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**ANNUAL REPORT OF THE DIRECTOR OF THE
PAN AMERICAN SANITARY BUREAU
DR. MIRTA ROSES PERIAGO**

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**Address by Dr. Mirta Roses Periago, Director, to the
48th Directing Council, 60th Session of the Regional Committee,**

Washington, D.C., USA, 29 September 2008

It is my honor to present to you the Annual Report for 2008, which summarizes some of PAHO's major achievements during 2007-2008 in carrying out the mandates conferred on us by our Member States.

This work was carried out in the framework of PAHO's Strategic Plan 2008-2012, approved by you one year ago. The Strategic Plan provides a five-year framework for PAHO operations, based on the principles and action areas laid out in the Health Agenda for the Americas and aligned with WHO's 11th General Program of Work and Medium-term Strategic Plan.

We chose **Strategic Planning** as the theme of this year's report to highlight the ways the PAHO Secretariat and our Member States are using planning to strengthen health action, improve efficiency, and increase accountability.

PAHO has been a longtime proponent of planning in health, starting in the 1960s with the 10-year public health program that was part of the alliance for progress. Today, planning is an increasingly important component of our work, both for the Secretariat's own operations and as an area of technical cooperation.

During 2007-2008, PAHO promoted health planning at the regional, subregional, national, and local levels. Much of this planning was for activities in the eight key action areas of the Health Agenda for the Americas, agreed upon by PAHO member countries as the key areas of action to address the Region's most pressing health challenges.

I would like to point out just a few examples of this work.

During 2007-2008, PAHO worked with a number of ministries of health to **strengthen the national health authority**.

PAHO supported **Brazil's** Ministry of Health in strategic planning for institutional strengthening as part of the national program with goals and investments known as "Mais Saude". PAHO's contribution included identifying and assigning roles and responsibilities for different agencies of the ministry of health, performing an institutional diagnosis of the ministry and formulating a

proposal for strategic restructuring, helping to identify problem areas for implementation of restructuring and developing a proposal to address these problems through process reengineering.

PAHO has also worked with member countries to use planning to **increase social protection and access to quality care**, another action area of the Health Agenda for the Americas.

PAHO's country office in **Haiti** provided crucial support to the strategic planning process behind the government's new program of free obstetric care—"soin obstétrique gratuite"—for pregnant women and newborns, the first step toward creating a national system of social protection in health in Haiti.

PAHO assisted Haiti with planning the reallocation of resources from international humanitarian assistance to finance the new program and helped create and implementing a training program for ministry staff in stakeholder analysis, methodologies for costing health packages, conceptual frameworks, and the design of social protection schemes.

In the area of **addressing the social determinants of health**, starting in 2006, PAHO partnered with 12 United Nations and other agencies working in **Peru** to support the child malnutrition initiative ("iniciativa contra la desnutricion infantil"). this became the basis for Peru's national "Crecer" strategy, a multisectoral strategic plan that addresses the social determinants of hunger, including education, environmental and living conditions, and access to health care. In 2007-2008, PAHO and partner agencies played a key advocacy and support role for the *Crecer* strategy in Peru at the national, regional, and local levels.

During 2007-2008, PAHO also worked with member countries to use strategic planning in the area of **harnessing advances in knowledge, science and technology**.

PAHO's country office in **Paraguay** provided important support for the creation of a National Strategic Plan for the Development of a Health Information System 2007-2011. As a member of an inter-agency technical team, PAHO helped analyze the information needs of the health system, define priorities, and identify a series of goals, strategies, lines of action, and budgeting implications. The final plan set eight strategic objectives, ranging from establishing a national legal framework to strengthening the physical infrastructure for the health information system at the national, regional, and local levels.

In the area of **strengthening the health workforce**, PAHO worked in partnership with the Andean Health Agency-Hipolito Unanue Agreement (ORAS-CONHU) in the creation of a new Andean Plan for Development of Human

Resources in Health, which was approved by the 2008 Meeting of Ministers of Health of the Andean Area, REMSAA.

