

## INTRODUCTION

7. From 1986 to 2002, the Organization approved four-year framework documents containing policy orientations to guide technical cooperation with Member States; in 2002 the name of this instrument was changed to "Strategic Plan" and the period covered was expanded to five years: 2003-2007. The 2008-2012 Plan builds on this rich experience and implements several key innovations designed to:

- (a) Increase the Bureau's accountability to its Member States, as well as the transparency of its operations;
- (b) Further the implementation of results based management by applying results based planning in a comprehensive, integrated fashion;
- (c) Maximize participation by Member States, partner organizations and PASB staff in the development of planning instruments;
- (d) Further align the Bureau's work with that of WHO;
- (e) Emphasize the country focus policy of the Organization; and
- (f) Integrate and simplify the planning process in order to reduce the planning, monitoring and reporting burden on the PASB's entities.

8. While innovation is essential, it is based on our vision, mission and values. These are included here as a reminder of the fundamental nature of the PASB as it moves forward.

### **Vision**

The Pan American Sanitary Bureau will be the major catalyst for ensuring that all the peoples of the Americas enjoy optimal health and contribute to the well being of their families and communities.

### **Mission**

To lead strategic collaborative efforts among Member States and other partners to promote equity in health, to combat disease, and to improve the quality of, and lengthen, the lives of the peoples of the Americas.

## Values

**Equity** – Striving for fairness and justice by eliminating differences that are unnecessary and avoidable.

**Excellence** – Achieving the highest quality in what we do.

**Solidarity** – Promoting shared interests and responsibilities and enabling collective efforts to achieve common goals.

**Respect** – Embracing the dignity and diversity of individuals, groups and countries.

**Integrity** – Assuring transparent, ethical, and accountable performance.

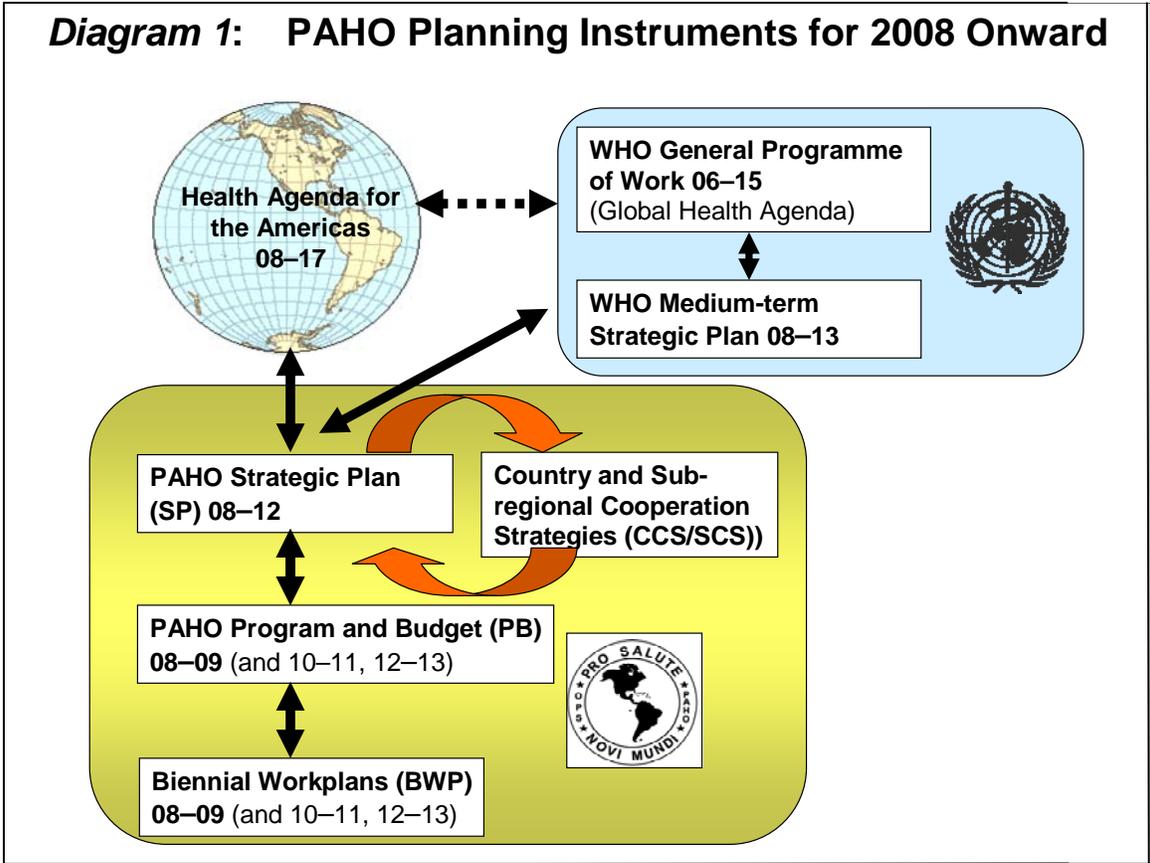
## A New Planning Process

9. For the first time, the PAHO Strategic Plan contains Strategic Objectives that align directly with those of WHO. This Strategic Plan will cover three biennia and, for the first time, defines the Bureau's Region-wide Expected Results (RERs) and indicators. Future Program and Budget documents (2008-2009, 2010-2011, and 2012-2013) will define where resources will be expended in order to achieve the results defined in the Strategic Plan. These Program and Budget documents will be shortened and simplified, as their RERs and their justification will be identical to those in this Plan. Thus the need for extensive program planning every two years is greatly reduced. At the same time, end-of-biennium assessments of each Program and Budget will serve as progress reports on the implementation of the SP 08-12, since the RERs and their indicators in these documents will be identical. This concept is further elaborated in the section *Performance Monitoring and Assessment, and Independent evaluation*, below.

