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**OUTLINE OF THE END-OF-BIENNIUM ASSESSMENT OF THE PROGRAM
AND BUDGET 2014-2015/FIRST INTERIM REPORT ON THE
PAHO STRATEGIC PLAN 2014-2019**

Introduction

1. Pursuant to Resolution CD52.R8 (2013), the Pan American Sanitary Bureau (PASB) is required to present biennial performance assessments to report on the implementation of the Strategic Plan 2014-2019 of the Pan American Health Organization (PAHO). This report is an outline of: the assessment of the PAHO Program and Budget 2014-2015, and of the first interim progress report towards achieving the results of said Strategic Plan.
 2. The 2014-2015 end-of-biennium assessment provides an opportunity to reflect on the public health gains, gaps, challenges, opportunities, and lessons learned in the Region in order to guide interventions in the 2016-2017 biennium and future planning-and-budgeting periods.
 3. This assessment compiles information from the PAHO Strategic Plan's new joint monitoring and assessment system, which has been developed and implemented by PASB in collaboration with Member States in accordance with Resolutions CD52.R8 (2013) and CD53.R3 (2014), and the internal Performance Monitoring and Assessment (PMA) process. It includes an analysis of the Region's public health situation, focusing on progress made towards achieving the outcomes of the PAHO Strategic Plan 2014-2019, as well as challenges that emerged in the course of the implementation of the Program and Budget 2014-2015, and adjustments that will be required to address such challenges and accelerate implementation in the upcoming biennia. The assessment also provides information on available resources, and their allocation and expenditure by functional level and programmatic category.
 4. This 2014-2015 end-of-biennium assessment is the first formal joint assessment exercise being carried out by PASB and Member States, including all countries and territories of the Region, within the accountability and reporting framework of the PAHO
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Strategic Plan 2014-2019. It builds upon the Pan American Health Organization's good practices on and commitment to results-based management. In this regard, it will review opportunities to improve transparency, accountability, and reporting.

5. The progress reported below updates the status of the end-of-biennium 2014-2015 assessment and the proposed outline for the complete report that will be presented to the Executive Committee in June 2016, after consideration and input from the Subcommittee on Program, Budget, and Administration (SPBA).

Progress Report

6. In 2015, PASB, in collaboration with the PAHO Strategic Plan Advisory Group (SPAG),¹ developed the PAHO Strategic Plan Monitoring System (SPMS), which was designed to facilitate the joint assessment of outcome and output indicators by national health authorities and PASB. The system contains all the programmatic information required to monitor and assess implementation of the PAHO Strategic Plan 2014-2019 and the Program and Budget 2014-2015, including the compendium of indicators with technical definitions and criteria to assess the achievement of each outcome and output indicator. Each country and territory in the Region has access to the SPMS. Focal points designated by the ministries of health were given guidelines and trained in how to use the system.

7. The joint assessment process with Member States began in mid-November 2015 with countries and territories, in collaboration with PAHO/WHO Representatives (PWRs), conducting a self-assessment of output and outcome indicators. As of 19 February 2016, 42 of the 51 countries and territories had completed the assessment of their output indicators within the SPMS, and 41 had completed the assessment of outcome indicators. All countries and territories are expected to complete their assessments by the end of February 2016.

8. Once all countries and territories have completed their assessment within the SPMS, the PASB Categories and Program Areas Network (CPAN) will review and validate the resulting information to ensure that the measurement criteria established in the compendium of indicators has been consistently and correctly applied. The results from all countries and territories then will be consolidated to determine whether the expected targets for the biennium have been reached. This information will be the basis for assessing the status of outputs and outcomes of the PAHO Program and Budget 2014-2015 and the Strategic Plan 2014-2019, respectively. Annex B details CPAN's assessment. In addition, the CPAN will analyze the public health gains in the Region

¹ At the request of Member States, the SPAG was established in October 2014 to provide advice and input to the implementation of the joint monitoring and assessment process, and to the refinement of the programmatic stratification framework of the PAHO Strategic Plan 2014-2019 (Resolution CD53.R3). It includes 12 members designated by the ministries of health of Bahamas, Brazil, Canada, Chile, Costa Rica, Ecuador, El Salvador, Jamaica, Mexico, Paraguay, Peru, and the United States of America. The group is chaired by Mexico and co-chaired by Ecuador.

during 2014-2015 and provide recommendations to address challenges hindering progress and respond to opportunities that have arisen.

