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PROPOSED
PAHO PROGRAM AND BUDGET
2014-2015

PROPOSED PAHO PROGRAM AND BUDGET 2014-2015
for the 152nd Executive Committee

Introductory Note for the Executive Committee

1. The presentation of the proposed Program and Budget 2014-2015 to the 152nd Meeting of the Executive Committee constitutes the second round of discussions with the Governing Bodies of the Pan American Health Organization (PAHO) within the proposed new PAHO planning framework. The document, along with the Strategic Plan 2014-2019, was discussed as a draft outline with the Member States Countries Consultative Group (CCG) in February 2013 and presented to SPBA7 in March. A second session with the CCG was held in late April. The document has since been updated, incorporating all feedback from Member States, and is being presented as a draft proposal for the 152nd Executive Committee.

2. Both the PAHO Strategic Plan 2014-2019 and the PAHO Program and Budget 2014-2015 have been influenced by the Health Agenda for the Americas 2014-2019, the Countries' Cooperation Strategies (CCS), current resolutions, including plans and strategies, and the ongoing World Health Organization (WHO) Reform, particularly the Twelfth General Programme of Work (GPW) 2014-2019 and the WHO Program Budget 2014-2015. Consequently, and in light of PAHO's effort to maintain programmatic alignment with WHO, the programmatic structure of both the proposed PAHO Strategic Plan and the proposed Program and Budget mirror that of the WHO planning documents, with corresponding adjustments where regional specificity is needed.

3. The proposed Program and Budget 2014-2015 is being presented for the consideration of Member States at a realistic level of US$ 569.1[1] million in base programs. This represents an overall reduction of $44.3 million, or 7.2%, compared with the 2012-2013 approved budget of $613.4 million, as a result of the continued decline in voluntary contribution funding for the Region.

4. The regular budget portion of the total budget, which is comprised of assessed contributions from Member State contributions plus miscellaneous income, is maintained at zero nominal growth with respect to the 2012-2013 budget, or $285.1 million. However, because of the continued decline in U.S. market interest rates that fuels PAHO miscellaneous income, there is an expected reduction of $6 million (from $12 million to $6 million) in miscellaneous income for 2014-2015. Consequently, in order to maintain zero nominal growth in the regular budget at $285.1 million, a slight increase of 3.1% in assessed contributions from the Member States will be required in order to offset the reduction in miscellaneous income.

[1] Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

5. In maintaining a zero nominal growth regular budget for 2014-2015, the Organization will be faced with absorbing an estimated 5.4% cost increase, or approximately $15.4 million. This increase will challenge the Organization to follow a disciplined approach to cost reduction in terms of both seeking greater efficiencies and targeting priority-based reductions in programs in an institutionally responsible manner.

6. The Executive Committee is invited to analyze the proposed Program and Budget 2014-2015 and provide the Bureau with its comments and observations. This feedback, along with input from the continued collaboration with the Member States Countries' Consultative Group, will be incorporated into the next iteration of the proposal, to be presented to the 52nd Directing Council in September 2013.

PROPOSED
PROGRAM AND BUDGET 2014-2015

Pan American Health Organization
Regional Office of the World Health Organization for the Americas

DRAFT FOR THE EXECUTIVE COMMITTEE

June 2013

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Overview

PAHO Program and Budget 2014-2015 in the Context of WHO Reform

1. The ongoing World Health Organization (WHO) reform process has significantly impacted both the structure and content of the Twelfth WHO General Programme of Work (GPW) and its associated program budgets. Consequently, since the Pan American Health Organization (PAHO) maintains programmatic alignment with WHO for its own planning framework, these changes have influenced the PAHO Strategic Plan 2014-2019 (SP 2014-2019) and its Program and Budget 2014-2015 (PB 2014-2015).

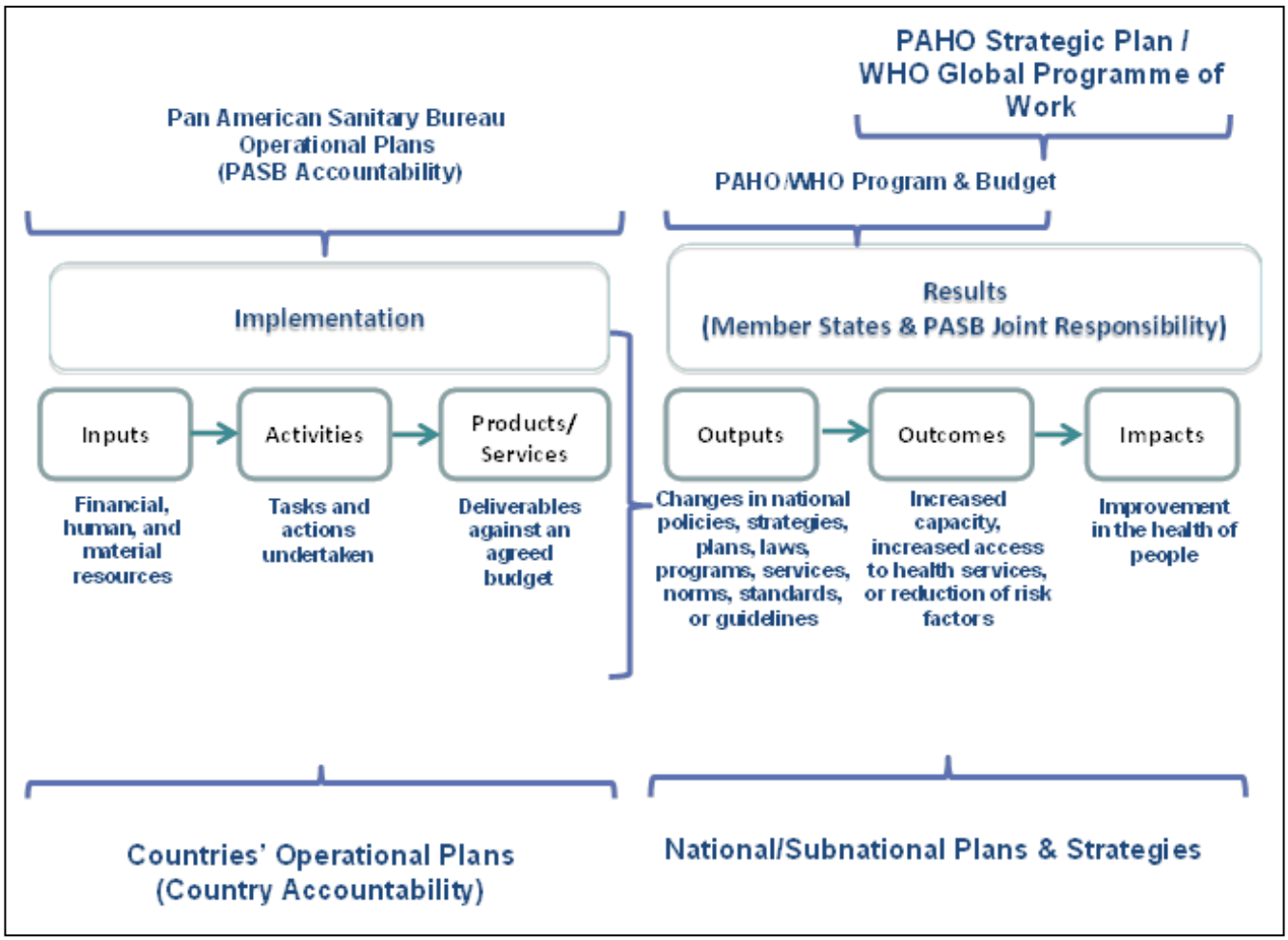
2. The proposed PAHO Program and Budget 2014-2015 is the first to be developed under the new PAHO Strategic Plan 2014-2019. The Program and Budget 2014-2015 will contain the same programmatic structure as the Strategic Plan 2014-2019, namely: categories, program areas, outcomes, and outcome indicators. In addition, the Program and Budget will include outputs and output indicators designed to articulate the Bureau's contribution to the stated outcomes in the Strategic Plan. The expected achievements in the Program and Budget 2014-2015, in the form of outcome and output indicator targets, will be for the two-year period ending on 31 December 2015.

Results-based Management Framework for Planning, Programming, and Budgeting

3. The implementation of a new results chain is a key element of the WHO reform and introduces an improved level of clarity and coherence in the stated outcomes in the WHO GPW. The improved results chain has also been incorporated into the PAHO proposed planning framework and is reflected in the structure of both the Strategic Plan and the Program and Budget. The new results framework links the work of the Pan American Sanitary Bureau (PASB) (outputs) to the health and development changes in the countries to which it contributes (outcomes and impact).

4. Figure 1 below illustrates the new results chain for both the WHO and PAHO planning frameworks.

Figure 1. PAHO/WHO Results Chain



5. **Impacts** are sustainable changes in the health of the population to which PAHO Member States, the PASB and other partners contribute. Such changes will be assessed through impact indicators that reflect a reduction in morbidity or mortality, or improvements in well-being of the population (i.e. increases in people's healthy life expectancy). Consequently, implementing the PAHO Strategic Plan will also contribute to both regional and global health and development.

6. **Outcomes** are the collective or individual changes in the factors that affect peoples' health, to which the work of the Member States and the PASB will contribute. These include, but are not limited to, increased capacity, increased service coverage or access to services and/or reduction of health-related risks. Member States are responsible for achieving outcomes, in joint collaboration with the PASB and other PAHO partners.

The outcomes contribute to the Plan's impact goals. Progress made towards achieving outcomes will be assessed with corresponding indicators that measure changes at national or regional level.

7. **Outputs** are changes in national systems, services and tools derived from the collaboration between the PASB and PAHO Member States for which they are jointly responsible. These outputs include, but are not limited to, changes in national policies, strategies, plans, laws, programs, services, norms, standards and/or guidelines. The outputs will be defined in the respective PB and will be assessed with a defined set of output indicators that will measure the PASB's ability to influence such changes.

8. It is noted that for Category 6 (Corporate Services/Enabling Functions) the outputs and outcomes will reflect institutional changes that support the efficient and effective delivery of technical cooperation by the Organization in the other five programmatic categories.

9. The PASB **operational plans** include the following components:

(a) Products and Services – deliverables against an agreed budget for which the PASB is directly accountable during the biennium. Products and services are tangible and observable.

(b) Activities – actions that turn inputs into products or services.

(c) Inputs – resources (human, financial, material and other) that the PASB will allocate to activities and that produce products or services.

10. The operational planning components are necessary in order to achieve the outputs and contribute to the outcomes and impacts. The PASB operational planning components are not included in the Organization's PB; they are included in the operational plans of the different PASB entities (offices, departments or units). Member States participate directly in the PASB operational planning process through the PAHO/WHO country offices.

11. **Risks and Assumptions –** the full results chain is predicated upon a number of risks and assumptions. They include the premise that resources and country collaboration are in place to enable the changes from a range of products/services to outputs and outcomes.

Programmatic Priorities for PAHO Technical Cooperation for 2014-2015

12. The general programmatic direction for the ensuing six-year period has been established largely as a result of the WHO reform dialogue. PAHO, in its desire to maintain programmatic alignment with WHO, will use the same programmatic structure developed by WHO for its Strategic Plan 2014-2019 and its Program and Budget 2014-2015.

13. The programmatic structure consists primarily of the six major categories of work and their program areas, as follows:

(a) **Communicable diseases.** Reducing the burden of communicable diseases, including HIV/AIDS and sexually transmitted infections (STIs); tuberculosis; malaria and other vector-borne diseases; neglected, tropical, and zoonotic diseases; vaccine-preventable diseases; and viral hepatitis.

(b) **Noncommunicable diseases**. Reducing the burden of noncommunicable diseases and risk factors, including cardiovascular diseases, cancer, chronic lung diseases, diabetes, and mental health disorders, as well as disabilities, violence, and injuries, through health promotion and risk reduction, prevention, early detection, treatment, and monitoring of noncommunicable diseases and their risk factors.

(c) **Determinants of health and promoting health throughout the life course**. Promoting good health at key stages of life, taking into account the need to address the social determinants of health (societal conditions in which people are born, grow, live, work, and age) and implementing gender equality, equity in health, human rights, and ethnicity across the Plan.

(d) **Health systems**. Strengthening of health systems with a focus on governance for social protection in health; strengthening legislative and regulatory frameworks and increased financial protection to guarantee the right to health; organizing people-centered integrated service delivery; promoting access to and rational use of quality, safe, and effective health technologies; strengthening information systems and national health research systems; promoting research for integrating scientific knowledge into health care, health policies, and technical cooperation; facilitating transfer of knowledge and technologies; and developing human resources for health.

(e) **Preparedness, surveillance, and response**: Reducing mortality, morbidity and societal disruption resulting from epidemics, disasters, conflicts, and environmental and food-related emergencies through risk reduction, preparedness, and response and recovery activities that build resilience and use a multisectoral approach to contribute to health security.

(f) **Corporate services and enabling functions**. Fostering and implementing the organizational leadership and corporate services that are required in order to maintain the integrity and efficient functioning of the Organization.

14. The programmatic priorities highlighted for the 2014-2015 biennium will naturally fall within the six categories and related program areas in accordance with the programmatic prioritization framework of the Strategic Plan 2014-2019.

Funding the Program and Budget

15. PAHO uses a results-based management framework for the development of its biennial program and budget. The Program and Budget represents the estimated cost of achieving the stated outputs under the responsibility of the Bureau toward attainment of the stated outcomes shared with the Member States, expressed through an integrated budget with multiple funding sources.

16. PAHO receives funding from two major types of resources: *(a)* assessed contributions, and *(b)* voluntary contributions. These, however, can be further delineated into five distinct funding streams, each with its own origin and characteristics, to show a full view of the funding dynamic of the Organization.

17. The five main sources of funding are as follows:

(a) **The PAHO regular budget,** which comprises assessed contributions from the PAHO Member States plus estimated miscellaneous income.

(b) **The AMRO share of the regular budget portion of the approved WHO budget**, which is the portion of the total WHO regular budget approved for the Region of the Americas.

(c) **PAHO voluntary contributions and special funds**, which are primarily institutionally-mobilized donor-based resources that are negotiated directly by PAHO and special funds such as the Master Capital Investment Fund, the Holding Account, and the IPSAS surplus account.

(d) **The AMRO share of WHO voluntary contributions,** derived from donor-based resources negotiated by WHO.

(e) **National voluntary contributions,** provided to the PASB for the implementation of national activities in the respective country. This source of funding is fairly unpredictable in nature, in terms of both the level that can be provided during a biennium, and the program areas that the monies address. Consequently, this funding source is shown separately and is not included in the presentation of the budget by base programs. Nevertheless, these funds are encouraged as a means of supplementing the Organization's resources in a given country for furthering the attainment of national priorities.

18. The funding sources described in letters *(a)* and *(b)* represent assessed contributions which are flexible in nature and support a program-based approach to funding the Organization's technical cooperation. The funding sources described in letters *(c)* and *(d)*, on the other hand, are predominantly earmarked, or project-based. Earmarked voluntary contributions continue to pose a challenge for ensuring alignment between the Organization's planned activities and actual resources mobilized. To the extent that the Organization can receive increased levels of un-earmarked voluntary contributions, it will become more successful in achieving its intended programmatic targets.

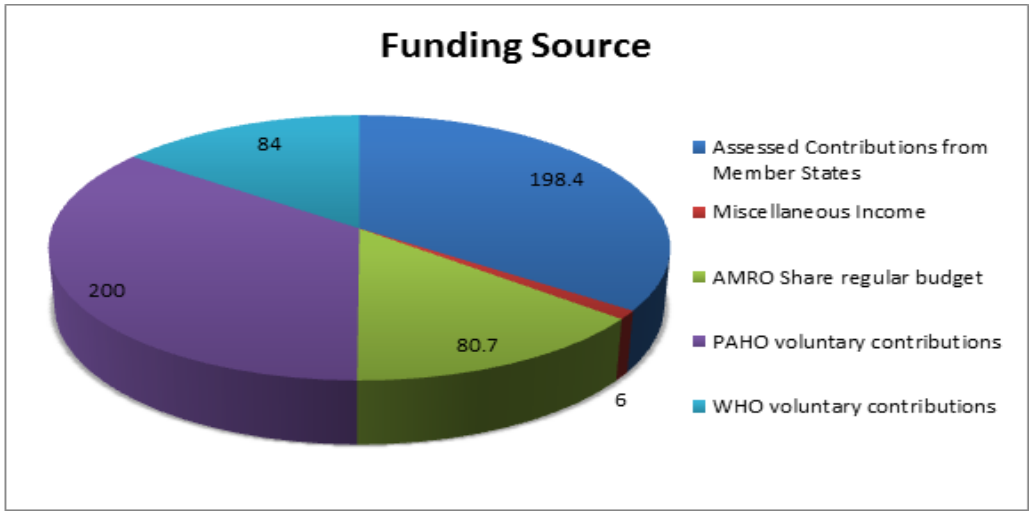
19. The proposed Program and Budget 2014-2015 (base programs) of $569.1 million represents a 7.2% decrease ($44.3 million) compared with the approved budget for 2012-2013. The budget builds on lessons learned from the 2010-2011 biennium assessment and the 2012-2013 mid-term review, ongoing guidance from Member States, and public health trends. It is considered fiscally responsible, taking into account the global, regional, and country financial context.: Budget by Program Areas). The budget figures to be presented for consideration by the Executive Committee will be updated for Directing Council based on the results of the wider consultation with the Member States.

20. Table 1 shows the proposed financing of the 2014-2015 budget and compares the proposed figures with the approved 2012-2013 budget. In addition to the proposed budget segment for base programs, the PB 2014-2015 includes segments for Outbreak and Crisis Response (OCR) and National Voluntary Contributions (NVC). Over the last two biennia OCR has been estimated at $22 million and it is projected at the same level for the 2014-2015 biennium. With respect to NVCs, current trends show that it will reach or exceed $300 million in the 2012-2013 ($295.7 million as at June 2013). Although there have been fluctuation in NVC levels, it is expected that during the national consultations for the SP 2014-2019 and the PB 2014-2015 that the NVC levels can be better defined with Member States utilizing this modality of technical cooperation. Hence, the revised figures for NVC will be incorporated in the final PB 2014-2015 document for approval by the Directing Council.

