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ORGANISATION MONDIALE DE LA SANTÉ



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PROJET DE BUDGET ET PROGRAMME DE L'OPS 2010-2011

1. Ce document présente le deuxième budget et programme biennal pour le Plan stratégique de l'OPS 2008-2012. Les objectifs stratégiques et les résultats escompté à l'échelle de la Région (RER) compris dans ce document sont les mêmes que ceux inclus dans le Plan stratégique de l'OPS 2008-2012 amendé, également présenté à la 144^e session du Comité exécutif. Donc, le Budget et programme de l'OPS 2010-2011 constitue une estimation du calcul du coût de la réalisation des RER sur une période de deux ans, à savoir 2010-2011.

2. Le Bureau sanitaire panaméricain (BSP) a entrepris un examen à l'échelle de la Région des indicateurs de RER pour assurer qu'ils demeurent pertinents et qu'ils représentent les meilleurs moyens possibles de mesurer les réalisations de l'Organisation. En résultat, certains indicateurs ont changé dans une tentative d'assurer l'exactitude, et d'autres ont été éliminés pour éviter le double emploi de ceux-ci.

3. Conformément à la bonne gouvernance, la transparence et la reddition de comptes, ce document présente pour la première fois des chiffres du budget séparés par segment, semblables à la présentation du budget global de l'OMS à l'Assemblée mondiale de la Santé. Les trois segments présentés sont les suivants : a) programmes de base de l'OPS/OMS, b) flambée, crise et réponse, et c) projets internes financés par les gouvernements. Cette différenciation est devenue nécessaire en reconnaissance des différentes conditions requises de budget et de gestion apparentées à b) et c) ci-dessus, en particulier au vu de la nature et de l'ampleur imprévisibles de ces deux segments au cours des années récentes.

4. La proposition pour les programmes de base recommande US\$ 644 millions de budget ordinaire OPS/AMRO et d'autres sources. La portion des contributions fixées qui revient au budget ordinaire s'élève à \$288,5 millions, dont \$187,8 millions de contributions

de l'OPS. Ceci représente une augmentation proposée de 4,3% des contributions. Les chiffres du budget sont présentés par objectif stratégique et résultat escompté à l'échelle de la Région pour toute l'Organisation, ainsi que des sections aux niveaux sous-régional et de pays. Des tableaux comparatifs sont également présentés montrant les changements par rapport à la période biennale antérieure. Les niveaux de ressources proposés par objectif stratégique incorporent les commentaires et les orientations reçus des États Membres, les discussions internes avec les facilitateurs des objectifs stratégiques, ainsi que l'analyse qui considère le modèle de hiérarchisation régionale qui a été discuté précédemment avec les États Membres.

5. Des ventilations budgétaires plus détaillées des objectifs stratégiques par niveau organisationnel (régional, sous-régional et pays) seront disponibles dans le Document officiel à soumettre au Conseil directeur suite à l'affinement des efforts de planification opérationnelle actuellement en cours parmi toutes les entités du BSP.

6. Un addendum au budget programme 2010-2011 (document officiel 333, Add. I) a été préparé en réponse à la demande du SPBA. Ce document présente trois scénarios de budget différents et une justification pour l'augmentation demandée de 4,3% des contributions. Il couvre également l'impact programmatique de ces scénarios, et offre une information détaillée sur les efforts accomplis en vue de l'efficacité et la productivité.

7. À l'époque d'une crise financière internationale ainsi que du risque d'une pandémie de grande ampleur, il est extrêmement important d'investir dans la santé afin de a) protéger les réalisations et hiérarchiser les systèmes et les services de santé basés sur les soins de santé primaires qui permettent une réponse appropriée aux pandémies et autres catastrophes émergentes; b) progresser dans les Objectifs de développement pour le Millénaire liés à la santé dans la Région, avec un accent particulier mis sur les pays, les zones et les populations prioritaires; et c) continuer à faire des progrès dans l'exécution du Programme d'action sanitaire pour les Amériques.

Annexes^{*}

^{*} Document disponible seulement en anglais.

PROPOSED PAHO PROGRAM AND BUDGET 2010-2011

**Pan American Health Organization
World Health Organization**

June 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) the **AMRO Share**, which is the portion of the WHO regular budget approved for the Region of the Americas by the World Health Assembly;
 - (c) **Other Sources**, which mainly comprises voluntary contributions mobilized by PAHO or through WHO, program support-generated funds, and funding from the Master Capital Investment Fund; among other categories.
3. While funding sources (a) and (b) above are considered unearmarked, voluntary contributions (included in (c)) can be categorized as either earmarked or unearmarked. Effective financing of the Strategic Plan 2008-2012 and associated Programs and Budgets will require careful management of the different sources and types of income to ensure complete funding of planned activities. Unearmarked funding provides a predictable and flexible resource base that facilitates financing the core work of the Organization. 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 voluntary contributions continue 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 *core voluntary contributions* (CVC) by WHO—the Organization will become more successful in fully financing its Strategic Plan and Programs and 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 and budget financed with core voluntary contributions and will similarly continue its own efforts in this area.
5. The proposed resource levels by strategic objective (refer to Annexes 2 and 3) incorporate comments and guidance received from Member States, internal discussions with strategic objective facilitators, as well as analysis that stems from the regional prioritization model that has been previously discussed with Member States. As a result, increases are proposed in Strategic Objectives 1 and 3, addressing communicable as well as chronic diseases, and in Strategic Objectives 7 and 10, addressing the social and economic determinants in health as well as the strengthening health services with a focus on primary health care. An increase is also proposed in strategic objective 11 to better reflect all costs associated with the production of quality data, information and knowledge for planning and decision-making. Part of these costs was previously budgeted in strategic objective 15. In turn, reductions are proposed in strategic objectives 12, 13 and 14. A reduction is also proposed in strategic objective 16 with a compensatory increase in strategic objective 15 to reflect a re-categorization of costs related to supporting PAHO/WHO country presence. It is worth noting that there is no proposed increase for strategic objective 4 even though it is considered the highest programmatic priority. This is because actual and expected levels of funding are still well below current budget targets, and it is considered unlikely to increase resource mobilization to the stated level.