9. In addition to the joint assessment of outcome and output indicators with Member States, PASB is completing its internal Performance Monitoring and Assessment (PMA) of the 2014-2015 biennial work plans across functional levels and offices, including a review of programmatic and budgetary implementation. This process will be completed by the end of February 2016.

10. Preliminary results of the joint assessment and PMA will be presented to the 10th Session of the Subcommittee on Program, Budget, and Administration. A complete draft report will be available for the Executive Committee's review and input in June 2016. The report's final draft, based on guidance received from the Executive Committee, will be completed in July 2016, to be presented to the Directing Council in September 2016 for approval. Annex A shows the timeline for the key steps in the process.

11. Member States will continue to be consulted throughout the preparation of the report through the PWRs and Governing Bodies. This report will also serve as the main input of the Americas Region to the WHO Program Budget 2014-2015 assessment that will be presented to the World Health Assembly in May 2016.

Proposed Report Outline

12. The proposed outline of the report, with a brief description of each section, is presented below.

- I. **Executive Summary:** Includes the main findings of the end-of-biennium assessment.
- II. **Introduction:** Presents the background and an overview of the report's content and structure.
- III. **End-of-biennium Assessment Process:** Describes the methodology for the joint assessment with Member States and PASB's internal performance monitoring and assessment processes.
- IV. **Regional Situation Overview:** Includes an analysis of the Region's public health situation, progress made in advancing the priorities identified in the PAHO Strategic Plan 2014-2019, gaps, and main challenges faced by the countries and territories and by the Region as a whole. It also reviews the risks identified at the onset of the Strategic Plan, new and emerging issues, necessary adjustments, and opportunities to accelerate implementation.
- V. **Programmatic Performance:** Includes an assessment of the overall program implementation, including the achievement of the 116 outputs of the Program and Budget 2014-2015 and the progress towards achieving the 30 outcomes of the PAHO Strategic Plan 2014-2019. This section will also outline the main

achievements, challenges and bottlenecks impeding progress, and lessons learned and opportunities that can be applied in the two biennium remaining under the current Strategic Plan. The analysis of performance will also include a discussion of what is succeeding, what is not, and why, and identify any targets that may need to be adjusted due to changes in local, regional or global health circumstances.

