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EVALUATION OF THE STRATEGIC AND PROGRAMMATIC ORIENTATIONS, 1999-2002

In 1998, the 25th Pan American Sanitary Conference adopted the Strategic and Programmatic Orientations (SPO), 1999-2002, which included regional goals for the countries and Programmatic Orientations for the technical cooperation of the Bureau.

This resolution requested the countries to take the SPO into account in defining their national health policies and urged the Director to implement them and assess the impact of technical cooperation within the framework of these orientations.

To begin responding to the request of the Conference, as part of the process of drafting the Strategic Plan 2003-2007, the Bureau conducted a mid-term evaluation of the SPO in 2001. This evaluation showed the SPO to be an important instrument for orienting technical cooperation with the countries and indicated that progress has been made in meeting many of the regional goals adopted in them. The evaluation also revealed that certain goals are difficult to meet and that for others, it will be necessary to recur to specific sources of information to determine their degree of fulfillment.

This document is presented for the consideration of the delegates to the 36th Session of the Subcommittee on Programming and Planning to inform them about the Bureau's activities in this regard and about the work it expects to continue carrying out to comply with Resolution CSP25.R4, in addition to requesting comments and suggestions that will make it possible to advance effectively in this effort.

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1. Introduction

Resolution CSP25.R4 of the 25th Pan American Sanitary Conference adopted the Strategic and Programmatic Orientations (SPO), 1999-2002, and requested the Director of PAHO to implement them and assess the impact of the Organization's technical cooperation, using the SPO as a frame of reference.

The purpose of this document is to inform the Subcommittee on Planning and Programming about the progress made by the Bureau in this regard and about what it expects to present to the 26th Pan American Sanitary Conference in September 2002.

The Bureau conducted a mid-term evaluation in 2001 and, based on that experience, has developed an approach for the final evaluation, which is outlined in this document. At the same time, considerable effort is being made to draft the proposal for the Strategic Plan 2003-2007, which requires feedback from the evaluation of the current SPO.

The purpose of this document is not only to inform the delegates to the Subcommittee but to stimulate discussion of this topic. At the same time, from that deliberation we hope to receive comments and suggestions concerning what we have achieved to date and the approach adopted for the final evaluation, which will enable us to improve this process substantially.

2. Background

Since 1986, the Organization has been adopting quadrennial framework documents on policy orientations. In 1998, the 25th Pan American Sanitary Conference adopted the Strategic and Programmatic Orientations, 1999-2002, subsequent to an analysis of the conditions and needs of the countries of the Region of the Americas. These SPO were not only PAHO's response to the new global policy of Health for All in the 21st Century (HFA21) and the General Program of Work (GPW) of the World Health Organization (WHO), but a commitment to meeting the world goal of Health for All (HFA).

The SPO identified 29 regional goals representing the joint commitment of the countries and the Bureau to improving the health of the Region's population. These goals are:

2.1 *Health Outcomes*

- Life expectancy at birth will increase by at least two years in all countries that had a life expectancy of less than 70 years in 1998;
- In all the countries, the infant mortality rate will decrease by 10%;
- Perinatal mortality will decrease by 20%;
- Late neonatal mortality will decrease by 30%;
- Child mortality will decrease by 40% and will be less than 50 per 1,000 live births;
- Maternal mortality will decrease by 25%;
- At least 60% of women aged 15 to 44 will have access to contraceptives;
- In all the countries, fewer than 20% of children under 5 years of age will suffer from growth retardation;
- Less than 10% of newborns will weigh under 2,500g at birth;
- Iron deficiency disorders will have been eliminated;
- The prevalence of subclinical vitamin A deficiency in children under 5 years of age will be under 10%;
- The prevalence of iron deficiency in women aged 15 to 44 and pregnant women will have decreased by 30%;
- Elimination of the transmission of wild poliovirus will be maintained;
- Measles transmission will have been eliminated in all the countries;
- The incidence of neonatal tetanus will be below 1 per 1,000 live births at the district (municipal, cantonal, etc.) level;
- The prevalence of leprosy will be below 1 per 10,000 population;
- The prevalence of endemic caries will be reduced by 50%;
- Human rabies transmitted by dogs will have been eliminated;
- The transmission of Chagas' disease by *Triatoma infestans* will have been eliminated in all the countries of the Southern Cone;
- Foot-and-mouth disease will have been eliminated in all the countries of the Southern Cone.