6. 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 posts (FTPs) 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 FTP budget component compared to the previous budget period.

7. In determining the costs for 2010-2011 regular budget, a recent analysis performed for actual costs incurred for FTPs during 2008 reveals an increase of 6.3% over the cost of FTPs already budgeted for 2008. This brings the actual cost factor for 2008-2009 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 US\$ 11.5¹ million from non-FTP funds to the FTP budget will be required to fully fund all fixed-term posts for 2008-2009. This is the starting point for the FTP cost estimate considered in the proposed 2010-2011 budget.

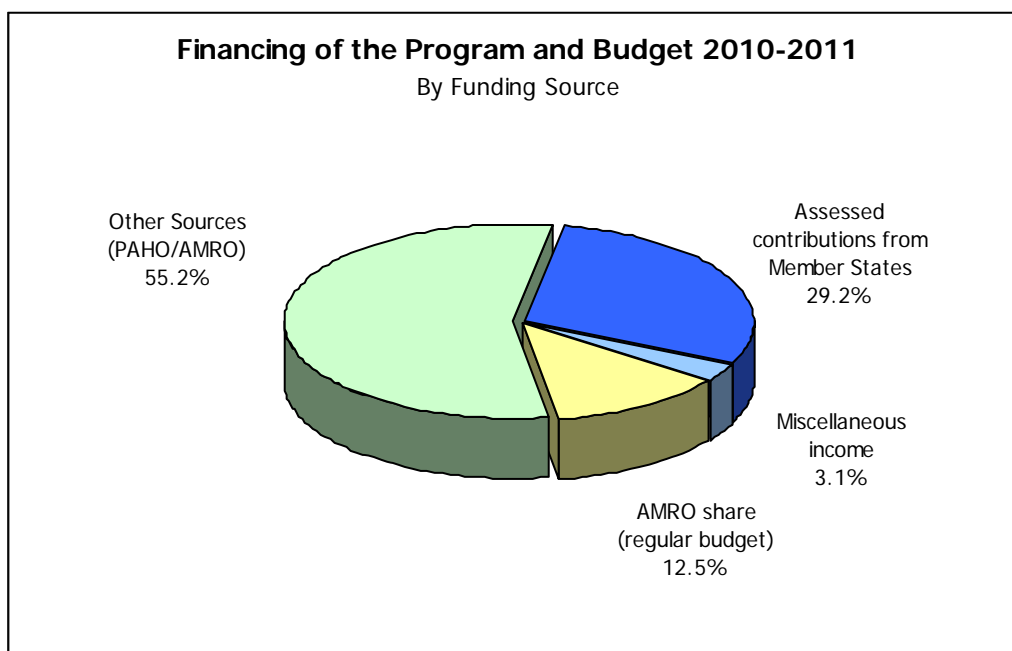
8. Table 1 compares the financing of the proposed 2010-2011 program and budget with the approved 2008-2009 budget.

Table 1. Financing of the Program and Budget 2010-2011
(PAHO/WHO Base Programs)

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	80,700,000	-1.0%
= Total Regular Budget	279,067,000	288,516,000	3.4%
+ Estimated Other Sources *	347,000,000	355,851,000	2.6%
= Total Resource Requirements	626,067,000	644,367,000	2.9%

* Represents primarily the combined total estimated voluntary contributions from PAHO donor partners as well as from WHO.

¹ Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.



9. **Assessed contributions.** The analysis of 2008-2009 actual FTP costs revealed a 6.3% increase over the FTP budget for the biennium. The full cost of 6.3% applied to all regular-funded FTPs proposed for 2010-2011 equates to \$11.5 million. Of this amount, \$7.75 million represent the cost increase for FTPs funded from PAHO regular funds, or approximately 67%. The remaining 33% are funded from WHO regular budget funds (AMRO share). Therefore, the increase proposed for PAHO assessed contributions is \$7.75 million, or 4.3%, compared with the 2008-2009 biennium. The increase is expected to bring the 2010-2011 budget for FTPs only up to the level of actual costs expected for the 2008-2009 biennium.

10. **Miscellaneous income.** At this time, the projection for miscellaneous income is expected to increase by \$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.

11. **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 \$80.7 million was recently approved by the 62nd World Health Assembly and represents a reduction of \$800,000, or 1.0%, compared with the previous biennium.

12. **Estimated Other Sources.** This figure includes voluntary contributions mobilized by PAHO or through WHO, program support-generated funds, and funding from the Master Capital Investment Fund; among other categories. Estimates are discussed by Strategic Objective networks and subject to internal programmatic prioritization. This figure may change slightly in the final iteration of this document to be presented to the Directing Council as dictated by circumstances surrounding the availability of resources and finalization of the Operational Planning Process.