Table 1. Total Budget by Funding Source (Base Programs, in thousands of dollars)

Regular Budget	**2012-2013**	**2014 2015**	**Difference**	**% Change**
PAHO Assessed Contributions	192,400	198,400	6,000	**3.1%**
+ PAHO Miscellaneous Income	12,000	6,000	(6,000)	-50.0%
= Total PAHO Regular Budget	**204,400**	**204,400**	**-**	**0.0%**
+ AMRO Assessed Contributions	80,700	80,700	-	0.0%
= Total Regular Budget	**285,100**	**285,100**	**-**	**0.0%**
Voluntary Contributions				
PAHO Voluntary Contributions	248,300	200,000	(48,300)	-19.5%
+ WHO Voluntary Contributions	80,000	84,000	4,000	5.0%
= Total Voluntary Contributions	**328,300**	**284,000**	**(44,300)**	**-13.5%**
Total Budget	**613,400**	**569,100**	**(44,300)**	**-7.2%**

Figure 2. Financing of the Program and Budget 2014-2015 by Funding Source



21. Details of each of the PB 2014-2015 funding sources are provided below.

(a) **PAHO Assessed Contributions**. The slight increase in assessed contributions of 3.1% is only intended to offset the decrease in miscellaneous income of $6 million in order to preserve a zero nominal growth regular budget.

(b) **Miscellaneous Income.** The decrease of $6 million, from $12 million, corresponds to the expected reduction in interest income on PAHO investments as a result of continued lowering of U.S. market interest rates.

(c) **AMRO Regular Budget share.** This budget source refers to the portion of the WHO approved regular budget intended for the Region of the Americas. Based on the documentation submitted to the WHA66, this budget is based on the assumption that AMRO share will remain at 2012-2013 levels ($80.7 million).

(d) **PAHO voluntary contributions**. This funding source is expected to have the largest reduction relative to 2012-2013. Given current and expected funding trends, a 20% reduction is anticipated.

(e) **WHO voluntary contributions**. Based on the documentation going forward to the WHA66, this budget source is expected to increase from $80 million to $84 million.

(f) **Total resource requirements**. Based on the proposed program and in light of the explanations above, the total resource requirement for the Program and Budget 2014-2015 is estimated at $569.1 million for base programs, a 7.2% decrease with respect to the 2012-2013 approved budget.

22. The proposed budget of $569.1 million will require a 5.4% absorption of costs, or approximately $15.4 million, from the regular budget alone in order to remain at zero *real* growth. However, given the global and regional financial climate, the proposal seeks a modest 3.1% increase in assessed contributions only in order to maintain zero *nominal* growth in the overall regular budget. This decision, of course, brings about programmatic implications, since the absorption of $15.4 million in costs will need a disciplined approach to cost reduction in terms of both seeking greater efficiencies and targeting priority-based reductions in program in an institutionally responsible manner.

23. At the same time that further efficiencies and program reductions are being sought to counter real cost increases, it is worth noting that many corporate services and enabling functions (Category 6) keep increasing in cost and are mostly outside the control of the PASB. These are mainly staff-driven and operations-related costs. In addition, increased corporate accountability, risk prevention, and oversight mechanisms imposed on the Organization have contributed to higher management and administration costs in general. Member States are kindly asked to take note of these circumstances and the limited flexibility that the Organization has in managing these significant costs at a moment of needed cost absorption.

Implementation of the New PAHO Budget Policy

24. The new PAHO Budget Policy builds upon the fundamental principles of equity, solidarity, and Pan Americanism. It also introduces adjustments and new elements in response to the evaluation conducted of the previous policy and to the Organization’s own lessons learned.

25. The more salient points of the new budget policy are:

(a) Needs-based objectivity was improved by including a measurement of inequalities within countries (i.e., Gini coefficient)

(b) Standards for country presence were established and will be protected to ensure that engagement between the Member States and PASB is adequately resourced for all countries.

(c) Results-based objectivity was added to guide resource distribution in order to assist in meeting the agreed-upon programmatic targets of the Strategic Plan.

(d) Modeling logic and statistical techniques were improved to provide for more realistic and workable resource distribution results.

(e) Internal and external assessments will provide valuable input for future iterations of the policy.

26. The result is an improved strategic-managerial instrument that is critical for the effective and optimal distribution of resources in support of the Organization's work. PAHO resources are distributed among the three perspectives embedded within its Program and Budget: *(a)* the categories and program areas; *(b)* functional levels; and *(c)* organizational levels. PAHO will continuously strive —through both internal and external assessments—to achieve and maintain an optimal functional and organizational resource distribution scheme to generate the greatest level of impact in the countries while at the same time effectively responding to collective regional and subregional mandates.

27. The distribution of resources among categories and program areas is typically the first step, as this is a collective expression by the PAHO Governing Bodies of the desired level of investment in the relative health needs of the Region. The funding levels of the categories and program areas set the tone for the Organization's work. The resources will then be distributed internally to the various functional and organizational levels in order to achieve the agreed-upon mandates.

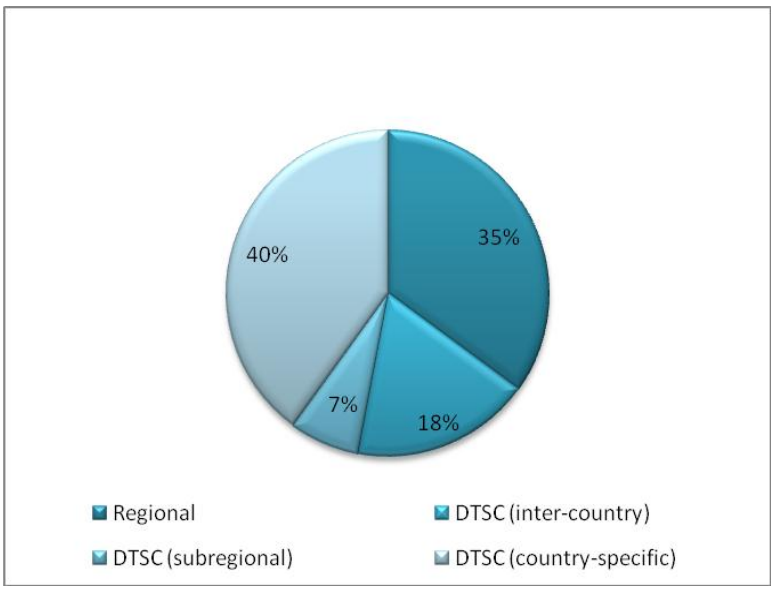
28. The distribution of resources at the functional level will be classified into two major categories: *(a)* direct technical support to countries (DTSC), and *(b)* regional. The first category—direct technical support to countries—will be divided into three types of direct country support: *(a)* country-specific; *(b)* intercountry; and *(c)* subregional. The initial allocation to the DTSC level will be the current 40% at the country level and will be increased by the amount of inter-country-level programming and the amount of sub-regional-level programming.

29. The distribution among the functional and organizational levels should be dynamic and responsive to the needs of the Organization. It should allow for budget ceiling adjustments throughout the planning process, taking into account new information and changes in the planning and budgeting environment, while maintaining the objective of improving results in the countries. This approach is considered to be at the heart of the

country focus strategy. Over time, evaluation results should guide adjustments in the weighting of resources for these different approaches to the specific work of PAHO.

30. Figure 3 shows the PAHO functional level structure. The percentages are tentative and will be updated as the Organization moves forward with its operational planning.

Figure 3 PAHO Functional Level Structure



* Direct technical support to countries totals 65% and includes the country-specific (40%), intercountry (18%); and subregional (7%) levels. The regional level totals 35%

31. Summary budget tables are provided at the end of each category. They show the proposed Program and Budget 2014-2015 by category and program area.

32. The sections that follow illustrate the programmatic content of the proposal in the new structure by category and program area.

Budget Summary

33. The proposed program and budget by category and program area reflects the planned investment required to carry out the two-year program of work. The budget shown for the 2014-2015 biennium is the result of a crosswalk from the former Strategic Objectives and Region-wide expected results to the new categories and program areas. The resulting shifts in program areas from 2012-2013 to 2014-2015 take into account the pilot programmatic prioritization exercise conducted by the Member States Country Consultative Group, as well as actual and expected funding trends. A more detailed explanation of the programmatic impact of the proposed program and budget is found in the section of the document that addresses the programmatic targets. Annex I provides the details about the programmatic priority setting framework.

Table 2. Budget Summary by Category and Program Area*

Category and Program Area		Base Programs		
		Regular Budget	Other Sources	Total
1	**Communicable diseases**			
1.1	HIV/AIDS and STIs	4,904,000	8,960,000	13,864,000
1.2	Tuberculosis	5,011,000	7,806,000	12,817,000
1.3	Malaria and other vector-borne diseases (including dengue and Chagas)	5,052,000	4,420,000	9,472,000
1.4	Neglected, tropical, and zoonotic diseases	3,980,000	2,734,000	6,714,000
1.5	Vaccine-preventable diseases (including maintenance of polio eradication)	4,495,000	54,089,000	58,584,000
1.6	Viral hepatitis	-		-
	Category 1 Subtotal	23,442,000	78,009,000	101,451,000
2	**Noncommunicable diseases**			
2.1	Noncommunicable diseases and risk factors	13,053,000	11,720,000	24,773,000
2.2	Mental health and substance use disorders	1,527,000	1,639,000	3,166,000
2.3	Violence and injuries	3,074,000	4,819,000	7,893,000
2.4	Disabilities and rehabilitation	1,509,000	991,000	2,500,000
2.5	Nutrition	8,233,000	12,637,000	20,870,000
	Category 2 Subtotal	27,396,000	31,806,000	59,202,000
3	**Determinants of health and promoting health throughout the life dourse**			
3.1	Women, maternal, newborn, child, and adolescent health and sexual and reproductive health	13,416,000	26,822,000	40,238,000
3.2	Aging and health	1,043,000	490,000	1,533,000
3.3	Gender, equity, human rights, and ethnicity mainstreaming	5,501,000	5,366,000	10,867,000
3.4	Social determinants of health	5,937,000	7,016,000	12,953,000
3.5	Health and the environment	8,198,000	6,285,000	14,483,000
	Category 3 Subtotal	34,095,000	45,979,000	80,074,000
4	**Health systems**			
4.1	Health governance and financing; national health policies, strategies, and plans	10,583,000	7,630,000	18,213,000
4.2	People-centered, integrated, quality health services	7,630,000	24,310,000	31,940,000
4.3	Access to medical products and strengthening of regulatory capacity	8,946,000	12,178,000	21,124,000
4.4	Health systems information and evidence	12,590,000	11,130,000	23,720,000
4.5	Human resources for health	5,188,000	4,282,000	9,470,000

Category and Program Area		Base Programs		
		Regular Budget	Other Sources	Total
	Category 4 Subtotal	44,937,000	59,530,000	104,467,000
5	**Preparedness, Surveillance, and Response**			
5.1	Alert and response capacities	4,721,000	4,313,000	9,034,000
5.2	Epidemic- and pandemic-prone diseases	6,267,000	3,663,000	9,930,000
5.3	Emergency risk and crisis management	4,504,000	25,228,000	29,732,000
5.4	Food safety	3,171,000	5,441,000	8,612,000
	Category 5 Subtotal	18,663,000	38,645,000	57,308,000
	Subtotal (Categories 1 through 5)	**148,533,000**	**253,969,000**	**402,502,000**
6	**Corporate services/Enabling functions**			
6.1	Leadership and governance	56,319,000	500,000	56,819,000
6.2	Transparency, accountability, and risk management	2,929,000	2,440,000	5,369,000
6.3	Strategic planning, resource coordination, and reporting	23,987,000	2,317,000	26,304,000
6.4	Management and administration	43,291,000	12,067,000	55,358,000
	Management and administration (PMIS)		12,000,000	12,000,000
6.5	Strategic communications	10,041,000	707,000	10,748,000
	Category 6 Subtotal	136,567,000	30,031,000	166,598,000
	Total (Categories 1 through 6)	**285,100,000**	**284,000,000**	**569,100,000**

* Legend: green – priority level I; yellow – priority level II; pink – priority level III; and white – indicates the program area is excluded from the prioritization stratification.

Category 1 - Communicable Diseases

Reducing the burden of communicable diseases, including HIV/AIDS and sexually transmitted infections; tuberculosis; malaria and other vector-borne diseases; neglected, tropical, and zoonotic diseases; vaccine-preventable diseases; and viral hepatitis.

Scope

29. Prevalent infectious diseases, as well as newly reemerging communicable diseases, result in significant morbidity and mortality in the Region of the Americas, which can dramatically increase during times of outbreaks (e.g., dengue). These diseases are a crisis for the developing world, exacerbating poverty, inequities, and ill health; they also present substantial challenges for developed countries by placing an unnecessary burden on health and social systems, national security, and the economy. This category covers the following program areas: (a) HIV/AIDs and sexually transmitted infections; (b) tuberculosis; (c) malaria and other vector-borne diseases (e.g., dengue and Chagas); (d) neglected, tropical, and zoonotic diseases; (e) vaccine-preventable diseases (including maintenance of polio eradication); and (f) viral hepatitis.*

Priorities for PAHO Technical Cooperation for the Biennium

1.1 HIV/STI

(a) Implement HIV related strategies aligned with the four flagships: *(i)* strengthen and expand treatment programs; *(ii)* eliminate mother-to-child transmission of HIV and congenital syphilis; *(iii)* advocate for policy and priority-setting and strengthen outreach to key populations; and *(iv)* strengthen health information systems and the analysis and dissemination of information.

(b) Support countries in the development and updating of national strategic plans and guidelines for STI prevention and management.

1.2 Tuberculosis

(a) Improve country capacity in the use of rapid TB diagnostic tools, application of improved laboratory practices, delivery of care for MDR-TB patients, and integrated community-based management.

(b) Strengthen surveillance systems and increase access to quality first- and second-line drugs.

(c) Adapt TB-related emerging policies and technical guidelines to the national context.

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* Inclusion of this area pending budget confirmation.

1.3 Malaria and Other Vector-borne Diseases

(a) Strengthen efforts to prevent, control, and/or eliminate malaria in areas where it is endemic and prevent reintroduction in malaria free-areas.

(b) Strengthen national capacities in prevention, comprehensive surveillance, patient care, and early detection, preparedness and control of outbreaks within the framework of the Integrated Management Strategy (IMS)-Dengue and the WHO Global Strategy.

(c) Sustain efforts to eliminate vector-borne Chagas disease and improve the identification, diagnosis, and treatment of infected patients.

1.4 Neglected, Tropical, and Zoonotic Diseases

(a) Expand preventive, innovative, and intensified disease management and increase access to essential medicines for neglected, tropical, and zoonotic diseases.

(b) Strengthen national capacity for disease surveillance and the timely monitoring of progress toward certification/verification of the elimination of select neglected, tropical, and zoonotic diseases.

(c) Implement sound strategies for the prevention, control, and elimination of human rabies transmitted by dogs.

(d) Establish and/or strengthen intersectoral coordination mechanisms for managing zoonotic risks, with special focus on marginalized and indigenous populations.

1.5 Vaccine-preventable Diseases

(a) Strengthen national immunization programs to improve access of vulnerable populations to quality vaccination services and achieve <95% coverage in at-risk municipalities.

(b) Sustain efforts to keep the Region free of polio, measles, rubella, and congenital rubella syndrome, with particular emphasis on strengthening surveillance systems.

(c) Build country capacity to generate the necessary evidence to facilitate decision-making on the introduction of new vaccines (e.g. rotavirus, PCV, HPV), thus accelerating the reduction of morbidity and mortality related to vaccine-preventable diseases.

(d) Identify, secure, and rigorously monitor collections of wild-type polio viruses, destroy remaining stocks, or transfer collections from inadequately secured laboratories to a minimal number of facilities that meet internationally recognized standards for biosafety and biosecurity.

1.6 Viral Hepatitis*

(a) Support countries in the development comprehensive national plans for the prevention and control of viral hepatitis, with emphasis on monitoring and surveillance.

Program Areas, Outcomes, and Outputs

1.1 HIV/AIDS and Sexually Transmitted Infections

Program Area: HIV/AIDS and Sexually Transmitted Infections					
Outcome	**Ind. #**	**Outcome Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**	**Target 2019**
OCM 1.1 Increased access to key interventions for HIV and STI prevention and treatment	OCM 1.1.1	Number of countries that have 80% coverage for antiretroviral therapies (ART) (eligible population)	2 CUB, GUY	5 ARG, CHI, NIC	12 BRA, COR, DOR, ECU, MEX, PAR, PER
	OCM 1.1.2	Number of countries and territories with at least 95% of HIV prophylaxis and syphilis treatment coverage in pregnant women and in children	0	2 BAH,CUB,	15 ANU, BAR, BER, BLZ, CAN, CHI, DOM, GRA, GUY, PER, SAV, SCN, USA

Program Area: HIV/AIDS and Sexually Transmitted Infections			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 1.1.1 Implementation and monitoring of the regional HIV/STI strategy through technical cooperation at the regional and national level	Number of countries implementing the national HIV/STI strategies in accordance with the regional health sector strategy on HIV/STIs.	0	12 BOL, DOR, ECU, ELS, GUT, HAI, HON, JAM, MEX, PAR, PER, SUR
OPT 1.1.2 Adaptation and implementation of the most up-to-date norms and standards in preventing and treating pediatric and adult HIV infection, integrating HIV and other health programs, and reducing inequities	Number of countries that have adopted/adapted the PAHO/WHO 2013 guidelines on the use of ARV medicines for the treatment and prevention of HIV infection	0	12 BOL, DOR, ECU, ELS, GUT, HAI, HON, JAM, MEX, PAR, PER, SUR

* Inclusion of this area pending budget confirmation.