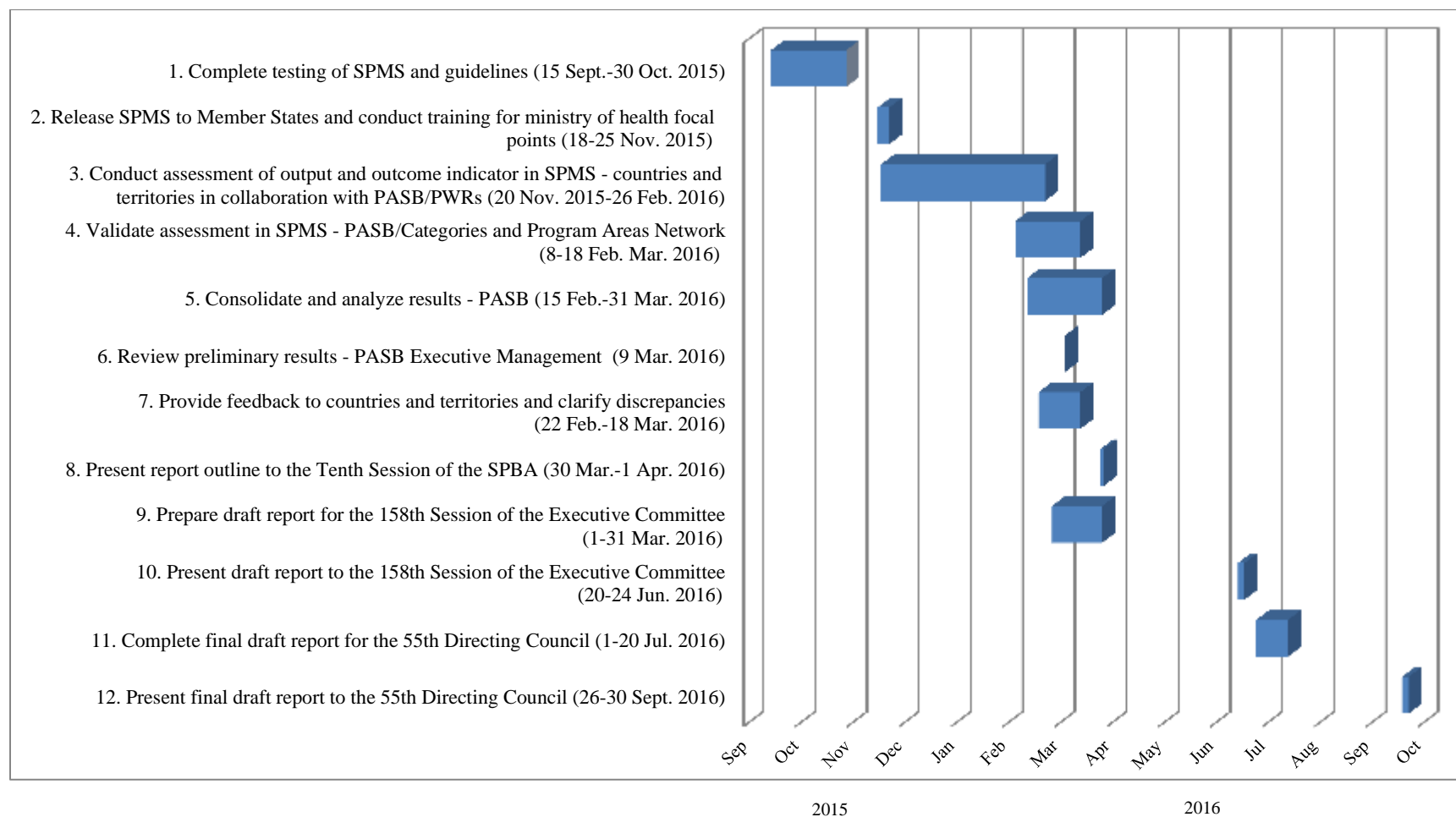
- VI. **Budget Implementation:** Provides an analysis of the funds available to implement the PAHO Program and Budget 2014-2015, allocation of resources, and level of implementation by functional level, programmatic categories and funding sources. This section also reviews the resource mobilization efforts of PASB, including gaps and trends.
- VII. **Conclusions and Recommendations:** Presents the main conclusions and recommendations, including the application of lessons learned, from the end-of-biennium assessment.
- VIII. **Annexes:** Include detailed reports by category and other relevant reference information. See Annex B for an illustrative example of a category report.

Action by the Subcommittee on Program, Budget, and Administration

13. The Subcommittee is invited to provide comments and recommendations on the proposed outline and methodology to guide the preparation of the Final Report of the End-of-Biennium Assessment of the Program and Budget 2014-2015/First Interim Report on the PAHO Strategic Plan 2014-2019.

Annexes

Annex A
2014-2015 End-of-Biennium Assessment Timeline¹



¹ This timeline has been revised as of 19 February 2016, based on progress made by the countries and territories in completing their assessments of output and outcome indicators. Updates will be provided during the 10th Session of the SPBA.

Annex B

Assessment by Category of the PAHO Strategic Plan 2014-2019

1. The Category and Program Area Network (CPAN) conducts an overall category performance assessment. Category facilitators lead a team of outcome and output facilitators who assess the outcomes and outputs under their responsibility.
 2. In order to evaluate outputs and outcomes, the category assessment follows a bottom-up, integrated approach to the results chain, using both qualitative and quantitative information from the joint assessment with Member States and the internal performance monitoring and assessment process of PASB. The information is aggregated to determine the overall category assessment as follows:
 - a. Output facilitators assess outputs by measuring progress towards achieving their indicator target. Inputs from the countries and territories through SPMS is the primary information used in the output assessment. This is complemented with additional information available to PASB.
 - b. Outcome facilitators assess outcomes by measuring progress towards achieving their indicator targets using information collected through the SPMS and a qualitative analysis of the factors that contribute toward progress or hindrance of achieving the outcome.
 - c. Category facilitators assess categories based on the aggregated analysis of the outputs and outcomes' assessment, and a qualitative analysis of factors contributing to the progress or hindrance of the category achievement.
 3. Category teams also review the risks identified for each category in the Strategic Plan 2014-2019 and identify lessons learned as a way to promote the use of best practices to improve program implementation.
 4. Each category report uses a standard format. The following example illustrates the sort of template and information that will be included for each category assessment. The sections in grey on the following pages include official text from the approved PAHO Strategic Plan 2014-2019 and Program and Budget 2014-2015. Pursuant to Resolution CD53.R3 (2014), changes to the output indicators for the Program and Budget 2014-2015 are marked in the output assessment table based on the mid-term review conducted by PASB.
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Category Assessment Template

