



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## **THIRD SESSION OF THE SUBCOMMITTEE ON PROGRAM, BUDGET, AND ADMINISTRATION OF THE EXECUTIVE COMMITTEE**

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### **DRAFT PROPOSED PROGRAM BUDGET OF THE PAN AMERICAN HEALTH ORGANIZATION FOR THE FINANCIAL PERIOD 2010-2011**

1. This document presents the second biennial program budget for the Strategic Plan 2008-2012. The strategic objectives and Region-wide expected results (RERs) included in this document are the same as those included in the approved Strategic Plan. Thus, the program budget 2010-2011 represents a proposal for a two-year costing toward the achievement of the RERs for 2010-2011.
2. The Pan American Sanitary Bureau is currently undergoing a Region-wide review of the RER indicators to ensure that they remain relevant to the Region and represent the best possible means to measure the Organization's achievements. Some indicators are expected to change in order to ensure accuracy and avoid duplicity of measurement. The completed review of the indicators, along with revised targets for 2011, will be included in the version of the document to be presented to the Executive Committee in June of 2009.
3. The document is presented at this time with only high-level budget figures, i.e., costing by the 16 Strategic Objectives. These proposed resource levels incorporate an analysis that stems from the regional prioritization model that has been discussed with Member States. More detailed budget breakdowns by organizational level (regional, subregional, and country) and by Region-wide expected results will be made available in the full draft of the Official Document to be submitted to the upcoming Executive Committee based on guidance by SPBA and further refinement of the RER indicators and targets.



**DRAFT PROPOSED PROGRAM BUDGET**

**Proposal for 2010-2011**

**Pan American Health Organization  
World Health Organization**

**March 2009**



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## INTRODUCTION

1. PAHO, along with WHO, pursues a results-based budgeting approach to determine the resource requirements to carry out its work. The cost of achieving PAHO's Region-wide Expected Results over a given period of time is expressed through an integrated budget that includes all funding sources.

2. PAHO receives funding from three main sources:

(a) the PAHO Regular Budget, which comprises assessed contributions (quotas) from PAHO Member States plus estimated miscellaneous income;

(b) a portion of the WHO regular budget approved for the Region of the Americas, referred to as the AMRO share;

(c) voluntary contributions—most voluntary contributions that PAHO receives result from direct negotiations with its donor partners; a lesser amount is channeled by donor partners to the Region through WHO.

3. While funding sources (a) and (b) are considered unearmarked, voluntary contributions (c) can be categorized as either earmarked or unearmarked. Effective financing of the Strategic Plan 2008-2012 and associated Program Budgets will require careful management of the different sources and types of income to ensure complete funding of planned activities. Unearmarked funding, such as assessed contributions, provides a predictable and flexible resource base that facilitates financing of the Organization's core activities. Earmarked funding—which accounts for the majority of voluntary contributions currently negotiated—is less flexible and, thus, may not be available for use in under-funded programmatic areas.

4. Earmarked funding continues to pose a challenge for ensuring alignment between the Organization's planned activities and actual resources mobilized. To the extent that donor partners can be persuaded to provide increased levels of unearmarked voluntary contributions—also being referred to as *negotiated core voluntary contributions* by WHO—the Organization will become more successful in fully financing its Strategic Plan and Program Budgets, thereby increasing the probability of achieving its expected results. To this end, the Bureau fully supports WHO's efforts in actively seeking to increase the proportion of the program budget financed with negotiated core voluntary contributions and will similarly continue its own efforts in this area.

5. A key step in accurately projecting future budget requirements is being able to estimate the cost of the fixed-term workforce required to carry out the program of work. Increases in the cost of fixed-term positions are based on current data and foreseeable trends. At this writing, the estimated costs for the 2010-2011 budget period are expected to increase compared to those in 2008-2009, but to a lesser degree than was the case going into 2008-2009. For the 2008-2009 exercise, an internal analysis signaled a US dollar-based increase of between 13%–15%, particularly as a result of the devaluation trend of the US dollar at that time. However, the final approval granted by Member States was based on a more optimistic scenario of 10%, that when combined with continued reductions in the workforce, resulted in a net increase of 8.3% to the fixed-term post budget component compared to the previous budget period.

6. In determining the costs for 2010–2011, a recent analysis performed for actual costs incurred for fixed term posts during 2008 reveals an increase of 6.3% over the cost of fixed-term posts already budgeted for 2008. This brings the actual cost factor for 2008 to approximately 15% compared with the prior biennium, and is consistent with the original 2008-2009 analysis. For the current biennium, a transfer of approximately \$11.5 million from non-post funds to the post budget

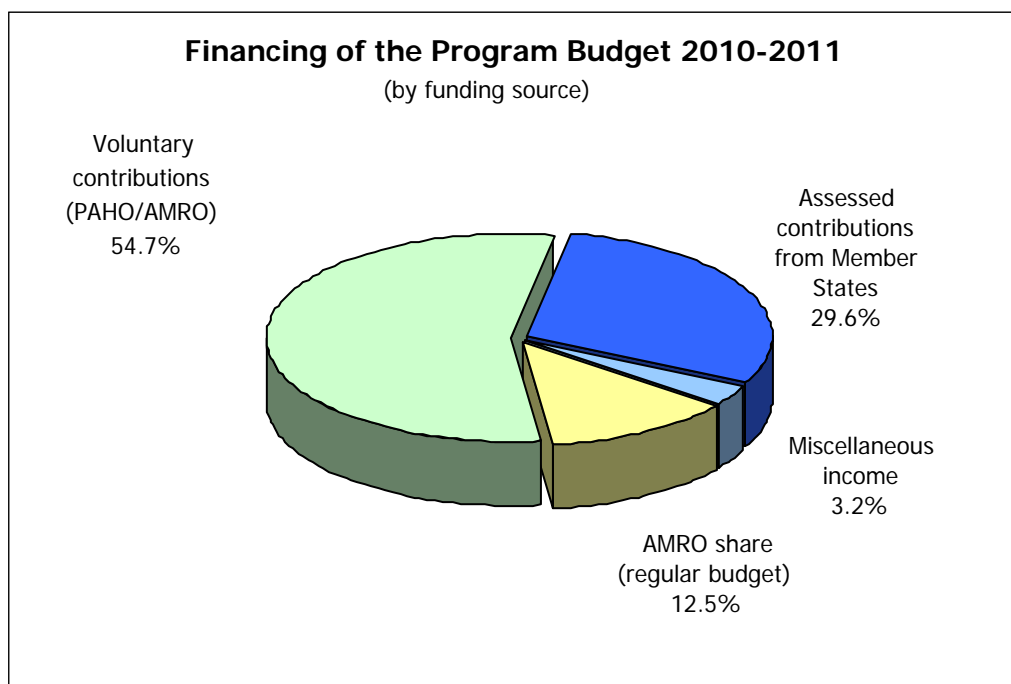
will be required to fully fund all fixed-term positions for 2008-2009. This is the starting point for the proposed 2010-2011 budget.

7. Table 1 compares the financing of the proposed 2010-2011 budget with the approved 2008-2009 budget.

**Table 1. Financing of the Program Budget 2010-2011**

Source	2008-2009	2010-2011	% change
Assessed contributions from Member States	180,066,000	187,816,000	4.3%
+ Miscellaneous income	17,500,000	20,000,000	14.3%
= Total PAHO share (Regular Budget)	197,566,000	207,816,000	5.2%
+ AMRO share (from WHO)	81,501,000	79,400,000	-2.6%
= Total Regular Budget	279,067,000	287,216,000	2.9%
+ Estimated Voluntary Contributions *	347,000,000	347,000,000	0.0%
= Total Resource Requirements	626,067,000	634,216,000	1.3%

\* Represents the combined total estimated resources from PAHO donor partners as well as from WHO



8. Assessed contributions. In advancing with the 2010-2011 budget exercise, the same 6.3% increase calculated for 2008 actual costs can be used to estimate the cost of the fixed-term post budget for the 2010-2011 biennium. The full cost of 6.3% applied to all regular-funded fixed-term positions equates to US\$ 11.5 million. Of this amount, US\$ 7.75 million represent the cost increase for fixed-term posts funded from PAHO regular funds, or approximately 67%. The remaining 33% is funded from WHO regular budget funds (AMRO share). Therefore, the increase proposed for PAHO assessed contributions is US\$ 7.75 million, or 4.3%, compared with the 2008-2009 biennium. This is

a minimum increase that is expected to bring the 2010-2011 budget for fixed-term positions only to the level of actual costs of the 2008-2009 biennium.

9. Miscellaneous income. At this time, the projection for miscellaneous income is expected to increase by US\$ 2.5 million compared with the amount budgeted for the 2008-2009 biennium. This figure is subject to change in future iterations of this document based on changing economic indicators.

10. AMRO share. This is the portion of the WHO regular budget that is approved by the World Health Assembly for the Region of the Americas. An amount of US\$ 79.4 million was presented to the 124th Session of the Executive Board in January 2009 and represents a reduction of US\$ 2.1million, or 2.6%, compared with the previous biennium. This amount is still subject to change pending further dialogue with WHO Member States and approval by the WHA in May 2009.

11. Estimated voluntary contributions. This figure combines funding received directly from PAHO partner arrangements and from financial partners chanelled through WHO. At this time, the total level of resources estimated for 2010-2011 remains at the same level as it was for 2008-2009. This figure is subject to change in future iterations of this document as the Operational Planning Process progresses and individual Entity Workplans are refined.

12. Total resource requirements. This category amounts to US\$ 634.2 million, an increase of 1.3% compared with the total budget for the previous biennium.

13. As mentioned in paragraph 5, the current fiscal outlook for organization budgets that are based on the US dollar is not as severe as it was going into the 2008-2009 biennium. The recent trend in devaluation of the US dollar, which has played a large part in the excessive cost increases experienced during the last few years, has started to reverse against most Latin American and Caribbean currencies. To the extent that this new trend holds, it will support the softened projections for cost increases related to fixed-term posts included in the proposal. Furthermore, the strengthening US dollar could negate most of the impact from inflationary costs borne in local currencies.

14. Last biennium, the Organization benefited with a windfall generated from income received beyond the budgeted level. The resulting "surplus" has been placed in a holding account that is used to fund several projects approved by Member States. Some of these projects include initiatives related to the International Public Sector Accounting Standards (IPSAS), the Global Management System (GSM), and other capital investment projects. However, the Organization also has had to strengthen some important functions, such as those related to additional internal oversight, institutional and organizational development, and parts of the integrated conflict management system. These are necessary and recurrent costs that are not funded from the holding account and must be dealt with from the core budget.

15. The 2010–2011 biennium represents the last of three bienniums targeted in the Regional Program Budget Policy. The Policy calls for a further shift of resources away from the Regional level and in favor of countries and subregions. These shifts, which have also occurred in the past two bienniums, have had a significant impact on the Regional level; they consequently have placed a strain on the ability of Regional entities to carry out the statutory and normative work and to backstop needs in the countries. In addition, some countries deemed in better relative health and economic status according to the Policy's methodology, also have suffered significant budget reductions from within the overall share targeted for countries. In accordance with the Policy, an assessment of the Policy itself will be conducted this year and presented to the SPBA in 2010.

16. Table 2 shows the allocation schedule of regular budget resources in accordance with the Regional Program Budget Policy.

**Table 2. Application of the Regional Program Budget Policy\***

	<b>2006–2007</b>	<b>2008–2009</b>	<b>2010–2011</b>
Country	38.0%	39.0%	40.0%
Subregional	6.4%	6.7%	7.0%
Regional	55.6%	54.3%	53.0%
	100.0%	100.0%	100.0%

\* A review of the Regional Program Budget Policy is scheduled for 2009.

17. Given the regular budget situation, it becomes increasingly important for the Organization to mobilize voluntary contributions. And, since voluntary contributions from donor partners are generally earmarked for specific objectives and are less predictable, the Bureau will continue to make every effort to manage these contributions in light of the overall expected results contained in the Strategic Plan and Program Budget. Thus, regular budget funds become essential for securing many of the statutory and normative core functions.

18. The three sections that follow illustrate the 16 Strategic Objectives with their Region-wide expected results (RERs) and indicators, the Subregional Programs, and the Country Programs. Specific budget amounts by RER, by subregion, and by country are purposely left out at this time, as these are still under formulation and will be made available for the Executive Committee. Table 3 summarizes the budget table, illustrating the high-level budget targets by Strategic Objective.