Program Area: HIV/AIDS and Sexually Transmitted Infections *(cont.)*			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 1.1.3 Development, implementation, and monitoring of national strategies for the prevention and control of sexually transmitted infections facilitated	Number of countries that have updated their STI strategy based on global or regional recommendations	0	4 ARG, CHI, CUB, URU
OPT 1.1.4 Updating and implementation of national plans of action for the elimination of mother-to-child transmission of HIV and congenital syphilis	Number of countries and territories implementing a national plan of action for the elimination of MTCT of HIV and congenital syphilis	32 ANG, ANI, ANU, ARG, ARU, BLZ, BOL, BRA, CHI,COL,COR, CUB, DOM, DOR, ELS, GUT, GUY, HAI, HON, JAM, MEX, MON, NIC, PAN, PAR, PER, SAL, SAV, SCN, TCA, URU, VEN	39 BAR, BER, CAY, ECU, GRA, SUR, TRT

1.2 Tuberculosis

Program Area: Tuberculosis					
Outcome	**Ind. #**	**Outcome Indicator**	**Baseline 2012***	**Target 2015 (baseline+)**	**Target 2019**
OCM 1.2 Increased number of Tuberculosis patients successfully diagnosed and treated	OCM 1.2.1	Cumulative number of TB bacteriologically confirmed patients successfully treated in programs that have adopted the WHO recommended strategy since 1995	1.34 million	2.05 million	2.3 million
	OCM 1.2.2	Annual number of Tuberculosis patients with confirmed or presumptive multidrug-resistant tuberculosis (MDR-TB: including rifampicin-resistant cases) placed on MDR-TB treatment worldwide	3473	3975	4410
	OCM 1.2.3	Percentage of new TB patients diagnosed in relation to the WHO estimated cases from 1995 to 2011	81%	86%	90%

Program Area: Tuberculosis *(cont.)*			
Output	**Output Indicator**	**Baseline 2012***	**Target 2015 (baseline+)**
OPT 1.2.1 Countries enabled to implement new diagnostic approaches and tools to strengthen TB diagnosis	Number of countries implementing WHO-recommended rapid diagnostic for TB.	9 ARG, BRA, COL, ECU, ELS, GUT, HAI, MEX, PER	19 BOL, CHI, COR, DOR, GUY, HON, NIC, PAR, URU, VEN
OPT 1.2.2 Policy guidance and technical guidelines updated to strengthen country capacity for the early diagnosis and treatment of MDR-TB	Number of countries implementing WHO guidelines for early diagnosis and treatment of MDR-TB	11 BRA, COL, DOR, ECU, ELS, GUT HAI, HON, MEX, PAR, PER	19 ARG, BOL, CHI, COR,CUB, GUY, NIC, VEN
OPT 1.2.3 Policy guidance and technical guidelines updated to strengthen country capacity for the early diagnosis and treatment of TB/HIV patients	Number of countries implementing WHO guidelines for early diagnosis and treatment of TB/HIV.	18 ARG, BOL, BRA, COL, COR, DOR, ECU, ELS, GUT, GUY, HAI, HON, MEX, NIC, PAR, PER, SUR, VEN	28 BAH, BAR, CHI DOM, GRA, JAM, PAN, SAL, SAV,TRT,

1.3 Malaria and Other Vector-borne Diseases

Program Area: Malaria and Other Vectorborne Diseases					
Outcome	**Ind. #**	**Outcome Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**	**Target 2019**
OCM 1.3 Increased countries capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control and/or elimination for Malaria and other Vector-Borne Diseases	OCM 1.3.1	Percentage of confirmed Malaria cases in the public sector receiving first line antimalarial treatment according to national policy (based on PAHO/WHO recommendations)	85%	90%	95%
	OCM 1.3.2	Number of countries with installed capacity to eliminate malaria	6 ARG, COR, ECU, ELS, MEX, PAR	11 BLZ, GUT, HON, NIC, PAN	13 DOR, HAI
	OCM 1.3.3	Number of countries with installed capacity for the management of all dengue cases	3 BRA, ELS, MEX	8 ARG, COL, PAN, PER, PUR	17 BOL, COR; DOR, ECU, GUT, HON NIC, PAR, VEN

Program Area: Malaria and Other Vectorborne Diseases *(cont.)*					
Outcome	**Ind. #**	**Outcome Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**	**Target 2019**
	OCM 1.3.4	Number of countries and territories where the entire territory or territorial units has a domestic infestation index (by the main triatomines vector species or by the substitute vector, as the case may be) of less than or equal to 1%	14 ARG, BLZ, BOL,BRA, CHI, COR, ELS, GUT, HON, MEX, NIC PAR, PER,URU	18 COL, ECU, GUY, PAN	21 FRG, SUR, VEN

Program Area: Malaria and Other Vector-borne Diseases			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 1.3.1 Countries enabled to implement malaria strategic plans, with focus on improved diagnostic testing and treatment, therapeutic efficacy, and monitoring and surveillance	Number of malaria-endemic countries in which an assessment of malaria trends is being undertaken using routine surveillance systems	17 BLZ, BOL, BRA, COL, COR, ECU, DOR, ELS, GUT, GUY, HON, MEX, NIC, PAN, PER, SUR, VEN	23 ARG, FRG, GUA, HAI, MAR, PAR
OPT 1.3.2 Updated policy recommendations and strategic and technical guidelines on vector control diagnostic testing, antimalarial treatment, integrated management of febrile illness, surveillance, epidemic detection, and response.	Number of malaria-endemic countries that are applying malaria strategies to move toward elimination based on WHO criteria	6 ARG, COR, ECU, ELS, MEX, PAR	11 BLZ, GUT, HON, NIC, PAN
OPT 1.3.3 Implementation of the new PAHO/WHO dengue classification to improve diagnosis and treatment within the framework of the Integrated Management Strategy (IMS) on Dengue and the WHO Global Strategy for 2012-2020	Number of countries and territories implementing PAHO/WHO recommended strategies to improve comprehensive dengue epidemiological surveillance and patient management	6 BOL, DOR, GUT, HON, MEX, PAN	15 BRA, COL, COR, ECU, ELS, NIC, , PAR, PER, VEN

Program Area: Malaria and Other Vector-borne Diseases *(cont.)*			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 1.3.4 Implementation of the Strategy and Plan of Action for the prevention, control, and medical care of Chagas disease	Numbers of countries and territories that have established integrated control programs for Chagas in the endemic territorial units where the transmission is domiciliary.	14 ARG, BOL, BLZ, BRA, CHI, COR, ELS, GUT, HON MEX, NIC, PAR, PER,URU	18 ECU, FRG, SUR, VEN
OPT 1.3.5 Endemic countries enabled to strengthen their coverage and quality of care for patients infected with *T. cruzi*.	Number of endemic countries implementing national plans of action to expand coverage and quality of care for patients infected with *T. cruzi.*	10 ARG, BOL, COR, ECU, GUT, HON, MEX, NIC, PAN, URU	21 BLZ, BRA, CHI, COL, ELS, FRG, GUY, PAR, PER, SUR, VEN

1.4 Neglected, Tropical, and Zoonotic Diseases

Program Area: Neglected, Tropical, and Zoonotic Diseases					
Outcome	**Ind. #**	**Outcome Indicator**	**Baseline 2012***	**Target 2015 (baseline+)**	**Target 2019**
OCM 1.4 Increased countries capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control and/or elimination of Neglected, Tropical, and Zoonotic Diseases	OCM 1.4.1	Number of endemic countries with annual increases of diagnosed cases and etiological treatment, as a result of an increase in the quality and coverage of medical attention for human Leishmaniasis	0	6 BRA, COL, NIC, PAN, PER, VEN	12 ARG, BOL, COR, GUT, HON, PAR
	OCM 1.4.2	Number of endemic countries with a case detection system for Leprosy among vulnerable populations	18 COL, COR, CUB, ECU, ELS, GUT, GUY, HAI, HON, JAM, MEX, NIC, PAN, PER, SAL, SUR, TRT, URU	23 ARG, BOL, DOR, PAR, VEN	24 BRA
	OCM 1.4.3	Number of endemic countries having achieved the recommended target coverage of population at risk of Lymphatic Filiariasis	1 HAI	1 HAI	4 BRA, DOR, GUY

Program Area: Neglected, Tropical, and Zoonotic Diseases *(cont.)*					
Outcome	**Ind. #**	**Outcome Indicator**	**Baseline 2012***	**Target 2015 (baseline+)**	**Target 2019**
OCM 1.4 Increased countries capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control and/or elimination of Neglected, Tropical, and Zoonotic Diseases	OCM 1.4.4	Number of endemic countries having achieved the recommended target coverage of population at risk of Onchocerciasis	1 BRA	1 BRA	2 VEN
	OCM 1.4.5	Number of endemic countries having achieved the recommended target coverage of population at risk of Trachoma	0	1 GUT	3 BRA, COL
	OCM 1.4.6	Number of endemic countries having achieved the recommended target coverage of population at risk of Schistomiasis	0	1 BRA	2 BRA
	OCM 1.4.7	Number of endemic countries having achieved the recommended target coverage of population at risk of Soil Transmitted Helminthes	3 BLZ, MEX, NIC	5 ELS, HON	14 BRA, BOL, COL, DOR, ECU, GUY, HAI, PAR, PER
	OCM 1.4.8	Number of countries with established capacity and effectiveness processes to eliminate human rabies transmitted by dogs	28 ANI, ARG, BAH, BAR, BLZ, CAN, CHI, COL, COR, CUB, DOM, ECU, ELS, GRA, GUY, JAM, MEX, NIC, PAN, PAR, SCN, SAL, SAV, SUR, TRT, USA, URU, VEN	31 BRA, HON, PER	35 BOL, GUT, DOR, HAI

Program Area: Neglected, Tropical, and Zoonotic Diseases			
Output	**Output Indicator**	**Baseline 2012***	**Target 2015 (baseline+)**
OPT 1.4.1 Implementation and monitoring of the WHO Roadmap for Neglected Infectious Diseases (NIDs) through the Regional NID Plan	Number of endemic countries implementing a national or subnational plan, program, or strategy to reduce the burden of priority NIDs according to their epidemiological status	6 BRA, GUY, HAI, HON, MEX, SUR	11 COL, ELS, NIC, PAR, PER
OPT 1.4.2 Endemic countries enabled to establish integrated surveillance for leishmaniasis in human population	Number of endemic countries that have integrated surveillance for human leishmaniasis	0	6 BRA, COL, NIC, PAN, PER, VEN
OPT 1.4.3 Implementation of the PAHO/WHO Plan of Action for the Elimination of Leprosy	Number of endemic countries applying PAHO/WHO recommended strategies for elimination of leprosy as a public health problem at the first subnational administrative level	18 COL, COR, CUB, ECU, ELS, GUT, GUY, HAI, HON, JAM, MEX, NIC, PAN, PER, SAL, SUR, TRT, URU	23 ARG, BOL, DOR, PAR, VEN
OPT 1.4.4 Countries enabled to implement plans of action for the prevention, surveillance, control, and elimination of rabies	Number of countries implementing the plans of action to strengthen rabies prevention, prophylaxis, surveillance, control, and elimination	27 ANI, ARG, BAH, BAR, BLZ, CAN, COR, CHI, CUB, DOM, ECU, ELS, GRA, GUY, JAM, MEX, NIC, PAN, PAR, SCN, SAL, SAV, SUR, TRT, USA, URU, VEN	35 BOL, BRA, COL, DOR, GUT, HAI, HON, PER
OPT 1.4.5 Countries enabled to implement plans of action for strengthening zoonotic disease prevention, surveillance, and control programs	Number of countries implementing plans of action to strengthen zoonosis prevention, surveillance, and control programs according to international standards	2 CAN, USA	10 BRA, COL, ECU, MEX, PAN, PAR, PER, TRT

1.5 Vaccine-preventable Diseases

Program Area: Vaccine-preventable Diseases					
Outcome	**Article I. nd. #**	**Outcome Indicator**	**Baseline 2012***	**Target 2015 (baseline+)**	**Target 2019**
OCM 1.5 Increased vaccination coverage for hard to reach populations and communities and maintain the control, eradication and elimination of vaccine-preventable diseases	OCM 1.5.1	Regional average coverage with three doses of diphtheria, tetanus, and pertussis-containing vaccine	92%	93%	94%
	OCM 1.5.2	Number of countries with re-establishment of endemic transmission of measles and rubella virus	0	0	0
	OCM 1.5.3	Number of countries and territories that introduced one or more new vaccines	34 ARG, ARU, BAH, BAR, BER, BOL, BON, BRA, CAN, CAY, CHI, COL, COR, CUR, DOR, ECU, ELS, FRG, GUA, GUT, GUY, HON, MAR, MEX, NIC, PAN, PAR, PER, TRT, SAB, STA, URU, USA, VEN	39 BLZ, CUB, HAI, JAM, SUR	51 ANI, ANU, BVI, DOM, DSM, GRA, MON, PUR, SAL, SAV, SCN, TCA
	OCM 1.5.4	Number of countries and territories reporting cases of paralysis due to wild or circulating vaccine derived polio (cVDPV) in preceding six months	0	0	0

Program Area: Vaccine-preventable Diseases			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 1.5.1 Implementation of the of the Global Vaccine Action Plan as part of the Decade of Vaccines Collaboration to reach unvaccinated and undervaccinated populations	Number of countries with immunization coverage <95% that are implementing strategies within their national immunization plans to reach unvaccinated and undervaccinated populations	10 BOL, COL, DOR, ELS, GUT, GUY, HAI, PAR, PER, VEN	18 ARG, BAR, CHI, COR, JAM, PAN, SUR, TRT

Program Area: Vaccine-preventable Diseases *(cont.)*			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 1.5.2 Implementation of the Emergency Regional Plan to Maintain the Elimination of Measles, Rubella, and Congenital Rubella Syndrome (CRS) in the Americas	Number of countries implementing the Emergency Regional Plan to Maintain the Elimination of Measles, Rubella, and CRS in the Region	0	35 ANI, ARG, BAH, BAR, BLZ, BOL, BRA, CAN, CHI, COL, COR, CUB, DOM, DOR, ECU, ELS, GRA, GUT, GUY, HAI, HON, JAM, MEX, NIC, PAN, PAR, PER, SAL, SAV, SCN, SUR, TRT, URU, USA, VEN
OPT 1.5.3 Countries enabled to generate evidence on the introduction of new vaccines.	Number of countries generating evidence to support decisions on the introduction of new vaccines	3 BOL, ELS, NIC	6 GUT, HON, PER
OPT 1.5.4 Maintenance of regional surveillance systems for the monitoring of acute flaccid paralysis (AFP)	Number of countries with a surveillance system upgraded to ISIS or creating bridges to the centralized immunization database and the WHO database	12 ARG, BRA, COR, GUT, HAI, HON, MEX, NIC, PAN, PAR, URU, VEN	20 BOL, CHI, COL, DOR, ELS, JAM, PER, TRT
OPT 1.5.5 Countries enabled to implement new algorithms for the isolation and intratypic differentiation of poliovirus and with improved performance indicators	Number of countries implementing the new diagnostic algorithms at the national or subnational level	2 ARG, BRA	8 CHI, COL, CUB, MEX, TRT, VEN
OPT 1.5.6 Processes established for long-term poliovirus risk management, including containment of all residual poliovirus and the certification of polio eradication in the Region	Number of countries implementing Phase II of the Polio Containment Action Plan	0	35 ANI, ARG, BAH, BAR, BLZ, BOL, BRA, CAN, CHI, COL, COR, CUB, DOM, DOR, ECU, ELS, GRA, GUT, GUY, HAI, HON, JAM, MEX, NIC, PAN, PAR, PER, SAL, SAV, SCN, SUR, TRT, USA, URU, VEN

1.6 Viral Hepatitis*

Program Area: Viral Hepatitis					
Outcome	**Ind. #**	**Outcome Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**	**Target 2019**
OCM 1.6 Increased country capacity to improve surveillance, prevention, diagnosis, treatment, monitoring, and control of viral hepatitis	OCM 1.6.1	Number of countries provided with integrated hepatitis surveillance, with emphasis on high-risk groups according to PAHO/WHO guidelines (OCM)	2 ARG, BRA	4 COL, PER	TBD

Program Area: Viral hepatitis			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 1.6.1 Countries enabled to strengthen national systems monitoring and surveillance of viral hepatitis	Number of countries and territories implementing a National Strategic Plan for the Prevention and Control of Viral Hepatitis following the PAHO/WHO guidelines (OPT)	2 ARG, BRA	4 COL, PER

* Inclusion of this area pending budget confirmation.

Budget by Program Area

Program and Budget Summary: 2014 - 2015						
Category and Program Area		**Base Programs**			**Indicators**	
		Regular Budget	**Other Sources**	**Total**	**OCM Ind.**	**OPT Ind.**
1	**Communicable Diseases**					
1.1	HIV/AIDS and STIs	4,904,000	8,960,000	13,864,000	2	4
1.2	Tuberculosis	5,011,000	7,806,000	12,817,000	3	3
1.3	Malaria and other Vector-borne Diseases (including Dengue and Chagas)	5,052,000	4,420,000	9,472,000	4	5
1.4	Neglected, Tropical, and Zoonotic Diseases	3,980,000	2,734,000	6,714,000	8	5
1.5	Vaccine-preventable Diseases (including maintenance of Polio Eradication)	4,495,000	54,089,000	58,584,000	4	6
1.6	Viral Hepatitis	-		-	1	1
	Subtotal	23,442,000	78,009,000	101,451,000	22	24

Category 2 - Noncommunicable Diseases

Reducing the burden of noncommunicable diseases, including cardiovascular diseases, cancers, chronic lung diseases, diabetes, and mental health disorders, as well as disability, violence, and injuries, through health promotion and risk reduction, prevention, treatment, and monitoring of noncommunicable diseases and their risk factors.

Scope

35. PAHO, together with partner organizations in various sectors, will address the burden of noncommunicable diseases with a particular focus on cardiovascular diseases, cancer, diabetes, lung disease, and chronic renal disease, as well as on the common risk factors of tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity, and obesity. In the NCD response, PAHO will also focus on nutrition and other NCD-related conditions, including mental health, violence and injuries, and disabilities and rehabilitation. The primary aim of the work in this category will be to address the underlying determinants of NCDs, including socioeconomic, environmental, and occupational factors across the life course, as well as to strengthen the primary care response to NCDs, risk factors, and related conditions. The specific approaches are set out in the various PAHO/WHO mandates related to NCDs, including the Regional Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2019.