13. **Total resource requirements.** This category amounts to \$644.4 million, an increase of 2.9% compared with the total budget for the previous biennium.

14. 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.

15. In the 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 being used to fund several projects approved by Member States. Some of these projects include initiatives related to the International Public Sector Accounting Standards (IPSAS), Modernizing the Corporate Management Systems, and other capital investment projects. However, the Organization also has had to strengthen some important enabling functions for improved accountability and transparency, such as those related to additional internal oversight and audit, 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.

16. The 2010–2011 biennium represents the last of three bienniums targeted in the Regional Program and 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; consequently, the shifts 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.

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

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

	2006-2007	2008-2009	2010-2011
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 and Budget Policy is scheduled for 2009.

18. 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 flexible and 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 and Budget. Thus, regular budget funds become increasingly essential for securing the core functions as well as the enabling functions of the Organization.

19. The three sections that follow illustrate the Program and Budget by the 16 Strategic Objectives with their Region-wide expected results (RERs) and indicators, by: Region-wide (corporate) level; the Subregional level; and the Country level.

20. Six Annexed tables are included for additional budget details: (a) Forty-year History of PAHO/AMRO regular budget funding; (b) Proposed Program and Budget 2010-2011 by funding source (base programs); (c) Proposed Program and Budget 2010-2011: comparison with 2008-2009; (d) Proposed Program and Budget: all segments. (e) Regional Program and Budget Policy: Phase-in schedule over three bienniums; and (f) Application of the Regional Program and Budget Policy at country level.

21. The table in Annex 4 (Proposed Program and Budget: all segments) is being presented for the first time. The intention is to separate the proposed budget into three segments: (a) PAHO/WHO base programs, (b) out-break, crisis and response, and (c) government-financed internal projects. This differentiation has become necessary in recognition of the different budget and management requirements associated with (b) and (c), particularly given the unpredictable nature and magnitude of these other two segments in recent years.

STRATEGIC OBJECTIVES AND REGION-WIDE EXPECTED RESULTS

This section illustrates the entire program of the Organization. All organizational levels (regional, subregional, and country) are grouped together at the highest programmatic 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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
1.1.1	Number of countries achieving more than 95% vaccination coverage at national level (DPT3 as a tracer)	17	20	22	25
1.1.2	Percentage of municipalities with vaccination coverage level less than 95% in Latin America and the Caribbean (DPT3 as a tracer using baseline of 15,076 municipalities)	38%	36%	34%	32%
1.1.3	Number of countries that have included pneumococcal and/or rotavirus sentinel surveillance in their national epidemiological system	0	5	10	15

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
1.2.1	Number of countries with surveillance activities and vaccination to maintain the polio eradication	38/38	38/38	38/38	38/38
1.2.2	Number of countries that have implemented interventions to achieve rubella and Congenital Rubella Syndrome (CRS) elimination	35/38	36/38	38/38	38/38

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
1.3.1	Number of countries that have eliminated leprosy at national and sub-national levels as a public health concern	16/24	17/24	19/24	24/24
1.3.2	Number of countries that have eliminated human rabies transmitted by dogs	11	14	16	18
1.3.3	Number of countries that maintain surveillance and preparedness for emerging or re-emerging zoonotic diseases	11	12	19	23
1.3.4	Number of countries with Domiciliary Infestation Index by their main Triatominae vectors lower than 1%	3/21	11/21	15/21	18/21
1.3.5	Number of countries which have adopted programs or strategies for the surveillance, prevention, control or elimination of the neglected diseases	0	3	7	11

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
1.4.1	Number of countries with a surveillance system for all communicable diseases of public health importance for the country	14	16	18	20
1.4.2	Number of countries that submit the joint reporting forms on immunization surveillance and monitoring to the PASB, in accordance with established timelines	15/38	18/38	19/38	20/38
1.4.3	Number of countries routinely implementing antimicrobial resistance (AMR) surveillance and interventions for AMR containment, including health care associated infections	17/35	22/35	24/35	27/35

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
1.5.1	Number of countries that have implemented operational research in accordance with the research priorities in communicable diseases	0/33	2/33	3/33	5/33

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
1.6.1	Number of countries that have achieved the core capacities for surveillance and response, in line with their obligations under the International Health Regulations (2005)	0	10	17	25
1.6.2	Number of countries that maintain training programs focusing on the strengthening of outbreak response capacities	16	17	21	23

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).

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
1.7.1	Number of countries that have national preparedness plans and standard operating procedures in place for rapid response teams against pandemic influenza	17/35	23/35	31/35	35/35
1.7.2	Number of countries with basic capacity to detect epidemic prone viral pathogens according to the PAHO's epidemiological surveillance guidelines	2	4	10	12
1.7.3	Number of countries implementing interventions and strategies for dengue control according to PAHO/WHO guidelines	14	19	21	23

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
1.8.1	Percentage of public health events of international importance verified in the time recommended by the International Health Regulations	85%	90%	95%	98%

RER 1.9 Effective operations and response by Member States and international community to declared emergencies situations due to epidemic and pandemic prone diseases.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
1.9.1	Percentage of comprehensive and coordinated PASB response based on requests for support from Member States during emergencies or epidemics	90%	100%	100%	100%