**Table 3. Proposed Program Budget 2010-2011 by Strategic Objective**

SO Description	2008-2009 Approved	2010-2011 Proposed	% Change
	PAHO/WHO	PAHO/WHO	
SO1 To reduce the health, social and economic burden of communicable diseases.	86,600,000	86,600,000	0.0%
SO2 To combat HIV/AIDS, tuberculosis and malaria.	75,090,000	75,090,000	0.0%
SO3 To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries.	28,000,000	32,000,000	14.3%
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 ageing for all individuals.	37,190,000	37,190,000	0.0%
SO5 To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact.	35,000,000	35,000,000	0.0%
SO6 To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex.	16,000,000	16,000,000	0.0%
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.	17,400,000	19,750,000	13.5%
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.	25,000,000	25,000,000	0.0%
SO9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development.	21,000,000	21,000,000	0.0%
S10 To improve the organization, management and delivery of health services.	32,000,000	36,000,000	12.5%
S11 To strengthen leadership, governance and the evidence base of health systems.	35,000,000	35,000,000	0.0%
S12 To ensure improved access, quality and use of medical products and technologies.	22,000,000	22,000,000	0.0%
S13 To ensure an available, competent, responsive and productive health workforce in order to improve health outcomes.	23,000,000	23,000,000	0.0%
S14 To extend social protection through fair, adequate and sustainable financing.	15,000,000	15,000,000	0.0%
S15 To provide leadership, strengthen governance and foster partnership and collaboration with countries in order to fulfill the mandate of PAHO/WHO in advancing the global health agenda as set out in the Eleventh General Programme of Work.	61,210,000	69,210,000	13.1%
S16 To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively.	96,577,000	86,376,000	-10.6%
<b>TOTAL</b>	<b>626,067,000</b>	<b>634,216,000</b>	<b>1.3%</b>



## **Strategic Objectives**

*THIS SECTION ILLUSTRATES THE ENTIRE PROGRAM OF THE ORGANIZATION. ALL ORGANIZATIONAL LEVELS: REGIONAL, SUBREGIONAL, AND COUNTRY ARE GROUPED TOGETHER AT THE HIGHEST PROGRAMMATIC LEVEL LEVEL—BY STRATEGIC OBJECTIVE AND REGION-WIDE EXPECTED RESULT. THIS SECTION REPRESENTS THE ACHIEVEMENTS THAT THE ORGANIZATION, COLLECTIVELY, WILL ATTAIN. SUBSEQUENT SECTIONS WILL PROVIDE DETAILS FOR THE SUBREGIONAL LEVEL AS WELL AS FOR THE COUNTRY LEVEL.*

# STRATEGIC OBJECTIVE 1

## To reduce the health, social and economic burden of communicable diseases

### Scope

This Strategic Objective (SO) focuses on prevention, early detection, diagnosis, treatment, control, elimination, and eradication measures to combat communicable diseases that disproportionately affect poor and marginalized populations in the Region of the Americas. The diseases to be addressed include, but are not limited to: vaccine-preventable, tropical (including vector-borne), zoonotic and epidemic-prone diseases, excluding HIV/AIDS, tuberculosis and malaria.

### REGION-WIDE EXPECTED RESULTS

**RER 1.1 Member States supported through technical cooperation to maximize equitable access of all people to vaccines of assured quality, including new or underutilized immunization products and technologies; strengthen immunization services; and integrate other essential family and child health interventions with immunization**

Indicator #	RER Indicator text	Baseline 2009	Target 2011
1.1.1	Number of countries achieving more than 95% vaccination coverage at national level (DPT3 as a tracer)		
1.1.2	Proportion of municipalities with vaccination coverage level less than 95% in Latin America and the Caribbean (DPT3 as a tracer)		
1.1.3	Number of countries supported to make evidence-based decisions for the introduction of new and underutilized vaccines		
1.1.4	Number of essential child and family health interventions integrated with immunization, for which guidelines on common program management are available		
1.1.5	Number of countries that have established either legislation or a specified national budget line in order to ensure sustainable financing of immunization		
1.1.6	Number of countries that have included the new vaccines (RV, NEUMO, INF, YF, HPV) in their national epidemiological surveillance system		

**RER 1.2 Member States supported through technical cooperation to maintain measles elimination and polio eradication; and achieve rubella, congenital rubella syndrome (CRS) and neonatal tetanus elimination**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
1.2.1	Number of countries using oral polio vaccine (OPV) according to an internationally agreed timeline and process for cessation of its routine use		
1.2.2	Percentage of final country reports or updates on polio containment certified by the Regional Commission for the Americas		
1.2.3	Number of countries that maintain sustained surveillance of acute flaccid paralysis		
1.2.4	Number of countries that have implemented interventions to achieve rubella and Congenital Rubella Syndrome (CRS) elimination		
1.2.5	Number of countries achieving neonatal tetanus (NNT) elimination		

**RER 1.3 Member States supported through technical cooperation to provide access for all populations to interventions for the prevention, control, and elimination of neglected communicable diseases, including zoonotic diseases**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
1.3.1	Number of countries maintaining dracunculiasis eradication certification		
1.3.2	Number of countries that are implementing WHO Global Strategy for further Reducing the Leprosy Burden and Sustaining Leprosy Control Activities		
1.3.3	Population at risk (in millions) of lymphatic filariasis in four endemic countries receiving mass drug administration (MDA) or preventive chemotherapy		
1.3.4	Coverage of at-risk school-age children in endemic countries with regular treatment against schistosomiasis and soil-transmitted helminthiasis (STH)		
1.3.5	Number of countries in Latin America and the Caribbean that have eliminated human rabies transmitted by dogs		
1.3.6	Number of countries in Latin America and the Caribbean that maintain surveillance and preparedness for emerging or re-emerging zoonotic diseases (e.g. avian flu and bovine spongiform encephalopathy)		

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
1.3.7	Number of countries with Domiciliary Infestation Index by T. infestans (Southern Cone) and R. prolixus (Central America) under 1%		
1.3.8	Number of countries with total Chagas screening of blood banks to prevent transmission by transfusion		
1.3.9	Number of foci in the onchocerciasis-endemic countries where transmission has been declared interrupted and which are undergoing a 3-year post-transmission interruption surveillance period		

**RER 1.4 Member States supported through technical cooperation to enhance their capacity to carry out communicable diseases surveillance and response, as part of a comprehensive surveillance and health information system**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
1.4.1	Number of countries with enhanced surveillance for communicable diseases of public health importance, according to PAHO/WHO assessment guidelines		
1.4.2	Number of countries adapting generic surveillance and communicable disease monitoring tools or protocols to specific country situations		
1.4.3	Number of countries that submit the joint reporting forms on immunization surveillance and monitoring to the PASB, in accordance with established timelines		
1.4.4	Number of countries routinely implementing antimicrobial resistance (AMR) surveillance and interventions for AMR containment		

**RER 1.5 Member States supported through technical cooperation to enhance their research capacity and to develop, validate and make available and accessible new knowledge, intervention tools and strategies that meet priority needs for the prevention and control of communicable diseases.**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
1.5.1	Number of consensus reports published on subregional, regional or global research needs and priorities for a disease or type of intervention		
1.5.2	Number of new or improved interventions and implementation strategies whose effectiveness has been evaluated and validated		
1.5.3	Number of countries which have developed their operational research capacity in partnership with regional and global scientific institutions		

**RER 1.6 Member States supported through technical cooperation to achieve the core capacities required by the International Health Regulations for the establishment and strengthening of alert and response systems for use in epidemics and other public health emergencies of international concern**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
1.6.1	Number of countries that have completed the assessment of core capacities for surveillance and response, in line with their obligations under the International Health Regulations (2005)		
1.6.2	Number of countries that have developed national plans of action to meet minimum core capacity requirements for early warning and response in line with their obligations under the International Health Regulations		
1.6.3	Number of countries whose national laboratory system is engaged in at least one internal or external quality-control program for communicable diseases		
1.6.4	Number of countries that maintain their participation in training programs focusing on the strengthening of early warning systems, public health laboratories or outbreak response capacities		

**RER 1.7 Member States and the international community equipped to detect, contain and effectively respond to major epidemic and pandemic-prone diseases (e.g. influenza, dengue, meningitis, yellow fever, hemorrhagic fevers, plague and smallpox)**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
1.7.1	Number of countries that have national preparedness plans and standard operating procedures in place for pandemic influenza		
1.7.2	Number of international support mechanisms established for surveillance, diagnosis and mass intervention (e.g. international laboratory surveillance networks and vaccine-stockpiling mechanisms for meningitis, hemorrhagic fevers, plague, yellow fever, influenza, smallpox)		
1.7.3	Number of countries with basic capacity in place for safe laboratory handling of dangerous pathogens and safe isolation of patients who are contagious		
1.7.4	Number of countries implementing interventions and strategies for dengue control (PAHO's Dengue Integrated Management Strategy—IMS)		

**RER 1.8 Regional and Subregional capacity coordinated and made rapidly available to Member States for detection, verification, risk assessment and response to epidemics and other public health emergencies of international concern**

Indicator #	RER Indicator text	Baseline 2009	Target 2011
1.8.1	Number of PASB entities (regional headquarters and country offices) with the global event management system in place to support coordination of risk assessment, communications and field operations		
1.8.2	Number of countries with at least one participating partner institution in the Global Outbreak Alert and Response Network, and other relevant regional networks		
1.8.3	Proportion of requests for support from Member States during an emergency or epidemic, for which PASB mobilizes a comprehensive and coordinated international response (including disease-control efforts, investigation and characterization of events, and sustained containment of outbreaks)		
1.8.4	Median time (in days) for verification of outbreaks of international importance, including laboratory confirmation of etiology		

## BUDGET FOR STRATEGIC OBJECTIVE 1

RER	Region-wide Expected Result (RER)	Total Resources
1.1	Member States supported through technical cooperation to maximize equitable access of all people to vaccines of assured quality, including new or underutilized immunization products and technologies; strengthen immunization services; and integrate other essential family and child health interventions with immunization	
1.2	Member States supported through technical cooperation to maintain measles elimination and polio eradication; and achieve rubella, congenital rubella syndrome (CRS) and neonatal tetanus elimination	
1.3	Member States supported through technical cooperation to provide access for all populations to interventions for the prevention, control, and elimination of neglected communicable diseases, including zoonotic diseases	
1.4	Member States supported through technical cooperation to enhance their capacity to carry out communicable diseases surveillance and response, as part of a comprehensive surveillance and health information system	
1.5	Member States supported through technical cooperation to enhance their research capacity and to develop, validate and make available and accessible new knowledge, intervention tools and strategies that meet priority needs for the prevention and control of communicable diseases.	
1.6	Member States supported through technical cooperation to achieve the core capacities required by the International Health Regulations for the establishment and strengthening of alert and response systems for use in epidemics and other public health emergencies of international concern	
1.7	Member States and the international community equipped to detect, contain and effectively respond to major epidemic and pandemic-prone diseases (e.g. influenza, dengue, meningitis, yellow fever, hemorrhagic fevers, plague and smallpox)	
1.8	Regional and Subregional capacity coordinated and made rapidly available to Member States for detection, verification, risk assessment and response to epidemics and other public health emergencies of international concern	
<b>Total Cost for SO1</b>		

### Resources breakdown

	2010-2011
Country	
Subregional	
Regional	
<b>Total</b>	

## STRATEGIC OBJECTIVE 2

### To combat HIV/AIDS, tuberculosis and malaria

#### Scope

This Strategic Objective (SO) focuses on interventions for the prevention, early detection, treatment and control of HIV/AIDS, sexually transmitted infections (STI), tuberculosis and malaria, including elimination of malaria and congenital syphilis. Emphasis is placed in those interventions that can reduce regional inequities, addressing the needs of vulnerable and most at-risk populations.

#### REGION-WIDE EXPECTED RESULTS

**RER 2.1 Member States supported through technical cooperation for the prevention of, and treatment, support and care for patients with HIV/AIDS, tuberculosis and malaria, including innovative approaches for increasing coverage of the interventions among poor people, hard-to-reach and vulnerable populations**

Indicator #	RER Indicator text	Baseline 2009	Target 2011
2.1.1	Number of countries that have achieved the national universal access targets for HIV/AIDS		
2.1.2	Number of countries implementing components of the Global Malaria Control Strategy, within the context of the Roll Back Malaria initiative and PAHO's Regional Plan for Malaria in the Americas 2006-2010, as part of their national programs		
2.1.3	Number of countries detecting 70% of estimated cases of pulmonary tuberculosis through a positive TB smear test		
2.1.4	Number of countries with a treatment success rate of 85% for tuberculosis cohort patients		
2.1.5	Number of countries that have achieved the regional target for elimination of congenital syphilis		
2.1.6	Number of countries that have achieved targets for prevention and control of sexually transmitted infections (70% of persons with STIs diagnosed, treated and counseled at primary point-of-care sites)		
2.1.7	Number of countries that have developed integrated/ coordinated policies on Tuberculosis		

**RER 2.2 Member States supported through technical cooperation to develop and expand gender-sensitive policies and plans for HIV/AIDS, malaria and TB prevention, support, treatment and care**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
2.2.1	Number of countries with gender-sensitive policies and guidelines on HIV/AIDS, according to PAHO criteria that will be established at the beginning of 2008		
2.2.2	Number of countries with national strategic plans for the health workforce, including policies and management practices on incentives, regulation and retention, with attention to the specific issues raised by HIV/AIDS, TB and MALARIA		
2.2.3	Number of countries monitoring access to gender-sensitive health services for HIV/AIDS		