Priorities for PAHO Technical Cooperation for the Biennium

2.1 Noncommunicable Diseases and Risk Factors

(a) Strengthen national capacities for implementing evidence-based and cost-effective NCD and risk factor policies, programs, and services for primary prevention, screening, early detection, diagnosis, and treatment.

(b) Improve country capacity for surveillance and monitoring of NCDs and risk factors to support reporting on progress toward global and regional commitments on NCDs and risk factors.

2.2 Mental Health and Substance Use Disorders

(a) Strengthen national capacity for mental health and substance use to provide responsive treatment and care and social welfare in community-based services.

(b) Protect and promote the human rights of people with mental health conditions against human rights violations and gender-based discrimination.

2.3 Violence and Injuries

(a) Support countries and territories in implementing evidence-based policies and programs for preventing violence and injuries, with focus on road safety and violence against women, children, and youth.

(b) Improve the quality and use of data on violence and injuries for evidence-based policies and programming.

2.4 Disabilities and Rehabilitation

(a) Support governments in providing access for people with disabilities to all key services; invest in programming to meet specific identified needs of people with disabilities; and adopt a national disability strategy and plan of action.

(b) Support the development of national eye, ear and oral health policies, plans, and programs, and strengthen service delivery as part of wider health system capacity-building.*

2.5 Nutrition

(a) Strengthen the evidence base for effective nutrition interventions and the development and evaluation of policies, regulations, and programs; provide the leadership, necessary practical knowledge, and capacities required in order to scale up actions; and promote multisectoral approaches involving key actors such as Ministries of Education, Agriculture, and the Environment.

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* Inclusion of this area pending budget confirmation.

Program Areas, Outcomes, and Outputs

2.1 Noncommunicable Diseases and Risk Factors

Program Area: Noncommunicable Diseases and Risk Factors					
Outcome	**Ind. #**	**Outcome Indicator**	**Baseline (2012)**	**Target 2015 (baseline+)**	**Target 2019**
OCM 2.1 Increased access to interventions to prevent and manage Noncommunicable Diseases and their risks factors	OCM 2.1.1	Total (recorded and unrecorded) alcohol per capita consumption (15+ years old)	8.67 L (2003-2005)	TBD Based on WHO alcohol report 2014	7.8 L (10 % reduction)
	OCM 2.1.2	Prevalence of current Tobacco use in persons age 15+ years	21% (2010)	19%	17%
	OCM 2.1.3	Prevalence of insufficient Physical Activity in 13-15 years of age	60%	58%	55%
	OCM 2.1.4	Percentage of persons with controlled hypertension (<140/90mm Hg)	15%	25%	35%
	OCM 2.1.5	Percentage of persons with controlled diabetes	15%	25%	35%
	OCM 2.1.6	Number of countries with a stable prevalence of obesity	0	0	2 COR, PER
	OCM 2.1.7	Mean population intake of salt/sodium	11.5 grams (2010)	10 grams	5 grams
	OCM 2.1.8	Number of countries with a cervical cancer screening coverage of 70% by 2019	5 BRA,CAN, CHI, JAM, USA	9 ARG, COL, COR, MEX	15 BOL, GUA, GUY,HON PAR, TRT
	OCM 2.1.9	Number of countries with a point of prevalence rate of reported treated end-stage renal disease of at least 700 patients per million population	6 ARG, CAN, CHI, PUR, URU, USA	10 BRA, COL, MEX, VEN	15 COR, CUB, ELS, GUT, PAN

Program Area: Noncommunicable Diseases and Risk Factors			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 2.1.1 Countries enabled to develop national multisectoral policies and plans to prevent and control NCDs and risk factors, pursuant to the Regional Plan of Action on NCDs	Number of countries implementing national multisectoral action plans for the prevention and control of noncommunicable diseases and risk factors	15 ARG, BAR, BRA, CAN, CHI, COL, ELS, GUT, GUY, JAM, MEX, PER, SUR, TRT, USA	19 BLZ, COR, ECU, PAR
OPT 2.1.2 Countries enabled to strengthen evidence-based interventions, regulations, and guidelines for the prevention and control of NCDs and risk factors	Number of countries implementing at least one of the most cost-effective interventions defined by WHO to tackle each of the four major NCDs and four risk factors	10 ARG, BRA,CAN, CHI, COL, COR, JAM, MEX, URU, USA Baseline needs to be reviewed	18 ECU, GUT, GUY, PER, TRT Target to be reviewed
OPT 2.1.3 Countries enabled to strengthen their NCD and risk factor surveillance systems	Number of countries reporting regularly on NCDs and risk factors, including chronic kidney disease (CKD) risk markers	9 ARG, BRA, CAN, CHI, COR, JAM, MEX, TRT, USA	12 BAR, PAN, URU
OPT 2.1.4 Countries enabled to increase the percentage of persons with hypertension taking blood pressure-lowering medication	Number of countries in which at least 50% of the persons with hypertension are taking blood pressure-lowering medication	5 BRA, CAN, CHI, CUB, USA	10 ARG, COL, COR, MEX, URU
OPT 2.1.5 Countries enabled to increase the percentage of persons with diabetes taking blood glucose-lowering medications	Number of countries in which at least 50% of the persons with diabetes are taking blood glucose-lowering medication	5 BRA, CAN, CHI, CUB, USA	10 ARG, COL, COR, MEX, URU
OPT 2.1.6 Implementation of the Framework Convention on Tobacco Control (FCTC)	Number of countries implementing policies, strategies, or laws in line with the FCTC (under review)	TBD	TBD
OPT 2.1.7 Countries enabled to improve their CKD surveillance	Number of countries with high-quality dialysis and a transplantation registry for CKD cases	12 ARG, BRA, CHI, CAN, COL, CUB, ECU, GUA, MEX, PUR, URU, USA	21 BLZ, COR, DOR, ELS , HON, NIC, PAN, PER, VEN

2.2 Mental Health and Substance Use Disorders

Program Area: Mental Health and Substance Use Disorders					
Outcome	**Ind. #**	**Outcome Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**	**Target 2019**
OCM 2.2 Increased capacity to assess service coverage for mental health and substance use disorders.	OCM 2.2.1	Number of countries that have increased the rate of users treated through mental health outpatient facilities above the regional rate of 975/100,000 population.	20 ARG, BLZ, BOL, BRA, BVI, CAN, CHI, COR, CUB, DOM, HAI, JAM, PAN, PER, SCN, SUR, TRT, URU, USA	TBD during national consultations	30 (list of countries to be confirmed during national consultations)

Program Area: Mental Health and Substance Use Disorders			
Output	**Output Indicator**	**Baseline (2012)**	**Target 2015 (baseline+)**
OPT 2.2.1 Countries enabled to develop and implement national policies and plans in line with the Regional Strategy on Mental Health and the Global Mental Health Action Plan.	Number of countries that have a national policy or plan for mental health in line with the Regional Strategy on Mental Health and the Global Mental Health Action Plan (2013-2020)	19 ARG, BAR, BOL, BRA, COR, CUB, DOR, ECU, ELS, GUT, GUY, HON, JAM, MEX, NIC, PER, PAN, SAL, URU [policies or plans reviewed after 2002]	27 ANI, CHI, COL, PAR, SAV, SUR, TRT, VEN
OPT 2.2.2 Countries enabled to integrate a mental health component into PHC using the Mental Health Global Action Plan–Intervention Guide	Number of countries that have established a program to integrate mental health into PHC using the Mental Health Global Action Plan–Intervention Guide	6 BLZ, BRA, CHI, CUB, HON, PAN	16 BAH, COR, DOR, ECU, ELS, GUT, JAM, PAR, PER, TRT
OPT 2.2.3 Countries enabled to expand and strengthen strategies, systems, and interventions for disorders due to alcohol and substance abuse	Number of countries with a national alcohol policy or plan for the prevention and treatment of alcohol use disorders in line with the Regional Plan of Action/Global Strategy to Reduce Harmful Use of Alcohol	5 ARG, BRA, CUB, PAR, VEN	9 COL, ECU, MEX, PER

2.3 Violence and Injuries

Program Area: Violence and Injuries					
Outcome	**Ind. #**	**Outcome Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**	**Target 2019**
OCM 2.3 Reduced risk factors associated with violence and injuries with a focus on road safety, child injuries, and violence against children, women and youth	OCM 2.3.1	Number of countries with at least 70% use of seat belts in rear seats	2 CAN, USA (2013 WHO report)	4 COL, ECU	7 COR, PAR, SCN
	OCM 2.3.2	Number of countries that use a public health perspective in an integrated approach to violence prevention)	1 BRA	4 ELS, MEX, TRT	6 NIC, PER

Program Area: Violence and Injuries			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 2.3.1 Countries enabled to develop and implement multisectoral plans and programs to prevent injuries, with focus on achieving the targets set under the Decade of Action for Road Safety (2011–2020)	Number of countries implementing comprehensive laws on reducing risk factors for road traffic injuries (speed and drunk driving) and protective factors (helmets, seatbelts, and child restraints)	2 CUB, ECU	7 ARG, BRA, CHI, COL, URU
OPT 2.3.2 Countries and partners enabled to assess and improve national policies and programs on integrated violence prevention, including violence against women, children, and youth	Number of countries and territories implementing national policies, plans, or programs on violence prevention that include evidence-based public health interventions	1 BRA	4 ELS, MEX, TRT
OPT 2.3.3 Countries enabled to develop and implement a national protocol for the provision of health services to victims of intimate partner and sexual violence that conform to the 2013 WHO guidelines	Number of countries and territories with a national protocol in place for the provision of health services to victims of intimate partner and sexual violence in accordance with WHO 2013 guidelines	0	3 BOL, ELS, PER

2.4 Disabilities and Rehabilitation

Program Area: Disabilities and Rehabilitation					
Outcome	**Ind. #**	**Outcome Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**	**Target 2019**
OCM 2.4 Increased access to social and health services for people with disabilities including prevention	OCM 2.4.1	Number of countries reaching a level of 12% of access to social and health services for people with disabilities developed as part of the global plan of action on disability	0	7 ARG, BRA, CHI, CUB, ECU, MEX, VEN	14 BOL, COL, COR, ELS, GUT, PER, URU
	OCM 2.4.2	Number of countries and territories reaching cataract surgical rate of 2,000/million population/year.	14 ARG, BAH, BAR, BRA, CAN, CHI, COR, CUB, DOM, SAL, TRT, URU, USA, VEN	17 ELS, MEX, PAN	20 COL, NIC, PER
	OCM* 2.4.3	Number of countries reaching DMFT index < 2 at age 12.	23 ANI, ANU, BAH, BAR, BER, BLZ, CAN, CAY, CHI, CUB, CUR, DOM, ECU, ELS, GUY, HAI, JAM, MEX, MON, SUR, TCA, TRT USA	26 NIC, PAR, SAV	32 BOL, DOR, GUT, HON, PAN, PER

* Inclusion of this area pending budget confirmation.

Program Area: Disabilities and Rehabilitation			
Output	**Output Indicator**	**Baseline (2012*)**	**Target 2015 (baseline+)**
OPT 2.4.1 Implementation of the recommendations of the World Report on Disability and the United Nations General Assembly High-level Meeting on Disability and Development	Number of countries and territories implementing comprehensive programs on health and rehabilitation pursuant to the World Report on Disability and the UN High-Level Meeting on Disability and Development	5 BRA, CHI, CUB, ECU, VEN	9 ARG, COL, MEX, PER
OPT 2.4.2 Countries enabled to implement more effective policies and provide integrated services to reduce disability due to visual impairment and hearing loss	Number of countries implementing eye and ear health policies and services in line with PAHO/WHO recommendations. *	26 ARG, BAR, BLZ, BRA, CAN, COL, COR, CHI, CUB, DOM, ECU, ELS, GRA, GUT, GUY, JAM, MEX, NIC, PAN, PAR, PER, SAL, SAV, SCN, USA, VEN	28 DOR, SUR

2.5 Nutrition

Program Area: Nutrition					
Outcome	**Ind. #**	**Outcome Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**	**Target 2019**
OCM 2.5 Nutritional risk factors reduced	OCM 2.5.1	Percentage of children less than five years of age who are stunted	13.5% (2010)	10.5%	7.5%
	OCM 2.5.2	Percentage of women of reproductive age (15–49 years) with anemia.	22.5% (2010)	20%	18%
	OCM 2.5.3	Percentage of children less than five years of age that are overweight	6.9% (2009)	7%	7%

* Inclusion of this area pending budget confirmation.

Program Area: Nutrition			
Output	**Output Indicator**	**Baseline (2012)**	**Target 2015 (baseline+)**
OPT 2.5.1 Countries enabled to develop, implement, and monitor their action plans based on the global Comprehensive Implementation Plan on Maternal, Infant, and Young Child Nutrition	Number of countries implementing national action plans based on the Comprehensive Implementation Plan on Maternal, Infant, and Young Child Nutrition	0	5 BOL, COL, ELS, JAM, NIC
OPT 2.5.2 Updated norms and standards on maternal, infant, and young child nutrition; population dietary goals; and breastfeeding; policy options provided for effective nutrition actions for stunting, wasting, and anemia	Number of countries implementing effective nutrition actions for stunting, wasting and anemia, and overweight	6 BRA, CHI, COL, COR, MEX, PER	11 ECU, GUT, HON, JAM, NIC

Budget by Program Area

Program and Budget Summary: 2014 - 2015						
Category and Program Area		**Base Programs**			**Indicators**	
		Regular Budget	**Other Sources**	**Total**	**OCM Ind.**	**OPT Ind.**
2	**Noncommunicable Diseases**					
2.1	Noncommunicable Diseases and Risk Factors	13,053,000	11,720,000	24,773,000	9	7
2.2	Mental Health	1,527,000	1,639,000	3,166,000	1	3
2.3	Violence and Injuries	3,074,000	4,819,000	7,893,000	2	3
2.4	Disabilities and Rehabilitation	1,509,000	991,000	2,500,000	3	2
2.5	Nutrition	8,233,000	12,637,000	20,870,000	3	2
	Subtotal	27,396,000	31,806,000	59,202,000	18	17

Category 3 - Determinants of Health and Promoting Health throughout the Life Course

Promoting good health at key stages of life, taking into account the need to address the social determinants of health (societal conditions in which people are born, grow, live, work, and age), and implementing approaches based on gender equality, ethnicity, equity, and human rights.

Scope

36. This category brings together strategies for promoting health and well-being from preconception to old age. It is concerned with *(a)* health as an outcome of all policies; *(b)* health in relation to development, including the environment; and *(c)* the social determinants of health, which embrace gender, equity, human rights, and ethnicity mainstreaming and capacity building.

37. The category is by its nature cross-cutting and is critical for addressing the social determinants of health and equity in order to improve health outcomes in the Region. It addresses population health needs with a special focus on key stages in life. This approach enables the development of integrated strategies that are responsive to evolving needs, to changing demographics, to epidemiological, social, cultural, environmental, and behavioral factors, and to widening health inequities and equity gaps. The life-course approach considers how multiple determinants interact and affect health throughout life and across generations. Health is considered as a dynamic continuum rather than as a series of isolated health states. The approach highlights the importance of transitions, linking each stage to the next. It defines protective and risk factors and prioritizes investment in health care and social determinants, gender, human rights promotion and protection, and ethnic/racial approaches in health. Moreover, the work undertaken in this category contributes to the achievement internationally agreed goals such as the Millennium Development Goals (MDGs), especially MDG3 (gender equality and women's empowerment), MDG 4 (reduce child mortality), and MDG 5 (improve maternal health). It is also consistent with universal and regional human rights treaties and standards and responds to the vision of the post-2015 development agenda.

Priorities for PAHO Technical Cooperation for the Biennium

3.1 Women, Maternal, Newborn, Child, and Adolescent Health and Sexual and Reproductive Health

(a) Mandates from the Governing Bodies to fulfill regional plans on maternal, newborn, child, and adolescent health are guiding priorities for the biennium 2014-2015 and beyond 2015. To address these priorities, this program area will target the improvement of strategic information; implement guidelines and

standards to enhance the quality of health services; and conduct capacity-building in human resources, with emphasis on PHC and obstetric emergencies. Furthermore, a core priority will be to revise policies and legislation to facilitate universal access in health and build and strengthen strategic alliances.

3.2 Aging and Health

(a) The program area Aging and Health will emphasize implementation of the Regional Plan of Action for Older Persons and specifically focus on the following priorities: promoting integration of the health of older persons into national public policies; adapting health systems to respond to the challenges associated with aging; retraining human resources in primary health care and public health in aging; and building the information capabilities necessary in order to implement and evaluate interventions in the area of aging and health.

3.3 Gender Equity, Equity in Health, Human Rights, and Ethnicity Mainstreaming

(a) In the area of Gender Equity, Equity in Health, Human Rights, and Ethnicity Mainstreaming, the priorities are: developing inter-programmatic plans, policies, and laws on gender equity, equity in health, human rights, and ethnicity; maintaining and expanding training modalities on gender equity, equity in health, human rights, and ethnicity; generating and publishing technical documents on gender equity, equity in health, human rights, and ethnicity; completing the final evaluation of the current Gender Equality Plan of Action and developing a new Plan of Action 2015-2019; and finalizing a regional strategy on ethnicity.

3.4 Health and the Environment

(a) Taking stock of the large body of global and regional commitments, agreements, and mandates on issues pertaining to environmental/occupational health, the priorities in this area are: increasing institutional capacities, including professional competencies in environmental and occupational health risks and health impact assessment in monitoring health-related inequalities, and generating policies that are informed and evidence-based.

3.5 Social Determinants of Health

(a) The priorities for the area Social Determinants of Health will be to implement the Rio Political Declaration on the Social Determinants of Health adopted by the Member States in Rio de Janeiro, Brazil, in October 2011. This effort will entail: strengthening governance through partnerships with different sectors of society by addressing the stark inequities seen in the Region with concrete actions and consensus-based public policies; integrating the social determinants of health within health sector programs; and developing a standard set of indicators to monitor action on the social determinants of health.

