries (TCC) program. In 2007-2008, PAHO supported and promoted strategic planning in all these areas, as well as in the Organization's flagship Pan American initiative, Vaccination Week in the Americas.

Vaccination Week in the Americas 2008

During the sixth annual Vaccination Week in the Americas (VWA), held April 19-26, 2008, more than 56 million people in 44 countries were vaccinated, making this the most ambitious VWA since the initiative was first launched in 2003. Planning was a central part of the initiative, and PAHO provided support in this area to every participating country. This included guidance in defining goals, strategies, and priority populations; coordinating activities at the national level and in border areas; defining indicators for measuring and reporting results; and budgeting for vaccines, cold chain equipment and other supplies, training, operational expenses, supervision and monitoring, and evaluation. PAHO also provided guidance in planning the countries' communication and social mobilization campaigns.

37. One of the major highlights of Pan American health efforts in 2007-2008 was the approval by PAHO Member States of the Health Agenda for the Americas, a mutually agreed-upon set of principles, priorities, and areas of action for health planning at the national, subregional, and regional levels (see Chapter 1). During 2007-2008, PAHO technical cooperation helped Member States advance in planning at the country, subregional, and regional levels, on all eight lines of action in the agenda (see also Chapter 2).

Developing the Health Agenda for the Americas

The Health Agenda for the Americas 2008–2017, from its conception to its approval, was an initiative by, for, and of the countries of the Americas. The concept for the agenda was first proposed by PAHO’s 2006 Subcommittee on Planning and Programming as a collective vision of the Region’s health priorities and agreed-upon lines of action for addressing them. A steering group led by **Panama** and including **Antigua and Barbuda, Argentina, Canada, Chile, Cuba,** and the **United States**—later joined by **Brazil** and **Mexico**—developed a draft through a process that included a series of teleconferences and two live meetings held in Panama City. In January 2007, **Bolivia, Colombia, Costa Rica, the Dominican Republic, Ecuador, Peru, Uruguay,** and **Venezuela** joined the effort, along with the Andean Health Agency–Hipólito Unanue Agreement (ORAS–CONHU) and the Amazon Cooperation Treaty Organization (OTCA), at the 3rd Meeting on International Cooperation in Health in Chile. This was followed by a broad-based consultation process that brought feedback from stakeholders at the national, regional, and global levels.

Chile provides an example of the consultation process that took place in countries around the Region. Chile’s Ministry of Health organized meetings with the country’s leading public health departments—from the University of Chile, the Pontifical Catholic University of Chile, and the Border University (UFRO)—to discuss the working draft of the agenda and receive inputs. Regional health authorities held meetings with local stakeholders for the same purpose. Chile’s feedback was pooled with similar contributions from other PAHO Member States and organizations including the World Bank, the Inter-American Development Bank (IDB), the Central American Integration System (SICA), the U.N. Food and Agriculture Organization (FAO), the U.N. Economic Commission for Latin America (ECLAC), the U.N. Development Fund for Women (UNIFEM), the U.S. Agency for International Development (USAID), and the Latin American Association of Public Health Schools.

The final Health Agenda for the Americas 2008–2017 was formally launched in Panama City in June 2007 at the opening of the General Assembly of the Organization of American States (OAS) in the presence of United Nations Secretary-General Ban Ki-moon, OAS Secretary-General José Miguel Insulza, President Martín Torrijos of Panama, 20 ministers of health, and ministers of foreign affairs from throughout the Region.

38. One of PAHO’s most important roles is that of ensuring that health is a top priority on the Region’s political agenda and a key part of national and regional development planning. Toward this end, PAHO monitored and participated throughout 2007-2008 in the planning and follow-up activities of the Region’s leading regional political-technical forums, including the **Summit of the Americas, the Ibero-American Summit, the Conference of First Ladies of the Americas, Spouses and Representatives of Heads of State and Government of the Americas,** and more than a

dozen working groups and commissions sponsored by the **Organization of American States** (OAS).

39. PAHO also worked closely with the Region's integration systems through the PASB's **subregional programs**, which became independently staffed and budgeted starting in 2006. In 2007-2008, PAHO promoted strategic planning in several subregional initiatives.