**RER 2.3 Member States supported through technical cooperation to develop and implement policies and programs to improve equitable access to quality essential medicines, diagnostics and other commodities for the prevention and treatment of HIV, tuberculosis and malaria**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
2.3.1	Number of countries implementing revised/updated diagnostic and treatment guidelines on TUBERCULOSIS		
2.3.2	Number of countries implementing revised/updated diagnostic and treatment guidelines on MALARIA		
2.3.3	Number of countries with high incidence of P. falciparum MALARIA using artemisinin-based combination therapy		
2.3.4	Number of countries receiving support to increase access to affordable essential medicines for TUBERCULOSIS		
2.3.5	Maintain the number of malaria-endemic countries receiving support to increase access to affordable medicines for MALARIA		
2.3.6	Number of countries that participate in the Strategic Fund mechanism for affordable essential medicines for HIV/AIDS		
2.3.7	Number of countries implementing quality-assured HIV screening of all donated blood		

**RER 2.4 Regional and national surveillance, monitoring and evaluation systems strengthened and expanded to track progress towards targets and resource allocations for HIV, malaria and tuberculosis control; and to determine the impact of control efforts and the evolution of drug resistance**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
2.4.1	Number of countries that regularly collect, analyze and report surveillance coverage, outcome and impact data on HIV using PAHO/WHO's standardized methodologies, including appropriate age and sex dis-aggregation		
2.4.2	Number of countries that regularly collect, analyze and report surveillance coverage, outcome and impact data on TUBERCULOSIS using PAHO/WHO's standardized methodologies, including appropriate age and sex dis-aggregation		
2.4.3	Maintain the number of countries that regularly collect, analyze and report surveillance coverage, outcome and impact data on MALARIA using PAHO/WHO's standardized methodologies, including appropriate age and sex disaggregation		
2.4.4	Number of countries providing PAHO/WHO with annual data on surveillance, monitoring and financial allocation data for inclusion in the annual global reports on control of TUBERCULOSIS, and the achievement of targets		
2.4.5	Number of countries providing PAHO/WHO with annual data on surveillance, monitoring and financial allocation data for inclusion in the annual global reports on control of, and the achievement of targets for, TB/HIV co-infection		
2.4.6	Maintain the number of countries providing PAHO/WHO with annual data on surveillance, monitoring and financial allocation data for inclusion in the annual global reports on control of MALARIA and the achievement of targets		
2.4.7	Number of countries reporting on surveillance and monitoring of HIV drug resistance, disaggregated by sex and age		
2.4.8	Number of countries reporting on surveillance and monitoring of TUBERCULOSIS drug resistance, disaggregated by sex and age		
2.4.9	Number of countries reporting on surveillance and monitoring of MALARIA drug resistance, disaggregated by sex and age		

**RER 2.5 Member States supported through technical cooperation to: (a) sustain political commitment and mobilization of resources through advocacy and nurturing of partnerships on HIV, malaria and tuberculosis at country and regional levels; (b) increase the engagement of communities and affected persons to maximize the reach and performance of HIV/AIDS, tuberculosis and malaria control programs**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
2.5.1	Maintain the number of countries with partnerships for HIV/AIDS control		
2.5.2	Number of countries with partnerships for TUBERCULOSIS control		
2.5.3	Number of countries with partnerships for MALARIA control		
2.5.4	Number of countries implementing strategies to ensure adequate resources and absorptive capacity for the response to HIV		
2.5.5	Number of countries implementing strategies to ensure adequate resources and absorptive capacity for the response to TUBERCULOSIS		
2.5.6	Number of countries implementing strategies to ensure adequate resources and absorptive capacity for the response to MALARIA		
2.5.7	Maintain the number of countries that have involved communities, academia, persons affected by the disease, civil society organizations, and the private sector in planning, design, implementation and evaluation of HIV programs		
2.5.8	Number of countries that have involved communities, academia, persons affected by the disease, civil society organizations, and the private sector in planning, design, implementation and evaluation of TUBERCULOSIS programs		
2.5.9	Number of countries that have involved communities, academia, persons affected by the disease, civil society organizations, and the private sector in planning, design, implementation and evaluation of MALARIA programs		

**RER 2.6 New knowledge, intervention tools and strategies developed, validated, available, and accessible to meet priority needs for the prevention and control of HIV, tuberculosis and malaria, with Latin American and Caribbean countries increasingly involved in this research**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
2.6.1	Number of new or improved interventions and implementation strategies for TUBERCULOSIS whose effectiveness has been determined and evidence made available to appropriate institutions for policy decisions		
2.6.2	Number of new or improved interventions and implementation strategies for MALARIA whose effectiveness has been determined and evidence made available to appropriate institutions for policy decisions		
2.6.3	Number of peer-reviewed publications arising from PAHO/WHO-supported research on HIV/AIDS for which the main author's institution is based in Latin America or the Caribbean		
2.6.4	Number of peer-reviewed publications arising from PAHO/WHO-supported research on MALARIA for which the main author's institution is based in Latin America or the Caribbean		
2.6.5	Number of peer-reviewed publications arising from PAHO/WHO-supported research on TB for which the main author's institution is based in Latin America or the Caribbean		

## BUDGET FOR STRATEGIC OBJECTIVE 2

RER	Region-wide Expected Result (RER)	Total Resources
2.1	Member States supported through technical cooperation for the prevention of, and treatment, support and care for patients with HIV/AIDS, tuberculosis and malaria, including innovative approaches for increasing coverage of the interventions among poor people, hard-to-reach and vulnerable populations	
2.2	Member States supported through technical cooperation to develop and expand gender-sensitive policies and plans for HIV/AIDS, malaria and TB prevention, support, treatment and care	
2.3	Member States supported through technical cooperation to develop and implement policies and programs to improve equitable access to quality essential medicines, diagnostics and other commodities for the prevention and treatment of HIV, tuberculosis and malaria	
2.4	Regional and national surveillance, monitoring and evaluation systems strengthened and expanded to track progress towards targets and resource allocations for HIV, malaria and tuberculosis control; and to determine the impact of control efforts and the evolution of drug resistance	
2.5	Member States supported through technical cooperation to: (a) sustain political commitment and mobilization of resources through advocacy and nurturing of partnerships on HIV, malaria and tuberculosis at country and regional levels; (b) increase the engagement of communities and affected persons to maximize the reach and performance of HIV/AIDS, tuberculosis and malaria control programs	
2.6	New knowledge, intervention tools and strategies developed, validated, available, and accessible to meet priority needs for the prevention and control of HIV, tuberculosis and malaria, with Latin American and Caribbean countries increasingly involved in this research	
<b>Total Cost for SO2</b>		

### Resources breakdown

	2010-2011
Country	
Subregional	
Regional	
<b>Total</b>	

## STRATEGIC OBJECTIVE 3

**To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries**

### Scope

This Strategic Objective (SO) focuses on prevention and reduction of the burden of disease, disabilities, and premature deaths from the major chronic noncommunicable diseases, including cardiovascular diseases, cancer, chronic respiratory diseases, diabetes; hearing and visual impairment; oral diseases; mental disorders (including psychoactive substance use); violence; and injuries, including road traffic injuries.

### REGION-WIDE EXPECTED RESULTS

**RER 3.1 Member States supported through technical cooperation to increase political, financial and technical commitment to address chronic noncommunicable conditions, mental and behavioral disorders, violence, road safety, and disabilities**

Indicator #	RER Indicator text	Baseline 2009	Target 2011
3.1.1	Number of countries whose health ministries have a focal point or a unit for road safety and violence prevention with its own budget		
3.1.2	Number of countries whose health ministries have a unit for mental health and substance abuse with its own budget		
3.1.3	Number of countries whose health ministries have a unit or department for chronic noncommunicable conditions with its own budget		
3.1.4	Number of countries where an integrated chronic disease and health promotion advocacy campaign has been undertaken		
3.1.5	Number of countries that have a unit or focal point in the health ministry (or equivalent) on disabilities prevention and rehabilitation		
3.1.6	Partners Forum for prevention and control of chronic diseases established, including public, private sector and civil society		

**RER 3.2 Member States supported through technical cooperation for the development and implementation of policies, strategies and regulations regarding chronic noncommunicable conditions, mental and behavioral disorders, violence, road safety, disabilities, and oral diseases**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
3.2.1	Number of countries that are implementing national plans to prevent violence and road traffic injuries		
3.2.2	Number of countries that are implementing national plans for disability, including prevention, management and rehabilitation according to PAHO/WHO guidelines and Directing Council resolutions		
3.2.3	Number of countries that are implementing a national mental health plan according to PAHO/WHO guidelines and Directing Council Resolutions		
3.2.4	Number of countries that are implementing a national policy and plan for the prevention and control of chronic noncommunicable diseases		
3.2.5	Number of countries in the CARMEN network (an initiative for integrated prevention and control of noncommunicable diseases in the Americas)		
3.2.6	Number of countries that are implementing comprehensive national plans for the prevention of blindness and visual impairment		
3.2.7	Number of countries that are implementing comprehensive national plans for the prevention of oral diseases		

**RER 3.3 Member States supported through technical cooperation to improve capacity to collect, analyze, disseminate and use data on the magnitude, causes and consequences of chronic noncommunicable conditions, mental and behavioral disorders, violence, road traffic injuries and disabilities**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
3.3.1	Number of countries that have a published document containing a national compilation of data on mortality and morbidity from violence and road traffic injuries		
3.3.2	Number of countries with information systems and official published reports on the incidence, prevalence and other disabilities indicators, per International Classification of Functioning, Disability and Health (ICF) criteria		
3.3.3	Number of countries with national information systems and annual reports that include mental, neurological and substance abuse disorders		
3.3.4	Number of countries with a national health reporting system and annual reports that include indicators of chronic, noncommunicable conditions and their risk factors		

**RER 3.4 Improved evidence compiled by the Bureau on the cost-effectiveness of interventions to address chronic noncommunicable conditions, mental and behavioral disorders, violence, road traffic injuries, disabilities, and oral health**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
3.4.1	Number of cost-effective interventions for the management of selected mental and neurological disorders (depression, psychosis, and epilepsy) prepared and made available		
3.4.2	Number of countries with cost analysis studies on violence and road safety conducted and disseminated		
3.4.3	Number of cost-effective oral health interventions with an estimate of their regional cost of implementation		

**RER 3.5 Member States supported through technical cooperation for the preparation and implementation of multisectoral, population-wide programs to promote mental health and road safety and prevent chronic noncommunicable conditions, mental and behavioral disorders, violence, and injuries, as well as hearing and visual impairment, including blindness**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
3.5.1	Number of countries implementing strategies recommended by PAHO/WHO for population wide prevention of disabilities, including hearing and visual impairment, and blindness		
3.5.2	Number of countries implementing multisectoral population-wide programs to prevent violence and injuries and to promote road safety		
3.5.3	Number of countries implementing a national mental health plan that integrates mental health promotion, and the prevention of behavioral disorders and substance abuse		
3.5.4	Number of countries implementing chronic disease prevention and control programs in support of the PAHO Regional Strategy on an Integrated Approach to Prevention and Control of Chronic Diseases, including Diet and Physical Activity		

**RER 3.6 Member States supported through technical cooperation to strengthen their health and social systems for the integrated prevention and management of chronic noncommunicable conditions, mental and behavioral disorders, violence, road traffic injuries, and disabilities**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
3.6.1	Number of countries that apply the WHO Violence and Injury Prevention Guidelines in their health care services		
3.6.2	Number of countries that use the recommendations in The World Report on Disability and Rehabilitation and related PAHO/WHO resolutions, and have developed and implemented national guidelines, protocols and norms for disability prevention and care of those with disabilities		
3.6.3	Number of countries with a systematic assessment of their mental health systems using WHO-AIMS (Assessment Instrument for Mental Health Systems)		
3.6.4	Number of countries implementing integrated primary health-care strategies to improve quality of care for chronic noncommunicable diseases according to WHO's Innovative Care for Chronic Conditions		
3.6.5	Number of countries with strengthened health-system services for the treatment of tobacco dependence as a result of using WHO's policy recommendations		

**BUDGET FOR STRATEGIC OBJECTIVE 3**

<b>RER</b>	<b>Region-wide Expected Result (RER)</b>	<b>Total Resources</b>
3.1	Member States supported through technical cooperation to increase political, financial and technical commitment to address chronic noncommunicable conditions, mental and behavioral disorders, violence, road safety, and disabilities	
3.2	Member States supported through technical cooperation for the development and implementation of policies, strategies and regulations regarding chronic noncommunicable conditions, mental and behavioral disorders, violence, road safety, disabilities, and oral diseases	
3.3	Member States supported through technical cooperation to improve capacity to collect, analyze, disseminate and use data on the magnitude, causes and consequences of chronic noncommunicable conditions, mental and behavioral disorders, violence, road traffic injuries and disabilities	
3.4	Improved evidence compiled by the Bureau on the cost-effectiveness of interventions to address chronic noncommunicable conditions, mental and behavioral disorders, violence, road traffic injuries, disabilities, and oral health	
3.5	Member States supported through technical cooperation for the preparation and implementation of multisectoral, population-wide programs to promote mental health and road safety and prevent chronic noncommunicable conditions, mental and behavioral disorders, violence, and injuries, as well as hearing and visual impairment, including blindness	
3.6	Member States supported through technical cooperation to strengthen their health and social systems for the integrated prevention and management of chronic noncommunicable conditions, mental and behavioral disorders, violence, road traffic injuries, and disabilities	
<b>Total Cost for SO3</b>		

**Resources breakdown**

	<b>2010-2011</b>
Country	
Subregional	
Regional	
<b>Total</b>	

## STRATEGIC OBJECTIVE 4

**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**

### Scope

This Strategic Objective (SO) focuses on reduction of mortality and morbidity to improve health during key stages of life, ensuring universal access to coverage with effective interventions for maternal health, newborn, child, adolescent, reproductive age, and older adults, using a life-course approach and addressing equity gaps. Strengthening policies, health systems and primary health care is fundamental to achieving this SO, which contributes to the achievement of Millennium Development Goals 4 (reducing infant mortality), and 5 (reducing maternal mortality).

