



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



40th SESSION OF THE SUBCOMMITTEE ON PLANNING AND PROGRAMMING OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 20-22 March 2006

Provisional Agenda Item 9

SPP40/8 (Eng.)
16 February 2006
ORIGINAL: ENGLISH

PUBLIC HEALTH PLANS FOR THE AMERICAS: CONCEPT FRAMEWORK AND PROCESS

This document is presented to PAHO's Subcommittee on Planning and Programming following the process of institutional strengthening of the Pan American Sanitary Bureau, in response to Resolution CE136.R3 of the Executive Committee, "Process of Institutional Strengthening of the Pan American Sanitary Bureau." The Regional Public Health Plans will foster a better response to country needs developing new modalities of technical cooperation.

The driving force for Regional Public Health Plans comes from the countries as a regional commitment to respond to priority problems in public health. The countries bring together national stakeholders, creating a dynamic network that includes such groups as the public and private sectors, other national entities, nongovernmental organizations, financial institutions, and civil society, all backed by international agencies and organizations.

Although many achievements have been accomplished in the area of public health in the Region of the Americas, changes in the global situation mean new challenges for public health as well as technical cooperation, and the participation of many stakeholders, with different interests. There is valuable experience and significant lessons learned regarding planning processes in the Region, including from Ten-Year Public Health Programs in the Americas within the United Nations Development Decades,¹ Immunization Program, and Vision 20/20 Strategy, among others.

The experiences gained and lessons learned have sharpened regional perceptions, indicating that ongoing major efforts must to be directed at regional planning. There is awareness by countries that the formulation of regional plans must be guided to address priority health problems in an integrated way with clear definition of goals, objectives, and strategies.

In this context, Regional Public Health Plans have become a strategic and unifying tool to promote alliances at all levels and among all stakeholders in order to achieve, in an efficient manner, common goals and objectives. The need to formulate a conceptual framework for Regional Public Health Plans was, therefore, identified as a call to collective action for public health.

The SPP is requested to offer comments and guidance on this conceptual framework for Regional Public Health Plans. This document seeks to standardize the definition, criteria, characteristics, and functions of Public Health Plans within the framework of the Health Agenda for the Americas.

¹ Pan American Health Organization. Ten-Year Health Plan for the Americas, Final Report of the III Special Meeting of Ministers of Health of the Americas. 1973.

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Introduction

1. The new global trends and realities constitute a new challenge for the Organization to adapt the technical cooperation to member country needs. PAHO has identified 11 initiatives to boost the Organization's capacity to meet its mission, which is to improve health in the Americas. These initiatives are designed to support the five strategic objectives for organizational change in PAHO:

- (a) Respond better to country needs
- (b) Adopt new modalities of technical cooperation
- (c) Establish a regional forum for discussion and dialogue
- (d) Become a learning/knowledge-based organization
- (e) Improve management processes.

2. The Regional Public Health Plans are a driving force emanating from the countries and represent a regional commitment. They unite all stakeholders involved, such as agencies, nongovernmental organizations (NGOs), donors, and civil society in pursuit of Member States common goals and objectives. Regional Public Health Plans are an important resource of technical cooperation to member countries. The Regional Public Health Plans should respond to the five strategic objectives with an emphasis on the first two: respond better to country needs and adopt new modalities to offer a more efficient and effective technical cooperation. They also take into account the principles of primary health care.

3. PAHO should define the criteria and mechanisms to support countries while Regional Public Health Plans are developed and implemented, focusing on selected priorities for the achievement of mutually agreed-upon goals. Three categories have been identified for the framework of technical cooperation: protecting achievements, addressing the unfinished agenda, and facing new challenges.

4. This document is the result of an analysis of existing programs' best practices, discussions, contributions, and a literature review. It constitutes the starting point of a continuously evolving endeavor.

Regional Vision

5. Regional Vision refers to the conceptual framework that provides the necessary focus and direction for maintaining the continuity of Regional Public Health Plans processes and activities over extended periods of time, as presented in Document SPP40/3 referring to the Health Agenda for the Americas. The persistence and

magnitude of poverty, along with the extreme economic inequities, exacerbate health and social exclusion. In this context, Regional Public Health Plans serve as instruments of governance, democratic stability, and negotiation, enabling countries to eliminate inequities and reduce conflicts, and contribute to the social development of countries.

