

PROGRAMMATIC PRIORITIZATION IN PAHO

100. The Bureau conducted two prioritization exercises during the elaboration of this Plan, in order to determine the ranking of the Strategic Objectives. The findings from the first exercise (limited to PASB headquarters) were used to inform the budget allocations in the draft Strategic Plan presented to the Executive Committee. The results of the second exercise, where all the managers of the Organizations were invited to participate, have been used in establishing the budget priorities in this final version of the Plan. Although a similar methodology was applied to both exercises, the specific criteria and results described below apply to the second exercise.

Methodology

101. The prioritization exercise was designed to obtain a ranking of the Strategic Objectives by a variety of PASB managers, per agreed-upon criteria, using a modified Delphi methodology.

102. First, a draft set of criteria were developed (based on those used in the first exercise, plus input received after that exercise), with weighting to reflect the relative importance of the criteria. These were vetted among all PASB managers, including country representatives, center directors, headquarters Area Managers and Executive Management. There was a high level of participation, and changes to the criteria and their weighting were made based on the feedback received.

103. Second, each Strategic Objective was rated on a scale of 1 to 5 (5 being the highest priority) for each of the agreed-upon criteria. All managers were given the opportunity to rate the SOs via email. Their responses were collated and analyzed, providing a ranking of the SOs.

Criteria

104. The following were the criteria used in the exercise, reflecting inputs received from throughout the Bureau. The weights given in parentheses reflect the relative importance of each criterion.

- (a) Supports the Health Agenda for the Americas and other regional mandates (x4)
- (b) Addresses the burden of disease in the Region (x2)
- (c) Supports vulnerable population groups or key countries, promoting equity (x3)
- (d) Contributes to global health security (x2)
- (e) Supports achievement of the health-related MDGs (x2)
- (f) PAHO technical cooperation is a cost-effective means to improve health outcomes (x2)
- (g) Supports universal access to health related goods and services (x2)
- (h) Countries have low access to non-PAHO resources and difficulty in replacing PAHO technical cooperation (x1)
- (i) Has potential for successful cross-cutting collaboration: inter-programmatic, inter-country, inter-sectoral, inter-regional or inter-agency (x1)
- (j) Difficult to access voluntary contributions (x1) (additional criterion, used only for assignment of regular budget amounts with respect to the total budget)

Results

105. The results of the second exercise were analyzed along with those from the first (more limited) exercise, considering comments made by Member Countries in the Governing Bodies. The resultant ranking of the Strategic Objectives follows, with the first SO listed being the highest priority for the Bureau.

Ranking	SO#	Strategic Objective text
1	SO4	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals
2	SO1	To reduce the health, social and economic burden of communicable diseases
3	SO2	To combat HIV/AIDS, tuberculosis and malaria
4	SO3	To prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries
5	SO7	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches
6	SO13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes
7	SO10	To improve the organization, management and delivery of health services
8	SO8	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health
9	SO6	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions
10	SO14	To extend social protection through fair, adequate and sustainable financing
11	SO11	To strengthen leadership, governance and the evidence base of health systems
12	SO12	To ensure improved access, quality and use of medical products and technologies
13	SO5	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact
14	SO9	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development

106. This ranking has been used to inform budgetary priorities for the 2008-2009 biennium, and will be used for subsequent biennia, with possible changes based on changes in external or external circumstances.