### REGION-WIDE EXPECTED RESULTS

**RER 4.1 Member States supported through technical cooperation to develop comprehensive policies, plans, and strategies that promote universal access to a continuum of care throughout the life course; to integrate service delivery; and to strengthen coordination with civil society, the private sector and partnerships with UN and Inter-American system agencies and others (e.g. NGOs)**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
4.1.1	Number of countries that have integrated national programs in maternal, neonatal, and child health		
4.1.2	Number of countries that have a policy of universal access to sexual and reproductive health		
4.1.3	Number of countries that have a policy on the promotion of active and healthy aging		

**RER 4.2 Member States supported through technical cooperation to strengthen national/local capacity to produce new evidence and interventions; and to improve the surveillance and information systems in sexual and reproductive health, and in maternal, neonatal, child, adolescent and older adult health**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
4.2.1	Number of countries that implement information systems and surveillance systems to track sexual and reproductive health, maternal, neonatal and adolescent health, with information disaggregated by age, sex and ethnicity		
4.2.2	Number of PASB systematic reviews on best practices, operational research, and standards of care		
4.2.3	Number of centers of excellence responsible for operational research, service delivery, and training courses that strengthen national capacity		

**RER 4.3 Member States supported through technical cooperation to reinforce actions that ensure skilled care for every pregnant woman and every newborn, through childbirth and the postpartum and postnatal periods**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
4.3.1	Numbers of countries that have implemented national strategies to ensure skilled care at birth, including prenatal, post-natal, and newborn care		
4.3.2	Number of countries adapting and utilizing PAHO/WHO-endorsed technical and managerial norms and guidelines on integrated management of pregnancy and childbirth		

**RER 4.4 Member States supported through technical cooperation to improve neonatal health**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
4.4.1	Number of countries with neonatal strategies using the continuum of care approach, including the neonatal component of the Integrated Management of Childhood Illnesses (IMCI)		
4.4.2	Number of guidelines and tools developed and disseminated to improve neonatal care and survival		

**RER 4.5 Member States supported through technical cooperation to improve child health and development, taking into consideration international agreements**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
4.5.1	Number of countries that have expanded geographical coverage of Integrated Management of Childhood Illness (IMCI) to more than 75% of targeted subnational entities in their health services		
4.5.2	Number of countries implementing the PAHO/WHO Key Family Practices approach at the community level to strengthen primary health care		

**RER 4.6 Member States supported through technical cooperation for the implementation of policies and strategies on adolescent health and development**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
4.6.1	Number of countries with national programs in adolescent health and development		
4.6.2	Number of countries implementing a comprehensive package of services in adolescent health and youth development (Integrated Management of Adolescent Needs [IMAN])		

**RER 4.7 Member States supported through technical cooperation to implement Reproductive Health Strategies to improve prenatal, perinatal, postpartum, and neonatal care, and provide high quality reproductive health services.**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
4.7.1	Number of countries that have reviewed public health policies related to reproductive health		
4.7.2	Number of countries that have adopted strategies to provide comprehensive reproductive health care with emphasis on equitable access to services		

**RER 4.8 Member States supported through technical cooperation to increase advocacy for aging as a public health issue, and to maintain maximum functional capacity throughout the life course**

Indicator #	RER Indicator text	Baseline 2009	Target 2011
4.8.1	Number of countries that have implemented community-based policies with a focus on strengthening primary health-care capacity to address healthy aging		
4.8.2	Number of countries that have multisectoral programs for strengthening primary health care capacity to address healthy aging		

**BUDGET FOR STRATEGIC OBJECTIVE 4**

RER	Region-wide Expected Result (RER)	Total Resources
4.1	Member States supported through technical cooperation to develop comprehensive policies, plans, and strategies that promote universal access to a continuum of care throughout the life course; to integrate service delivery; and to strengthen coordination with civil society, the private sector and partnerships with UN and Inter-American system agencies and others (e.g. NGOs)	
4.2	Member States supported through technical cooperation to strengthen national/local capacity to produce new evidence and interventions; and to improve the surveillance and information systems in sexual and reproductive health, and in maternal, neonatal, child, adolescent and older adult health	
4.3	Member States supported through technical cooperation to reinforce actions that ensure skilled care for every pregnant woman and every newborn, through childbirth and the postpartum and postnatal periods	
4.4	Member States supported through technical cooperation to improve neonatal health	
4.5	Member States supported through technical cooperation to improve child health and development, taking into consideration international agreements	
4.6	Member States supported through technical cooperation for the implementation of policies and strategies on adolescent health and development	
4.7	Member States supported through technical cooperation to implement Reproductive Health Strategies to improve prenatal, perinatal, postpartum, and neonatal care, and provide high quality reproductive health services	
4.8	Member States supported through technical cooperation to increase advocacy for aging as a public health issue, and to maintain maximum functional capacity throughout the life course	
<b>Total Cost for SO4</b>		

**Resources breakdown**

	2010-2011
Country	
Subregional	
Regional	
<b>Total</b>	

## STRATEGIC OBJECTIVE 5

**To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact**

### Scope

This Strategic Objective is designed to contribute to human well-being, minimizing the negative effects of disasters and other crisis by responding to the health needs of vulnerable populations affected by such events. It focuses on strengthening the institutional capacity of the health sector in preparedness and risk reduction, while promoting an integrated, comprehensive, multisectoral and multidisciplinary approach to reduce the impact of natural, technological or manmade hazards on public health in the Region.

### REGION-WIDE EXPECTED RESULTS

**RER 5.1 Member States and partners supported through technical cooperation for the development and strengthening of emergency preparedness plans and programs at all levels**

Indicator #	RER Indicator text	Baseline 2009	Target 2011
5.1.1	Number of countries that have developed and evaluated disaster preparedness plans for the health sector		
5.1.2	Number of countries where comprehensive mass-casualty management plans are in place		
5.1.3	Number of countries developing and implementing programs for reducing the vulnerability of health, water and sanitation infrastructures		
5.1.4	Number of countries that report having a health disaster program with full time staff and specific budget		

**RER 5.2 Timely and appropriate support provided to Member States for immediate assistance to populations affected by crises**

Indicator #	RER Indicator text	Baseline 2009	Target 2011
5.2.1	Proportion of emergencies for which health and nutrition assessments are being implemented		

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
5.2.2	Number of Regional training programs on emergency response operations		
5.2.3	Proportion of emergencies for which interventions for maternal, newborn and child health are in place		
5.2.4	Proportion of emergencies where a response to emergencies is initiated within 24 hours of the request		

**RER 5.3 Member States supported through technical cooperation for reducing health sector risk in disasters and ensuring the quickest recovery of affected populations**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
5.3.1	Proportion of post-conflict and post-disaster needs assessments conducted that contain a gender-responsive health component		
5.3.2	Proportion of humanitarian action plans for complex emergencies and consolidated appeals with strategic and operational components for health included		
5.3.3	Proportion of countries in post-disaster transition or recovery situations benefiting from needs assessments and technical support in the areas of maternal and newborn health, mental health and nutrition		

**RER 5.4 Member States supported through coordinated technical cooperation for strengthening preparedness, recovery and risk reduction in areas such as communicable disease, mental health, health services, food safety, and nuclear radiation**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
5.4.1	Proportion of emergency-affected countries where a comprehensive communicable disease-risk assessment has been conducted and an epidemiological profile and toolkit developed and disseminated to partner agencies		
5.4.2	Proportion of situations involving acute natural disasters or conflicts for which a disease-surveillance and early-warning system has been activated and where communicable disease-control interventions have been implemented		
5.4.3	Proportion of emergencies where coordinated technical cooperation (PASB task force) is provided, when needed		

**RER 5.5 Member States supported through technical cooperation to strengthen national preparedness and establish alert and response mechanisms for food safety and environmental health emergencies**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
5.5.1	Proportion of food-safety and environmental public health emergencies where a response is mounted		
5.5.2	Number of countries with national plans for preparedness, and alert and response activities in respect to chemical, radiological and environmental health emergencies		
5.5.3	Number of countries with focal points for the International Food Safety Authorities Network and for environmental health emergencies		
5.5.4	Number of countries achieving a state of preparedness and completing stockpiling of necessary items in order to ensure a prompt response to chemical and radiological emergencies		

**RER 5.6 Effective communications issued, partnerships formed and coordination developed with organizations in the United Nations system, governments, local and international nongovernmental organizations, academic institutions and professional associations at the country, regional and global levels**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
5.6.1	Proportion of emergencies where the United Nations Health Cluster system is operational, if called upon		
5.6.2	Number of emergency-related Regional interagency mechanisms and working groups where PAHO/WHO is actively involved		
5.6.3	Proportion of disasters in which UN and country-originated reports include health information		

**BUDGET FOR STRATEGIC OBJECTIVE 5**

<b>RER</b>	<b>Region-wide Expected Result (RER)</b>	<b>Total Resources</b>
5.1	Member States and partners supported through technical cooperation for the development and strengthening of emergency preparedness plans and programs at all levels	
5.2	Timely and appropriate support provided to Member States for immediate assistance to populations affected by crises	
5.3	Member States supported through technical cooperation for reducing health sector risk in disasters and ensuring the quickest recovery of affected populations	
5.4	Member States supported through coordinated technical cooperation for strengthening preparedness, recovery and risk reduction in areas such as communicable disease, mental health, health services, food safety, and nuclear radiation	
5.5	Member States supported through technical cooperation to strengthen national preparedness and establish alert and response mechanisms for food safety and environmental health emergencies	
5.6	Effective communications issued, partnerships formed and coordination developed with organizations in the United Nations system, governments, local and international nongovernmental organizations, academic institutions and professional associations at the country, regional and global levels	
<b>Total Cost for SO5</b>		

**Resources breakdown**

	<b>2010-2011</b>
Country	
Subregional	
Regional	
<b>Total</b>	

## STRATEGIC OBJECTIVE 6

**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**

### Scope

The work under this Strategic Objective (SO) focuses on integrated, comprehensive, multisectoral and multidisciplinary health promotion and disease prevention strategies to improve public health and well-being; and the development of social and public health policies for the reduction or prevention of the six major risk factors.

### REGION-WIDE EXPECTED RESULTS

**RER 6.1 Member States supported through technical cooperation to strengthen their capacity for health promotion across all relevant programs; and to establish effective multisectoral and multidisciplinary collaborations for promoting health and preventing or reducing major risk factors**

Indicator #	RER Indicator text	Baseline 2009	Target 2011
6.1.1	Number of countries that have health promotion policies and plans with resources allocated		
6.1.2	Number of countries with Healthy Schools Networks (or equivalent)		
6.1.3	Number of countries that adopt the PAHO/WHO urban health conceptual framework		

**RER 6.2 Member States supported through technical cooperation to strengthen national systems for surveillance of major risk factors through development and validation of frameworks, tools and operating procedures and their dissemination**

Indicator #	RER Indicator text	Baseline 2009	Target 2011
6.2.1	Number of countries that have developed a functioning national surveillance system using Pan Am STEPs (Pan American Stepwise approach to chronic disease risk factor surveillance) methodology for regular reports on major health risk factors in adults		

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
6.2.2	Number of countries that have developed a functioning national surveillance system using school-based student health survey (Global School Health Survey) and are producing regular reports on major health risk factors in youth		
6.2.3	Number of countries generating information on risk factors (through registers and population studies); to be included in the Regional Non-communicable Disease and Risk Factor information database (NCD INFO base)		
6.2.4	Number of countries that have implemented (use and analyze) the standardized Basic Health Indicators for chronic diseases and risk factors together with other statistical information		

**RER 6.3 Member States supported through technical cooperation on evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing tobacco use and related problems**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
6.3.1	Number of countries that have adopted smoking bans in health care and educational facilities consistent with the Framework Convention on Tobacco Control		
6.3.2	Number of countries that have adopted bans on advertisement, promotion and sponsorship of tobacco products consistent with the Framework Convention on Tobacco Control		
6.3.3	Number of countries with regulations on packaging and labeling of tobacco products consistent with the Framework Convention on Tobacco Control		
6.3.4	Number of countries that have established or reinforced a national coordinating mechanism or focal point for tobacco control		

**RER 6.4 Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing alcohol, drugs and other psycho-active substance use and related problems**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
6.4.1	Number of countries that have implemented policies, plans, or programs for preventing public health problems caused by alcohol, drugs and other psychoactive substance use		

**RER 6.5 Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing unhealthy diets and physical inactivity, and related problems**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
6.5.1	Number of countries that have developed national guidelines to promote healthy diet and physical activity including DPAS (Diet and Physical Activity Strategy)		
6.5.2	Number of countries that have created pedestrian and bike-friendly environments, physical activity promotion programs and crime control initiatives, in at least one of their major cities		
6.5.3	Number of countries that have initiated policies to phase-out trans-fats and reached agreements with food industry to reduce sugar, salt or fat in processed foods		
6.5.4	Number of countries that have initiated policies to eliminate direct marketing/publicity of food to children under 12 years old		
6.5.5	Number of countries that have initiated policies or programs to increase consumption of low fat dairy, fish, fruits or vegetables		

**RER 6.6 Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for promoting safer sex**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
6.6.1	Number of countries that have implemented new or improved interventions at individual, family and community levels to promote safer sexual behaviors		

## BUDGET FOR STRATEGIC OBJECTIVE 6

RER	Region-wide Expected Result (RER)	Total Resources
6.1	Member States supported through technical cooperation to strengthen their capacity for health promotion across all relevant programs; and to establish effective multisectoral and multidisciplinary collaborations for promoting health and preventing or reducing major risk factors	
6.2	Member States supported through technical cooperation to strengthen national systems for surveillance of major risk factors through development and validation of frameworks, tools and operating procedures and their dissemination	
6.3	Member States supported through technical cooperation on evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing tobacco use and related problems	
6.4	Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing alcohol, drugs and other psycho-active substance use and related problems	
6.5	Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing unhealthy diets and physical inactivity, and related problems	
6.6	Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for promoting safer sex	
<b>Total Cost for SO6</b>		

### Resources breakdown

	2010-2011
Country	
Subregional	
Regional	
<b>Total</b>	

## STRATEGIC OBJECTIVE 7

**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**

### Scope

This Strategic Objective focuses on the development and promotion of intersectoral action on the social and economic determinants of health, understood as the improvement of health equity by addressing the needs of poor, vulnerable and excluded social groups. This understanding highlights the connections between health and social and economic factors such as income, education, housing, labor, and social status.