6. Development of this vision requires an ongoing exchange of information and perceptions with the countries. This includes knowledge of health problems, their geographic and population distribution, and their determinants, as well as a proposal for intervention that is achievable, measurable, cost-effective, and sustainable over time, focusing on the reduction of health inequities.

7. The Regional Vision must be shared by all relevant stakeholders and, therefore, requires political support at the global, regional, subregional, and country levels, as well as the support of academic and scientific institutions and health personnel of other regional and national institutions. Moreover, the Regional Vision incorporates and reflects local conditions at the country level, recognizing the existing gaps among geographic areas and populations, with a focus on the achievement of improved health equity.

Definition

8. Regional Public Health Plans are defined as a set of collective actions agreed upon by the countries of the Americas and stakeholders to address priority problems, with PAHO technical support.^{2,3} They include a series of activities that are organized, planned, and coordinated at the regional, subregional, country, and local levels for the purpose of efficiently achieving specific goals and objectives related to public health.

9. Regional Public Health Plans must reflect the values of equity, excellence, solidarity, and Pan Americanism.

Criteria

10. The basic criteria for Regional Public Health Plans are determined by the importance of the problems they seek to address, their attributes, and the scope of the response.

² PAHO Strategic Management Plan for the period 2003-2007.

³ Dr. Mirta Roses. Meeting of the Communicable Diseases Unit on the coordination and updating of programmatic strategies, Brasília, 30 April 2003.

Criteria by problems:

- Real magnitude of the problem, range, adverse effects, geographic and population gaps, and potential risk of deterioration;
- Existing cost-effective interventions aimed at: preventing and/or reducing the impact of priority public health problems affecting the countries in the Region;
- Endorsement of international agreements and/or PAHO/WHO Resolutions; and
- Achievement of the Millennium Development Goals (MDGs) and other elements of the unfinished agenda, protecting public health achievements, and responding to emerging problems and new challenges.

Attributes:

- Regional Public Health Plans strengthen health systems by offering integral and integrated responses.
- Regional Public Health Plans are considered international public goods.^{4,5}
- Regional Public Health Plans recognize and strengthen one or more essential public health functions, with high positive externalities.
- Regional Public Health Plans should comply with international health regulations and coordinate the response to epidemics, disasters, and emergencies of importance in the international public health arena.

Scope of the response:

- Organized and coordinated response that integrates the global, regional, subregional, country, and local levels.

Characteristics

11. Regional Public Health Plans must be identified as a useful product for national authorities and must be aligned with their expectations and priorities.

12. Regional plans may have the following characteristics:

⁴ Plans conceived as regional public goods are multilateral goods requiring countries to work with each other and share two characteristics: there are no rivalries with regard to their consumption and no possibility of excluding anyone from their benefits. Administering a regional public good requires some type of international cooperation to ensure accessibility at the local level.

⁵ Report of the Working Group on PAHO in the 21st Century 2005

- A target vision of the problem.
- Identification of social determinants affecting health when designing intersectoral strategies.
- Results-based management throughout the process, from planning to implementation, monitoring, and notification of results with the participation of all partners to improve the quality, efficiency, and sustainability of the action taken.
- Clearly-defined goals, objectives, and strategies, supported by an ongoing situation analysis.
- Selected strategies based on evidence and lessons learned that can be adapted to different country situations and that are supported by the regional and national scientific community.
- Interventions with demonstrated cost-effectiveness.
- Coordination at all levels, from global to local, focusing on the reduction of health inequities.
- Availability of information systems and use of new information and communication technologies for analysis at national, state, and local levels, focusing on the identification of health inequities.
- Utilization of process, result, and impact indicators.
- Monitoring of impact on health conditions as well as quantifiable changes in morbidity and mortality.
- Utilization of accountability mechanisms.
- Periodic analysis and sharing of best practices and lessons learned.
- Flexibility to adapt to new findings, technologies, and situations.

13. Regional Public Health Plans can be implemented using modalities such as regional initiatives, defined as intensified actions of defined duration with short-term results, characterized by their high visibility and political commitment.

14. Therefore, Regional Public Health Plans management must be results-based, with a realistic definition of expectations; clear identification of program beneficiaries; use of information to make effective management decisions; progress monitoring the expected results and resources spent; improvement of practices through lessons learned; risk identification and management; and reporting on results and resources used.

Functions

15. In order to define the type of cooperation countries require, it is important for PAHO to take into consideration country characteristics, risks, and degree of

development. This classification should take place in collaboration with country offices. Based on the cooperation needs identified, PAHO will be able to strengthen country offices' capacities for the coordination, modulation, and provision of the technical cooperation. PAHO/WHO lines of action will be a major contribution to the countries in order to achieve regional public health goals.