40. In the **Andean region**, PAHO supported the development of a joint Subregional Strategy for Andean Cooperation in partnership with agencies of the Andean Integration System, other U.N. agencies, the Spanish Agency for International Development Cooperation (AECID), and other partners. PAHO also provided key support for the planning and implementation activities of the Andean Health Agency–Hipólito Unanue Agreement (ORAS–CONHU), including the development of a joint Strategic Plan 2009-2012. In addition, PAHO participated in meetings of the Executive Committee of the Andean Border Health Plan (PASAFRO) and provided technical support for the implementation of its 2008 Operative Plan.

41. PAHO, through its subregional HIV/AIDS program based in **Colombia**, also provided crucial support for the development and implementation of the Andean Plan for a Health Sector Response to HIV 2007-2010, which was approved by the Meeting of Andean Health Ministers (REMSAA) in 2007. PAHO assisted with subregional situation analyses of monitoring and evaluation systems and of HIV-status stigma and discrimination in Andean countries, and with the development and implementation of subregional strategic plans in both areas. This work was supported by a subregional inter-agency HIV team made up of members from ORAS–CONHU, UNAIDS, PAHO, and other partners.

Health Agenda for the Americas Action Area
Strengthening the Health Workforce

PAHO's subregional program worked in partnership with ORAS-CONHU to create a new Andean Plan for Development of Human Resources in Health, which was approved by the 2008 Meeting of REMSAA. PAHO also worked with ORAS-CONHU to organize training for health professionals involved in policymaking on human resources in health, and to strengthen information and knowledge for decision-making.

As a member of the International Consortium for Human Resources for Health (HRH) for Healthcare, PAHO partnered with Dalhousie University in **Canada** and the Ministry of Health of **Brazil** to provide training to teams from **Jamaica's** Southeastern Regional Health Authority and from the state health departments of Minas Gerais and Ceará on the use of information to forecast human resources needs and assess policy options. In the **Caribbean**, PAHO partnered with the Ministry of Health of Jamaica to organize a meeting on human resources planning in Kingston in July 2007, where more than 150 participants from 15 Caribbean countries discussed areas for cooperation in human resources development and formulated draft strategies to address education, distribution, retention and recruitment, needs-based planning, and migration issues.

42. In 2007-2008, PAHO continued to support the **Caribbean** Cooperation in Health initiative, currently in its third stage (CCH III). PAHO's Caribbean Program Coordination (OCPC) is working with CARICOM's secretariat to improve monitoring and evaluation of the initiative's activities. PAHO also provided assistance during 2007-2008 to CARICOM in establishing the new Caribbean Public Health Agency (CARPHA).

43. In **Central America**, PAHO and the Spanish Agency for International Development Cooperation have provided support for the development of a Health Agenda for Central America and the Dominican Republic, which seeks to reduce inequities in health and improve quality of life. PAHO has worked with health authorities to develop a draft agenda and has helped organize national intersectoral consultations to discuss and refine it. In Guatemala, for example, PAHO's Country Office helped form a special commission made up of representatives of the Ministry of Public Health and Social Assistance, the Guatemalan Social Security System, the Presidential Secretariat for Women (SEPREM), and PAHO, to carry out consultations and work on key aspects of the agenda. The final document is expected to be presented to the Council of Health Ministers of Central America (COMISCA) in late 2008. It will be aligned with both the Health Agenda for the Americas 2008-2017 and the CARICOM-SICA (Central American Integration System) Plan of Action.

44. One of PAHO's most important tools for promoting strategic planning is its **regional public health plans**. These provide a conceptual framework and specific strategies and actions that have been collectively agreed upon by the countries of the Americas as the best means to address priority problems in health. The plans encourage a strategic approach to health action and help ensure standard criteria and indicators for monitoring and evaluation. During 2007-2008, PAHO developed four new regional health plans for approval by the 48th Directing Council:

- The Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control
- The Regional Strategy for Improving Adolescent and Youth Health
- The Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care
- The Regional Plan of Action for Strengthening of Vital and Health Statistics

45. PAHO also continued promoting the implementation of previously approved plans, including regional plans for HIV, malaria, Chagas' disease, tuberculosis, maternal health, and chronic diseases.