Program Areas, Outcomes and Outputs

3.1 Women, Maternal, Newborn, Child, and Adolescent Health and Sexual and Reproductive Health

Program Area: Women Maternal, Newborn, Child, and Adolescent Health and Sexual and Reproductive Health					
Outcomes	**Ind. #**	**Outcome Indicators**	**Baseline 2012**	**Target 2015 (baseline+)**	**Target 2019**
OCM 3.1 Increased access to interventions to improve the health of women, newborns, children, and adolescents.	OCM 3.1.1	Percentage of unmet need for modern family planning methods.	44%	35%	25%
	OCM 3.1.2	Percentage of live births attended by skilled health personnel	95%	97%	99%
	OCM 3.1.3	Percentage of mothers and newborns receiving postnatal care within seven days of childbirth	40%	55%	65%
	OCM 3.1.4	Percentage of infants aged 0-5 months who are exclusively breastfed	43.8%	49%	54.0%
	OCM 3.1.5	Percentage children aged 0-59 months with suspected pneumonia receiving antibiotics (under review)	TBD	TBD	TBD
	OCM 3.1.6	Specific fertility rate in women 15-19 years of age PAHO data. (and<15 years)	60	55	52

Program Area: Women's, Maternal, Newborn, Child, and Adolescent Health and Sexual and Reproductive Health			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 3.1.1 Implementation of the Regional Plan of Action to Accelerate the Reduction of Maternal Mortality and Severe Maternal Morbidity and the Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care	Number of countries implementing an integrated plan for maternal and perinatal mortality in line with regional plans of action on maternal mortality and neonatal health	0	10 BOL, DOR, GUT, GUY, HAI, HON, MEX, NIC, PAR, SUR

Program Area: Women's, Maternal, Newborn, Child, and Adolescent Health and Sexual and Reproductive Health *(cont.)*			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 3.1.2 Implementation of the regional Strategy and Plan of Action for Integrated Child Health, with emphasis on the most vulnerable	Number of countries implementing a national integrated child health policy/strategy or plan consistent with legal frameworks and regulations	0	12 Countries to be included during national consultations
OPT 3.1.3 Implementation of the global Strategy for Sexual and Reproductive Health, focusing on addressing unmet needs	Number of countries implementing WHO/PAHO guidelines on family planning	8 BRA, COR, CUB, DOR, ELS, PAR, PER, URU	16 ARG, BLZ, COL, GUT, NIC, PAN, SUR VEN
OPT 3.1.4 Research undertaken and evidence generated and synthesized to design key interventions in reproductive, maternal, newborn, child, and adolescent health, and other related conditions and issues	Number of studies conducted to inform the design of new or improved interventions for reproductive, maternal, newborn, child, and adolescent health	0	5 Countries to be included during national consultations
OPT 3.1.5 Implementation of the regional Plan of Action on Adolescent and Youth Health	Number of countries implementing national health-related policies or plans on comprehensive adolescent health	12 ARG, BRA, CHI, COR, CUB, DOR, ECU, ELS, MEX, NIC, PER, URU	18 BOL, GUT, GUY, HAI, HON, SUR

3.2 Aging and Health

Program Area: Aging and Health					
Outcomes	**Ind. #**	**Outcome Indicators**	**Baseline 2012**	**Target 2015 (baseline+)**	**Target 2019**
OCM 3.2 Increased access to interventions for older adults to maintain an independent life.	OCM 3.2.1	Number of countries with increased access to integrated community service and self-care programs for older adults. (under review)	5 CAN, CHI, COR, CUB, USA	10 Countries to be included during national consultations	18 Countries to be included during national consultations

Program Area: Aging and Health			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 3.2.1 Implementation of the regional Plan of Action on Older Persons, including active and healthy aging	Number of countries that have incorporated strategies to promote active and healthy aging or access to an integrated continuum of care in their national plans	6 BRA, CAN, CHI, COR, CUB, USA	12 Countries to be included during national consultations
OPT 3.2.2 Countries enabled to assess and address the health needs of older persons for improved care	Number of countries monitoring and quantifying the diverse health needs of older people, pursuant to WHO-recommended measures and models	5 CAN, CHI, COR, CUB, USA	9 Countries to be included during national consultations

3.3 Gender Equity, Equity in Health, Human Rights, and Ethnicity Mainstreaming

Program Area: Gender Equity, Equity in Health, Human Rights, and Ethnicity Mainstreaming					
Outcomes	**Ind. #**	**Outcome Indicator**	**Baseline 2012**	**Target 2015 (baseline +)**	**Target 2019**
OCM 3.3 Increased country capacity to integrate gender, equity, human rights and ethnicity in health.	OCM 3.3.1	Number of countries with an institutional response to inequities in health (gender, health equity, human rights and ethnicity).	24 ANU, ARG, BAR, BLZ, BOL, BVI, CAN, CHI, COL, COR, DOR, ECU, ELS, GUT, GUY, HON, MON, NIC, PAN, PAR, PER, SUR, TRT, USA	26 CUB, HAI,	29 BRA, SAL, URU

Program Area: Gender Equity, Equity in Health, Human Rights, and Ethnicity Mainstreaming			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 3.3.1 Gender, equity, human rights, and ethnicity integrated into selected PAHO programs	Number of PASB technical and country offices integrating gender equity, human rights, and ethnicity in operational planning and monitoring processes	TBC	TBC
OPT 3.3.2 Countries enabled to implement and monitor health policies/plans that address gender equality	Number of countries and territories implementing/monitoring health policies or plans that address gender equality	16 BAR, BLZ, BOL, COL, COR, DOR, ECU, ELS, GUT, HON, NIC, PAN, PAR, PER, SUR, TRT	19 ARG, HAI, URU
OPT 3.3.3 Countries enabled to implement health policies/plans and/or laws to address human rights	Number of countries and territories using human rights norms and standards to formulate policies, plans, or laws	20 ANU, ARG, BAR, BLZ, BOL, BVI, CHI, DOR, ECU, ELS, GUT, GUY HON, JAM, MON, NIC, PAN, PAR, PER, TRT	22 HAI, SAL
OPT 3.3.4 Countries enabled to implement health policies/plans to address equity in health	Number of countries and territories implementing/ monitoring health policies/ plans or laws that address health equity	6 ARG, BRA, CAN, CHI, COR, MEX	12 BAR, BOL, COL, CUB, PAR, PER
OPT 3.3.5 Countries enabled to implement health policies/plans and/or legislation to address ethnicity	Number of countries and territories implementing health policies/plans or legislation for ethnic/racial groups	8 BOL, BRA, CAN, COL, ECU, GUT, PAN, PAR	12 HON, MEX, PER, SUR

3.4 Social Determinants of Health

Program Area: Social Determinants of Health					
Outcomes	**Ind. #**	**Outcome Indicators**	**Baseline 2012**	**Target 2015 (baseline+)**	**Target 2019**
OCM 3.4 Increased leadership of the health sector to address the social determinants of health	OCM 3.4.1	Number of countries implementing at least two of the five pillars of the Rio Political Declaration on social determinants of health	6 ARG, BRA, CAN, CHI, COL, COR	12 BOL, CUB, ELS, PAN, PER	20 BAR, BLZ, DOR, ECU, GUT, MEX, NIC, SUR
	OCM 3.4.2	Number of countries and territories with reoriented health sector to address health inequities	6 ARG, BRA, CAN, CHI, COR, MEX	9 BOL, CUB, PER	13 BLZ, ELS, PAN, NIC

Program Area: Social Determinants of Health			
Output	**Output Indicators**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 3.4.1 Implementation of the WHO Health in All Policies–Framework for National Action, including intersectoral action and social participation to address the social determinants of health	Number of countries implementing the Health in All Policies–Framework for National Action	4 ARG, BRA, CAN, CHI	10 COL, COR, ECU, ELS, MEX, PAN
OPT 3.4.2 Countries enabled to generate equity profiles to address the social determinants of health	Number of countries and territories producing equity profiles that address at least two social determinants of health	0	10 ARG, BRA, COR, ECU, ELS, MEX, NIC, PAN, PER, VEN
OPT 3.4.4 Countries enabled to scale up local experiences using health promotion strategies to reduce health inequity and enhance community participation and empowerment	Number of countries implementing health promotion strategies to reduce health inequities and increase community participation	5 BRA, COR, ECU, MEX, PAN	11 BLZ, COL, DOR, ELS, PAR, PER
OPT 3.4.5 Countries enabled to address health in the Post-2015 Development Agenda, responding to the social determinants of health	Number of countries integrating health in the Post-2015 Development Agenda into their national planning processes	5 BRA, ECU, GUT, PER, SAL	8 COR, MEX, PAN

3.5 Health and the Environment

Program Area: Health and the Environment					
Outcomes	**Ind. #**	**Outcome Indicators**	**Baseline 2012**	**Target 2015 (baseline+)**	**Target 2019**
OCM 3.5 Reduced environmental and occupational threats to health	OCM 3.5.1	Number of countries and territories reducing the gap between urban and rural populations access to quality controlled water according to WHO guidelines	6 ARU, BAR CAN, SAV, TCA, URU	10 COR, JAM, PER, TRT	16 BOL GUT, GUY, HAI, HON, NIC
	OCM 3.5.2	Number of countries in which the proportion of population relying on solid fuels is reduced	14 ANI, ARG, BAH, BAR, CAN, DOM, ECU, GRA, SAL, SAV, TRT, URU,	16 GUT, PER	19 COL, HAI, NIC

Program Area: Health and the Environment					
Outcomes	**Ind. #**	**Outcome Indicators**	**Baseline 2012**	**Target 2015 (baseline+)**	**Target 2019**
			USA, VEN		
	OCM 3.5.3	Number of countries and territories with capacity to address environmental and occupational health	7 ARG, BRA, CAN, COL, MEX, PER, USA	8 (countries to be included after national consultations)	12 (countries to be included after national con-sultations)

Program Area: Health and the Environment			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 3.5.1 Countries enabled to strengthen their capacity to assess health risks and develop and implement policies, strategies, and regulations for the prevention, mitigation, and management of the health impact of environmental risks	Number of countries with national monitoring systems to assess health risks and inequities resulting from inadequate water and sanitation	3 BRA, MEX, USA	7 ELS, JAM, PER
OPT 3.5.2 Countries enabled to develop and implement norms, standards, and guidelines for environmental health risks and benefits associated with air quality and chemical safety	Number of countries and territories with national air quality standards based on WHO guidelines and public health services on chemical safety	16 ARG, BRA, CAN, CHI, COL, COR, DOM, ECU, JAM, MEX, NIC, PAN, PER, PUR, USA, VEN	18

Program Area: Health and the Environment *(cont.)*			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 3.5.3 Countries enabled to develop and implement national policies, legislation, plans, and programs on workers' health	Number of countries with an occupational carcinogen exposure (CAREX) matrix and national information systems on occupational injuries and diseases	6 COL, CHI, COR, ELS, MEX, PER	12
OPT 3.5.4 Implementation of the PAHO/WHO Strategy and Plan of Action on Climate Change	Number of countries implementing the PAHO/WHO Strategy and Plan of Action on Climate Change	0	10
OPT 3.5.5 Countries enabled to develop and implement national policies, plans, or programs to reduce the use of solid fuels for cooking	Number of countries implementing large-scale programs to replace inefficient cook stoves with cleaner models that comply with WHO indoor air quality guidelines (under review)	1 BRA	2 GUT

Budget by Program Area

Program and Budget Summary: 2014 - 2015						
Category and Program Area		**Base Programs**			**Indicators**	
		Regular Budget	**Other Sources**	**Total**	**OCM Ind.**	**OPT Ind.**
3	**Determinants of Health and Promoting Health throughout the Life Course**					
3.1	Women, maternal, newborn, child, and adolescent health and sexual and reproductive health	13,416,000	26,822,000	40,238,000	6	5
3.2	Aging and health	1,043,000	490,000	1,533,000	1	2
3.3	Gender, equity, human rights and ethnicity mainstreaming	5,501,000	5,366,000	10,867,000	1	5
3.4	Health and the environment	8,198,000	6,285,000	14,483,000	2	4
3.5	Social determinants of health	5,937,000	7,016,000	12,953,000	3	5
	Subtotal	34,095,000	45,979,000	80,074,000	13	21

Category 4 - Health Systems

Health systems based on primary health care, supporting universal health coverage

Strengthening health systems with a focus on governance for social protection in health; strengthening legislative and regulatory frameworks and increasing financial protection for progressive realization of the right to health; organizing people-centered, integrated service delivery; promoting access to and rational use of quality, safe, and effective health technologies; strengthening information systems and national health research systems; promoting research for integrating scientific knowledge into health care, health policies, and technical cooperation; facilitating transfer of knowledge and technologies; and developing human resources for health.

Scope

39. Universal health coverage (UHC) is one of the most powerful ideas in public health. It combines two fundamental components: *(a)* access to the quality services needed to achieve good health for every individual and community, including promotion, prevention, treatment, rehabilitation, and palliative/long-term care, along with actions to address the determinants of health; and *(b)* financial mechanisms, policies, and regulations required to guarantee financial protection and prevent ill health from leading to or worsening poverty. Advancing universal health coverage means promoting universal access to well-trained and motivated health care workers and to safe and effective health technologies, including medicines and other medical products, though well-organized delivery networks. It means building and maintaining strong health systems based on primary health care and grounded in a sound legal, institutional, and organizational foundation. Work in these areas must be guided by innovation, scientific evidence, and relevant knowledge. PAHO Member States are diverse in size, resources, and levels of development; UHC provides a powerful unifying concept to guide health and development and to advance health equity in the coming years. PAHO's leadership, both technical and political, will be crucial in championing UHC and enabling countries to achieve it.

Priorities for PAHO Technical Cooperation for the Biennium

40. PASB will work with the Member States on championing UHC and enabling countries to achieve it through the identification of evidence-based policy options, documentation and dissemination of country best practices using a variety of platforms and through the development of methodologies and tools for the areas below.

4.1 Health Governance and Financing; National Health Policies, Strategies, and Plans

(a) During 2014-2015, this program area will support countries in the strengthening of health systems with a focus on governance for social protection in health. It will do so through the revision of national health strategies and plans, including the financing component, in a manner that is consistent with the progressive realization of UHC. PASB will also help to strengthen legislative and regulatory frameworks and increase financial protection to guarantee the right to health. Country capacity to institutionalize the tracking of financial resources for health will be improved. Furthermore, the Secretariat will work to support the monitoring and evaluation of health systems and service indicators related to UHC and equity.

4.2 People-centered Integrated, Quality Health Services

(a) During the 2014-2015 biennium, this program area will focus on increasing access to people-centered integrated services. This will be done through support for implementation of the Integrated Health Service Delivery Networks (IHSDNs) initiative and the Regional Agenda for Hospitals in IHSDNs, which ultimately will help to strengthen primary health care-based systems. . Another key priority will be the implementation of quality care and patient safety plans and programs.

4.3 Access to Medical Products and Strengthening of Regulatory Capacity

(a) The priority in this program area will be to promote access to and rational use of safe, effective, and quality medicines, medical products, and health technologies. Support will be provided for the development, implementation, monitoring, and evaluation of national policies on access, quality and use of medicines and other health technologies. In addition, cooperation for the strengthening of country regulatory capacity will be rendered. Another key priority will be implementation of the Global Strategy and Plan of Action on Public Health, Innovation, and Intellectual Property. Finally, this program area will support the development of processes and mechanisms for health technology assessment, incorporation, management, and rational use of health technologies.

4.4 Health Systems Information and Evidence

(a) Health information is a key input, supporting all aspects of health action, such as research, planning, operation, surveillance, monitoring, and evaluation, as well as prioritization and decision-making. However, disparities remain between the countries regarding coverage, reliability, timeliness, and quality of the information being provided by health information systems. There are also differences between countries regarding capacities to understand the causes of

problems, the best available options for addressing them, and the strategies for implementing interventions that are effective and efficient. Also, analytical skills and standards for the production and use of research for health vary between populations. Improving the living conditions of the population and reducing inequities in health outcomes require strengthening the capacity for health situation analysis, improving evidence generation and sharing, and translation/application of the results in public health practice. Scientific evidence and other forms of knowledge, such as health information, and their integration into decision-making processes (e.g., evidence-based health care, evidence-informed policymaking) at all levels of the health system are key inputs. PASB will maintain its work developing guidelines and tools, producing multilingual and multi-format information products, enabling sustainable access to up-to-date scientific and technical knowledge by PASB staff and national health care professionals, empowering patients through reliable information, managing and supporting knowledge networks, translating evidence into policies and practices, and promoting the appropriate use of information and communication technologies. Health information is considered a basic right of the people. A more active role in the generation and dissemination of evidence will better guide the actions aimed at improving the health status.

4.5 Human Resources for Health

(a) This program area will focus its work on the development and implementation of human resources for health (HRH) policies and plans to achieve UHC and address current and future health needs of the population. Technical guidance will be provided to countries to improve the performance, working conditions, job satisfaction, and stability of their health workforce. Another key priority is to work together with academic health institutions to support the reorientation of health science education programs towards PHC. Finally, support will be provided to countries to develop and implement innovative strategies to improve the public health, managerial and clinical health workforce.