2.2 *Intersectoral Actions Targeting Health Determinants*

- In all the countries, at least 80% of the total population will have adequate wastewater and excreta disposal services;
- At least 75% of the total population will have access to drinking water, and in countries that had access of over 75% in 1998, coverage will increase by 10%.

2.3 *Health Policies and Health Systems*

- All the countries will have adopted policies to promote Health for All and equitable access to good quality health services;
- All blood for transfusion will be screened for hepatitis B and C, syphilis, *Trypanosoma cruzi*, and HIV;
- All blood banks will be participating in quality control programs;
- All the countries will have adopted policies to prevent tobacco use by children and adolescents;
- All the countries will have a health information system that provides basic health data that satisfy validity and reliability criteria;
- In coordination with the pertinent entities, the countries will have reduced the number of unregistered deaths to under 20%;
- Less than 10% of registered deaths will be attributed to "ill-defined causes."

With a view to meeting these targets, the 25th Pan American Sanitary Conference requested the Director to program technical cooperation by implementing the SPO and asked the countries to take them into account in formulating their national health policies. Five Strategic Orientations were established to guide the programming of the Bureau's technical cooperation: Health in Human Development, Health Promotion and Protection, Environmental Protection and Development, Health Systems and Services Development, and Disease Prevention and Control. In addition to the Strategic Orientations, 17 Programmatic Orientations were established, together with 101 areas in which the Bureau assumed responsibility for undertaking particular technical cooperation efforts.

At the same time, the Director was requested to assess the impact of the cooperation provided, utilizing the SPO as a basic frame of reference, and to report to the Governing Bodies.

3. Mid-term Evaluation of the Strategic and Programmatic Orientations, 1999-2002

With a view to advancing this function requested by the Conference, and at the same time providing feedback for the planning process and contributing to the preparation of the Strategic Plan 2003-2007, from April to June 2001 the Bureau conducted a mid-term evaluation of the SPO, whose principal findings are outlined below. This mid-term evaluation of the SPO had three objectives: (a) to explore the knowledge, attitudes, and practices of Bureau staff with regard to the formulation of the SPO and their subsequent utilization; (b) to gauge the progress made toward meeting the regional goals; and (c) to determine the degree to which the Strategic Orientations had informed the programming of technical cooperation. A summary of the most significant findings is presented below.

3.1 *Formulation of the SPO and Their Utilization*

For this component of the mid-term evaluation, a survey was taken of Bureau professional staff (using simple random sampling, with a 95% confidence level and an 8% margin of error). This involved personnel not only from Headquarters but the Representative Offices in the countries and included staff hired under both the United Nations regime and national contracting procedures.

The majority of the professionals surveyed (87%) admitted to a familiarity with the SPO, and the greatest proportion of those who are unfamiliar with them work in administration or are very new to the Organization. Of those who are familiar with the Organization's policy document, 85% concur that the SPO are orienting technical cooperation with the countries and that their content is adequate (83%). However, only half the staff who are familiar with the SPO have information about the process that led to their formulation.

All the professionals who were familiar with the SPO stated that they used them for biennial and semiannual programming of their activities, but they also reported using them in other situations, such as:

- Formulating projects, conducting country situation analyses, and evaluations;
- Preparing presentations on PAHO and on technical cooperation;
- Negotiating technical cooperation with national counterparts;
- Providing orientation for new Bureau staff;
- Offering training courses on the programming system;
- Preparing speeches and presentations;

- Evaluating technical cooperation with national counterparts;
- Requesting and justifying unprogrammed technical cooperation;
- Orienting new government staff and counterparts.

3.2 *Evaluating the Possibilities of Meeting the Regional Goals*

The regional goals established in the SPO, 1999-2002, incorporate some of the goals found in WHO's new global policy of Health for All in the 21st Century, as well as others adapted to the specific conditions of the Region of the Americas—goals that the Member States of PAHO have formally subscribed to through WHO and other international forums. In evaluating the progress made in meeting the goals at mid-year 2001, it was necessary to face the fact that the period of analysis was "very short for establishing differences, considering that the data reported by the countries have a lag of two, three, or more years." Furthermore, some of the evaluation indicators are based on surveys that have a greater periodicity than the period analyzed.