Health Agenda for the Americas Action Area
Reducing the Burden of Disease: Cervical Cancer

The **Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control**, finalized during 2007-2008 for presentation at PAHO's 48th Directing Council, seeks to reduce deaths and illnesses from cervical cancer by strengthening countries' capacities to implement comprehensive prevention and control programs. It proposes seven lines of action: conducting a situation analysis; intensifying information, education, and counseling; fortifying screening and pre-cancer treatment programs; establishing or strengthening information systems and cancer registries; improving access and quality of cancer treatment and palliative care; generating evidence to facilitate decision-making regarding the introduction of HPV vaccines; and advocating for equitable access and affordable comprehensive cervical cancer prevention. The plan places immediate priority on strengthening current programs and considering the introduction of new technologies, particularly visual inspection with acetic acid (VIA) and direct HPV DNA testing. It calls on health authorities to partner with community, national, and international organizations, including women's groups, to carry out the lines of action.

Health Agenda for the Americas Action Area
Reducing the Burden of Disease: Chronic Diseases

With support from PAHO, the countries of the **Caribbean** have made planning a central focus of their efforts to fight noncommunicable diseases (NCDs), which account for more than one-half of all illnesses and deaths and the majority of health costs in the subregion. As co-secretariat (with CARICOM) of the Caribbean Cooperation in Health Initiative, PAHO is helping to revise a Regional Plan of Action for NCD Prevention and Control, as called for by Caribbean heads of state at a special CARICOM Summit on Non-Communicable Diseases, held in September 2007. Nine of 13 Caribbean countries have drafted or begun implementing national NCD strategies, most within the framework of PAHO's Regional Strategy on an Integrated Approach to the Prevention and Control of Chronic Diseases Including Diet, Physical Activity, and Health. In 2007, PAHO organized a subregional workshop on the Regional Strategy as a basis for planning and provided training to ministry of health professionals from 10 countries in the use of cost-effectiveness analysis and strategic thinking in policymaking and advocacy on NCDs. In 2008, PAHO sponsored a meeting of Caribbean experts on cardiovascular disease, which focused on planning prevention and control programs. CARICOM leaders are aiming to provide 80 percent of people with chronic diseases a package of preventive services and treatment based on regional guidelines by the year 2012.

46. PAHO played a catalytic and technical role in the development of joint strategies to respond to outbreaks of **yellow fever** in South America in early 2008. Working with health authorities from Argentina, Bolivia, Brazil, Paraguay, Peru, Uruguay, and Venezuela, PAHO experts helped identify priorities and lines of action for responding to and containing outbreaks, including vaccination and strategies to reduce breeding sites of *Aedes aegypti*, the disease's mosquito vector. PAHO also assisted the countries with communications planning, emphasizing the importance of clear, transparent, and timely public outreach.

Health Agenda for the Americas Action Area
Strengthening Health Security

In 2007–2008, PAHO provided ongoing support for country and regional planning in two critical areas of international health security: the new International Health Regulations (IHR) and avian flu and pandemic influenza preparedness. PAHO has worked with three regional integration systems—ORAS–CONHU, MERCOSUR, and RESSCAD (Health Sector Meetings of Central America and the Dominican Republic)—to promote the dissemination of the regulations, the designation of national focal points, and the drafting of implementation plans at both the country and subregional levels. As of April 2008, 25 of the Region’s 35 countries were participating in PAHO surveys to monitor progress in implementation of the regulations. Twelve countries had conducted national assessments of their core surveillance and response capacities, as required by the IHR, and 12 reported having a national public health emergency response plan, also called for by the regulations.

In the area of avian and pandemic influenza, PAHO country offices provided ongoing technical support for national preparedness and response planning, as well as health protection for United Nations staff and their families, procurement of pharmaceuticals, and the development of contingency and business continuity plans for U.N. agencies at the country level. In addition, during 2007-2008, PAHO continued using its pandemic preparedness assessment tool, based on WHO’s Checklist for Influenza Preparedness, to gauge Member States’ progress in preparedness planning and implementation. The assessments showed that the average level of preparedness of Latin American and Caribbean countries had increased from 43 percent to 50 percent between 2006 and 2007, with the greatest improvements in Central America, Mexico, and the Southern Cone countries.