16. The functions of Regional Public Health Plans are flexible and can change depending on the different types of problems identified in the countries:

- For the unfinished agenda, strategies offering permanent solutions in the medium and long term are required.
- To protect achievements, follow-up, monitoring and evaluation are required.
- For new challenges, problems must be identified and potential intervention strategies defined for the prevention, control, and/or reduction of the impact of problems.

17. Some of the basic functions that allow Regional Public Health Plans to achieve their objectives are:

(a) Health Situation Analysis

- Make situation analysis available at the regional, subregional, country, and local levels, with an emphasis on the identification of the most vulnerable geographic areas and population groups.
- Assess institutional strengths at country level to promote technical cooperation, including human resources as well as successful models and experiences.
- Assess institutional weaknesses to coordinate with other entities that have capacity at the country level, or, in cases where there are no such entities, strengthen institutional capacity.
- Identify needs and perceptions about cooperation priorities from various parties at the country level.
- Promote the use of methodologies, tools, and indicators to quantify problems and measure the impact of interventions of different programs.
- Apply the concept of epidemiological stratification to tackle problems, when applicable, and identify priorities and implement adequate strategies.
- Strengthen the use and analysis of information and promote communication and the exchange of successful experiences and lessons learned, using different virtual methods such as networks, distance education, etc.
- Promote the production and dissemination of scientific and technical materials.

- (b) Development of norms, criteria and technical standards
- Strengthen qualitative and quantitative operational research and the implementation of results; and
 - Promote the development of national reference institutions; maximize the role of regional and subregional centers, and support collaboration and exchange networks.
- (c) Implementation, monitoring and evaluation of regional, subregional, and national plans
- Establish strategic planning, including the design and implementation of a Regional Strategic Plan.
 - Establish different technical cooperation modalities by framing the priorities, strategies, and focus of the Regional Public Health Plans by groups of countries, in accordance with their level of social and economic development.
 - Strengthen national capacities to reduce gaps in the most vulnerable geographic areas and population groups.
 - Establish interprogrammatic and interdisciplinary coordination at all levels.
 - Foster external coordination to include intersectoral coordination and participation of academic and scientific institutions, NGOs, and civil society.
 - Strengthen the transfer and dissemination of new technologies, and generate mechanisms to make them accessible to countries.
 - Mobilize resources, both financial and nonfinancial (human, in-kind, partnerships with government and nongovernmental agencies, among others).
 - Promote advocacy, lobbying, and summoning action.
 - Analyze and market their products to position themselves in the national and international context.
 - Conduct program-costing exercises to demonstrate the difference between available resources and required resources.
 - Monitor the implementation and results of the regional plan to make necessary adjustments.
 - Periodic program evaluations at the national and international levels.
 - Promote the active participation of universities and research centers in the formulation, implementation, and follow-up of Regional Public Health Plans. Promote their expansion, not only in health services, but in other areas as well, including bachelor's and master's degrees in education, social development, culture, and economics.

Functional Structure of Regional Public Health Plans

18. Regional Public Health Plans should have a political and technical architecture, both outside and inside of PAHO, including ongoing coordination with WHO. This structure must allow the mobilization of human, technical, financial, and technological resources at the global, regional, subregional, country, and intercountry levels.

External Functional Structure

- Groups of experts to advise on technical and scientific recommendations by consensus;⁶
- Commissions, opinion leaders, champions, etc., responsible for mobilizing political support and visibility;
- Interagency coalitions, networks to coordinate and promote dialogue among countries and different partners and stakeholders;
- Regional public health networks, establishing new networks or strengthening the existing national public health networks, such as collaborating centers and national institutions of reference, as well as regional, subregional, and inter-country epidemiological surveillance networks.

19. All of these groups should promote an active participation of academic and scientific institutions, as well as research institutes; provide technical advice for the definition of objectives, goals, strategies, indicators, and methodologies of evaluation; facilitate regional, subregional, and national consensus of diverse stakeholders with country priorities; exchange knowledge, technology, and technical know-how; promote a shared vision; mobilize resources within a common framework; and rationalize the division of labor to increase efficiency.