Bearing in mind the aforementioned constraints, data from the Basic Indicators published by the Bureau were used, both for the 1998 baseline and the point of comparison, the year 2000. In a few cases, the opinion of qualified experts from the Bureau was sought. At no time was an attempt made to estimate the precise value of the indicator. The purpose, rather, was to evaluate the progress made in meeting the goals and their possibilities at the end of 2002.

Of the 29 regional goals, 23 were analyzed; however, all the goals will be considered in the final evaluation of 2002. Of the 23 goals analyzed, five could not be evaluated for lack of information sources, five are unlikely to be met by the end of 2002, and 13 can be or already have been met, as observed in the attached table. In general, it was observed that although the design of most of the regional goals poses distinct challenges, meeting them within the proposed timetable is feasible, with some exceptions, and indicators and data are available for most of them.¹

¹ The goals not analyzed in this mid-term evaluation of the SPO were: the incidence of neonatal tetanus will be below 1 per 1,000 live births at the district level (municipal, cantonal, etc.); the prevalence of leprosy will be below 1 per 10,000 population; the prevalence of endemic caries will be reduced by 50%; human rabies transmitted by dogs will have been eliminated; the transmission of Chagas' disease by *Triatoma infestans* will have been eliminated in all the countries of the Southern Cone; and foot-and-mouth disease will have been eliminated in all the countries of the Southern Cone.

| Goal 1999-2002 | Mid-term Result to June 2001 | Feasibility of meeting the goal by the end of 2002 |
|---|---|--|
| Life expectancy at birth will increase by at least two years in all countries that had a life expectancy of less than 70 years in 1998. | Twelve countries in the Region had a life expectancy of less than 70 years in 1998. The weighted average for these 12 countries was 67.09 years. In 2000, 3 of these countries reported attaining a life expectancy of 70 years, but the weighted average rose only to 67.13 years. | No |
| In all the countries, the infant mortality rate will decrease by 10%. | According to the available data at PAHO, the weighted average of decline in infant mortality was already 10% from 1998 to 2000. Of the 38 countries that have information, 19 already report reductions in infant mortality of greater than 10%. These figures indicate that the goal will be exceeded. | Yes |
| Perinatal mortality will decrease by 20%. | There are no sources of information to verify this. | -- |
| Late neonatal mortality will decrease by 30%. | There are no sources of information to verify this. | -- |
| Child mortality will decrease by 40% and will be less than 50 per 1,000 live births. | In the period 1998-2000, child mortality remained virtually unchanged (down from 28.84 to 28.67), and there are still 7 countries with mortality in excess of 50 per 1,000 live births. | No |
| Maternal mortality will decrease by 25%. | Mortality decreased by 19% in the period 1998-2000, even with the more-than-100% increase in mortality reported by Canada and Colombia. Of 31 countries with information for this indicator, 11 have already achieved reductions of more than 25% in the period 1998-2000. | Yes |
| At least 60% of women aged 15 to 44 will have access to contraceptives. | Around 1998, access to contraceptives was already about 60.92%. In the period in question, the regional average rose to 69.84%, but in 18 of the 34 countries analyzed, the percentage of access was still under 60% in 2000. | Yes |
| In all the countries, fewer than 20% of children under 5 years of age will suffer from growth retardation. | Growth retardation in the Region is estimated at 17%. There is no data disaggregated by country. | Yes |
| Less than 10% of newborns will weigh under 2,500g at birth. | According to the available data, in 1998 already, 8.4% of newborns weighed less than 2,500 g. By the year 2000, the percentage had risen to 9%, but in 13 countries (out of 37 with available data) low birthweight was still higher than 10%. | Yes |