CATEGORY 1: COMMUNICABLE DISEASES				OVERALL CATEGORY ASSESSMENT RATING ¹			
CATEGORY PROGRAMMATIC AND BUDGET OVERVIEW							
Program area	Approved budget (PB 2014-2015)	Funds awarded	% funded	Budget implementation (%)	Output indicator rating	Outcome indicator status	Program area rating ²
1.1 HIV/AIDS and STIs	15,732,000						
1.2 Tuberculosis	3,864,000						
1.3 Malaria and other vector-borne diseases (incl. dengue and Chagas)	7,543,000						
1.4 Neglected tropical and zoonotic diseases	11,480,000						
1.5 Vaccine-preventable diseases (including maintenance of polio eradication)	48,193,000						
TOTAL	86,812,000						

Budget overview by functional level

Level	Awarded	% Funded by level	Implementation
Country			
Subregional			
Regional			
Total			

¹ The overall category and program areas/outcomes assessment rating is determined by the category and program area facilitators, respectively, taking into consideration the programmatic and budget implementation, resources analysis (human and financial), and operational and programmatic risks. Ratings are defined as follows:

- Met expectations (green): achieved 90%-100% of the results for the period being assessed. The level of progress is on track, as planned; no impediments or risks that affect the achievement of results are foreseen.
- Partially met expectations (yellow): achieved 75%-89.9% of the results for the period being assessed. Progress may be at risk and action is required to overcome delays, impediments, and risks.
- Insufficient progress (red): achieved <75% of the results for the period being assessed. Progress is in jeopardy due to impediments or risks that could preclude the achievement of results. Immediate corrections are required.

² Apply the same criteria as the overall category assessment: met expectations (green); partially met expectations (yellow); insufficient progress (red) (footnote 1 above).

Category Assessment Template (cont.)

CATEGORY PROGRAMMATIC ANALYSIS

Overall Category assessment summary: Summary of program areas/outcomes, outcome indicators, and output indicator status and main achievements.

Programmatic summary by program area: Summarize the main achievements, challenges and lessons learned by program area.

- 1.1 HIV/AIDS and STIs
- 1.2 Tuberculosis
- 1.3 Malaria and other vector-borne diseases (incl. dengue and Chagas)
- 1.4 Neglected tropical and zoonotic diseases
- 1.5 Vaccine-preventable diseases (including maintenance of polio eradication)

Risks:

Presents an update on the risks identified for each category in the Strategic Plan 2014-2019 and their status, new risks that have emerged since the beginning of the biennium, and necessary mitigation actions for ongoing and new risks in the new biennium.

Budget implementation analysis: Highlight funding allocation and implementation by source.

Assessment of Outcomes (OCM)

OCM 1.1 – Increased access to key interventions for HIV and STI prevention and treatment					OCM Assessment Rating ³
OCM Ind. #	OCM Indicator Text	Baseline 2013	Target 2019	Assessment rating ^{4,5}	Comments
1.1.1	Number of countries and territories that have 80% coverage of antiretroviral therapies (ART) in eligible populations	6	22		
1.1.2	Number of countries and territories with at least 95% coverage of HIV prophylaxis treatment for prevention of mother-to-child transmission of HIV	0	24		
1.1.3	Number of countries and territories with at least 95% coverage of syphilis treatment in pregnant women	0	22		

³ See footnote 1 in this annex.

⁴ Overall achievement is assessed as follows:

- **Achieved:** The indicator target set for 2019 (number of countries/territories, number or % for regional indicators) in the PAHO Strategic Plan has already been reached. Those cases in which the indicator target has been exceeded are highlighted.
- **In progress:** There has been an increase over the indicator baseline value defined in 2013 (number of countries/territories, number or % for regional indicators), and work is underway to achieve the target set in the Strategic Plan by 2019.
- **No progress:** There has not been an increase over the baseline value set in 2013 (number of countries/territories, number or % for regional indicators), and progress towards achieving the indicator target by 2019 could be in jeopardy. Those cases in which there has been a decrease below the baseline are highlighted (i.e. countries fell from baseline status).