Also, as a member of the international consortium for human resources for health care, PAHO partnered with Dalhousie University in Canada and with Brazil's Ministry of Health to provide training to teams from **Jamaica** and **Brazil** on the use of information for forecasting human resources needs and assess policy options.

In the action area of **reducing the burden of disease**, PAHO finalized a **Regional Strategy and Plan of Action for Cervical Cancer Prevention** during 2007-2008, for the approval of this Directing Council. It seeks to reduce deaths and illnesses from cervical cancer by strengthening countries' capacities to implement comprehensive prevention and control programs. It promotes seven lines of action, with immediate priority on strengthening current programs and considering the introduction of new technologies, including visual inspection with acetic acid and direct HPV testing.

In the **Caribbean**, PAHO member countries have made planning a central focus of their efforts to fight noncommunicable diseases, which account for more than half of illnesses and deaths and the majority of health costs in the subregion. As Co-secretariat of the Caribbean Cooperation in Health initiative, PAHO is helping to implement a Plan of Action for Noncommunicable Disease Prevention and Control, as called for by the special CARICOM Heads of State Summit on Noncommunicable Diseases in September 2007.

Nine of 13 Caribbean countries have drafted or begun implementing national NCD strategies, most of these within the framework of PAHO's Regional Strategy on an integrated approach to the prevention and control of chronic diseases.

In early 2008, PAHO played a catalytic and technical role in the development of strategies to respond to outbreaks of **yellow fever** in the Region. 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 the disease's mosquito vector.

PAHO provided ongoing support for country and regional planning in two critical areas of **International Health Security**: the new International Health Regulations and preparedness for avian flu and pandemic influenza.

As of April 2008, 25 of the Region's 35 countries were participating in PAHO surveys on progress in implementing the International Health Regulations, 12 countries had conducted national assessments of the 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 UN agencies at the country level.

Also during 2007-2008, PAHO continued using its pandemic preparedness assessment tool, to gauge Member States' progress in preparedness planning and implementation.

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 and strengthen compliance with the international health regulations.

PAHO's promotion of planning was also a key part of its support for this year's **Sixth Annual Vaccination Week in the Americas**, which reached more than 56 million people in 44 countries, making it the most ambitious vaccination week to date.

PAHO's support of countries' planning 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 and other equipment, training, monitoring, and evaluation. PAHO also provided planning guidance for the countries' communication and social mobilization campaigns.

One of the highlights of 2007-2008 was our Member States' approval one year ago of the **PAHO Strategic Plan 2008-2012**.

The Plan provides a five-year framework for PAHO operations, based on the principles and action areas laid out in the Health Agenda for the Americas, and also in alignment with WHO's 11th General Program of Work and the WHO Medium-term Strategic Plan.

The Plan's development was a participatory process that received inputs from PAHO Member States, country offices, centers, and technical and administrative areas throughout the Organization.

The Plan sets forth **16 Strategic Objectives**, 14 of which are directly related to improving health and two of which relate to the functioning of the Secretariat in support of the other 14 objectives.

The Plan has a **Results-based Management Framework** and includes a detailed implementation strategy, with expected results and indicators for measuring progress toward the achievement of the 16 strategic objectives. During 2007-2008, PAHO made major progress in implementing the strategic plan in all our country offices, centers, and technical areas.

Major advances in planning and implementation could also be seen in the development of PAHO's **country cooperation strategies** in Member States, as part of our country focus policy.

Each country cooperation strategy responds to the health priorities and needs of the country while also responding to regional and global mandates through alignment with the PAHO Strategic Plan. they also draw on and feed into the United Nations common country assessments as part of the harmonization process of the U.N. Development Assistance Framework (UNDAF) in the context of U.N. reform.

In line with WHO, PAHO has taken measures to ensure that its administrative processes and information systems support the new Strategic Plan. as part of this process, PAHO is using WHO's Global Management System and its guiding principles as a compass to maintain programmatic alignment. 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.

These are just some of the highlights of our work during 2007-2008 in supporting our Member States, particularly in the area of health planning. I submit this report for your consideration and thank you for your continuing support and collaboration with PAHO in working to achieve the Millennium Development Goals and to make health for all a reality throughout our hemisphere.

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