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.	18,480,000
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.	8,800,000
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.	14,960,000
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	8,800,000
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	1,760,000
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.	10,560,000
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).	11,440,000
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.	13,200,000
1.9	Effective operations and response by Member States and international community to declared emergencies situations due to epidemic and pandemic prone diseases.	-
Total Cost for SO1		88,000,000

Resources breakdown

	2010-2011
Country	
Subregional	
Regional	
Total	88,000,000

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
2.1.1	Number of countries that provide prophylactic antiretroviral treatment to at least 80% of the estimated HIV positive pregnant women	9	10	12	17
2.1.2	Number of countries that provide antiretroviral treatment to at least 80% of the population estimated to be in need as per PAHO/WHO guidelines	6	7	12	15
2.1.3	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	20	23	28	33
2.1.4	Number of countries detecting 70% of estimated cases of pulmonary tuberculosis through a positive TB smear test	12/27	20/27	23/27	26/27
2.1.5	Number of countries with a treatment success rate of 85% for tuberculosis cohort patients	6/27	11/27	16/27	23/27
2.1.6	Number of countries that have achieved the regional target for elimination of congenital syphilis	2	7	15	26
2.1.7	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)	4	6	11	14

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
2.2.1	Number of countries with health sector policies and medium-term plans in response to HIV in accordance with the Universal Access Framework	40	40	40	40
2.2.2	Number of countries implementing the WHO 12 collaborative activities against HIV/AIDS and tuberculosis	3	9	20	30

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
2.3.1	Number of countries implementing revised/updated diagnostic and treatment guidelines on tuberculosis	4/27	15/27	20/27	25/27
2.3.2	Number of countries that participate in the Strategic Fund mechanism for affordable essential medicines for HIV/AIDS	19	19	20	21
2.3.3	Number of countries implementing quality-assured HIV screening of all donated blood	32	34	37	40

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
2.4.1	Number of countries reporting HIV surveillance data disaggregated by sex and age to PAHO	25	27	32	33
2.4.2	Number of countries reporting tuberculosis surveillance data disaggregated by sex and age to PAHO	27	30	34	37
2.4.3	Number of countries reporting malaria surveillance data disaggregated by sex and age to PAHO	21/21	21/21	21/21	21/21
2.4.4	Number of countries reporting HIV drug resistance surveillance data to PAHO, as per PAHO/WHO guidelines	1	2	7	16
2.4.5	Number of countries reporting tuberculosis drug resistance surveillance data to PAHO, as per PAHO/WHO guidelines	14/27	19/27	22/27	27/27
2.4.6	Number of countries reporting malaria drug resistance surveillance data to PAHO, as per PAHO/WHO guidelines	9/21	13/21	17/21	20/21

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
2.5.1	Number of countries with functional coordination mechanisms for HIV/AIDS	40	40	40	40
2.5.2	Number of countries with functional coordination mechanisms for tuberculosis	5/27	8/27	12/27	15/27
2.5.3	Number of countries with functional coordination mechanisms for malaria	21/21	21/21	21/21	21/21
2.5.4	Maintain the number of countries involving communities, persons affected by the disease, civil-society organizations and the private sector in planning, design, implementation and evaluation of programs against HIV/AIDS	40	40	40	40

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
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	1	2	2	3
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	0	1	2	2

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.	24,028,800
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.	11,263,500
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	11,263,500
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.	10,512,600
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.	10,512,600
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	7,509,000
Total Cost for SO2		75,090,000

Resources breakdown

	2010-2011
Country	
Subregional	
Regional	
Total	75,090,000

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 non-communicable conditions, mental and behavioral disorders, violence, road safety, and disabilities.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
3.1.1	Number of countries implementing institutional development mechanisms (human/budget resources, training, inter-sector partnerships) related to violence and road safety	9	15	20	26
3.1.2	Number of countries implementing institutional development mechanisms (human/financial resources, training, inter-sector partnerships) related to mental health	24	27	27	29
3.1.3	Number of countries implementing institutional development mechanisms (human/financial resources, training, inter-sector partnerships) related to chronic diseases	21	24	31	38
3.1.4	Number of countries implementing institutional development mechanisms (human/financial resources, training, inter-sector partnerships) related to disabilities	10	14	19	24

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

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
3.2.1	Number of countries implementing a multisectoral national plan to prevent interpersonal and gender based violence and road traffic injuries, aligned with PAHO/WHO Guidelines	15	17	20	23
3.2.2	Number of countries implementing a national plan on disability management and rehabilitation, according to PAHO/WHO guidelines	5	7	16	25
3.2.3	Number of countries implementing a national mental health plan, according to PAHO/WHO guidelines	26	29	29	30
3.2.4	Number of countries implementing a national plan for the prevention and control of chronic non-communicable diseases, according to the PAHO Integrated Chronic Disease Prevention and Control Approach, including Diet and Physical Activity	15	30	32	36
3.2.5	Number of countries implementing a national plan for the prevention of blindness and visual impairment, according to PAHO/WHO guidelines	8	14	21	26
3.2.6	Number of countries implementing a national plan for the prevention of oral diseases, according to PAHO/WHO guidelines	26	28	31	35