In the Caribbean, PAHO helped Member States strengthen their surveillance systems for unexpected health events during the 2007 Cricket World Cup and then helped them build on those efforts to develop National Pandemic Preparedness Plans. Ongoing PAHO technical cooperation in capacity-building, development of planning tools, and simulation exercises are helping to strengthen both pandemic preparedness and IHR compliance throughout the Region.

47. Three PAHO Technical Cooperation among Countries (TCC) projects during 2007-2008 focused special efforts on the area of planning.

48. **Belize, Costa Rica, Cuba, the Dominican Republic, and El Salvador** participated in a 2007 PAHO TCC on implementation of the new International Health Regulations (IHR). The project included the development of a methodology and assessment instrument specifically for these countries to evaluate their core surveillance and response capacities and planning proposals to address the identified gaps. The project

also produced strategies to improve the functioning of each country's National IHR Focal Point.

49. PAHO partnered with the Caribbean Environmental Health Institute (CEHI) and countries of the **Eastern Caribbean** in a TCC project to develop the Strategic Collaborative Plan 2008–2012 for sustainable development and environmental health. The strategy seeks to strengthen PAHO and CEHI technical cooperation, promote joint action among the countries, and make better use of resources to improve health and environmental conditions in the subregion.

50. **Peru** and **Uruguay** participated in a PAHO TCC aimed at strengthening cooperation in fighting hydatid disease. The project included the formulation, in collaboration with Uruguay's National Commission on Zoonoses, of a Plan for the Prevention and Control of Hydatidosis in Peru. The plan falls within the framework of the Southern Cone Project for Hydatidosis Surveillance and Control, supported by PAHO and the Food and Agriculture Organization (FAO).

Chapter IV

Planning PAHO Action in Health

51. PAHO has focused growing attention on strategic planning to advance key regional and global health goals and as a means to improve its own performance. In 2007-2008, strategic planning was central to PAHO's work, both as an area of technical cooperation and internally for the Organization itself.

52. One of the highlights of 2007–2008 was the approval by the 27th Pan American Sanitary Conference of the PAHO Strategic Plan 2008-2012 (official document 328), a five-year framework for PAHO operations. The plan is based on the priorities and objectives laid out in the Health Agenda for the Americas 2008-2017 as well as on WHO's 11th General Program of Work and Medium-Term Strategic Plan. Development of the PAHO Strategic Plan began in 2006 and was a participatory process that received inputs from PAHO's Member States, Country Offices, centers, and technical and administrative areas.

53. The PAHO Strategic Plan 2008-2012 is based on the results-based management framework that has been adopted by WHO and other U.N. agencies as part of the United Nations reform process. The plan sets forth 16 strategic objectives (SOs), a detailed implementation strategy, and expected results and indicators for measuring progress toward their achievement (regionwide expected results, RERs, and office-specific expected results, OSERs). To ensure transparency, the plan uses objectives and indicators