Program Areas, Outcomes and Outputs

4.1 Health Governance and Financing; National Health Policies, Strategies, and Plans

Program Area: Health Governance and Financing; National Health Policies, Strategies and Plans					
Outcome	**Ind. #**	**Outcome Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**	**Target 2019**
OCM 4.1 Increased countries' capacity for achieving Universal Health Coverage	OCM 4.1.1	Number of countries and territories that have increased health coverage through social protection mechanisms	4 BRA, CHI, COL, URU	9 COR, ECU, HAI, MEX	14 BOL, GUY, PER, PAR, VEN
	OCM 4.1.2	Number of countries committing at least 5% of Gross Domestic Product (GDP) to public expenditure for health	10 ARG, ARU, BER, CAN, CHI, CUB, CUR, DSM, MON, USA	18 ANU, BAR, COR, ECU, NIC, PAR, URU	23 COL, DOM, ELS, HON, PAN

Program Area: Health Governance and Financing; National Health Policies, Strategies, and Plans			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 4.1.1 Countries enabled to develop comprehensive national health policies, strategies, and/or plans, including UHC	Number of countries and territories that have a national health sector plan or strategy with defined goals/targets revised within the last five years	8 BAH, BRA, CAN, COL, ELS, GUY, SAL, USA	16 ARG, CHI, DOR, ECU, ELS, MEX, PER, URU
OPT 4.1.2 Countries enabled to develop and implement financial frameworks for health	Number of countries that have financial strategies for universal health coverage	6 BRA, CAN, CHI, CUB, ECU, MEX	16 BAH, BOL, COL, COR, CUR, DOR, DSM, PAR, PER, VEN
OPT 4.1.3 Countries enabled to develop and implement legislative and regulatory frameworks for universal health coverage	Number of countries that have legislative or regulatory frameworks to support universal health coverage	4 BRA, CUB, PER, URU	8 BOL, ECU, GUT, PAN
OPT 4.1.4 Countries enabled to monitor and evaluate health systems and service indicators related to UHC and equity*	Number of countries that have conducted studies to monitor and evaluate their health systems and service indicators related to UHC and equity	6 BRA, CHI, COL, JAM, MEX, PER	9 COR, ELS, GUT

4.2 People-centered, Integrated, Quality Health Services

Program Area: People-centered, Integrated Health Services					
Outcome	**Ind. #**	**Outcome Indicator**	**Baseline 2013**	**Target 2015 (baseline+)**	**Target 2019**
OCM 4.2 Increased access to people-centered integrated health services	OCM 4.2.1	Number of countries with increased utilization of first level of care services after implementation of new people centered models of care.	9 BOL, BRA, CAN,CHI, COR, ELS, MEX, PAN, PER	15 ECU, GUT GUY, PAR, URU, USA	20 ARG, NIC, SAL, SUR, TRT

Program Area: People-centered, Integrated, Quality Health Services			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 4.2.1 Policy options, tools, and technical guidance provided to countries to enhance equitable people-centered integrated service delivery and strengthening of public health approaches	Number of countries and territories implementing integrated service delivery network strategies	9 BRA, CAN, CHI, COL, COR, ELS, PAR, URU, USA	15 ARG, BOL, GUY, PAN, SAL, SUR
OPT 4.2.2 Countries enabled to improve quality of care and patient safety in accordance with PAHO/WHO guidelines	Number of countries and territories implementing national strategies and/or plans for quality of care and patient safety	9 ARG, BRA, CHI, COL, COR, CUB, MEX, PER, TRT	15 BAH, BOL, DOR, GUY, PAN, PAR

4.3 Access to Medical Products and Strengthening of Regulatory Capacity

Program Area: Access to Medical Products and Strengthening of Regulatory Capacity					
Outcome	**Ind. #**	**Outcome Indicator**	**Baseline 2013**	**Target 2015 (baseline+)**	**Target 2019**
OCM 4.3 Improved access to and rational use of safe, effective, and quality medicines, medical products and health technologies	OCM 4.3.1	Number of countries that provide medicines included in the national essential medicines list free of charge	16 ANI, BAR, BRA, COR, CUB, DOM, DOR, ECU, ELS, GUY, HON, JAM, NIC, PAN, PER, TRT	21 ARG, BAH, BOL, SUR, URU	27 CHI, COL, GUT, HAI, PAR, VEN
	OCM 4.3.2	Number of countries and territories that have increased their regulatory capacity towards functionality for medicines and other health technologies	7 ARG, BRA, CAN, COL, CUB, MEX, USA	19 CHI, COR, DOR, ECU, ELS, GUY, HAI, JAM, NIC, PAN, PER, TRT	26 BOL, GUT, HON, NIC, PAR, SUR, URU

Program Area: Access to Medical Products and Strengthening of Regulatory Capacity			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 4.3.1 Countries enabled to develop/update, implement, monitor, and evaluate national policies for better access to health technologies	Number of countries with national policies on access, quality, and use of medicines and other health technologies updated within the last two years	13 BAR, BOL, BRA, CHI, COL,DOR, ECU, HON, MEX, NIC, PAN, PAR, SUR	18 ARG, COR, ELS, HAI, URU
OPT 4.3.2 Implementation of the Global Strategy and Plan of Action on Public Health, Innovation, and Intellectual Property (GSPA-PHI)	Number of countries reporting access and innovation indicators through the PAHO Regional Platform on Access and Innovation for Health Technologies (PRAIS) Observatory	5 ARG, BAR, COL, DOR, PAN	15 BOL, DOM, ELS, GUT, PER, SAL, SUR, SAV, TRT, URU
OPT 4.3.3 Countries enabled to assess their national regulatory capacity for medicines and health technologies	Number of countries having conducted an assessment of their regulatory functions for at least 2 of the 4 health technologies (medicines, medical devices, radiation safety, and blood)	7 ARG,BRA, CAN, COL, CUB, MEX, USA	19 CHI, COR, DOR, ELS, ECU, GUY, HAI, JAM, NIC,PAN, PER, TRT
OPT 4.3.4 Countries enabled to implement processes and mechanisms for health technology assessment, incorporation, and management and for rational use of health technologies	Number of countries with mechanisms for health technology assessment and evidence-based incorporation, selection, management, and rational use of health technologies	6 ARG, BRA, CAN, COL, MEX,URU	20 BAR, BOL, CHI, COR, DOR, ECU, ELS, HAI, JAM, NIC, PAN, PAR, PER, VEN

4.4 Health Systems Information and Evidence

Program Area: Health Systems Information and Evidence					
Outcome	**Ind. #**	**Outcome Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**	**Target 2019**
OCM 4.4 All countries have functioning integrated health information and health research systems	OCM 4.4.1	Number of countries and territories with national health information system with increased coverage and improved quality	14 ARG, BRA, CAN, CHI, DOR, ECU, ELS, GUT, MEX, NIC, PAN, PAR, PER, USA	19 BLZ, COL, COR, CU, URU	35 ANI, ANU, BOL, BVI, DOM, GRA, GUY, HON JAM, MON, SAL, SAV,, SCN, SUR, TRT, VEN
	OCM 4.4.2	Number of countries with functional mechanisms for governance of health research	3 BRA, MEX PER	9 ARG , CHI, COL, COR, ECU, PAN	14 BOL ELS, GUT, HON, PAR

Program Area: Health Systems Information and Evidence			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 4.4.1 Countries enabled to comply with comprehensive monitoring of the regional and country health situation, trends, and determinants	Number of countries monitoring the health situation analysis, trends, and determinants biennially	7 ARG, BRA, CAN, CUB, ECU, MEX, USA	13 COL, ELS, GUT, NIC, PAR, SUR
OPT 4.4.2 Implementation of the Regional Strategy and Plan of Action on eHealth	Number of countries implementing an eHealth strategy	11 BLZ, BRA, CAN, CHI, COL, MEX, PAN, PAR, PER, URU, USA	21 ARG, ARU, BAH, BAR, COR, DOR, GUT, JAM, SUR, TRT
OPT 4.4.3 Implementation of the regional knowledge management strategy	Number of countries implementing the regional knowledge management strategy	3 COR, ELS, PAN	9 BLZ, BRA, COL, DOR, JAM, MEX
OPT 4.4.4 Implementation of the Regional Policy on Research for Health (CD49/10)	Number of countries and territories implementing the regional policy on research for health	13 ARG, BRA, CHI, COL, DOR, ECU, ELS, GUT, GUY, JAM, PAR, PER, TRT	37 BER, BLZ, BOL, BON, CAN, CAY, COR, CUB, FRG, GRA, GUA, HON, MAR, MEX NIC, PAN, PUR, SAB, SAL, STA, SUR, URU, USA, VEN
OPT 4.4.5 Countries enabled to address priority ethical issues related to public health and research for health	Number of counties with accountability mechanisms to review research or incorporate ethics into public health	3 BRA, MEX, PER, (TBC)	9 ARG, BOL, CHI, COL, PAN (TBC)
OPT 4.4.6 PAHO Health Observatory expanded to effectively monitor the SP 2014-2019 (the purpose of this is to simplify the process of data collection using existing systems and better articulation through the Observatory)	Proportion of outcome indicators of the SP 2014-2019 being reported through the PAHO Health Observatory	TBC (10% of indicators in Core Health Data)	100%

4.5 Human Resources for Health

Program Area: Human Resources for Health					
Outcome	**Ind. #**	**Outcome indicator**	**Baseline 2012**	**Target 2015 (baseline+)**	**Target 2019**
OCM 4.5 Adequate availability of a competent, culturally-appropriate, well regulated and distributed, fairly treated health workforce	OCM 4.5.1	Number of countries facing health workforce shortages	14 BLZ, BOL, COL, DOR, ECU, ELS, GUT, GUY, HAI, HON, JAM, NIC, PAR, PER	11 BLZ, BOL,, DOR, ECU, ELS, GUT, GUY, HAI, HON, NIC, PER	6 BOL, GUT, GUY, HAI, HON, NIC
	OCM 4.5.2	Number of countries with 100% of the primary health care workers having demonstrable public health and intercultural competencies	4 COR, CUB, GRA, NIC	12 BLZ, BRA, CAN, GUT, HON, MEX, PAN, PER	17 ARG, CHI, DOR, ECU, ELS
	OCM 4.5.3	Number of countries that have reduced by half the gap in the distribution of health personnel between urban and rural	9 ARG, BAR, CHI, DOM, JAM, MOT, NIC, SAL, T&T	11 ANI, PAN	18 BLZ, BOL, COL, ECU, GRA, PAR, PER

Program Area: Human Resources for Health			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 4.5.1 Countries enabled to develop and implement HRH policy and/or plans to achieve UHC and address current and future health needs of their population	Number of countries with an HRH action plan aligned with the policies and needs of their health care delivery system	6 BRA,CAN, CHI, COR, CUB, URU	10 COL, ECU, PER, USA
OPT 4.5.2 Countries enabled to improve the performance, working conditions, job satisfaction, and stability of their health workforce in agreement with the WHO Global Code of Practice on the International Recruitment of Health Personnel	Number of countries and territories with a comprehensive legal framework that ensures fair treatment of health workers	9 ARG, BRA, CAN, CHI, COL, COR, CUB, URU, USA	11 ECU, PER

Program Area: Human Resources for Health *(cont.)*			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 4.5.3 Technical guidance being provided to academic health institutions and programs for health science education oriented towards primary health care	Number of academic curricula reoriented towards primary health care	40	60
OPT 4.5.4 Countries and territories enabled to develop and implement innovative strategies to improve the public health, managerial, and clinical health workforce	Number of countries that have established a node of the Virtual Campus of Public Health or an equivalent eLearning network	12 ARG, BRA, CHI, COL, COR, CUB, ECU, MEX, PAR, PER, PUR, URU	30 ABM, ANI, BAR, BOL, DOM, ELS, GRA, GUY, JAM, MOT, NCA, NEA, SAL, SAV, SCN, TCA, TRT, VEN

Budget by Program Area

Program and Budget Summary: 2014 - 2015						
Category and Program Area		**Base Programs**			**Indicators**	
		Regular Budget	**Other Sources**	**Total**	**OCM Ind.**	**OPT Ind.**
4	**Health systems**					
4.1	Health governance and financing, national health policies, strategies and plans	10,583,000	7,630,000	18,213,000	2	4
4.2	People-centered integrated health services	7,630,000	24,310,000	31,940,000	1	2
4.3	Access to medical products and strengthening regulatory capacity	8,946,000	12,178,000	21,124,000	2	4
4.4	Health systems information and evidence	12,590,000	11,130,000	23,720,000	2	6
4.5	Human resources for health	5,188,000	4,282,000	9,470,000	3	4
	Subtotal	44,937,000	59,530,000	104,467,000	10	20

Category 5 - Preparedness, Surveillance, and Response

Reducing mortality, morbidity, and societal disruption resulting from epidemics, disasters, conflicts, and environmental and food-related emergencies by focusing on risk reduction, preparedness, response, and recovery activities that build resilience and use a multisectoral approach to contribute to health security.

Scope

41. This category focuses on strengthening countries' capacities in prevention, risk reduction, preparedness, surveillance, response, and early recovery in relation to all types of hazards to human health that may result from emergencies or disasters, with particular attention to capacities that come under the requirements of the International Health Regulations (IHR) 2005. This category aims to strengthen hazard-specific capacity building in relation to a range of diseases with the potential to cause outbreaks, epidemics, or pandemics, and also in relation to food safety-related events, zoonoses, antimicrobial resistance, chemical and radiological emergencies, natural hazards, and conflicts. It considers the human security approach to building coherent intersectoral policies to protect and empower people to increase community resilience against critical and pervasive threats. In addition, this category addresses adequate and coordinated international health assistance to Member States to respond to emergencies when required.

Priorities for PAHO Technical Cooperation for the Biennium

42. During the biennium, emphasis will be placed on the expansion and integration of a comprehensive, efficient, and effective multi-hazard approach to emergency risk management within the Secretariat, the Member States, and the international health community.

43. The Secretariat's technical cooperation for the development of comprehensive national policies and plans for health emergency risk management will integrate the essential elements for building resilience and protecting populations, considering their social gradient vulnerabilities and the principles of the human security approach. Accordingly, a set of criteria and reference standards will be developed to guide countries and the Secretariat on the actions required in order to meet or exceed minimum capacities to manage public health risks associated with emergencies, with special focus on populations in situation of greatest vulnerability.

44. Emphasis will be placed on the use of existing and new health partnerships and disaster management networks within and external to the health sector, fostering inter-country collaboration, and building on country-specific experiences and capacities.

Efforts will also be redoubled to increase political awareness concerning the relevance of infection prevention and control programs within the framework of IHR core capacities, as well as the prevention of exposure to contaminants through the food chain and the safety of new technologies.

45. The Secretariat will continue to build its internal capacity to efficiently assist countries in the management of acute public health threats. It will further improve its coordinated response mechanisms, when required, including strengthening the event management system and ensuring its operational capacity at all times.

5.1 Alert and Response Capacities

(a) Activities will focus on support of country efforts to comply with the commitment and obligation to attain core capacities and establish mechanisms to maintain them, as stipulated in the International Health Regulations (IHR), and on continued cooperation with those countries that do not attain the core capacities by June 2014.

(b) PAHO, as the regional contact point for IHR, will continue to develop its regional ability to provide evidence-based and timely policy guidance, risk assessment, information management, and communication for all acute public health events and to coordinate the regional response to outbreaks.

5.2 Epidemic- and Pandemic-prone Diseases

(a) The focus of this program area during this biennium will be on improving the sharing of knowledge and information available on emerging and re-emerging infectious diseases, enhancing surveillance and response to epidemic diseases, and networking to contribute to global mechanisms and processes, in accordance with IHR provisions.

(b) PAHO will support countries in developing and maintaining the relevant components of their multi-hazard national preparedness plans for responding to major epidemics, including epidemiological surveillance, laboratory strengthening and networking, guidance for case management and infection control, and intersectoral coordination to address the needs of the marginalized and populations in situations of vulnerability.

5.3 Emergency Risk and Crisis Management

(a) Emphasis will be placed on strengthening the national leadership roles of preparedness, monitoring, and response within the Ministries of Health; promoting the adoption of benchmarks for disaster preparedness; and strengthening PAHO response capacity.

(b) PAHO will promote coordination, monitoring, and implementation of the Plan of Action on Safe Hospitals through the integration of actions by the PAHO program areas in order to reduce the health consequences of emergencies, disasters, and crises and ease their social and economic impact, especially on populations in situations of greatest vulnerability.

5.4 Food Safety

(a) PAHO will enable countries to establish efficient food safety systems to prevent and reduce foodborne diseases and promote consumer safety. PAHO will work towards the strengthening of risk-based integrated national food safety systems, increase the scientific advice and implementation of food safety standards and guidelines, and promote cross-sectoral collaboration for reducing foodborne risks, including those arising from the human-animal interface.

5.5 Outbreak and Crisis Response

(a) During the biennium, the Secretariat will support countries in establishing efficient and effective response teams and adapted tools for coordination of international humanitarian assistance in the health sector. Additionally, it will enhance its own capacity to respond based on the Institutional Response to Emergencies and Disasters Policy and fully perform all its functions as a health cluster lead agency.