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
3.3.1	Number of countries that have a national health information system that includes indicators of interpersonal and gender based violence, and road traffic injuries	12	16	18	22
3.3.2	Number of countries that have a national health information system that includes indicators of mental health	8	10	14	20
3.3.3	Number of countries that have a national health information system that includes indicators of disabilities	18	22	23	26
3.3.4	Number of countries that have a national health information system that includes indicators of chronic, non-communicable conditions and their risk factors	14	27	31	33

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

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
3.4.1	Number of cost analysis studies on interventions related to mental and neurological disorders	1	2	2	3
3.4.2	Number of countries with cost analysis studies on violence and road safety conducted and disseminated	8	10	13	18
3.4.3	Number of countries with cost analysis studies on oral health conducted and disseminated	4	6	8	9
3.4.4	Number of countries with cost analysis studies on chronic non-communicable conditions conducted and disseminated	9	11	14	18

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 non-communicable conditions, mental and behavioral disorders, violence, and injuries, as well as hearing and visual impairment, including blindness.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
3.5.1	Number of countries implementing multisectoral, population-wide programs to prevent of disabilities	5	6	11	15
3.5.2	Number of countries implementing interventions to promote mental health and the prevention of mental disorders and substance abuse	0	5	11	15
3.5.3	Number of countries implementing multisectoral, population-wide programs to promote the prevention of chronic diseases	2	10	21	31

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

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
3.6.1	Number of countries implementing integrated primary health-care strategies to improve quality of care for chronic non-communicable diseases according to WHO's innovative Care for Chronic Conditions	12	19	24	32
3.6.2	Number of countries with tobacco cessation support incorporated into primary health care services according to the WHO Global Report of the Tobacco Epidemic	4	6	8	9

BUDGET FOR STRATEGIC OBJECTIVE 3

RER	Region-wide Expected Result (RER)	Total Resources
3.1	Member States supported through technical cooperation to increase political, financial and technical commitment to address chronic non-communicable conditions, mental and behavioral disorders, violence, road safety, and disabilities.	4,800,000
3.2	Member States supported through technical cooperation for the development and implementation of policies, strategies and regulations regarding chronic non-communicable conditions, mental and behavioral disorders, violence, road safety, disabilities, and oral diseases.	9,920,000
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.	5,120,000
3.4	Improved evidence compiled by the Bureau on the cost-effectiveness of interventions to address chronic non-communicable conditions, mental and behavioral disorders, violence, road traffic injuries, disabilities, and oral health.	2,560,000
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 non-communicable conditions, mental and behavioral disorders, violence, and injuries, as well as hearing and visual impairment, including blindness.	5,120,000
3.6	Member States supported through technical cooperation to strengthen their health and social systems for the integrated prevention and management of chronic non-communicable conditions, mental and behavioral disorders, violence, road traffic injuries, and disabilities.	4,480,000
Total Cost for SO3		32,000,000

Resources breakdown

	2010-2011
Country	
Subregional	
Regional	
Total	32,000,000

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, young people (adolescents 10-19 and youth 15-24), 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).

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
4.1.1	Number of countries that have an integrated policy on universal access to effective interventions for improving maternal, newborn and child health	0	2	3	4
4.1.2	Number of countries that have a policy of universal access to sexual and reproductive health	7	11	13	16
4.1.3	Number of countries that have a policy on the promotion of active and healthy aging	11	15	17	18

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
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	10	15	17	20
4.2.2	Number of PASB systematic reviews on best practices, operational research, and standards of care	0	5	7	10

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
4.3.1	Number of countries adapting and utilizing PAHO/WHO-endorsed technical and managerial norms and guidelines for increasing coverage with skilled care at birth, including prenatal, post-natal, and newborn care	10	12	19	23

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

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
4.4.1	Number of countries with at least 50% of selected districts implementing interventions for neonatal survival and health	4	6	12	18
4.4.2	Number of guidelines and tools developed and disseminated to improve neonatal care and survival	4	6	6	9

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

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
4.5.1	Number of countries that have expanded coverage of the integrated management of childhood illness to more than 75% of target districts	8	10	11	13
4.5.2	Number of countries implementing the WHO/PAHO Key Family Practices approach at the community level to strengthen primary health care	9	10	11	13

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

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
4.6.1	Number of countries with a functioning adolescent and youth health and development program	10	12	16	17
4.6.2	Number of countries implementing a comprehensive package of norms and standards to provide adequate health services for young people's health and development (e.g. Integrated Management of Adolescent Needs [IMAN])	3	10	14	15

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
4.7.1	Number of countries that have adopted strategies to provide comprehensive reproductive health care	5	8	11	15
4.7.2	Number of countries that have reviewed public health policies related to sexual and reproductive health	7	10	11	12

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 2007	Target 2009	Target 2011	Target 2013
4.8.1	Number of countries that have implemented multisectorial community-based programs with a focus on strengthening primary health-care capacity to address healthy aging	5	7	10	12

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).	7,438,000
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.	2,231,400
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.	4,090,900
4.4	Member States supported through technical cooperation to improve neonatal health.	4,462,800
4.5	Member States supported through technical cooperation to improve child health and development, taking into consideration international agreements.	4,834,700
4.6	Member States supported through technical cooperation for the implementation of policies and strategies on adolescent health and development.	5,578,500
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.	7,438,000
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.	1,115,700
Total Cost for SO4		37,190,000