10. While PAHO Governing Bodies do not review the Biennial Workplans of individual PASB entities, Member States may wish to note that operational planning at this level has also been reformulated to allow for its full integration with the Strategic Plan and Program and Budget through the use of common RERs and common indicators. The Biennial Workplans feed the Program and Budget; this process represents the "bottom-up" aspect of the planning process. Biennial Workplans are developed in concert with the Program and Budget 2008–2009, so that the latter can accurately reflect the work to be done at country level.

11. Vertical integration of all levels of the planning process is a crucial step in full implementation of results based management, where expected results indicators from all entities—country offices, centers, and regional headquarters—aggregate to Region-wide Expected Results indicators, which in turn aggregate to WHO's Organization-wide Expected Results indicators at the global level.

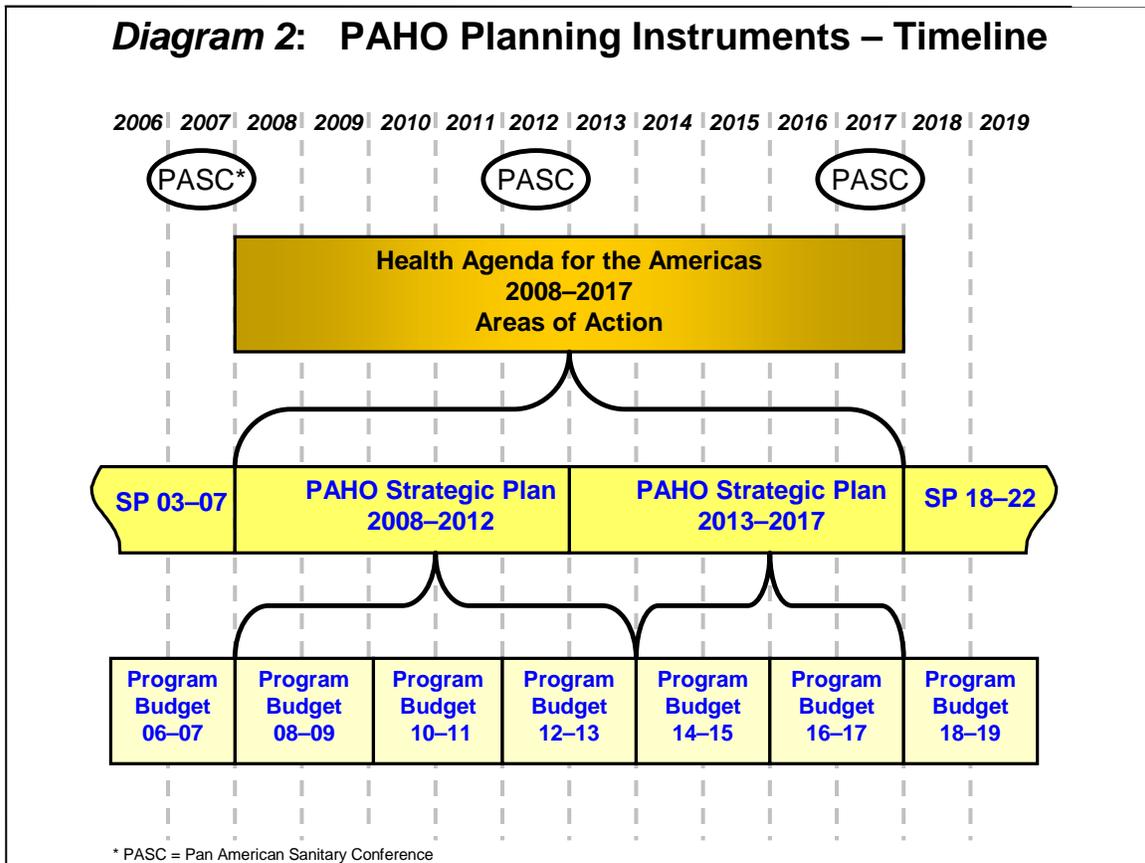
12. The following diagram depicts the key elements in PAHO's planning process for 2008 onward, and their alignment with the Health Agenda for the Americas 2008–2017 and WHO's high-level planning instruments.



**Five Years, Three Biennia**

13. Given that the Bureau works on a biennial budgeting basis, and that the Pan American Sanitary Conference (PAHO’s highest Governing Body, which approves strategic plans) meets every five years, there is an inherent timing conflict in the planning and budgeting instruments. The solution, as proposed in document CD47/9, *Methodology for the Formulation of the Strategic Plan for the Pan American Sanitary Bureau, 2008-2012*, reviewed by the 47th Directing Council, is that this five-year SP 08-12 will programmatically cover three biennia (a six-year period) as depicted in the following diagram.

**Diagram 2: PAHO Planning Instruments – Timeline**



14. Thus, the programmatic expected results contained in each Program and Budget are clearly linked to only one strategic plan, which is essential for coherent monitoring and reporting. Consequently, from a programmatic perspective the strategic plans will de facto cover alternating six- and four-year periods. This system also allows for programmatic alignment with WHO. Aggregated results will be reported through the Program and Budget assessments, to be completed every two years. This is depicted in Diagram 3 in the section on alignment with WHO, below.