Program Areas Outcomes and Outputs

5.1 Alert and Response Capacities

Program Area: Alert and Response Capacities					
Outcome	**Ind. #**	**Outcome Indicator**	**Baseline 2012**	**Target 2015 (baseline +)**	**Target 2019**
OCM 5.1 All countries have the minimum core capacities required by the International Health Regulations (2005) for all-hazard alert and response	OCM 5.1.1	Number of countries meeting and sustaining International Health Regulations (2005) core capacities	6 BRA, CAN, CHI, COL, COR, USA	14 ARG, CUB, DOM, ELS, JAM, MEX, SAV, URU	35 ANI, BAH, BAR, BLZ, BOL, CHI, DOR, ECU, GRA, GUT, GUY, HAI, HON, NIC, PAN, PAR, PER, SAL, SCN, SUR, TRT, VEN

Program Area: Alert and Response Capacities			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline +)**
OPT 5.1.1 Countries enabled to develop the core capacities required under the International Health Regulations (2005)	Number of Member States with a quality assurance program in place in their national public health laboratories	19 ARG, BAH, BAR, BRA, BOL, CHI, COL COR, DOR, ELS, GUT, GUY, JAM, PAN, PAR, PER, SUR, URU, VEN	27 DOM, ECU, GRA, HON, NIC, SAL, SCN, TRT
OPT 5.1.2 PAHO with the capacity to provide evidence-based and timely policy guidance, risk assessment, information management, and communications for all acute public health emergencies	Proportion of public health emergencies of international concern events for which information is made available to IHR National Focal Points in the Region within the first 48 hours of completing the risk assessment	40%	80%

5.2 Epidemic- and Pandemic-prone Diseases

Program Area: Epidemic-and Pandemic-prone Diseases					
Outcome	**Ind. #**	**Outcome Indicator**	**Baseline 2012**	**Target 2015 (baseline +)**	**Target 2019**
OCM 5.2 All countries are able to build resilience and adequate preparedness to mount a rapid, predictable and effective response to major epidemics and pandemics	OCM 5.2.1	Number of countries with installed capacity to effectively respond to major epidemics and pandemics	6 BRA, CAN, CHI, COL, COR, USA	14 ARG, CUB, DOM, ELS, JAM, MEX, SAV, URU	35 ANI, BAH, BAR, BLZ, BOL, CHI, DOR, ECU, GRA, GUT, GUY, HAI, HON, NIC, PAN, PAR, PER, SAL, SCN, SUR, TRT, VEN

Program Area: Epidemic-and Pandemic-prone Diseases			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline +)**
OPT 5.2.1 Countries enabled to develop and implement operational plans, in line with WHO recommendations on strengthening national resilience and preparedness to cover pandemic influenza and epidemic and emerging diseases	Number of countries implementing a national preparedness plan for major epidemics and pandemics	6 BRA, CAN, CHI, COL, COR, USA	14 ARG, CUB, DOM, ELS, JAM, MEX, SAV, URU
OPT 5.2.2 Countries with improved disease control, prevention, treatment, surveillance, risk assessment, and risk communications	Number of countries with a surveillance system for influenza based on international standards	18 ARG, BAR, BOL, CAN, CHI, COL, COR, DOM, ECU, HON, JAM, MEX, PAR, SAL, SAV, SUR, TRT, USA	23 BLZ, BRA, ELS, GUY, PAN
OPT 5.2.3 Mechanisms in place to strengthen country capacity for risk management for emerging zoonotic diseases	Number of countries with risk management mechanisms for emerging zoonotic diseases	6 BRA, CAN, CHI, CUB, URU, USA	12 DOR, ECU, GUY, PAN, PAR, TRT

5.3 Emergency Risk and Crisis Management

Program Area: Emergency Risk and Crisis Management					
Outcome	**Ind. #**	**Outcome Indicator**	**Baseline 2012**	**Target 2015 (baseline +)**	**Target 2019**
OCM 5.3. Countries have an all-hazards health-emergency risk management program for a disaster resilient health sector with emphasis on vulnerable populations	OCM 5.3.1	Number of countries and territories that meet or exceed minimum capacities to manage public health risks associated with emergencies addressing vulnerable communities	14 ARG, ARU, BRA, CAN, CHI, COL, ECU, FRG, GUA, GUT, MAR, PER, USA, VEN	24 BAR, BOL, COR, DOR, ELS, GUY, JAM, PAN, TRT, URU	36 ANI, BAH, BLZ, CUR, DOM, DSM, GRA, HON, NIC, SAL, SAV, SUR
	OCM5.3.2	Number of countries implementing disaster risk reduction interventions in the health sector that increase community resilience	12 ARG, BAR, CAN, CHI, COL, DOR, ECU, ELS, GUT, MEX, PER, USA	20 BOL, BRA, COR, CUB, HAI, JAM, NIC, PAN	35 ANI, BAH, BLZ, DOM, GRA, GUY, HON, PAR, SAL, SCN, SAV, SUR, TRT, URU, VEN

Program Area: Emergency Risk and Crisis Management			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline +)**
OPT 5.3.1 Country health clusters reformed in line with the Transformative Agenda of the Inter-Agency Standing Committee	Number of countries with a health emergency coordination mechanism that meets minimum requirements for satisfactory performance	N/A	8 BAR, CHI, COL, DOR, HAI, JAM, MEX, PER
OPT 5.3.2 Health established as a central component of global multisectoral frameworks for emergency and disaster risk management; national capacities strengthened for all-hazard emergency and disaster risk management for health (ERMH)	Number of countries conducting an ERMH capacity assessment	N/A	16 BAR, BER, BVI, CHI, COL, DOM, DOR, FRG, GUA, HAI, JAM, MAR,, MEX, PER, SAL, TRT

Program Area: Emergency Risk and Crisis Management			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline +)**
OPT 5.3.3 Mechanisms in place to ensure organizational readiness to fully implement the WHO Emergency Response Framework and PAHO Institutional Response to Emergencies and Disasters	Number of PAHO/WHO offices fully complying with WHO readiness checklist	N/A	12 ARG, BAH, BRA, CHI, COL, ECC, ECU, HAI, JAM, PAN, PER, MEX
OPT 5.3.4 Development, implementation, and reporting on health sector strategy and planning in all targeted protracted emergency countries by an in-country network of qualified and trained PAHO emergency staff	Percentage of protracted-emergency countries meeting PAHO performance standards	N/A	70%
OPT 5.3.5 Implementation of the Plan of Action on Safe Hospitals, in accordance with specific national priorities and needs	Number of countries with a safe hospitals program to ensure continuity of health services for the population in need	16 BOL, CHI, COL, COR, CUB, DOR, ECU, ELS, GUT, MEX, PAN, PAR, PER, TRT, USA,VEN	29 ANG, ARG, BAR, BLZ, BRA, BVI, CAY, DOM, FRG GRA, GUA, HON, MAR

5.4 Food Safety

Program Area: Food Safety					
Outcome	**Ind. #**	**Outcome Indicator**	**Baseline 2012**	**Target 2015 (baseline +)**	**Target 2019**
OCM 5.4 All countries have the capacity to mitigate risks to food safety and to respond to outbreaks	OCM 5.4.1	Number of countries that have adequate mechanisms in place for preventing or mitigating the risks to food safety and to respond to outbreaks including marginalized populations	4 CAN, CHI COL, USA	12 ARG, COR, ELS, GUY, PAN, PAR, PER, TRT	38 (list of countries to be included after national consultations)
	OCM 5.4.2	Number of countries with risk management mechanisms for-high impact animal diseases affecting public health, including emerging foodborne zoonotic diseases (animal health subject to budget confirmation)	3 CAN, CHI, USA	12 ARG, BOL, BRA, COL, ECU, PAR, PER, VEN, URU, (TBC)	38 (list of countries to be included after national consultations)

Program Area: Food Safety			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline +)**
OPT 5.4.1 Countries enabled to implement the Codex Alimentarius Commission guidelines and recommendations	Number of countries having adopted the international standards and recommendations to promote their implementation	7 ARG, BRA, CAN, CHI, COL, MEX, USA	14 COR, GUT, GUY, PAN, PAR, PER, TRT
OPT 5.4.2 Multisectoral collaboration mechanisms in place to reduce foodborne public health risks, including those arising at the animal-human interface	Number of countries with a mechanism for multisectoral collaboration on reducing foodborne public health risks, including marginalized populations	6 ARG, CAN, CHI, COL, MEX, USA	12 COR, GUY, PAN, PAR, PER, TRT
OPT 5.4.3 Countries enabled to establish risk-based regulatory frameworks to prevent, monitor, assess, and manage foodborne and zoonotic diseases and hazards along the entire food chain	Number of countries with risk-based policies and regulatory and institutional frameworks for their food safety systems	5 BRA, CAN, CHI, COL, USA	13 ARG, COR, ELS GUY, PAN, PAR, PER, TRT
Program Area: Food Safety *(cont.)*			

Output	Output Indicator	Baseline 2012	Target 2015 (baseline +)
OPT 5.4.4 * Implementation of the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA)	Number of countries implementing the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA)	0	9 ARG, BOL, BRA, COL, ECU, PAR, PER, URU, VEN

* (Subject to budget confirmation)

5.5 Outbreak and Crisis Response

Program Area: Outbreak and Crisis Response					
Outcome	**Ind. #**	**Outcome Indicator**	**Baseline 2012**	**Target 2015 (baseline +)**	**Target 2019**
OCM 5.5 All countries adequately respond to threats and emergencies with public health consequences	OCM 5.5.1	Percentage of countries that demonstrated adequate response to an emergency from any hazard with a coordinated initial assessment and a health sector response plan within 72 hours of onset	N/A	100%	100%

Program Area: Outbreak and Crisis Response			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline +)**
OPT 5.5.1 Implementation of the WHO Emergency Response Framework in acute emergencies with public health consequences	Percentage of Grade 2 and Grade 3 emergencies from any hazard with public health consequences, including any emerging epidemic threats, in which the WHO Emergency Response Framework (ERF) has been fully implemented	0%	100%

Budget by Program Area

Program and Budget Summary: 2014 - 2015						
Category and Program Area		Base Programs			Indicators	
		Regular Budget	Other Sources	Total	OCM Ind.	OPT Ind.
5	**Preparedness, Surveillance and Response**					
5.1	Alert and response capacities	4,721,000	4,313,000	9,034,000	1	2
5.2	Epidemic-and Pandemic-prone Diseases	6,267,000	3,663,000	9,930,000	1	3
5.3	Emergency risk and crisis management	4,504,000	25,228,000	29,732,000	2	5
5.4	Food safety	3,171,000	5,441,000	8,612,000	2	4
5.5	Outbreak and Crisis Response				1	1
	Subtotal	18,663,000	38,645,000	57,308,000	7	15

Category 6 - Corporate Services/Enabling Functions

Fostering and implementing the organizational leadership and corporate services that are required to maintain the integrity and efficient functioning of the Organization, enabling it to deliver effectively on its mandates.

Scope

46. This category includes functions and services that contribute to strengthening PAHO's leadership and governance, as well as transparency, accountability, and risk management. It also seeks to enhance strategic planning, resource coordination, resource mobilization and reporting, management and administration, and strategic communications. The work in this category will continue to strengthen PAHO's leading role in the Region to enable the many different actors to play active and effective roles in contributing to the health of all people. It will also result in an Organization that is responsive and transparent, and will enhance the work of the PASB in supporting the delivery of technical cooperation in all categories in an effective and efficient manner. The work under this category will be important to improve coordination with national authorities, UN agencies and other intergovernment organizations, public-private partnerships, and civil society in line with the UN Quadrennial Comprehensive Policy Review.

Priorities for PAHO Technical Cooperation for the Biennium

47. For the biennium 2014–2015, the focus will be on organizational effectiveness to meet the changing health needs and realities of Member States and the demands of the international community. The Organization's governance will be strengthened to develop capacity at all its levels to act as leaders and conveners for health; to make our work more efficient and effective in delivering technical cooperation; and to implement a system of control and accountability, including risk management. Major focus will be on strengthening the Organization's position by enhancing its presence and the capacity of its leaders as health diplomats and conveners, and by updating and modernizing the Organization's financial systems, including program planning, budget, procurement, and human resources management. This will include revising profiles and training for its personnel and changing current business processes so they will more efficiently support the work of the Organization at all levels, resulting in a more agile and effective PAHO.

6.1 Leadership and Governance

(a) Supporting Member States in their governance role with respect to PAHO, as well as in their involvement in the WHO Reform process.

(b) Establishing strategic partnerships with relevant stakeholders to ensure that health figures prominently in the political and development agendas at the regional and country levels.

(c) Strengthening country presence in order to efficiently address country health needs.

(d) Developing and enhancing the concept of global health diplomacy. This will call for an enhanced role at the regional level, as well as for PAHO/WHO country offices, to reach beyond the health sector with greater focus on the human rights dialogue within a solid framework for understanding and negotiating global health issues. It will also be necessary to identify instruments and mechanisms for engaging with other stakeholders and promoting an intersectoral approach to addressing health inequalities and the social determinants of health.

(e) Strengthening the role of PAHO in convening and advocating, building partnerships and resource mobilization, sharing and brokering knowledge, and analyzing and monitoring of progress.

(f) The foregoing functions will be carried out bearing in mind the following PAHO leadership priorities:

i. Strengthen health sector capacity to address the social determinants of health by promoting increased community participation and empowerment.

ii. Catalyze the progressive realization of universal health coverage with emphasis in the eight key countries.

iii. Increase intersectoral and multisectoral action for noncommunicable diseases.

iv. Enhance country core capacities to implement the International Health Regulations.

v. Accelerate actions for elimination of the Region’s priority communicable diseases.

vi. Conclude work on the health-related MDGs and influence the integration of health into the Post2015 Agenda for Sustainable Development.

vii. Strengthen health system capacity to generate information and evidence to advance towards demonstrating progress in healthy living and well-being.

viii. Optimize knowledge and expertise in the countries of the Region in the provision of technical cooperation.

ix. Increase the accountability, transparency, efficiency, and effectiveness of the Bureau.

6.2 Transparency, Accountability, and Risk Management

PAHO will strengthen existing mechanisms and introduce new measures designed to ensure that it continues to be accountable, transparent, and adept at effectively managing risks.

(a) A coordinated approach and ownership of the evaluation function will be promoted at all levels of the Organization. Objective evaluation will be facilitated, in line with the proposed PAHO evaluation policy, and will be supported by tools, such as clear guidelines.

(b) The Internal Audit function in PAHO has been significantly strengthened in the past few years and will continue to perform audits of Headquarters and country office operations, taking specific risk factors into account.

(c) The Ethics Office will continue to focus on strengthening standards of ethical behavior by staff and will also perform risk assessments to determine any vulnerabilities that may impact the image and reputation of the Organization.

(d) PAHO will continue to develop its risk management processes and monitoring systems to ensure that all risks are properly identified, managed, and reported regularly to PAHO senior management in order for informed and timely decisions and actions to be taken. To ensure the effective working of the risk management system, as well as compliance and control activities, PAHO will continue to operationalize an enterprise risk management (ERM) system at all levels of the Organization.

6.3 Strategic Planning, Resource Coordination, and Reporting

(a) PASB will continue to advance and consolidate results-based management (RBM) as the central operating framework to improve organizational effectiveness, efficiency, alignment with results, and accountability. During the biennium, efforts will focus on optimizing and simplifying the operational planning and program management processes based on lessons learned. This will include the implementation of a refined performance, monitoring, and assessment process.

(b) In line with the programmatic approach and the prioritization framework of the SP 2014-2019, approved by the Members States, the Organization will refine its mechanisms for resource management. This should result in increased effectiveness of the resources available to PASB.

(c) Based on lessons learned and recommendations, PASB will develop and implement a comprehensive framework for project management using the appropriate guidelines and tools.

(d) The development, negotiation, and implementation of new approaches to external relations, resource mobilization, and partnerships will be designed to increase the visibility of health in the development agenda and health outcomes. During the

period 2014-2015, PAHO will implement a corporate resource mobilization strategy in coordination with WHO which will focus on diversifying PAHO sources of voluntary contributions while developing a more coordinated and strategic approach to resource mobilization. PAHO will draw on its lessons learned in multi-stakeholder partnerships and develop and enhance the capacity of PAHO staff to collaborate with partners within and outside the health sector in addressing the social determinants of health.

6.4 Management and Administration

(a) The Bureau will seek to implement a modern project management information system (PMIS), which will simplify administrative processes and improve performance controls and indicators. In the area of financial resources management, financial processes will be reviewed and updated along with efficiencies and personnel skills as they relate to integration of the new system. In addition, this function will include oversight of financial transactions and financial assets, investment of financial resources, and general management and financial administration activities across all levels of the Organization.

(b) Human resource management equally involves all executives, managers, supervisors, and staff. Under this function, the Organization will strive to be stewards of good human resource practices; further the awareness and accountability of managers, supervisors, and staff; and ensure consistent and fair application of PAHO human resource policies, regulations, and rules in order to promote a productive work environment. Key focus in the biennium will be placed on maintaining strategic performance goals with corresponding objectives and performance targets to attract top talent; reducing the time spent in recruitment processes (including selection integrity and efficiencies); and promoting motivation and retention strategies that encourage increased job satisfaction, improve staff performance management, encourage continuous learning and knowledge-sharing, promote work/life balance and staff well-being, foster accountability and innovation, and enhance organizational flexibility and staff mobility.

(c) Procurement is a key component of the Organization’s mission, supporting technical cooperation through the procurement of goods and services on behalf of Member States to ensure access to affordable drugs, vaccines, and other public health supplies. Focus during the 2014-2015 biennium will be on strengthening knowledge and awareness at all levels (internal and external) to ensure optimal use of tools, efficiency, and effectiveness of actions and processes, as measured by the implementation of a business intelligence model. In addition, in an effort to continually improve procurement capabilities within the Organization, there will be increased focus on the use of partnerships and strategic alliances with agencies

in the United Nations system and other critical stakeholders at every level of the procurement supply chain, as well as on policy and process compliance to sustain integrity of the procurement processes. Also, during the biennium there will be emphasis on development of a market intelligence approach in order to better understand market dynamics and anticipate challenges and opportunities.

(d) PAHO will ensure a safe and healthy working environment for its staff through the effective and efficient provision of operational and logistic support, infrastructure maintenance, and asset management, including compliance with United Nations Minimum Operating Security Standards (MOSS) and Minimum Operating Residential Security Standards (MORSS).

(e) During the biennium, PAHO will continue to work on the PAHO information technology (IT) governance structure to ensure an IT decision-making process for optimal IT investments for all of PAHO. Emphasis will be placed on advancing the consolidation of infrastructure support services, improving customer service, ensuring business continuity for corporate applications, and creating a data management strategy to improve stewardship of the Organization's corporate information. All these activities will be carried out in concert with the Organization's new project management information system (PMIS).

6.5 Strategic Communications

(a) Health is an issue of public and political concern in the Americas. The increasingly complex institutional landscape, the emergence of new players influencing health decision-making, the changes in the news media and social media, the Region's marked inequality in access to health, and a growing demand from donors, governments, and the public for information on the impact of PAHO's work will require appropriate positioning of the Organization in the external environment. Rapid, effective, well-coordinated and segmented communications efforts to reach the various audiences are essential. Key elements of the communications strategy for the biennium 2014-2015 include: a more proactive approach to working with the news media and social media in order to explain PAHO's role and its impact; developing and sharing evidence-based information and knowledge produced by the Member States and the PAHO Secretariat; promoting the individual, social, and political changes necessary for the achievement and maintenance of health.