Resources breakdown

	2010-2011
Country	
Subregional	
Regional	
Total	37,190,000

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
5.1.1	Number of countries that have developed and evaluated disaster preparedness plans for the health sector	23	30	34	35
5.1.2	Number of countries implementing programs for reducing the vulnerability of health infrastructures	9	20	24	30
5.1.3	Number of countries that report having a health disaster program with full time staff and specific budget	10	12	14	15

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

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
5.2.1	Number of Regional training programs on emergency response operations	4	6	7	7
5.2.2	Percentage of emergencies where a response to emergencies is initiated within 24 hours of the request	100%	100%	100%	100%

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

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
5.3.1	Percentage of post-conflict and post-disaster needs assessments conducted that contain a gender-responsive health component	100%	100%	100%	100%
5.3.2	Percentage of humanitarian action plans for complex emergencies and consolidated appeals with strategic and operational components for health included	100%	100%	100%	100%

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
5.4.1	Percentage 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	90%	100%	100%	100%
5.4.2	Percentage of emergencies where coordinated technical cooperation (PASB task force) is provided, when needed	100%	100%	100%	100%

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
5.5.1	Number of countries with capacity to respond to food safety emergencies	15	19	24	30
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	20	24	26	28
5.5.3	Number of countries with focal points for the International Food Safety Authorities Network and for environmental health emergencies	28	29	30	32

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
5.6.1	Percentage of emergencies where the United Nations Health Cluster, as defined by the UN Humanitarian Reform, is operational, if called upon	100%	100%	100%	100%
5.6.2	Number of emergency-related Regional interagency mechanisms and working groups where PAHO/WHO is actively involved	4	8	9	10
5.6.3	Percentage of disasters in which UN and country-originated reports include health information	100%	100%	100%	100%

RE 5.7 Acute, rehabilitation, and recovery operations implemented in a timely and effective manner, when needed.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
5.7.1	Percentage of emergencies for which PAHO/WHO mobilizes national and international resources for operations, when needed	100%	100%	100%	100%
5.7.2	Percentage of recovery operations for which health interventions are implemented, when needed	100%	100%	100%	100%

BUDGET FOR STRATEGIC OBJECTIVE 5

RER	Region-wide Expected Result (RER)	Total Resources
5.1	Member States and partners supported through technical cooperation for the development and strengthening of emergency preparedness plans and programs at all levels.	16,100,000
5.2	Timely and appropriate support provided to Member States for immediate assistance to populations affected by crises.	3,500,000
5.3	Member States supported through technical cooperation for reducing health sector risk in disasters and ensuring the quickest recovery of affected populations.	5,250,000
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.	2,100,000
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.	1,400,000
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.	6,650,000
5.7	Acute, rehabilitation, and recovery operations implemented in a timely and effective manner, when needed.	-
Total Cost for SO5		35,000,000

Resources breakdown

	2010-2011
Country	
Subregional	
Regional	
Total	35,000,000

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
6.1.1	Number of countries that have health promotion policies and plans with resources allocated	11	15	18	20
6.1.2	Number of countries with Healthy Schools Networks (or equivalent)	7	10	13	15
6.1.3	Number of countries that adopt the PAHO/WHO urban health conceptual framework	0	2	4	5

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
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	6	10	15	20
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	11	15	23	30
6.2.3	Number of countries that have implemented the standardized indicators for chronic diseases and risk factors in the PAHO Regional Core Health Data and Country Profile Initiative	3	8	10	12

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
6.3.1	Number of countries that have adopted a smoke-free legislation which includes all public places and all workplaces (public and private), consistent with the WHO Framework Convention on Tobacco Control	1	3	5	7
6.3.2	Number of countries that have adopted bans on advertisement, promotion and sponsorship of tobacco products consistent with the WHO Framework Convention on Tobacco Control	0	2	3	4
6.3.3	Number of countries with regulations on packaging and labeling of tobacco products consistent with the WHO Framework Convention on Tobacco Control	8	10	17	23
6.3.4	Number of countries that have updated at least one of the components of the Global Tobacco Surveillance System (GTSS)	9	20	28	35

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
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	11	13	16	20

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
6.5.1	Number of countries that have implemented national policies to promote healthy diet and physical activity according to PAHO/WHO guidelines	8	10	15	20
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	7	10	13	18

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

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
6.6.1	Number of countries that have implemented new or improved interventions at individual, family and community levels to promote safer sexual behaviors	7	9	10	11

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.	3,200,000
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.	2,560,000
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.	2,560,000
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.	2,560,000
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.	2,560,000
6.6	Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for promoting safer sex.	2,560,000
Total Cost for SO6		16,000,000

Resources breakdown

	2010-2011
Country	
Subregional	
Regional	
Total	16,000,000

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
7.1.1	Number of countries that have implemented a national strategy for addressing key policy recommendations of the Commission on the Social Determinants of Health	0	4	10	12

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
7.2.1	Number of published country experiences on tackling social determinants for health equity	6	8	10	12
7.2.2	Number of countries implementing at least one systematized intervention for the most vulnerable communities, as defined by the PASB's MDGs Cross-Organizational Team	0	0	6	12
7.2.3	Number of countries which have implemented the "Faces, Voices and Places" initiative	6	12	13	15

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

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
7.3.1	Number of countries that have published reports incorporating disaggregated health data at sub national level to analyze and evaluate health equity	2	4	6	9

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

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
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	9	10	11	18