| Goal 1999-2002 | Mid-term Result to June 2001 | Feasibility of meeting the goal by the end of 2002 |
|---|---|--|
| Iron deficiency disorders will have been eliminated. | 97% of the population in the Americas has access to iodized salt. This will virtually eliminate iron deficiency disorders. | Yes |
| The prevalence of subclinical vitamin A deficiency in children under 5 will be under 10%. | There are no sources of information to verify this. | -- |
| The prevalence of iron deficiency in women aged 15 to 44 and pregnant women will have decreased by 30%. | Effective interventions that would suggest changes in this indicator in the short and medium term have not been introduced. | No |
| Elimination of the transmission of wild poliovirus will be maintained. | In 1994, the ICCPE declared that transmission of the wild poliovirus had been interrupted in the Americas. Around September 2000, there were 14 confirmed cases in the Dominican Republic and 3 in Haiti. There have been no confirmed cases since then. | Yes |
| Measles transmission will have been eliminated in all the countries. | As of 28 October 2000, there were 1,148 confirmed cases in 30 of the almost 12,000 municipalities in the Region. | No |
| In all countries, at least 80% of the total population will have adequate wastewater and excreta disposal services. | Coverage increased from 65.8% to 67.7% on average in the countries analyzed (the United States and Canada are not included). Around the year 2000, 14 out of 26 countries with available data had less than 80% coverage. | No |
| At least 75% of the total population will have access to drinking water, and in the countries where over 75% of the population had access to drinking water in 1998, coverage will increase by 10%. | Around 1998, coverage was 74.9%. This was increased to 85% in the countries with available data in the Region (the United States and Canada are not included). The countries that had greater than 75% access in 1998 (79.6% on average) increased access to 90.8% in the year 2000. | Yes |
| All the countries will have adopted policies to promote Health for All and equitable access to good quality health services. | Virtually all the countries in the Region have adopted policies to promote equitable access to health services. Studies are under way to demonstrate the impact of such policies. | Yes |
| All blood for transfusion will be screened for hepatitis B and C, syphilis, <i>Trypanosoma cruzi</i> , and HIV. | Around the year 2000, 99% of blood units in the Americas (excluding the United States and Canada) were screened for HIV and hepatitis B. Thirteen out of 20 countries screen 100% of blood units for HIV; 12 screen for hepatitis B; 8 for hepatitis C; 14 for syphilis; and 5 for Chagas' disease. | Yes |

| Goal 1999-2002 | Mid-term Result to June 2001 | Feasibility of meeting the goal by the end of 2002 |
|--|--|--|
| All blood banks will be participating in quality control programs. | In 2000, 16 out of 20 countries were already participating in external programs for serological quality control; of these, 11 had national coverage. | Yes |
| All the countries will have adopted policies to prevent tobacco use by children and adolescents. | There are no sources of information to verify this. | -- |
| All the countries will have a health information system that provides basic health data that meet validity and reliability criteria. | There are no sources of information to verify this. | -- |
| In coordination with the pertinent entities, the countries will have reduced the number of unregistered deaths to under 20%. | In 2000, the weighted average for the Region was 11.3%, but of the 18 countries for which information was available, 7 had underregistration of more than 20%; 5 of them more than 40%. | Yes |
| Less than 10% of registered deaths are attributed to "ill-defined causes." | Around 1998, the average for the Americas was 7.58%, falling to 7% in 2000. If Canada and the United States are excluded, the figures are 11.58% and 10.69%, respectively. However, 10 of the 41 countries for which information was available reported figures higher than 10%. | Yes |

3.3 *Expression of the Programmatic Orientations in Programming*

In order to determine the link between the Programmatic Orientations (PO) and the programming of technical cooperation, the actual relationship between the 101 areas of concentration identified for technical cooperation and the Biennial Program Budget (BPB) for the 1998-1999 and 2000-2001 bienniums was examined in terms of the expected results of the projects. The programs of all the Divisions and the Special Program at Headquarters were analyzed, and five country Representative Offices (one for each subregion) were chosen by random selection.

The technical cooperation projects are intimately linked with the Programmatic Orientations (89.8% in the 1998-1999 biennium and 90.2% in the 2000-2001 biennium), except for projects involving Unit management. This means that the PO really are being used to orient the programming, as contemplated in their design.

However, one aspect that stands out in this analysis is the overly specific nature of the Programmatic Orientations, which hinders their use in the orientation of various cooperation projects. It was even found that some expected results were broader than the Programmatic Orientations that the cooperation projects were meant to address.

The possibilities of evaluating compliance with the PO using the expected results of the BPB projects are limited, not only because the areas of concentration defined for each of them are so numerous (101 for five Strategic Orientations and 17 Programming Orientations), but because of the characteristics of the expected results, which are often not as explicit in terms of quantity, quality, and timeframe as demanded by the AMPES methodology. This combines with the inherent methodological difficulties involved in impact assessment in general and assessing the impact of technical cooperation in particular, since achieving the purpose of cooperation projects is not always exclusively the result of obtaining the expected results. External factors, such as simultaneous or synergistic action on the part of other institutions, may also be involved. Likewise, this could happen even without fulfilling the purpose of the projects.