### REGION-WIDE EXPECTED RESULTS

**RER 7.1      Significance of determinants of health and social policies recognized throughout the Organization and incorporated into normative work and technical cooperation with Member States and other partners**

Indicator #	RER Indicator text	Baseline 2009	Target 2011
7.1.1	Number of countries that have implemented national strategies that address key policy recommendations of the Commission on the Social Determinants of Health		
7.1.2	Number of countries whose PAHO/WHO Country Cooperation Strategy (CCS) documents include explicit strategies at the national and local level that address the social and economic determinants of health		

**RER 7.2      Initiative taken by PAHO/WHO in providing opportunities and means for intersectoral collaboration at national and international levels in order to address social and economic determinants of health and to encourage poverty-reduction and sustainable development**

Indicator #	RER Indicator text	Baseline 2009	Target 2011
7.2.1	Number of countries whose public policies target the determinants of health and social policy on an intersectoral and interprogrammatic basis		

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
7.2.2	Number of subregional fora organized for relevant stakeholders on intersectoral actions to address determinants of health, social policies and achievement of the Millennium Development Goals		
7.2.3	Number of countries which have implemented the Faces, Voices and Places initiative		

**RER 7.3 Social and economic data relevant to health collected, collated and analyzed on a disaggregated basis (by sex, age, ethnicity, income, and health conditions, such as disease or disability)**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
7.3.1	Number of countries that produce health data of sufficient disaggregation and quality to assess and track health equity among key population groups		
7.3.2	Number of countries with at least one national policy on health equity that incorporates an analysis of disaggregated data		
7.3.3	Number of countries with at least one national program on health equity that uses disaggregated data		

**RER 7.4 Ethics- and human rights-based approaches to health promoted within PAHO/WHO and at national, regional and global levels**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
7.4.1	Number of countries using: 1) international and regional human rights norms and standards; and 2) human rights tools and technical guidance documents produced by PAHO/WHO to review and/or formulate national laws, policies and/or plans that advance health and reduce gaps in health equity and discrimination		
7.4.2	Number of countries using tools and technical guidance documents produced for Member States and other stakeholders on use of ethical analysis to improve health policies		

**RER 7.5 Gender and ethnicity analysis and responsive actions incorporated into PAHO/WHO's normative work and Member States supported through technical cooperation for the formulation of gender and ethnic-sensitive policies and programs**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
7.5.1	Number of PAHO publications that contribute to building evidence on the impact of gender inequalities in health		
7.5.2	Number of tools and guidance documents developed by PASB for Member States on using gender analysis in health		
7.5.3	Number of AMPES entities that address and incorporate gender perspectives, including mainstreaming, in the design and implementation of their programs		
7.5.4	Number of countries with national plans to specifically improve the health of ethnic/racial groups		

**RER 7.6 Member States supported through technical cooperation to develop policies, plans and programs that apply an intercultural approach based on primary health care and that seek to establish strategic alliances with relevant stakeholders and partners to improve the health and well-being of indigenous peoples**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
7.6.1	Number of countries that implement policies, plans or programs to improve the health of indigenous peoples		
7.6.2	Number of countries that collect data on the health of indigenous peoples within their health information systems		
7.6.3	Number of countries that integrate the intercultural approach in the development of national health systems and policies within the framework of PHC		

## BUDGET FOR STRATEGIC OBJECTIVE 7

RER	Region-wide Expected Result (RER)	Total Resources
7.1	Significance of determinants of health and social policies recognized throughout the Organization and incorporated into normative work and technical cooperation with Member States and other partners	
7.2	Initiative taken by PAHO/WHO in providing opportunities and means for intersectoral collaboration at national and international levels in order to address social and economic determinants of health and to encourage poverty-reduction and sustainable development	
7.3	Social and economic data relevant to health collected, collated and analyzed on a disaggregated basis (by sex, age, ethnicity, income, and health conditions, such as disease or disability)	
7.4	Ethics- and human rights-based approaches to health promoted within PAHO/WHO and at national, regional and global levels	
7.5	Gender and ethnicity analysis and responsive actions incorporated into PAHO/WHO's normative work and Member States supported through technical cooperation for the formulation of gender and ethnic-sensitive policies and programs	
7.6	Member States supported through technical cooperation to develop policies, plans and programs that apply an intercultural approach based on primary health care and that seek to establish strategic alliances with relevant stakeholders and partners to improve the health and well-being of indigenous peoples	
<b>Total Cost for SO7</b>		

### Resources breakdown

	2010-2011
Country	
Subregional	
Regional	
<b>Total</b>	

## STRATEGIC OBJECTIVE 8

**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**

### Scope

The work under this Strategic Objective (SO) focuses on achieving safe, sustainable, and health-enhancing human environments—protected from social, occupational, biological, chemical, and physical hazards—and promoting human security and environmental justice to mitigate the effects of global and local threats.

### REGION-WIDE EXPECTED RESULTS

**RER 8.1 Evidence-based assessments, norms and guidance on priority environmental health risks (e.g., air quality, chemical substances, electro-magnetic fields (EMF), radon, drinking water, waste water re-use) disseminated**

Indicator #	RER Indicator text	Baseline 2009	Target 2011
8.1.1	Number of new or updated risk assessments or environmental burden of disease (EBD) assessments conducted per year		
8.1.2	Number of international environmental agreements whose implementation is supported by PASB		
8.1.3	Number of countries implementing PAHO/WHO guidelines on chemical substances		
8.1.4	Number of countries implementing WHO guidelines on air quality		
8.1.5	Number of countries implementing WHO guidelines on drinking water		
8.1.6	Number of countries implementing PAHO/WHO guidelines on recreational waters		

**RER 8.2 Member States supported through technical cooperation for the implementation of primary prevention interventions that reduce environmental health risks; enhance safety; and promote public health, including in specific settings and among vulnerable population groups (e.g. children, older adults)**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
8.2.1	Number of regional strategies for primary prevention of environmental health hazards under the health determinants and health promotion framework implemented in specific settings and groups (workplaces, homes, schools, human settlements, health care settings and children's environmental health)		
8.2.2	Number of countries where global or regional strategies for primary prevention of environmental health hazards are implemented in specific settings (workplaces, homes, schools, human settlements and health-care settings)		
8.2.3	Number of new or maintained global or regional initiatives to prevent occupational and environmentally-related diseases (e.g. cancers from ultraviolet irradiation or exposure to asbestos, and poisoning by pesticides or fluoride) that are being implemented with PASB technical and logistics support		
8.2.4	Number of cost-effectiveness studies assessing primary prevention interventions in specific settings whose results have been disseminated		
8.2.5	Number of countries following WHO's guidance to prevent and mitigate emerging occupational and environmental health risks, promote equity in those areas of health and protect vulnerable populations		

**RER 8.3 Member States supported through technical cooperation to strengthen occupational and environmental health policy-making, planning of preventive interventions, service delivery and surveillance**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
8.3.1	Number of countries receiving technical and logistical support for developing and implementing policies for strengthening the delivery of occupational and environmental health services and surveillance		
8.3.2	Number of national organizations or collaborating or reference centers implementing PAHO/WHO-led initiatives at country level to reduce occupational risks		

**RER 8.4 Guidance, tools, and initiatives created to support the health sector to influence policies in priority sectors (e.g. energy, transport, agriculture), assess health impacts, determine costs and benefits of policy alternatives in those sectors, and harness non-health sector investments to improve health**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
8.4.1	Number of regional, subregional and national initiatives implemented in other sectors that take health into account, using PASB technical and logistical support		
8.4.2	Number of sector-specific guidelines and tools produced for health impact assessment		
8.4.3	Number of non-health sectors with established networks and partnerships to drive change in support of health-related initiatives		
8.4.4	Number of regional or national events conducted with PASB's technical cooperation with the aim of building capacity and strengthening institutions in health and other sectors for improving policies relating to occupational and environmental health in at least 3 sectors		

**RER 8.5 Health sector leadership enhanced to promote a healthier environment and influence public policies in all sectors to address the root causes of environmental threats to health, by responding to emerging and re-emerging environmental health concerns from development, evolving technologies, other global environmental changes, and consumption and production patterns**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
8.5.1	Number of regular high-level fora on health and environment for regional policymakers and stakeholders supported by PASB		
8.5.2	Number of current PASB five-year reports on environmental health available, including key health drivers and trends, and their implications		

**RER 8.6 Member States supported through technical cooperation to develop evidence-based policies, strategies and recommendations for identifying, preventing and tackling public health problems resulting from climate change**

8.6.1	Number of studies or reports on the public health effects of climate change published or co-published by PAHO		
8.6.2	Number of countries that have implemented plans to enable the health sector to respond to the health effects of climate change		

## BUDGET FOR STRATEGIC OBJECTIVE 8

RER	Region-wide Expected Result (RER)	Total Resources
8.1	Evidence-based assessments, norms and guidance on priority environmental health risks (e.g., air quality, chemical substances, electro-magnetic fields (EMF), radon, drinking water, waste water re-use) disseminated	
8.2	Member States supported through technical cooperation for the implementation of primary prevention interventions that reduce environmental health risks; enhance safety; and promote public health, including in specific settings and among vulnerable population groups (e.g. children, older adults)	
8.3	Member States supported through technical cooperation to strengthen occupational and environmental health policy-making, planning of preventive interventions, service delivery and surveillance	
8.4	Guidance, tools, and initiatives created to support the health sector to influence policies in priority sectors (e.g. energy, transport, agriculture), assess health impacts, determine costs and benefits of policy alternatives in those sectors, and harness non-health sector investments to improve health	
8.5	Health sector leadership enhanced to promote a healthier environment and influence public policies in all sectors to address the root causes of environmental threats to health, by responding to emerging and re-emerging environmental health concerns from development, evolving technologies, other global environmental changes, and consumption and production patterns.	
8.6	Member States supported through technical cooperation to develop evidence-based policies, strategies and recommendations for identifying, preventing and tackling public health problems resulting from climate change	
<b>Total Cost for SO8</b>		

### Resources breakdown

	2010-2011
Country	
Subregional	
Regional	
<b>Total</b>	

## STRATEGIC OBJECTIVE 9

**To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development**

### Scope

The work under this Strategic Objective (SO) focuses on improving nutrition and health throughout the life course, especially among the poor and other vulnerable groups, and achieving sustainable development in line with the Millennium Development Goals. The SO addresses food safety (ensuring that chemical, microbiological, zoonotic and other hazards do not pose a risk to health) as well as food security (access and availability of appropriate food).