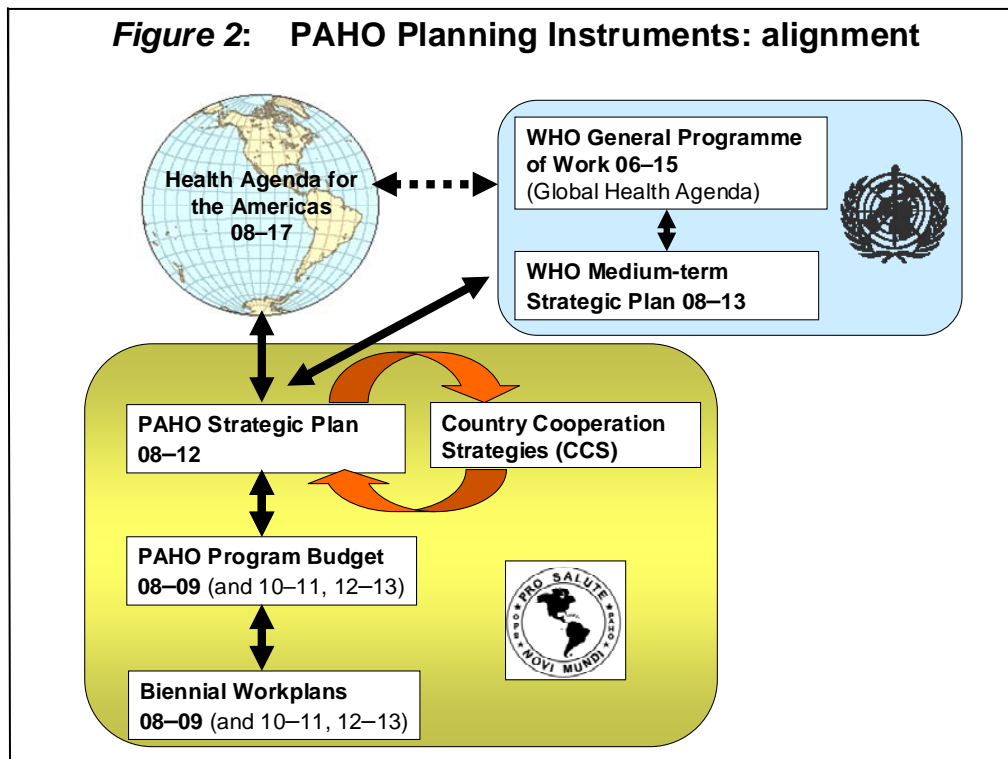
for which baseline data are available at the start of the planning period. To ensure feasibility, it specifies both the resources needed and the expected sources of those funds. A revised version of the plan, which is being presented to the 48th Directing Council, incorporates new suggestions from Member States as well as adaptations of some indicators and goals and a new RER on climate change to ensure alignment with the new version of WHO's Medium-term Strategic Plan 2008-2013.

Figure 1. Strategic Objectives, PAHO Strategic Plan 2008-2012

1	To reduce the health, social, and economic burden of communicable diseases	9	To improve nutrition, food safety, and food security throughout the life-course, and in support of public health and sustainable development
2	To combat HIV/AIDS, tuberculosis, and malaria	10	To improve the organization, management, and delivery of health services
3	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence, and injuries	11	To strengthen leadership, governance, and the evidence base of health systems
4	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all	12	To ensure improved access, quality, and use of medical products and technologies
5	To reduce the health consequences of emergencies, disasters, crises, and conflicts, and minimize their social and economic impact	13	To ensure an available, competent, responsive, and productive health workforce to improve health outcomes
6	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs, and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	14	To extend social protection through fair, adequate, and sustainable financing
7	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system, and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's 11th General Program of Work and the Health Agenda for the Americas

<p>8 To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health</p>	<p>16 To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively</p>
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54. Through the development and implementation of the Strategic Plan, PAHO made significant progress during 2007-2008 in aligning its activities with the priorities and needs of its major constituents. The eight action areas of the Region’s Health Agenda for the Americas were a major input for the preparation of the Strategic Plan. PAHO Country Offices throughout the Region have begun or completed the preparation of country cooperation strategies (CCSs), which are directly linked to their biennial work plans and take into account country-specific needs as well as the United Nations Development Assistance Framework (UNDAF) and Common Country Assessments (CCA) (see Chapter 2). PAHO made special efforts to ensure that its designated priority countries—Bolivia, Guyana, Haiti, Honduras, and Nicaragua—were among the first to develop CCSs during 2007-2008. (In the case of Haiti, an Interim Cooperation Framework was developed instead). Particularly in these priority countries, the CCS process has facilitated the mobilization of additional resources for health.



Planning and Alignment at the U.S.–Mexico Border Office

PAHO's U.S.–Mexico Border Office in El Paso, Texas, provides an example of the processes of planning and alignment that took place throughout the Organization during 2007-2008.

In March 2008, the secretaries of health of Mexico and the United States and PAHO's Director signed a statement agreeing to jointly address mutual priorities in border health. The parties then established a Working Group made up of representatives of the U.S. Department of Health and Human Services, the Ministry of Health of Mexico, the U.S.-Mexico Border Health Commission (USMBHC), and PAHO. The Working Group developed an integrate framework to align the priorities and work plans of the USMBHC and PAHO's U.S.–Mexico Border Office with the priorities agreed upon by the two countries. The framework includes a background statement describing each organization's mission and vision and a review of the issues and challenges facing the communities along the U.S.–Mexico border.