PAHO Internal Functional Structure

- Regional Public Health Plans transcend formal structures and develop into programs that permeate the Secretariat as a whole. However, a Technical Unit should be identified to coordinate the institutional response to countries' needs.
- Groups of regional consultants with knowledge and experience in different disciplines related to the design, planning, implementation, follow-up, and evaluation of Regional Public Health Plans, to provide direct and indirect support at the regional, subregional, country, and local levels.

⁶ Tambini G, Andrus JK, Fitzsimmons J, Roses M, Regional Programs for Health: Immunization as a Model for Strengthening Intercountry Cooperation for the Control of Infectious Diseases. *Rev Panam Salud Pública* (accepted for publication).

- Interprogrammatic and interdisciplinary coordination mechanisms at the regional, subregional, country, and local levels.
- Prompt administrative, legal, planning, resource allocation, execution, monitoring, and evaluation mechanisms.
- Human resources profiles and competencies that adequately respond to country needs.

Subregional and Country Levels

Subregional Level

20. Regional Public Health Plans must respond to the many diverse needs of countries or subregional groups of countries sharing a common geopolitical and/or development agenda, or those linked by specific health issues. These include CARICOM, CAN, ORAS/CONHU, REMSAA, COMISCA, MERCOSUR, ACTO (Amazonian Cooperation Treaty Organization), and others. This facilitates intersectoral participation.

21. Regional Public Health Plans should incorporate subregional initiatives based on the profiles and needs of the subregions.

22. Some of the functions at the subregional level might include the following:

- Prepare specific action plans tailored to meet the needs of the subregions and the challenges to reduce inequities in health.
- Identify financial strengths in the subregion and other modalities relating to financing, sources, networks, and types of cooperation.
- Identify priorities areas on the agendas of subregional blocs or groups, coherence with subregional policies and validity over time, as well as their timeframes;
- Coordinate collaboration with subregional centers, using their growing capacity to provide international cooperation.
- Strengthen subregional surveillance networks.
- Evaluate the subregional response permanently.

Country Level

23. Countries, in accordance with their needs and priorities, should adopt and adapt global, regional, and subregional public health goals.

24. Regional and subregional technical cooperation must adjust to national health systems, decentralization processes, public and private national and subnational

structures, and different stakeholders. Technical cooperation must generate high visibility and mobilization of political, social, and financial support through different mechanisms.

25. At the country level, Public Health Plans should be supported by different groups national networks, and partnerships, such as:

- Interagency Coordinating Committees (ICCs)
- Advisory committees including representatives of scientific associations, academia, NGOs, and other civil society groups
- Interprogrammatic and intercountry coordination through Technical Cooperation among Countries (TCC)
- Bilateral and horizontal cooperation among and within countries
- Centers of Reference
- National and border epidemiological surveillance networks.

Implications for PAHO/WHO Technical Cooperation

26. PAHO/WHO must organize the structure of technical cooperation to respond to the commitments and priorities identified, such as the ones listed in the MDGs for 2015. The technical capacity of country offices should respond mainly to the needs and priorities identified and perceived by countries, through mechanisms such as the Country Cooperation Strategy (CCS) and CCA-UNDAF, among others.

27. It is equally essential to strengthen existing mechanisms and develop novel cooperation modalities, such as:

- (a) Horizontal cooperation among and within countries.
- (b) Facilitate the establishment of revolving and trust funds to promote economies of scale.
- (c) Promote the manufacturing of inexpensive, good quality supplies, materials, products, drugs, and foods.
- (d) Establish criteria to decentralize and define the emphasis and modalities of sub-regional technical cooperation. Administrative and operational structures will need to be adapted to facilitate cooperation with a subregional focus.
- (e) Define criteria for accreditation of Reference and Collaborating Centers.
- (f) Promote interprogrammatic work modalities through the creation of feasible mechanisms for the development of an interprogrammatic work ethic in the Secretariat as a way to achieve common goals and objectives, such as task forces,

working groups, joint missions to countries, focus on priority countries, joint projects among different regional programs, development of regional and subregional initiatives within one or more regional programs, creation or expansion of virtual means networks, and promotion of the mobilization of resources for joint projects.

- (g) The Secretariat, based on the Biennial Program Budget cycle and results-based management, must revise the work plan as a function of the status of the priority Regional Public Health Plans, whether they have enough resources, and identify needs for the development of new Plans.

Action by the Subcommittee on Planning and Programming

28. The SPP is requested to offer comments and guidance on this conceptual framework for Regional Public Health Plans. This document seeks to standardize the definition, criteria, characteristics, and functions of Public Health Plans within the framework of the Health Agenda for the Americas.

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