RER 7.5 Gender analysis and responsive actions incorporated into PAHO/WHO's normative work and technical cooperation provided to Member States for formulation of gender sensitive policies and programs.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
7.5.1	Number of countries that are implementing plans for advancing gender in the health sector	0	6	12	18
7.5.2	Number of tools and guidance documents developed or updated by PASB to include gender equality in health analysis, programming, monitoring, or research	8	15	22	28
7.5.3	Number of PASB entities that include gender perspectives in their situation analysis, plans, or monitoring mechanisms	3	10	15	20

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
7.6.1	Number of countries that implement policies, plans or programs to improve the health of indigenous peoples or other ethnic/racial groups	3/21	9/21	12/21	19/21
7.6.2	Number of countries that collect data on the health of indigenous peoples or other ethnic/racial groups within their health information systems	3/21	9/21	13/21	15/21

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.	3,780,000
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.	4,200,000
7.3	Social and economic data relevant to health collated and analyzed on a disaggregated basis (by sex, age, ethnicity, income, and health conditions, such as disease or disability).	2,940,000
7.4	Ethics- and human rights-based approaches to health promoted within PAHO/WHO and at national, regional and global levels.	3,360,000
7.5	Gender analysis and responsive actions incorporated into PAHO/WHO's normative work and technical cooperation provided to Member States for formulation of gender sensitive policies and programs.	3,360,000
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.	3,360,000
Total Cost for SO7		21,000,000

Resources breakdown

	2010-2011
Country	
Subregional	
Regional	
Total	21,000,000

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 reuse) disseminated.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
8.1.1	Number of new or updated risk assessments or environmental burden of disease (EBD) assessments conducted per year	2	3	4	7
8.1.2	Number of international environmental agreements whose implementation is supported by PASB	5	5	5	6
8.1.3	Number of countries implementing WHO norms, standards or guidelines on occupational or environmental health	13	18	21	24
8.1.4	Number of countries implementing WHO guidelines on drinking water towards MDG 7	6	8	11	14

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).

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
8.2.1	Number of countries implementing primary prevention interventions for reducing environmental risks to health in workplaces, homes or urban settings	4	7	8	10

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
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	10	15	17	20
8.3.2	Number of national organizations or collaborating or reference centers implementing PAHO/WHO-led initiatives at country level to reduce occupational risks	2	4	5	6

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
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	2	3	3	4
8.4.2	Number of PAHO/WHO guidelines and tools produced inter-sectorally for global environmental health protection	0	2	3	4

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
8.5.1	Number of regular high-level fora on health and environment for regional policymakers and stakeholders supported by PASB	1	2	3	4
8.5.2	Number of current PASB five-year reports on environmental health available, including key health drivers and trends, and their implications	1	1	1	2

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
8.6.1	Number of studies or reports on the public health effects of climate change published or copublished by PAHO	N/A	0	1	2
8.6.2	Number of countries that have implemented plans to enable the health sector to respond to the health effects of climate change	N/A	0	3	5

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.	3,000,000
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).	4,500,000
8.3	Member States supported through technical cooperation to strengthen occupational and environmental health policy-making, planning of preventive interventions, service delivery and surveillance.	3,750,000
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.	3,750,000
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.	5,000,000
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.	5,000,000
Total Cost for SO8		25,000,000

Resources breakdown

	2010-2011
Country	
Subregional	
Regional	
Total	25,000,000

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
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	18	23	26	30
9.1.2	Number of countries that have implemented nutrition, food-safety and food security interventions	10	15	20	25

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
9.2.1	Number of countries implementing nutrition and food safety norms, and guidelines according to global and regional mandates	15	20	25	30

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
9.3.1	Number of countries that have adopted and implemented the WHO Child Growth Standards	0	16	20	25
9.3.2	Number of countries that have nationally representative surveillance data on one major form of malnutrition	12	15	20	22
9.3.3	Number of countries that produce evidence based information in nutrition and food security	11	15	20	22

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
9.4.1	Number of countries that have implemented at least 3 high-priority actions recommended by the Global Strategy for Infant and Young Child Feeding	5	12	17	20
9.4.2	Number of countries that have implemented strategies to prevent and control micronutrient malnutrition	11	16	21	25
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	11	16	19	25
9.4.4	Number of countries that have incorporated nutritional interventions in their comprehensive response programs for HIV/AIDS and other epidemics	11	14	20	25
9.4.5	Number of countries that have national preparedness and response plans for food and nutrition emergencies	11	16	20	25

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
9.5.1	Number of countries that have established or strengthened intersectoral collaboration for the prevention, control and surveillance of foodborne diseases	16	21	23	30
9.5.2	Number of South American countries that have achieved at least 75% of the Hemispheric Foot-and-mouth Disease Eradication Plan objectives	4/11	6/11	9/11	11/11

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

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
9.6.1	Number of countries adopting Codex Alimentarius Meetings resolutions	40	40	40	40

BUDGET FOR STRATEGIC OBJECTIVE 9

RER	Region-wide Expected Result (RER)	Total Resources
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.	4,410,000
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.	3,990,000
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.	2,520,000
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.	5,250,000
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.	4,410,000
9.6	Technical cooperation provided to National Codex Alimentarius Committees and the Codex Commission of Latin America and the Caribbean.	420,000
Total Cost for SO9		21,000,000