⁵ The regional indicators are assessed by the responsible regional entity/CPAN based on the latest available information, as per criteria defined in the compendium of indicators.

Assessment of Outputs (OPT)***Program Area 1.1: HIV/AIDS and Sexually Transmitted Infections**

OPT #	Output Title	OPT Indicator Text	Baseline 2012 2013	Target 2015	Assessment Rating⁶	Comments
1.1.1	Implementation and monitoring of the regional HIV/STI strategy plan through technical cooperation at the regional and national levels	Number of countries and territories implementing the national HIV/STI strategies in accordance with the regional WHO global health sector strategy on HIV/AIDS 2011-2015 and the regional HIV/STIs plan for the health sector 2006-2015	9 8	28 27		
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 and territories that have adopted/adapted the PAHO/WHO 2013 guidelines on the use of antiretroviral therapies (ART) for the treatment and prevention of HIV infection	5 10	27 31		
1.1.3	Facilitation of development, implementation, and monitoring of national strategies for the prevention and control of sexually transmitted infections	Number of countries and territories that have updated their STI strategy based on global or regional recommendations	6 26	24 34		

* This table shows changes to the output indicators based on the mid-term review conducted by PASB.

⁶ Overall achievement is assessed as follows:

- **Achieved:** The indicator target set in the Program and Budget (PB) 2014-2015 (number of countries/territories, number or % for regional indicators) has been reached. Those cases in which the indicator target has been exceeded are highlighted.
- **Partially Achieved:** Progress was made over the baseline value set in the PB (number of countries/territories, number or % for regional indicators), but the target for 2015 was not achieved. The reasons why the indicator was not achieved are indicated.
- **No Progress:** There was no increase over the baseline value set in the PB (number countries/territories, number or % for regional indicators). The factors hindering progress and those cases in which there has been a decrease below the baseline (i.e. countries fell from baseline status) are highlighted.

OPT #	Output Title	OPT Indicator Text	Baseline 2012 2013	Target 2015	Assessment Rating ⁷	Comments
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 mother-to-child transmission of HIV and congenital syphilis	33 35	45 39		

⁷ Overall achievement is assessed as follows:

- **Achieved:** The indicator target set in the Program and Budget (PB) 2014-2015 (number of countries/territories, number or % for regional indicators) has been reached. Those cases in which the indicator target has been exceeded are highlighted.
- **Partially Achieved:** Progress was made over the baseline value set in the PB (number of countries/territories, number or % for regional indicators), but the target for 2015 was not achieved. The reasons why the indicator was not achieved are indicated.
- **No Progress:** There was no increase over the baseline value set in the PB (number countries/territories, number or % for regional indicators). The factors hindering progress and those cases in which there has been a decrease below the baseline (i.e. countries fell from baseline status) are highlighted.

**Example of Outcome Indicator Template as Shown in the
Compendium of Indicators**

<i>Code and title of the indicator</i>	OCM 1.1.1 Antiretroviral Therapy (ART) Coverage
<i>Name of the indicator</i>	Number of countries and territories that have 80% coverage of antiretroviral therapies (ART) in eligible populations ⁸ .
<i>Definition of the indicator</i>	<p>This indicator measures the coverage of access to ART. A coverage of 80% or higher among those eligible to receive treatment is internationally defined as universal access.</p> <p>Baseline 2013: 6 Target 2019: 22</p>
<i>Purpose of the indicator</i>	The proposed indicator is meant to monitor access to ART, a key element in the prevention-treatment-care continuum that has a strong impact on public health outcomes, including a reduction of HIV-related morbidity and mortality, and prevention of transmission.
<i>Technical note</i>	<p>Calculation at the country level: For country-level calculation, the numerator is the number of persons on antiretroviral therapy, and it is derived from reports provided by the ministries of health. The denominator is the estimate of the number of people in need of ART.⁷ Country denominators are generated using standardized statistical modeling methods and tools, and are provided by UNAIDS.</p> <p>Calculation at the regional level: Having calculated the percentage of coverage at the country level, the regional indicator is obtained by counting the number of countries and territories with 80% coverage or higher.</p> <p>Multiple data sources are used, because not all countries are covered in the various reports. Country-level data collection is continuous, with country coverage being calculated at the end of the year.</p>
<i>Type of indicator</i>	Absolute.
<i>Measurement units</i>	Number of countries and territories.
<i>Frequency of measurement</i>	Annual, measured at the end of the year.
<i>PASB unit responsible for the indicator</i>	Communicable Diseases and Health Analysis/HIV, Hepatitis, Tuberculosis, and Sexually Transmitted Infections (CHA/HT).
<i>Data source</i>	UNAIDS and WHO, and the country Universal Access reports and in Global AIDS Response Progress Reporting.