### REGION-WIDE EXPECTED RESULTS

**RER 9.1 Partnerships and alliances formed, leadership built and coordination and networking developed with all stakeholders at country, regional and global levels, to promote advocacy and communication, stimulate intersectoral actions, and increase investment in nutrition, food safety and food security**

Indicator #	RER Indicator text	Baseline 2009	Target 2011
9.1.1	Number of countries that have coordination mechanisms to promote intersectoral approaches and actions in the area of food safety, food security and nutrition		
9.1.2	Number of countries that have included nutrition, food-safety and food-security activities in their sector-wide approaches, Poverty Reduction Strategy Papers or development policies, plans and budgets, including a mechanism for financing nutrition and food-safety activities		

**RER 9.2 Member States supported through technical cooperation to increase their capacity to assess and respond to all forms of malnutrition, and zoonotic and non-zoonotic foodborne diseases, and to promote healthy dietary practices**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
9.2.1	Number of countries implementing nutrition and food safety norms, and guidelines according to global and regional mandates		
9.2.2	Number of new norms, standards, guidelines, tools and training materials, produced by the PASB, for prevention and management of zoonotic and non-zoonotic foodborne diseases		

**RER 9.3 Monitoring and surveillance of needs, and assessment and evaluation of responses in the area of food security, nutrition and diet-related chronic diseases strengthened, and ability to identify suitable policy options improved**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
9.3.1	Number of countries that have adopted and implemented the WHO Child Growth Standards		
9.3.2	Number of countries that have nationally representative surveillance data on one major form of malnutrition		
9.3.3	Number of countries that produce and publish scientific evidence and information for public policy and programs on at least one of the following topics every year: 1) Nutritional deficiencies and risk factors in different population groups; 2) Social, economic and health determinants of food and nutrition insecurity; 3) Overweight and obesity in children and adolescents; and 4) Program effectiveness		

**RER 9.4 Member States supported through technical cooperation for the development, strengthening and implementation of nutrition plans and programs aimed at improving nutrition throughout the life-course, in stable and emergency situations**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
9.4.1	Number of countries that have developed national programs that implement at least 3 high-priority actions recommended in the Global Strategy for Infant and Young Child Feeding		
9.4.2	Number of countries that have developed national programs that have implemented strategies for prevention and control of micronutrient malnutrition		

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
9.4.3	Number of countries that have developed national programs that implement strategies for promotion of healthy dietary practices in order to prevent diet-related chronic diseases		
9.4.4	Number of countries that have incorporated nutritional issues in their comprehensive response programs for HIV/AIDS and other epidemics		
9.4.5	Number of countries that have strengthened national preparedness and response capacity for food and nutrition emergencies		

**RER 9.5 Zoonotic and non-zoonotic foodborne diseases, and foot-and-mouth disease surveillance, prevention and control systems strengthened and food hazard monitoring programs established**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
9.5.1	Number of countries with established operational and intersectoral collaboration for the surveillance, prevention and control of foodborne diseases		
9.5.2	Number of countries that have initiated or strengthened programs for the surveillance and control of at least one major foodborne disease		
9.5.3	Number of South American countries that have achieved at least 75% of the Hemispheric Foot-and-mouth Disease Eradication Plan objectives		

**RER 9.6 Technical cooperation provided to National Codex Alimentarius Committees and the Codex Commission of Latin America and the Caribbean**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
9.6.1	Number of Latin American and Caribbean countries participating in relevant Codex Meetings		
9.6.2	Number of countries that have built national systems for food safety and foodborne zoonoses with international links to emergency response systems		

**BUDGET FOR STRATEGIC OBJECTIVE 9**

<b>RER</b>	<b>Region-wide Expected Result (RER)</b>	<b>Total Resources</b>
9.1	Partnerships and alliances formed, leadership built and coordination and networking developed with all stakeholders at country, regional and global levels, to promote advocacy and communication, stimulate intersectoral actions, and increase investment in nutrition, food safety and food security	
9.2	Member States supported through technical cooperation to increase their capacity to assess and respond to all forms of malnutrition, and zoonotic and non-zoonotic foodborne diseases, and to promote healthy dietary practices	
9.3	Monitoring and surveillance of needs, and assessment and evaluation of responses in the area of food security, nutrition and diet-related chronic diseases strengthened, and ability to identify suitable policy options improved	
9.4	Member States supported through technical cooperation for the development, strengthening and implementation of nutrition plans and programs aimed at improving nutrition throughout the life-course, in stable and emergency situations	
9.5	Zoonotic and non-zoonotic foodborne diseases, and foot-and-mouth disease surveillance, prevention and control systems strengthened and food hazard monitoring programs established	
9.6	Technical cooperation provided to National Codex Alimentarius Committees and the Codex Commission of Latin America and the Caribbean	
<b>Total Cost for SO9</b>		

**Resources breakdown**

	<b>2010-2011</b>
Country	
Subregional	
Regional	
<b>Total</b>	

## STRATEGIC OBJECTIVE 10

### To improve the organization, management and delivery of health services

#### Scope

This Strategic Objective (SO) focuses on strengthening health services to provide equitable and quality health care for all people in the Americas, especially the neediest populations. The Regional Declaration on the New Orientations for Primary Health Care and PAHO's position paper on Renewing Primary Health Care in the Americas (CD46/13, 2005) provide the framework to strengthen the health care systems of the countries in the Americas.

#### REGION-WIDE EXPECTED RESULTS

**RER 10.1 Member States supported through technical cooperation for equitable access to quality health care services, with special emphasis on vulnerable population groups**

Indicator #	RER Indicator text	Baseline 2009	Target 2011
10.1.1	Number of countries that have implemented policies to increase access to basic health care services (PASB's initiatives on Primary Health Care renewal)		
10.1.2	Number of countries that report progress in their quality improvement programs		

**RER 10.2 Member States supported through technical cooperation to strengthen the organizational and managerial capacities of service delivery institutions and networks to improve their performance**

Indicator #	RER Indicator text	Baseline 2009	Target 2011
10.2.1	Number of countries that have applied the PAHO health services Productive Management Methodology and its supporting tools		

**RER 10.3 Member States supported through technical cooperation for developing mechanisms and regulatory systems to ensure collaboration and synergies between public and non-public service delivery systems**

Indicator #	RER Indicator text	Baseline 2009	Target 2011
10.3.1	Number of countries that have adopted PAHO's policy recommendations for integrating the health care delivery network, including public and non-public providers		

**RER 10.4 Service delivery policies and their implementation in Member States increasingly reflect the Primary Health Care (PHC) approach**

Indicator #	RER Indicator text	Baseline 2009	Target 2011
10.4.1	Number of countries that report progress in implementing PHC-based Health Systems according to PAHO's Position Paper and Regional Declaration on PHC		

**BUDGET FOR STRATEGIC OBJECTIVE 10**

RER	Region-wide Expected Result (RER)	Total Resources
10.1	Member States supported through technical cooperation for equitable access to quality health care services, with special emphasis on vulnerable population groups	
10.2	Member States supported through technical cooperation to strengthen the organizational and managerial capacities of service delivery institutions and networks to improve their performance	
10.3	Member States supported through technical cooperation for developing mechanisms and regulatory systems to ensure collaboration and synergies between public and non-public service delivery systems	
10.4	Service delivery policies and their implementation in Member States increasingly reflect the Primary Health Care (PHC) approach	
<b>Total Cost for SO10</b>		

**Resources breakdown**

	2010-2011
Country	
Subregional	
Regional	
<b>Total</b>	

## STRATEGIC OBJECTIVE 11

### To strengthen leadership, governance and the evidence base of health systems

#### Scope

This strategic objective aims at improving the leadership and governance of the health sector and the capacity of the national health authority to exercise its steering role, which includes policy making, regulation, and performance of the essential public health functions. Paramount to the achievement of this objective is the improvement of national health systems and the production of quality data, information and knowledge for planning and decision-making.

#### REGION-WIDE EXPECTED RESULTS

**RER 11.1 Member States supported through technical cooperation to strengthen the capacity of the national health authority to perform its steering role; improving policy analysis, formulation, regulation, strategic planning, implementation of health system changes; and enhancing intersectoral and inter-institutional coordination at the national and local levels**

Indicator #	RER Indicator text	Baseline 2009	Target 2011
11.1.1	Number of countries that have assessed the performance of their national health systems as measured by a regionally agreed and validated tool		
11.1.2	Number of countries that show improvement in the performance of the steering role as measured by the assessment of Essential Public Health Functions		
11.1.3	Number of countries with regulatory institutions or authorities that produce legal frameworks and regulations		
11.1.4	Number of countries that have developed resourced medium or long-term sectoral plans or defined national health objectives		

**RER 11.2 Member States supported through technical cooperation for improving health information systems at regional and national levels**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
11.2.1	Number of countries that have implemented the monitoring and performance evaluation process of the health information systems based on the standards of PAHO/WHO and the Health Metrics Network		
11.2.2	Number of countries that have resourced plans to strengthen vital and health statistics, including the production of information and the use of the Family of International Classifications (FIC) in accordance with international standards established by PAHO/WHO and the Health Metrics Network		
11.2.3	Number of countries that have implemented the Regional Core Health Data Initiative and that periodically produce and publish the basic health indicators at sub-national levels (first or second administrative levels)		

**RER 11.3 Member States supported through technical cooperation to increase equitable access to, and dissemination and utilization of, health-relevant information, knowledge and scientific evidence for decision-making**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
11.3.1	Number of countries that use the standardized basic health indicators and other available statistical information		
11.3.2	Number of countries that have improved their analysis capacities for generating information and knowledge in health measured by periodic updates of the country profiles		
11.3.3	Number of countries that participate in Evidence Information Policy Network (EVIPNet)		
11.3.4	Number of countries with a public health sector strategy for updating protocols, procedures and processes of technical programs with the latest evidence		
11.3.5	Number of countries that have access to essential scientific information and knowledge as measured by access to the Virtual Health Library (VHL) at national and regional levels		

**RER 11.4 Member States supported through technical cooperation for facilitating the generation and transfer of knowledge in priority areas, including public health and health systems research, and ensuring that the products meet WHO ethical standards**

Indicator #	RER Indicator text	Baseline 2009	Target 2011
11.4.1	Number of countries that show improvement in the cluster indicator for Essential Public Health Function No. 10 (public health research)		
11.4.2	Number of countries with national commissions aimed at monitoring compliance with ethical standards in scientific research		

**BUDGET FOR STRATEGIC OBJECTIVE 11**

RER	Region-wide Expected Result (RER)	Total Resources
11.1	Member States supported through technical cooperation to strengthen the capacity of the national health authority to perform its steering role; improving policy analysis, formulation, regulation, strategic planning, implementation of health system changes; and enhancing intersectoral and inter-institutional coordination at the national and local levels	
11.2	Member States supported through technical cooperation for improving health information systems at regional and national levels	
11.3	Member States supported through technical cooperation to increase equitable access to, and dissemination and utilization of, health-relevant information, knowledge and scientific evidence for decision-making	
11.4	Member States supported through technical cooperation for facilitating the generation and transfer of knowledge in priority areas, including public health and health systems research, and ensuring that the products meet WHO ethical standards	
<b>Total Cost for SO11</b>		

**Resources breakdown**

	2010-2011
Country	
Subregional	
Regional	
<b>Total</b>	

## STRATEGIC OBJECTIVE 12

**To ensure improved access, quality and use of medical products and technologies**

### Scope

Medical products include chemical and biological medicines, vaccines, blood and blood products, cells and tissues mostly of human origin, biotechnology products, traditional medicines and medical devices. Technologies include, among others, those for diagnostic testing, imaging, radiotherapy and laboratory testing. The work under this Strategic Objective (SO) will focus on more equitable access (as measured by availability, price and affordability) to essential medical products and technologies of assured quality, safety, efficacy and cost-effectiveness, and on their sound and cost-effective use.

### REGION-WIDE EXPECTED RESULTS

**RER 12.1 Member States supported through technical cooperation for the development and monitoring of comprehensive national policies on access, quality and rational use of essential public health supplies (including medicines, vaccines, herbal medicines, blood products, diagnosis services, medical devices and health technologies)**

Indicator #	RER Indicator text	Baseline 2009	Target 2011
12.1.1	Number of countries that have developed or implemented policies and regulations for essential medical products and technologies		
12.1.2	Number of countries that have designed or strengthened comprehensive national procurement and supply systems		
12.1.3	Number of countries with 100% voluntary non-remunerated blood donations		
12.1.4	Number of countries that have increased access to essential public health supplies (medicines, blood products, vaccines and technologies)		

**RER 12.2 Member States supported through technical cooperation to implement international norms, standards and guidelines for the quality, safety, efficacy and cost-effectiveness of essential public health supplies**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
12.2.1	Number of countries with integrated capacity for regulation of essential medical products and technologies, per application of WHO standard assessment		
12.2.2	Number of countries that have adapted and implemented international norms, standards and guidelines on quality and safety of health products and technologies		

**RER 12.3 Member States supported through technical cooperation to implement evidence-based policies to promote scientifically sound and cost-effective use of medical products and technologies by health workers and consumers**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
12.3.1	Number of countries promoting sound and cost effective use of medical products and technologies		
12.3.2	Number of countries with a national list of essential medical products and technologies updated within the last five years and used for public procurement and/or re-imburement		

**BUDGET FOR STRATEGIC OBJECTIVE 12**

<b>RER</b>	<b>Region-wide Expected Result (RER)</b>	<b>Total Resources</b>
12.1	Member States supported through technical cooperation for the development and monitoring of comprehensive national policies on access, quality and rational use of essential public health supplies (including medicines, vaccines, herbal medicines, blood products, diagnosis services, medical devices and health technologies)	
12.2	Member States supported through technical cooperation to implement international norms, standards and guidelines for the quality, safety, efficacy and cost-effectiveness of essential public health supplies	
12.3	Member States supported through technical cooperation to implement evidence-based policies to promote scientifically sound and cost-effective use of medical products and technologies by health workers and consumers	
<b>Total Cost for SO12</b>		

**Resources breakdown**

	<b>2010-2011</b>
Country	
Subregional	
Regional	
<b>Total</b>	

## STRATEGIC OBJECTIVE 13

**To ensure an available, competent, responsive and productive health workforce to improve health outcomes**

### Scope

The challenges of the Health Agenda for the Americas, the Toronto Call to Action (2005), the frame of reference for developing national and subregional plans and the regional strategy for the Decade of Human Resources in Health (2006-2015) guide the work under this Strategic Objective. It addresses the different components of the field of human resource development, management operations and regulation, and the different stages of workforce development — entry, working life and exit — focusing on developing national workforce plans and strategies.