Through a series of meetings, the Working Group developed a matrix detailing elements of the Border Office's biennial work plan, the USMBHC's "Directions and Priorities," and suggested alignment actions within the two Organizations' project areas. The group also developed two additional matrices suggesting alignment actions for the short and medium terms. Subsequently, several agreements have been signed committing Mexican and U.S. government funds and committing PAHO and the USMBHC to maximizing the use of collective and individual resources to support their joint work.

55. A key feature of the PAHO Strategic Plan's results-based management framework is its method for resource programming. The expected results are based on outcomes that are considered desired and feasible. The plan estimates the amount of resources needed to achieve 100 percent of those results and then allocates resources known to be available. Gaps between the available funding and the costs of the expected results will either leave them partially unmet or may be reduced by mobilizing additional resources.

56. As part of the results-based management environment, PAHO promotes staff development as critical means of improving efficiency and effectiveness, enhancing technical excellence, and better focusing services to Member States. For this purpose, PAHO has developed a Learning Plan 2008-2012, which targets core learning content to staff throughout PAHO to help them build knowledge, skills, and competencies in specific areas. The Learning Plan supports the 16 Strategic Objectives of the PAHO Strategic Plan, the Country Cooperation Strategies, and special Target Areas of Capacity Building, which are derived from key mandates, including the Health Agenda for the Americas, the Millennium Development Goals, and WHO's Six-Point Agenda to Improve Public Health.

PAHO and Health Planning in the Americas, 1958-2008

PAHO has been a strong proponent of planning in public health since at least 1958, the year Chilean epidemiologist Abraham Horwitz became the Organization's Director. Influenced by the emerging field of development economics, Horwitz and his contemporaries saw planning as an important instrument for promoting national development, and public health as an essential component of development.

The 1961 Charter of Punta del Este, which launched the Alliance for Progress, set forth an ambitious Ten-Year Public Health Program that aimed to increase life expectancy by 5 years over the decade through specific achievements in water and sanitation, child health, communicable disease control, nutrition, health services, and scientific research. Horwitz offered PAHO as the lead technical cooperation agency for the Regional plan and called on the Center for Economic and Social Development Studies (CENDES) at the Central University of Venezuela to develop a methodology for national and regional health planning. The PAHO promoted the CENDES methodology through training programs offered at its Pan American Center for Health Planning in Santiago, Chile.

In 1971, a PAHO assessment showed considerable progress toward the goals of the 10-year plan but also significant differences in achievements across countries. At their 1972 meeting, the Region's ministers of health reviewed lessons learned from the first 10-year plan and concluded that a lack of explicit policies on developing health systems had weakened the effectiveness of planning. In resolutions, they declared health as a universal right, acknowledged the importance of social participation in decision-making, and presented a new Ten-Year Health Plan (1971-1980) that focused on extending health services to underserved populations.

By the late 1970s, public health leaders in the Region and elsewhere had turned their focus from 10-year regional plans to primary health care strategies as the best way to guarantee health as a universal right. This process culminated in the 1978 Alma-Ata call for "health for all by the year 2000." By 1980, most of the Region's countries had developed national strategies to achieve "health for all by 2000," and these became the basis for a set of Regional Strategies approved by the PAHO Directing Council. They set ambitious targets directly related to health for all, including the immunization of all children under 1 and the provision of water and sanitation services to the entire population, both by the year 1990. In 1981, PAHO adopted a Plan of Action to pursue these goals, with an emphasis on restructuring and expanding health services to increase equity, efficiency, and effectiveness.

The economic crisis of the 1980s resulted in fewer people, not more, having access to health services. In response, the 1988 PAHO Directing Council called for developing and strengthening local health systems as the basis for transforming national health systems. The approach was intended to promote citizen participation in health promotion and the delivery of services, thereby increasing accountability.

By 1990, the Pan American Sanitary Conference had developed a host of new and continuing strategic orientations to guide the work of PAHO and its Member States. These included attention

to the role of health in development, reorganizing the health sector, focusing on high-risk groups, health promotion, social communication, integrating women in health and development, knowledge management, resource mobilization, and technical cooperation among countries.

Today, planning is for PAHO a key means for ensuring effective health action in the Americas. The new PAHO Strategic Plan 2008-2017 is highly integrated and carefully articulated to link with its external mandates, with operationally well-defined indicators, baselines, and targets to ensure that the results of Organization's efforts are meaningful and measurable. The plan reflects PAHO's commitment, in conjunction with other U.N. agencies and international cooperation institutions, to ensuring that its work is efficient and effective, and that the Organization is ultimately accountable to the people it is intended to serve.