Another matter to consider in the evaluation from the standpoint of the Programmatic Orientations is that not all programming of cooperation can be linked with the SPO, for this would imply that the Bureau cannot respond to cooperation requests reflecting the specific needs of the countries when they are not included in the Programmatic Orientations. This was confirmed when it was found that some 9% to 11% of the programming was not related to any PO, but to technical areas of public health.

4. Approach for the Evaluation That Will Be Presented to the Executive Committee and the Pan American Sanitary Conference in 2002

The 25th Pan American Sanitary Conference requested the Director not only to implement the SPO but to assess the impact of technical cooperation, using the SPO as a frame of reference. According to the AMPES methodology, which orients the preparation and management of technical cooperation projects, the impact of the project is established at the level of the project's purpose, and the emphasis on the evaluation of the technical cooperation program is on determining the extent to which the expected results have been achieved, together with the impact of the technical cooperation projects, through project indicators of results and purpose. This presupposes that the basic approach for the final evaluation of the SPO should include not only a determination of the progress made toward meeting the regional goals but also an assessment of the degree of compliance with the Programmatic Orientations.

Moreover, this exercise can serve as an opportunity for the Organization to learn about the process of defining policy and planning orientations, as well as the programming and management of technical cooperation.

As a result, the Bureau will take steps to determine the degree to which the regional goals have been met and the Programmatic Orientations complied with. At the same time, however, it will attempt to address the problems already encountered, which are related to the lack of information sources identified in the mid-term evaluation, the lack of up-to-date data, and the methodological difficulty of assessing the impact of cooperation. It will consider using the 17 Programmatic Orientations, instead of the 101 areas for concentrating efforts, as the analytical basis for evaluating the programming of technical cooperation and, ultimately, derive concrete lessons that will be useful for the planning process and the management of cooperation.

4.1 *Estimate of the Progress Made in Meeting the Regional Goals*

For each regional and country goal, the available data showing the progress made or delays in meeting the goals will be analyzed. Emphasis will be placed on pending goals, beginning with a baseline corresponding to 1998. This implies the use not only of the Core Data, but alternative information sources for goals where the Core Data are not deemed the best source. In certain cases, such as goals related to the adoption of policies or the establishment of systems, consultations will be made through the PAHO Representative Offices.

4.2 *Evaluating Compliance with the Programmatic Orientations*

Based on the experience of the mid-term evaluation in 2001, this component will be addressed with specific indicators for each of the 17 Programmatic Orientations, developed with program experts from the Bureau. One of the information sources will be the BPBs corresponding to the period.

With a view to informing the Governing Bodies about the execution of technical cooperation, a summary of the Bureau's most important activities will be included for each of the Programmatic Orientations.

4.3 *Lessons from the Evaluation of the SPO*

A series of lessons will be learned about the definition of the SPO and their content and application, not only through the mid-term evaluation conducted in 2001 but the subsequent exercise in 2002.

In this regard, we have already been able to extract some lessons, which are included in the mid-term evaluation report and listed below. It is recommended that the Bureau:

- Establish fewer Programmatic Orientations, whatever the definition or name used for them;
- Adopt regional goals and define them in a way that will allow for easy verification;
- When programming cooperation, strictly adhere to the forms and conventions established in AMPES for preparing and evaluating projects to ensure that evaluation is feasible;
- In formulating technical cooperation activities, give a preeminent place to the Organization's policies, leaving room for their adaptation to the particular needs of the countries and for responding to emerging situations.

Furthermore, in defining the Strategic Plan 2003-2007, it will be possible to develop new recommendations that will be strengthened with those from the evaluation of the SPO, 1999-2002.

5. Action by the Subcommittee on Planning and Programming

Although the primary objective of this document is to inform the delegates to the 36th Session of the Subcommittee on Planning and Programming about the progress made in evaluating the SPO, 1999-2002, we are requesting ideas and recommendations from the Subcommittee to improve the process we have described for evaluating progress toward meeting the regional goals of the SPO and compliance with the Programmatic Orientations.