### REGION-WIDE EXPECTED RESULTS

**RER 13.1 Member States supported through technical cooperation to develop plans, policies and regulations of human resources at the national, subregional, and regional levels to improve the performance of health systems based on primary health care and the achievement of the MDGs**

Indicator #	RER Indicator text	Baseline 2009	Target 2011
13.1.1	Number of countries with 10-year Action Plans for strengthening the health work force, with active participation from stakeholders and governments		
13.1.2	Number of countries that have a unit in the government responsible for the planning and preparation of policies for the development of human resources for health		
13.1.3	Number of countries that have established programs to increase the production of human resources for health with priority on strengthening Primary Health Care		
13.1.4	Number of countries with regulation mechanisms (quality control) for health education and professions		
13.1.5	Number of strategic alliances established by the PASB to implement the Toronto Call for Action		

**RER 13.2 Member States supported through technical cooperation to establish a set of core indicators and information systems on human resources for health at the national, subregional and regional levels**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
13.2.1	Number of countries that have established a database to monitor situations and trends of the health workforce, updated at least every two years		
13.2.2	Number of countries that participate in a regional indicators system on human resources for health (including indicators of geographical distribution, migration, labor relations and the development trends of health professionals)		
13.2.3	Number of countries with a national group participating in the network of Human Resources for Health Observatories		

**RER 13.3 Member States supported through technical cooperation to design and implement strategies and incentives to generate, attract and retain the health workers (with the appropriate competencies) in relation to the individual and collective health needs, especially considering neglected populations**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
13.3.1	Number of countries with recruitment and retention policies for health workers		
13.3.2	Number of countries that have implemented incentive systems and strategies to achieve the geographical redistribution of its health workers to favor underserved areas		
13.3.3	Number of countries that participate in the "Career Path for Health Workers" initiative, incorporating specific incentives for the improvement of competencies and a fair workforce distribution		

**RER 13.4 Member States supported through technical cooperation to strengthen education systems and strategies at the national level, with a view to develop and maintain health workers' competencies, centered on Primary Health Care**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
13.4.1	Number of countries with joint planning mechanisms for training institutions and health services		
13.4.2	Number of countries that report curricular changes as a result of orienting pre- and post-graduate education to Primary Health Care		
13.4.3	Number of countries that have established continuous education systems to improve the competencies of health personnel		
13.4.4	Number of people that participate in the leadership program for international health		

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
13.4.5	Number of countries with active participation in virtual learning strategies		

**RER 13.5 Promotion of an increased understanding of, and cooperation to find solutions to, the international migration of health workers**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
13.5.1	Number of countries that analyze and monitor the dynamics of health worker migration		
13.5.2	Number of countries that participate in bilateral or multilateral agreements that address health worker migration		
13.5.3	Number of subregions that develop formal agreements on systems that recognize the advanced degrees and certifications of health professions		

**BUDGET FOR STRATEGIC OBJECTIVE 13**

<b>RER</b>	<b>Region-wide Expected Result (RER)</b>	<b>Total Resources</b>
13.1	Member States supported through technical cooperation to develop plans, policies and regulations of human resources at the national, subregional, and regional levels to improve the performance of health systems based on primary health care and the achievement of the MDGs	
13.2	Member States supported through technical cooperation to establish a set of core indicators and information systems on human resources for health at the national, subregional and regional levels	
13.3	Member States supported through technical cooperation to design and implement strategies and incentives to generate, attract and retain the health workers (with the appropriate competencies) in relation to the individual and collective health needs, especially considering neglected populations	
13.4	Member States supported through technical cooperation to strengthen education systems and strategies at the national level, with a view to develop and maintain health workers' competencies, centered on Primary Health Care	
13.5	Promotion of an increased understanding of, and cooperation to find solutions to, the international migration of health workers	
<b>Total Cost for SO13</b>		

**Resources breakdown**

	<b>2010-2011</b>
Country	
Subregional	
Regional	
<b>Total</b>	

## STRATEGIC OBJECTIVE 14

**To extend social protection through fair, adequate and sustainable financing**

### Scope

This Strategic Objective (SO) will focus on sustainable collective financing of the health system and social protection, and safeguarding households against catastrophic health expenditures. The principles set out in resolution WHA58.33 and PAHO Resolution CSP26.R19 in 2002, "Extension of Social Protection in Health: Joint PAHO-ILO Initiative," will guide this SO.

### REGION-WIDE EXPECTED RESULTS

**RER 14.1 Technical cooperation provided to the Member States to develop institutional capacities to improve the financing of the national health system and of social protection in health**

Indicator #	RER Indicator text	Baseline 2009	Target 2011
14.1.1	Number of countries with institutional development plans to improve the performance of financing mechanisms		
14.1.2	Number of countries with units of analysis in economic, financial and functional health expenditure		
14.1.3	Number of countries that have conducted characterization studies of social exclusion in health at national or sub-national levels using PAHO self assessment tool		
14.1.4	Number of countries participating in the Observatory of Policies on Social Protection in Health established during the 9 <sup>th</sup> Ibero-American Conference of Ministers of Health		

**RER 14.2 Member States supported through technical cooperation to assess household capacity to meet health expenditures through the social protection system**

Indicator #	RER Indicator text	Baseline 2009	Target 2011
14.2.1	Number of completed country studies applying the PAHO evaluation framework to assess household capacity to meet health expenditure through social protection systems		

**RER 14.3 Information on financing and health expenditures updated periodically and provided to Member States for social protection planning**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
14.3.1	Number of countries reporting up-to-date information on financing and health expenditure to the Regional-PAHO Core Data Initiative and the Statistical Annex of WHR/WHO		
14.3.2	Number of countries that have institutionalized the periodic production of Health Accounts/National Health Accounts harmonized with the UN statistical system		

**RER 14.4 Member States supported through technical cooperation to support the development of insurance schemes and other mechanisms to expand social protection in health**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
14.4.1	Number of countries with insurance schemes and other mechanisms to expand social protection in health		

**RER 14.5 Member States supported through technical cooperation to align and harmonize international health cooperation**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
14.5.1	Number of countries that show improvement in levels of harmonization and alignment of international health cooperation, as measured by internationally agreed standards and instruments		

**BUDGET FOR STRATEGIC OBJECTIVE 14**

<b>RER</b>	<b>Region-wide Expected Result (RER)</b>	<b>Total Resources</b>
14.1	Technical cooperation provided to the Member States to develop institutional capacities to improve the financing of the national health system and of social protection in health	
14.2	Member States supported through technical cooperation to assess household capacity to meet health expenditures through the social protection system	
14.3	Information on financing and health expenditures updated periodically and provided to Member States for social protection planning	
14.4	Member States supported through technical cooperation to support the development of insurance schemes and other mechanisms to expand social protection in health	
14.5	Member States supported through technical cooperation to align and harmonize international health cooperation	
<b>Total Cost for SO14</b>		

**Resources breakdown**

	<b>2010-2011</b>
Country	
Subregional	
Regional	
<b>Total</b>	

## STRATEGIC OBJECTIVE 15

**To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas**

### Scope

This Strategic Objective (SO) facilitates the work of the PASB in order to ensure the achievement of all other SOs. This objective covers three broad, complementary areas: 1) leadership and governance of the Organization; 2) the PASB's support to the Member States through its presence in the countries, and its engagement with each of them, the United Nations and Inter-American Systems, and other stakeholders; and 3) the Organization's role in mobilizing the collective energy and the experience of Member States and other actors to influence health issues of global, regional and subregional importance.

### REGION-WIDE EXPECTED RESULTS

**RER 15.1 Effective leadership and direction of the Organization exercised through the enhancement of governance, and the coherence, accountability and synergy of PAHO/WHO's work to fulfill its mandate in advancing the global, regional, subregional and national health agendas**

Indicator #	RER Indicator text	Baseline 2009	Target 2011
15.1.1	Proportion of PAHO Governing Bodies resolutions adopted that focus on health policy and strategies		
15.1.2	Percentage of all oversight projects completed which evaluate and improve processes for risk management, control and governance		
15.1.3	Number of PASB entities implementing leadership and management initiatives (coordination and negotiation of technical cooperation with partners, technical cooperation among countries [TCC], advocacy for the PAHO/WHO mission, elaboration of CCSs and Biennial Workplans, and reports) on time and within budget		
15.1.4	Percentage of Governing Bodies and Member States legal inquiries addressed within 10 working days		

**RER 15.2 Effective PAHO/WHO country presence established to implement the PAHO/WHO Country Cooperation Strategies (CCS) which are 1) aligned with Member States' national health and development agendas, and 2) harmonized with the United Nations country team and other development partners**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
15.2.1	Number of countries using Country Cooperation Strategies (CCS) as a basis for defining the Organization's country presence and its respective Biennial Workplan		
15.2.2	Number of countries where the CCS is used as a reference for harmonization of the cooperation in health with the UN Country Teams and other development partners		
15.2.3	Number of countries where the contribution of the PASB to national health outcomes is evaluated by a joint (PASB, government and other stakeholders) assessment of the Biennial Workplan		
15.2.4	Number of subregions that have a Subregional Cooperation Strategy (SCS)		
15.2.5	Number of PAHO/WHO country offices with adequate infrastructure and administrative support (including Minimum Operating Safety Standards [MOSS] compliance) to enable the effective provision of technical cooperation at country level		

**RER 15.3 Regional health and development mechanisms established, including partnerships, international health and advocacy, to provide more sustained and predictable technical and financial resources for health, in support of the Health Agenda for the Americas**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
15.3.1	Number of countries where PAHO/WHO maintains its leadership or active engagement in health and development partnerships (formal and informal), including those in the context of the United Nations system reform		
15.3.2	Number of agreements with bilateral and multilateral organizations and other partners, including UN agencies, supporting the Health Agenda for the Americas		
15.3.3	Proportion of Summit's Declarations reflecting commitment in advancing the Health Agenda for the Americas 2008-2017		
15.3.4	Number of countries incorporating policy recommendations developed by the Forum for Public Health in the Americas		
15.3.5	Proportion of country requests for PAHO support to mobilize technical and financial resources from external partners, which PAHO has fulfilled		

**RER 15.4 PAHO is the authoritative source and broker of evidence-based public health information and knowledge, providing essential health knowledge and advocacy material to Member States, health partners and other stakeholders**

Indicator #	RER Indicator text	Baseline 2009	Target 2011
15.4.1	Number of hits to PAHO's web page		
15.4.2	Maintain the number of countries that have access to evidence-based, health information and advocacy material for the effective delivery of health programs as reflected in the country cooperation strategies		
15.4.3	PAHO's Regional Information Platform created, integrating all the technical PASB health information systems and information from health and development partners		
15.4.4	Number of Communities of Practice established and in use in the PASB entities		

#### BUDGET FOR STRATEGIC OBJECTIVE 15

RER	Region-wide Expected Result (RER)	Total Resources
15.1	Effective leadership and direction of the Organization exercised through the enhancement of governance, and the coherence, accountability and synergy of PAHO/WHO's work to fulfill its mandate in advancing the global, regional, subregional and national health agendas	
15.2	Effective PAHO/WHO country presence established to implement the PAHO/WHO Country Cooperation Strategies (CCS) which are 1) aligned with Member States' national health and development agendas, and 2) harmonized with the United Nations country team and other development partners	
15.3	Regional health and development mechanisms established, including partnerships, international health and advocacy, to provide more sustained and predictable technical and financial resources for health, in support of the Health Agenda for the Americas	
15.4	PAHO is the authoritative source and broker of evidence-based public health information and knowledge, providing essential health knowledge and advocacy material to Member States, health partners and other stakeholders	
<b>Total Cost for SO15</b>		

#### Resources breakdown

	2010-2011
Country	
Subregional	
Regional	
<b>Total</b>	

## STRATEGIC OBJECTIVE 16

**To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively**

### Scope

This Strategic Objective covers the services that support the work of the Bureau at all levels, enabling the programmatic work covered under SOs 1-15 to occur efficiently and effectively. It includes strategic and operational planning and budgeting, performance, monitoring and evaluation, coordination and mobilization of resources, management of human and financial resources, organizational learning, legal services, information technology, procurement, operational support and other administrative services.