Program Areas, Outcomes and Outputs

6.1 Leadership and Governance

Program Area: Leadership and Governance					
Outcome	**Ind. #**	**Outcome Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**	**Target 2019**
OCM 6.1 Greater coherence in regional health, with WHO/PAHO playing a leading role in enabling the many different actors to play an active and effective role in contributing to the health of all people in the Americas	OCM 6.1.1	Level of satisfaction of Member States with WHO/PAHO's leading role in global and regional health issues	High (based on composite rating from the stakeholder's survey, November 2012)	At least (High based on stakeholder's survey, 2015)	At least High (based on stakeholder's survey, 2019)
	OCM 6.1.2	Number of national health plans or strategies incorporating the areas of action of the Health Agenda for the Americas 2008-2017	20 (from the HAA mid-term evaluation)	TBD after national consultations	TBD after national consultations
	OCM 6.1.3	Number of subregional health agendas, strategies, or plans incorporating the areas of action of the Health Agenda for the Americas 2008-2017	3 (TBC from HAA mid-term evaluation)	4 TBC	5 TBC
	OCM 6.1.4	Number of international agencies working in health in the Region using the Health Agenda for the Americas 2008-2017 for designing their policies, plans, or strategies	5 (TBC from HAA mid-term evaluation)	8 TBC	10 TBC

Program Area: Leadership and Governance			
Output	**Output**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 6.1.1 Effective PAHO/WHO leadership and management in place	Number of countries having revised or developed country cooperation strategies in alignment with the PAHO SP 2014-2019	0	15
OPT 6.1.2 Effective engagement with other stakeholders in building a common health agenda that responds to the priorities of the Member States	Number of countries having an active multi-partner country coordinating mechanism (MCCM) for implementation of the principles of the Busan Partnership for Effective Development Cooperation that impact health	27 ARG, BAR, BLZ, BOL, BRA, CHI, COL, COR, CUB, DOR, ECU, ELS, GUT, GUY, HAI, HON, JAM, MEX, NIC, PAN,PAR, PER, SUR, SAV, TRT, URU, VEN	33 ANI, BAH, DOM, GRA, SAL, SCN
OPT 6.1.3 Strengthened PAHO governance with effective oversight of the meetings of the Governing Bodies	Proportion of agenda items of PAHO Governing Bodies aligned with the PAHO Strategic Plan	0	90% (under review)
OPT 6.1.4 WHO reform integrated into the work of the Organization	Proportion of items relevant to PAHO from the WHO Reform Action Plan completed or on track	N/A	100%
OPT 6.1.5 Implementation of the Health Agenda for the Americas (HAA) 2013-2017	Number of countries with mechanisms to monitor implementation of the HAA	TBD Countries to confirm during national consultation	TBD Countries to confirm during national consultation

6.2 Transparency, Accountability, and Risk Management

Program Area: Transparency, Accountability, and Risk Management					
Outcome	**Ind. #**	**Outcome Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**	**Target 2019**
OCM 6.2 PAHO operates in an accountable and transparent manner and has a well-functioning risk-management and evaluation frameworks	OCM 6.2.1	Proportion of corporate risks with approved response plans implemented	0%	66%	100%

Program Area: Transparency, Accountability, and Risk Management			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 6.2.1 Increased accountability though strengthened corporate risk management and evaluation at all levels of the Organization	Proportion of entities in the Organization with completed risk assessment and approved mitigation response plans implemented	12%	75%
OPT 6.2.2 PAHO/WHO evaluation policy implemented across the Organization	Percentage of Director-approved evaluation of lessons learned implemented during the biennium	TBD Based on evaluation status as at 2013	TBD
OPT 6.2.3 Improved ethical behavior, respect within the workplace, and due process across the Organization	Level of staff satisfaction with the ethical climate and internal recourse procedures of the Organization	TBD (2013 survey)	High (2015 Survey)
OPT 6.2.4 Strengthened audit function	Proportion internal audit recommendations accepted by the Director closed within the biennium	% Based on audit status as at 2013	TBD

6.3 Strategic Planning, Resource Coordination, and Reporting

Program Area: Strategic Planning, Resource Coordination, and Reporting					
Outcome	**Ind. #**	**Outcome Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**	**Target 2019**
OCM 6.3 Financing and resource allocation aligned with priorities and health needs of the Member States in a results-based management framework	OCM 6.3.1	Percentage of approved PAHO budget funded	80% TBC (based on 12-13 projection)	90% (based on 12-13 projection)	90%
	OCM 6.3.2	Percentage of outcome indicator targets achieved	89% TBC based on the last Performance, Monitoring and Assessment (PMA) exercise	TBD	90%

Program Area: Strategic Planning, Resource Coordination, and Reporting			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 6.3.1. Consolidation of the PAHO results-based management framework, with emphasis on the accountability system for corporate performance assessment	Percentage of outputs achieved	75%	90%
OPT 6.3.2 Alignment of PAHO allocation of resources and financing with agreed priorities facilitated through strengthened resource mobilization, coordination, and management	Percentage of program areas with funded budgets of 75% or greater	TBD (based on 12-13 SO funding level)	75%
OPT 6.3.3 PAHO Resource Mobilization Strategy implemented	Percentage of funding gap closed in the biennium (under review)	75% TBC	90%

6.4 Management and Administration

Program Area: Management and Administration					
Outcome	**Ind. #**	**Outcome Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**	**Target 2019**
OCM 6.4.1 Effective management and administration across the three levels of the organization	6.4.1	Proportion of management and administration metrics, (as developed in service level agreements) achieved	Data not currently measured	80%	95%

Program Area: Management and Administration			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 6.4.1 Sound financial practices in place through an adequate control framework, accurate accounting, expenditure tracking, and timely recording of income	Unqualified audit opinion	Yes	Yes
OPT 6.4.2 Effective and efficient human resources management in place to recruit and support a motivated, experienced, and competent	Proportion of HR-agreed service level agreements achieved	Data not currently measured	95%

Program Area: Management and Administration			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**
workforce in an environment conducive to learning and excellence			
OPT 6.4.3 Efficient and effective computing infrastructure, network and communications services, corporate and health-related systems and applications, and end-user support and training services	Proportion of end user support provided according to service-level agreements	80%	95%
OPT 6.4.4 Effective and efficient operational and logistic support, procurement, infrastructure maintenance, asset management, and secure environment for PAHO/WHO staff and property	Proportion of agreed service-level agreements reached	Data not currently being measured	95%

6.5 Strategic Communications

Program Area: Strategic Communications					
Outcome	**Ind. #**	**Outcome Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**	**Target 2019**
OCM 6.5 Improved public and stakeholders understanding of the work of PAHO/WHO [Under review]	OCM 6.5.1	Percentage of Member States and other stakeholder representatives evaluating PAHO/WHO performance as excellent or good	77%	90%	100% WHO Stakeholder perception survey, November 2019

Program Area: Strategic Communications			
Output	**Output Indicator**	**Baseline 2012**	**Target 2015 (baseline+)**
OPT 6.5.1 Improved communication by PAHO/WHO staff, leading to a better understanding of the Organization's action and impact	Number of PAHO/WHO offices having completed the training component of the Organization's knowledge management and communication strategy	4 ARG, COL, MEX, PER	10 COR, CUB, DOR, ECU, GUT, HAI
OPT 6.5.2 Effective and innovative communication platforms, policies, and networks	Number of PAHO/WHO offices having completed the platform, policy, and network component of the Organization's knowledge management and communication strategy	3 ARG, ELS, NIC	24 BOL, BRA, CHI, COL, CUB, DOR, ECU, ELP, GUT, GUY, HAI, HON, JAM, MEX, PAN, PAR, PER, SUR, TRT, URU, VEN

Budget by Program Area

Program and Budget Summary: 2014 - 2015						
Category and Program Area		**Base Programs**			**Indicators**	
		Regular Budget	**Other Sources**	**Total**	**OCM Ind.**	**OPT Ind.**
6	**Corporate Services/Enabling Functions**					
6.1	Leadership and governance	56,319,000	500,000	56,819,000	4	5
6.2	Transparency, accountability, and risk management	2,929,000	2,440,000	5,369,000	1	4
6.3	Strategic planning, resource coordination, and reporting	23,987,000	2,317,000	26,304,000	2	3
6.4	Management and administration	43,291,000	12,067,000	55,358,000	1	4
6.4.1	Management and administration (PMIS)		12,000,000	12,000,000	1	2
6.5	Strategic communications	10,041,000	707,000	10,748,000		
		136,567,000	30,031,000	166,598,000	9	18

Monitoring and Reporting, Assessment, Accountability, and Transparency

48. Performance monitoring and assessment are essential for proper management of the Program and Budget and to inform the revision of policies and strategies and interventions. As such, assessment of the Program and Budget 2014-2015 is the means by which the PAHO Strategic Plan 2014-2019 itself will be monitored and assessed. Monitoring of implementation of the Program and Budget 2014-2015 will be conducted in two stages: *(a)* a mid-term review at the end of the first twelve-month period; and, *(b)* a full assessment upon completion of the biennium (Program and Budget Performance Assessment), which is reported to the Member States.

49. The mid-term review provides a means for tracking and appraising progress made towards the achievement of results—in particular, progress made in delivering outputs. It facilitates corrective action and the reprogramming and reallocation of resources during implementation. It is a process that allows PASB to identify and analyze the impediments and risks encountered, together with the actions required in order to ensure achievement of results. The end-of-biennium Program and Budget Performance Assessment is a comprehensive appraisal of the performance of the Organization at the end of the two-year period. It will include an assessment of the achievement of the outputs along with an assessment of progress made towards attainment of the stated outcomes.

50. The improved results chain is expected to lead to greater clarity and coherence in the division of labor and the reporting of achievements. Demonstrating how the Bureau's work contributes to, or influences, health outcomes and impacts is important for the Member States and has been emphasized in the WHO reform. This allows not only for assessment of the effectiveness of the work of the Bureau but also for the Member States to better communicate the Organization's contribution towards achieving better health for the peoples of the Americas.

List of Acronyms

ACP	acute flaccid paralysis
AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
ARVs	antiretrovirals
CRS	congenital rubella syndrome
cVDPV	circulating vaccine-derived poliovirus
DTSC	direct technical support to countries
ERF	WHO Emergency Response Framework
ERM	Enterprise Risk Management
ERMH	Emergency and Disaster Risk Management for Health
GPW	WHO 12th General Programme of Work
GSPA-PHI	Global Strategy and Plan of Action on Public Health Innovation and Intellectual Property
HIV	Human immunodeficiency virus
HQ	Headquarters
HRH	human resources for health
ICD	International Classification of Diseases
IHR	International Health Regulations
IHSDN	integrated health services delivery network
IMS	Integrated Management Strategy
MCCM	Multi-country Coordinating Mechanism
MDG	Millennium Development Goals
MDR-TB	multidrug-resistant ruberculosis
MhGAP-IG	Mental Health Global Action Plan – Intervention Guide
MORSS	Minimum Operating Residential Security Standards
MOSS	Minimum Operating Security Standards
NCDs	noncommunicable diseases
NIDs	neglected infections diseases
NTDs	neglected tropical diseases
PAHO	Pan American Health Organization/World Health Organization
PASB	Pan American Sanitary Bureau
PB14-15	PAHO Program and Budget 2014-2015
PHC	primary health care
PHEFA	Hemispheric Program for the eradication of Foot and Mouth Disease
PRAIS	PAHO Regional Platform on Access and Innovation for Health Technology
PWR	PAHO/WHO Representative

RBM	results-based management
RTI	road traffic injuries
SP14-19	PAHO Strategic Plan 2014-2019
STIs	sexually transmitted infections
TB	tuberculosis
UHC	universal health coverage
WHO	World Health Organization

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Annex I. Programmatic Priority Setting Framework

Annex II. List of Countries and Territories with their Acronyms

	Country	Acronym		Country	Acronym
	Member States	**35**		**Associate Members**	**4**
1	Antigua and Barbuda	ANI	36	Aruba	ARU
2	Argentina	ARG	37	Curaçao	CUR
3	Bahamas	BAH	38	Puerto Rico	PUR
4	Barbados	BAR	39	Sint Maarten	DSM
5	Belize	BLZ			
6	Bolivia	BOL		**Participant States**	**3**
7	Brazil	BRA		France	**3**
8	Canada	CAN	40	French Guiana	FRG
9	Chile	CHI	41	Guadeloupe	GUA
10	Colombia	COL	42	Martinique	MAR
11	Costa Rica	COR			
12	Cuba	CUB		Kingdom of the Netherlands	**3**
13	Dominica	DOM	43	Bonaire	BON
14	Dominican Republic	DOR	44	Saba	SAB
15	Ecuador	ECU	45	Saint Eustatius	STA
16	El Salvador	ELS			
17	Grenada	GRA		United Kingdom of Great Britain and Northern Ireland	**6**
18	Guatemala	GUT	46	Anguilla	ANU
19	Guyana	GUY	47	Bermuda	BER
20	Haiti	HAI	48	British Virgin Islands	BVI
21	Honduras	HON	49	Cayman Islands	CAY
22	Jamaica	JAM	50	Montserrat	MON
23	Mexico	MEX	51	Turks and Caicos	TCA
24	Nicaragua	NIC			
25	Panama	PAN			
26	Paraguay	PAR			
27	Peru	PER			
28	Saint Kitts and Nevis	SAL			
29	Saint Lucia	SCN			
30	Saint Vincent and the Grenadines	SAV			
31	Suriname	SUR			
32	Trinidad and Tobago	TRT			
33	United States of America	USA			
34	Uruguay	URU			
35	Venezuela	VEN			

Annex III. PAHO Resolutions, Strategies, and Plans of Action

Category and Program Area		PAHO Mandates, Resolutions, Strategies and Plan of Actions
1	**Communicable Diseases**	
1.1	HIV/AIDS and STIs	- Regional Strategic Plan for HIV/AIDS/ STIs (2006-2015) - Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis (2010-2015)
1.2	Tuberculosis	- Regional Strategy for Tuberculosis Control (2005-2015)
1.3	Malaria and other vector-borne diseases (including dengue and Chagas)	- Strategy and Plan of Action for Malaria (2012-2015)
1.4	Neglected, tropical, and zoonotic diseases	- Strategy and Plan of Action for Chagas Disease Prevention, Control, and Care
1.5	Vaccine-preventable diseases (including maintenance of polio eradication)	- Regional Immunization Vision and Strategy, 2007-2015 (Resolution CD50.R5) - Global Vaccine Action Plan (Resolution WHA 65.17)
1.6	Viral hepatitis	- Viral Hepatitis (Resolution WHA63.18)
2	**Noncommunicable Diseases and Risk Factors**	
2.1	Noncommunicable diseases and risk factors	- Plan of Action on Psycho-active Substance Use and Public Health (2012-2021) - Plan of Action to Reduce the Harmful Use of Alcohol (2012-2021) - Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control (2008-2015) - Regional Strategy and Plan of Action on Integrated Approach to the Prevention and Control of Chronic Diseases, Including Diet, Physical Activity, and Health (2006-2015) - WHO Framework Convention on Tobacco Control (FCTC)
2.2	Mental health and substance use disorders	- Strategy and Plan of Action on Epilepsy (2011-2021) - Strategy and Plan of Action on Mental Health (2009-2019)
2.3	Violence and injuries	- Plan of Action on Road Safety (2012-2017)
2.4	Disabilities and rehabilitation	- Action Plan for the Prevention of Avoidable Blindness and Visual Impairment (2009-2013)
2.5	Nutrition	- Regional Strategy and Plan of Action on Nutrition in Health and Development (2006-2015) - Strategy and Plan of Action for the Reduction of Chronic Malnutrition (2010-2015)

3	**Determinants of Health and Promoting Health throughout the Life Course**	
3.1	Women's, maternal, newborn, child, and adolescent health and sexual and reproductive health	- Plan of Action on Adolescent and Youth Health (2010-2018) - Plan of Action to Accelerate the Reduction of Maternal Mortality and Severe Maternal Morbidity (2012-2017) - Regional Strategy for Improving Adolescent and Youth Health (2008-2018) - Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care
3.2	Aging and health	- Plan of Action on the Health of Older Persons, Including Active and Healthy Aging (2009-2018)
3.3	Gender, equity, human rights, and ethnicity mainstreaming	- Plan of Action for Implementing the Gender Equality Policy (2009-2013)
3.4	Health and the environment	- Strategy and Plan of Action for the Reduction of Chronic Malnutrition (2010-2015) - Strategy and Plan of Action on Climate Change (2012-2017)
3.5	Social determinants of health	- Strategy and Plan of Action on Urban Health (2013-2021)
4	**Health Systems**	
4.1	Health governance and financing, national health policies, strategies, and plans	
4.2	People-centered integrated, quality health services	- Regional Policy and Strategy for Ensuring Quality of Health Care, Including Patient Safety (2007-2013) - Integrated Health Services Delivery Networks Framework (PAHO, 2010)
4.3	Access to medical products and strengthening of regulatory capacity	- Access to Medicines (CD50/R.7) - Strengthening National Regulatory Authorities for Medicines and Biologicals (CD/R.9)
4.4	Health systems information and evidence	- Regional Plan of Action for strengthening Vital and Health Statistics (2008-2013) - Strategy for Strengthening Vital and Health Statistics in Countries of the Americas - Strategy and Plan of Action on eHealth (2012-2017)
4.5	Human resources for health	- Toronto Call to Action for a Decade of Human Resources in Health in the Americas
5	**Preparedness, Surveillance, and Response**	
5.1	Alert and response capacities	- International Health Regulations (2005)
5.2	Epidemic-and Pandemic-prone Diseases	- International Health Regulations (2005)
5.3	Emergency risk and crisis management	- Plan of Action on Safe Hospitals (2010-2015) - Safe Hospitals: A Regional Initiative on Disaster-resilient Health Facilities (2008-2015)
5.4	Food safety	

6	**Corporate Services/Enabling Functions**	
6.1	Leadership and governance	
6.2	Transparency, accountability, and risk management	
6.3	Strategic planning, resource coordination, and reporting	- PAHO RBM Framework 2010
6.4	Management and administration	
6.5	Strategic communications	- PAHO Knowledge Management and Communication Strategy (2011)

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