⁸ Until mid-2013, the eligibility criteria were persons living with HIV who had a CD4 count of 350/ml or lower. Based on the new WHO guidelines, published in June 2013, the recommended threshold for initiation of ART has been raised to a CD4 count of 500/ml or lower, meaning that the number of eligible persons (denominator) will increase.

**Example of Outcome Indicator Template as Shown in the
Compendium of Indicators (cont.)**

<i>Limitations</i>	<p>There are some uncertainties regarding the accuracy of the statistical modeling when applied to smaller countries with concentrated epidemics.</p> <p>It is very difficult to arrive at reliable estimates for denominators in very small populations. UNAIDS is also not generating denominators for all countries, including small-island states.</p> <p>The recommended change in eligibility criteria from a CD4 threshold of 350/ml to 500/ml will increase the estimated number of eligible persons (denominator), resulting in an apparent drop in coverage. The impact of this change will need to be factored into the monitoring of this indicator.</p> <p>This indicator measures the overall coverage of antiretroviral treatment, but does not measure inequities in coverage, particularly related to key populations such as MSM, sex workers, and transgender persons. Local issues, such as undocumented immigrants, will also influence the accuracy of the indicator. It is critical to continue monitoring the access of these key populations to treatment, as well as the quality of care they receive.</p>
<i>References</i>	<p>Pan American Health Organization. HIV Continuum of Care Monitoring Framework, 2014, Addendum to meeting report: Regional consultation on HIV epidemiologic information in Latin America and the Caribbean. Washington, DC: PAHO; April 2014. Available from: http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=25746&Itemid.</p>

**Example of an Output Indicator Template as Shown in the
Compendium of Indicators**

<i>Code and Output</i>	OPT 1.1.1. Implementation and monitoring of the regional HIV/STI plan through technical cooperation at the regional and national levels.
<i>Name of the indicator</i>	Number of countries and territories implementing the national HIV/STI strategies in accordance with the WHO global regional health sector strategy on HIV/AIDS 2011-2015 and the regional HIV/STI plan for the health sector 2006-2015.
<i>Definition of the indicator</i>	This indicator monitors how many countries have developed or updated their national HIV/STI plan or strategy in line with regional and global priorities and programmatic guidance.
<i>Purpose of the indicator</i>	This indicator measures the level of uptake of global and regional guidance for an effective HIV/STI health sector response.
<i>Technical note</i>	<p>A country will be considered to have achieved the indicator, if it fulfills the following requirements:</p> <ul style="list-style-type: none"> a) It has developed or updated a national health sector HIV strategy/plan or multisectoral HIV strategic plan after the mid-term evaluation of the Regional HIV/STI Plan for the Health Sector in 2012; and b) The HIV/STI national strategy or plan addresses at least three of the following key points: <ul style="list-style-type: none"> i. Treatment optimization ii. Elimination of mother-to-child transmission of HIV and congenital syphilis iii. Prevention and care for key populations iv. Strengthening strategic information v. Health systems strengthening, integration, and decentralization <p>Countries will be asked to report on this indicator, followed by desk review of the recently developed or updated national HIV strategic plans and strategies.</p>
<i>Type of indicator</i>	Absolute.
<i>Measurement units</i>	Number of countries and territories.
<i>Frequency of measurement</i>	Annual.
<i>PASB unit responsible for the indicator</i>	Communicable Diseases and Health Analysis/HIV, Hepatitis, Tuberculosis, and Sexually Transmitted Infections (CHA/HT).
<i>Data source</i>	<p>Direct reporting from countries to the regional level.</p> <p>The development or updating of national strategies is monitored by the PAHO/WHO country offices and the subregional HIV/STI focal points; the contents will be validated by the Regional Office.</p>
<i>Limitations</i>	This indicator measures the inclusion of priorities in the national plans or strategies, but will not capture the actual implementation and the level of resources allocated to these priorities.
<i>References</i>	Pending.

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