### REGION-WIDE EXPECTED RESULTS

**RER 16.1 PASB is a results-based organization, whose work is guided by strategic and operational plans that build on lessons learned, reflect country and subregional needs, are developed jointly across the Organization, and are effectively used to monitor performance and evaluate results**

Indicator #	RER Indicator text	Baseline 2009	Target 2011
16.1.1	PAHO's Results-Based Management strategy fully implemented		
16.1.2	The PASB Strategic Plan (SP) and respective Program Budgets (PBs) are results-based, take into account the country-focus strategy and lessons learned, are developed by all the levels of the Organization, and approved by the Governing Bodies		
16.1.3	Percentage of progress towards the resource reallocation goals among the three PASB levels in 2011, per PAHO Regional Program Budget Policy		
16.1.4	Number of PASB entities that achieve their expected results, are client-focused, and are country-focused as defined in CCSs, measured by evaluation of Biennial Workplans		

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
16.1.5	For each biennium, proportion of performance monitoring and assessment reports on Expected Results contained in the Strategic Plan and Program Budget submitted in a timely fashion, after a peer review		
16.1.6	Proportion of Regional Public Health Plans developed and implemented by Member States and PASB, in accordance with PAHO established guidelines		

**RER 16.2 Monitoring and mobilization of financial resources strengthened to ensure implementation of the Program Budget, including enhancement of sound financial practices and efficient management of financial resources**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
16.2.1	PASB compliance with International Public Sector Accounting Standards		
16.2.2	Proportion of strategic objectives with expenditure levels meeting program budget targets		
16.2.3	Proportion of Voluntary Contributions that are un-earmarked		
16.2.4	Percentage of PAHO Voluntary Contribution (earmarked and un-earmarked) funds returned to partners		
16.2.5	Sound financial practices as evidenced by an unqualified audit opinion		
16.2.6	Number of PASB entities that have achieved coverage of 75% of the programmed resource gap in their Biennial Workplans		

**RER 16.3 Human Resource policies and practices promote (a) attracting and retaining qualified people with competencies required by the organization's plans, (b) effective and equitable performance and human resource management, (c) staff development and (d) ethical behavior**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
16.3.1	Proportion of PASB entities with approved human resources plans for a biennium, aligned with the corporate HR strategy		
16.3.2	Proportion of staff assuming a new position (with competency based post-description) or moving to a new location during a biennium in accordance with HR strategy		
16.3.3	New recruitments reflect PAHO policy on gender balance and geographic representation		
16.3.4	New PASB´s human resources performance evaluation system developed and implemented in alignment with the new Biennial Workplan structure, and linked to a competency model and staff development plans		
16.3.5	Less than one percent of the workforce have filed a formal grievance or been the subject of a formal disciplinary action		
16.3.6	Number of queries received per year raising ethical concerns which reflect a higher level of awareness regarding ethical behavior		

**RER 16.4 Information Systems management strategies, policies and practices in place to ensure reliable, secure and cost-effective solutions, while meeting the changing needs of the PASB**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
16.4.1	Proportion of significant IT-related proposals, projects, and applications managed on a regular basis through portfolio management processes		
16.4.2	Level of compliance with service level targets agreed for managed IT-related services		
16.4.3	Number of PAHO country offices and centers using consistent, near real-time management information		

**RER 16.5 Managerial and administrative support services, including procurement, strengthened to enable the effective and efficient functioning of the Organization**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
16.5.1	Level of user satisfaction with selected managerial and administrative services (including security, travel, transport, mail services, health services, cleaning and food services) as measured through surveys		
16.5.2	Proportion of standard operating procedures utilized by PASB staff during regional emergencies		
16.5.3	Proportion of internal benchmarks met or exceeded for translation services		
16.5.4	Percentage of development and implementation of a management system to measure and monitor compliance with procurement best practices, including targeted training, improved statistical reporting, expanded bidder lists, service level agreements and procedural improvements		
16.5.5	Percentage of PASB internal requests for legal advice and services acted upon within 10 working days of receipt		

**RER 16.6 PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff**

<b>Indicator #</b>	<b>RER Indicator text</b>	<b>Baseline 2009</b>	<b>Target 2011</b>
16.6.1	Corporate policies and staff performance reflect use of institutional development approaches: results-based management, knowledge-sharing, inter-programmatic teamwork, and gender/ethnic equity, among others		
16.6.2	Proportion of contracts under the PASB infrastructure capital plan for approved project(s) for which all work is substantially completed on a timely basis		
16.6.3	Proportion of HQ and Pan American Centers physical facilities that have implemented policies and plans to improve staff health and safety in the workplace, including Minimum Operating Safety Standards (MOSS) compliance		
16.6.4	Proportion of PASB regional and subregional entities that improve and maintain their physical infrastructure, transport, office equipment, furnishings and information technology equipment as programmed in their Biennial Workplans		

## BUDGET FOR STRATEGIC OBJECTIVE 16

RER	Region-wide Expected Result (RER)	Total Resources
16.1	PASB is a results-based organization, whose work is guided by strategic and operational plans that build on lessons learned, reflect country and subregional needs, are developed jointly across the Organization, and are effectively used to monitor performance and evaluate results	
16.2	Monitoring and mobilization of financial resources strengthened to ensure implementation of the Program Budget, including enhancement of sound financial practices and efficient management of financial resources	
16.3	Human Resource policies and practices promote (a) attracting and retaining qualified people with competencies required by the organization's plans, (b) effective and equitable performance and human resource management, (c) staff development and (d) ethical behavior	
16.4	Information Systems management strategies, policies and practices in place to ensure reliable, secure and cost-effective solutions, while meeting the changing needs of the PASB	
16.5	Managerial and administrative support services, including procurement, strengthened to enable the effective and efficient functioning of the Organization	
16.6	PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff	
<b>Total Cost for SO16</b>		

### Resources breakdown

	2010-2011
Country	
Subregional	
Regional	
<b>Total</b>	



## SUBREGIONAL PROGRAMS

*This programmatic level was officially established and introduced for the 2006-2007 biennium as stipulated in the PAHO Regional Program Budget Policy approved by the 45th Directing Council (September 2004). The subregional technical cooperation programs serve as support to the health action plans of the various subregional integration processes in the Americas: the Caribbean Community (CARICOM); the Central American Integration System (SICA); the Southern Common Market (MERCOSUR); and the Andean Community of Nations (CAN).*

*Correspondingly, this section includes the resources allocated in support of the Biennial Workplans of the various subregional technical cooperation programs. In addition, funding is provided to the following established subregional offices: the Office for Caribbean Program Coordination (located in Bridgetown, Barbados); the PAHO/WHO Representation of the Eastern Caribbean Countries; the Caribbean Food and Nutrition Institute (CFNI); the Caribbean Epidemiology Center (CAREC); and the Institute of Nutrition of Central America and Panama (INCAP). Funding is also provided in support of the United States/Mexico Border Health Office (located in El Paso, Texas).*

**ANDEAN Subregion**

<b>SO</b>	<b>Strategic Objectives</b>	<b>Total Resources</b>
	<i>This table will be completed for the 144th Executive Committee</i>	
<b>Total Resources</b>		



**CENTRAL AMERICAN Subregion**

<b>SO</b>	<b>Strategic Objectives</b>	<b>Total Resources</b>
	<i>This table will be completed for the 144th Executive Committee</i>	
<b>Total Resources</b>		

**SOUTHERN CONE Subregion**

<b>SO</b>	<b>Strategic Objectives</b>	<b>Total Resources</b>
	<i>This table will be completed for the 144th Executive Committee</i>	
<b>Total Resources</b>		

**UNITED STATES/MEXICO BORDER HEALTH OFFICE**

<b>SO</b>	<b>Strategic Objectives</b>	<b>Total Resources</b>
	<i>This table will be completed for the 144th Executive Committee</i>	
<b>Total Resources</b>		

## COUNTRY PROGRAMS

*The country technical cooperation plans are prepared together with the national authorities and other counterparts of the health sector in each country. These Biennial Workplans respond to the national health status and to the directives of the national health agendas, as well as to the country cooperation strategies agreed upon with the Member States (in those countries where the Country Cooperation Strategy [CCS] has been developed). The subregional, regional and global commitments and mandates are also taken into account, in particular, the Health Agenda for the Americas.*

*In preparation of the Biennial Workplans, a results-based management approach is taken, identifying first the priority issues or problem areas and their respective causes, followed by the identification of the areas of intervention on the basis of the resources and problem-solving ability of the Pan American Sanitary Bureau as well as the participation of other stakeholders or interested parties. Finally, interventions expressed as Office Specific Expected Results, are created and linked to the Region-wide Expected Results and Strategic Objectives of the Strategic Plan of PAHO 2008-2012.*

*In this section a budget table by Strategic Objective is presented for each country. The budget allocated to each Strategic Objective is indicative of the investment required to address each of the priority areas. Additional programmatic information, including the Situation Analysis in the country, the Technical Cooperation Strategy, and the specific activities required to achieve the Expected Results, are available in the individual Biennial Workplans of PAHO/WHO country offices.*





**BAHAMAS**

<b>SO</b>	<b>Strategic Objectives</b>	<b>Total Resources</b>
	<i>This table will be completed for the 144th Executive Committee</i>	
<b>Total Resources</b>		

**BARBADOS**

<b>SO</b>	<b>Strategic Objectives</b>	<b>Total Resources</b>
	<i>This table will be completed for the 144th Executive Committee</i>	
<b>Total Resources</b>		

**BELIZE**

SO	Strategic Objectives	Total Resources
	<i>This table will be completed for the 144th Executive Committee</i>	
<b>Total Resources</b>		





**CANADA**

SO	Strategic Objectives	Total Resources
	<i>This table will be completed for the 144th Executive Committee</i>	
<b>Total Resources</b>		

**Note:** The purpose of technical cooperation with Canada is to address the needs and promote the participation of Canada in global and international health, including facilitating the participation of Canada in PAHO's regional programs and making Canadian-based resources and expertise available to other countries worldwide and in the Americas. The primary counterpart of the Pan American Sanitary Bureau is Health Canada. In addition, the Bureau works directly with other Canadian offices and agencies.





**COSTA RICA**

<b>SO</b>	<b>Strategic Objectives</b>	<b>Total Resources</b>
	<i>This table will be completed for the 144th Executive Committee</i>	
<b>Total Resources</b>		



**DOMINICA**

SO	Strategic Objectives	Total Resources
	<i>This table will be completed for the 144th Executive Committee</i>	
<b>Total Resources</b>		



**ECUADOR**

SO	Strategic Objectives	Total Resources
	<i>This table will be completed for the 144th Executive Committee</i>	
<b>Total Resources</b>		



**FRANCE: FRENCH DEPARTMENTS IN THE AMERICAS**

SO	Strategic Objectives	Total Resources
	<i>This table will be completed for the 144th Executive Committee</i>	
<b>Total Resources</b>		

**Note:** The program for the French Departments in the Americas (French Guiana, Guadeloupe, and Martinique) is served through the PAHO/WHO Office of Caribbean Program Coordination located in Barbados.

























**PUERTO RICO**

<b>SO</b>	<b>Strategic Objectives</b>	<b>Total Resources</b>
	<i>This table will be completed for the 144th Executive Committee</i>	
<b>Total Resources</b>		

**SAINT KITTS AND NEVIS**

<b>SO</b>	<b>Strategic Objectives</b>	<b>Total Resources</b>
	<i>This table will be completed for the 144th Executive Committee</i>	
<b>Total Resources</b>		

**SAINT LUCIA**

SO	Strategic Objectives	Total Resources
	<i>This table will be completed for the 144th Executive Committee</i>	
<b>Total Resources</b>		

**SAINT VINCENT AND THE GRENADINES**

<b>SO</b>	<b>Strategic Objectives</b>	<b>Total Resources</b>
	<i>This table will be completed for the 144th Executive Committee</i>	
<b>Total Resources</b>		





**UNITED KINGDOM: ANGUILLA, THE BRITISH VIRGIN ISLANDS AND MONTSERRAT**

<b>SO</b>	<b>Strategic Objectives</b>	<b>Total Resources</b>
	<i>This table will be completed for the 144th Executive Committee</i>	
<b>Total Resources</b>		

**Note:** The programs for Anguilla, the British Virgin Islands, and Montserrat are served through the PAHO/WHO office for the Eastern Caribbean Countries located in Barbados.

**UNITED KINGDOM: BERMUDA AND THE CAYMAN ISLANDS**

SO	Strategic Objectives	Total Resources
	<i>This table will be completed for the 144th Executive Committee</i>	
<b>Total Resources</b>		

**Note:** The Cayman Islands and Bermuda are two of the internally self-governing United Kingdom Overseas Territories (UKOTs) in the Caribbean and are served through the PAHO/WHO office in Jamaica.

**UNITED KINGDOM: TURKS AND CAICOS**

SO	Strategic Objectives	Total Resources
	<i>This table will be completed for the 144th Executive Committee</i>	
<b>Total Resources</b>		

**Note:** The Turks and Caicos Islands comprise one of the internal self-governing United Kingdom Overseas Territories (UKOTs) in the Caribbean and is served through the PAHO/WHO office in the Bahamas.

**UNITED STATES OF AMERICA**

<b>SO</b>	<b>Strategic Objectives</b>	<b>Total Resources</b>
	<i>This table will be completed for the 144th Executive Committee</i>	
<b>Total Resources</b>		

**Note:** The purpose of technical cooperation with the United States is to address the needs and promote the participation of the United States in global and international health, including facilitating the participation of the United States in PAHO's regional programs and making U.S.-based resources and expertise available to other countries worldwide and in the Americas. The primary counterpart of the Pan American Sanitary Bureau is the Office of Global Health Affairs (OGHA), specifically the Office of the Americas and the Middle East in OGHA. In addition, the Bureau works directly with nearly all of the agencies and major offices of the Department.