57. In line with WHO, PAHO has taken measures to ensure that its administrative processes and information systems also support the new strategic direction and commitment to its Member States. As part of this process, PAHO is using WHO's Global Management System (GSM) and its guiding principles as a compass to maintain programmatic alignment with WHO while respecting PAHO's separate governance structure and legal status. This will ensure that PAHO provides the required programmatic and financial data to WHO for integration into its global program planning and reporting processes while also responding to the Organization's regional requirements.

58. In 2007, the PASB made major advances in its program management and budget systems. The Organization's key managerial instrument, AMPES/OMIS, was enhanced with the addition of a new web-based budget module, the Award Management System (AMS). In alignment with the GSM guiding principles, the new AMS is configured to 1) enable managerial entities to develop biennial work plans linked to the Organization's Strategic Plan and Program Budget, and 2) facilitate the transition from a programmatic structure based on "areas of work" to one based on "strategic objectives." The new system allows managerial entities to establish "office-specific expected results" with associated indicators that are directly linked with the "regionwide expected results" contained in the PAHO Strategic Plan. In this way, the system documents the contributions of all managerial entities to the achievement of the Organization's strategic objectives.

59. In 2008, the PASB will finalize its implementation of a new Performance Monitoring and Assessment system to complete the new planning, programming, and management environment.

Financial Resources for PAHO Technical Cooperation in 2007

60. During 2007, PAHO mobilized significantly greater financial resources, enabling the Organization to strengthen its technical cooperation efforts. Total funding reached US\$ 620.8 million, the highest level of income for the Organization in any one year. Receipts of current and prior years' quota assessments totaled \$68 million and \$44.6 million, respectively. PAHO received \$67.6 million from WHO, of which \$39.2 million was for regular budget activities and \$28.4 million was for extra-budgetary projects. The Organization also received \$284.4 million to procure vaccines and other supplies on behalf of PAHO Member States.

61. PAHO mobilized \$153.8 million in voluntary contributions, including \$72.6 million from governments for external projects, \$71.3 million from governments for domestic projects (\$68.9 million from Brazil), \$5 million from international organizations, \$4.7 million from private and public sector organizations, and \$197,000 from other sources. The largest contributors of voluntary funds were Brazil (\$72.6 million), Canada (\$16.3 million), Norway (\$1.3 million), Spain (\$23.3 million), Sweden (\$5.7 million), the United Kingdom (\$1.9 million), and the United States (\$17.9 million).

62. PAHO's financial management has responded proactively to this dramatic growth in financial resources as well as to decentralization and the implementation of results-based management. In 2006–2007, the Organization implemented a new Financial Accountability Framework, which included the review of financial policies and procedures, staff training, and a requirement that all Country Office representatives and senior managers at Headquarters certify their offices' annual financial accounts. A newly implemented Expenditure Recognition Policy and the expected implementation of International Public Sector Accounting Standards (IPSAS) in alignment with the United Nations and its specialized agencies will enhance PAHO's commitment to results-based management. These initiatives will continue to position PAHO as a leader in financial best practices among both public and private sector institutions and will support the Organization's continued commitment to its fiduciary responsibilities.

Master Capital Investment Fund

63. During 2007, PAHO received approval from its Governing Bodies to implement a Master Capital Investment Plan (MCIP). Historically, PAHO had addressed the requirements for property, plant, and equipment, as well as IT-related infrastructure, on an ad-hoc basis. With the advent of the MCIP, the Organization will regularize the planning process and address maintenance and infrastructure needs in a more deliberative manner over a 10-year period. The MCIP will be continuously updated on a rolling

10-year cycle and incorporated into the Biennial Program Budget planning and funding process.

64. The \$8 million initial funding for the MCIP was provided from the excess of income over expenditure in the 2006-2007 Regular Program Budget. Future financing will come from excesses of income over expenditure, if available, in the Regular Program Budget at the end of each biennium. PAHO has been approached to provide assistance to other United Nations agencies in establishing this best budgetary and financial practice.

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