Resources breakdown

	2010-2011
Country	
Subregional	
Regional	
Total	21,000,000

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 to strengthen health systems based on Primary Health Care, promoting equitable access to health services of good quality, with priority given to vulnerable population groups.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
10.1.1	Number of countries that document the strengthening of their health systems based on Primary Health Care, in accordance with the Declaration of Montevideo and PAHO's Position Paper	14	18	21	23
10.1.2	Number of countries that show improvement in the performance of the steering role as measured by the assessment of Essential Public Health Functions	3	8	11	14
10.1.3	Number of countries that integrate an intercultural approach in the development of policies and health systems based on PHC	0	3	5	8
10.1.4	Number of countries that use the Renewed Primary Health Care strategy in their population-based programs and priority disease control initiatives	0	0	6	12

RER 10.2 Member States supported through technical cooperation to strengthen organizational and managerial practices in health services' institutions and networks, to improve performance and to achieve collaboration and synergy between public and private providers.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
10.2.1	Number of countries that have implemented strategies to strengthen health services management	3	14	17	20
10.2.2	Number of countries that have adopted PAHO/WHO policy recommendations to integrate health services networks, including public and non-public providers	3	8	10	13

RER 10.3 Member States supported through technical cooperation to strengthen programs for the improvement of quality of care and patient safety.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
10.3.1	Number of countries that show progress in programs for the improvement of quality of care, including patient safety	11	19	22	24

BUDGET FOR STRATEGIC OBJECTIVE 10

RER	Region-wide Expected Result (RER)	Total Resources
10.1	Member States supported through technical cooperation to strengthen health systems based on Primary Health Care, promoting equitable access to health services of good quality, with priority given to vulnerable population groups.	24,000,000
10.2	Member States supported through technical cooperation to strengthen organizational and managerial practices in health services' institutions and networks, to improve performance and to achieve collaboration and synergy between public and private providers.	12,000,000
10.3	Member States supported through technical cooperation to strengthen programs for the improvement of quality of care and patient safety.	4,000,000
Total Cost for SO10		40,000,000

Resources breakdown

	2010-2011
Country	
Subregional	
Regional	
Total	40,000,000

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
11.1.1	Number of countries that have updated their legislations and regulatory frameworks	5	8	10	12
11.1.2	Number of countries that have formulated policies, mid-term and long-term plans or defined national health objectives	3	6	10	15

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

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
11.2.1	Number of countries that have implemented processes to strengthen the quality and coverage of their health information systems	3	7	10	15
11.2.2	Number of countries that have implemented the PAHO Regional Core Health Data and Country Profile Initiative	9	16	19	27

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
11.3.1	Number of countries that update their health situation analysis at least every two years	5	7	9	10
11.3.2	Number of countries that participate in initiatives tending to strengthen the appropriation, production and use of results from research to inform in policies and practices	0	3	6	8
11.3.3	Number of countries that have access to essential scientific information and knowledge as measured by access to Virtual Health Libraries (VHL) at national and regional levels	10	15	21	25
11.3.4	Number of countries monitoring the health related Millennium Development Goals	23	25	34	36

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
11.4.1	Number of countries that have a national health research system with the characteristics (indicators) defined by PAHO	0	2	4	5
11.4.2	Number of countries with national commissions aimed at monitoring compliance with ethical standards in scientific research	12	15	18	20

RER 11.5 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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
11.5.1	Number of hits to PAHO's web page	20 million	30 million	<u>35 million</u>	40 million
11.5.2	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	33	33	33	33
11.5.3	PAHO Regional Information Platform created, integrating all the PASB technical health databases and information from health and development partners	Core data and MAPIS	Integra- tion of all PASB technical health databases	Integra- tion of health and develop- ment partners informa- tion	Platform created and fully operative
11.5.4	Number of Communities of Practice established and in use in the PASB entities	2	10	15	20

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.	5,160,000
11.2	Member States supported through technical cooperation for improving health information systems at regional and national levels.	6,880,000
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.	15,050,000
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.	1,720,000
11.5	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.	14,190,000
Total Cost for SO11		43,000,000

Resources breakdown

	2010-2011
Country	
Subregional	
Regional	
Total	43,000,000

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 to promote and assure an equitable access to medical products and health technologies and the corresponding technological innovation.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
12.1.1	Number of countries that have implemented policies promoting the access to, or technological innovation for medical products and health technologies	17/36	23/36	25/36	27/36
12.1.2	Number of countries that have established or strengthened their national systems of procurement, production or distribution of medical products and health technologies	15/36	18/36	21/36	24/36
12.1.3	Number of countries with 100% voluntary non-remunerated blood donations	8	10	12	17
12.1.4	Number of countries that have tools to evaluate access to medical products and health technologies	5	10	15	20

RER 12.2 Member States supported through technical cooperation to promote and assure the quality, safety and efficacy of medical products and health technologies.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
12.2.1	Number of countries evaluated in their regulatory functions for medical products	0	3	9	13
12.2.2	Number of countries that have implemented international rules, norms, standards or guidelines on quality, safety and efficacy of medical products and health technologies	4	7	10	14

RER 12.3 Member States supported through technical cooperation to promote and assure the rational and efficacious use of cost-effective medical products and health technologies based on the best evidence available.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
12.3.1	Number of countries that have norms to define the incorporation of medical products and health technologies	11/36	14/36	17/36	20/36
12.3.2	Number of countries that use a list of essential medicines updated within the last five years as the basis for public procurement	19	24	27	28

BUDGET FOR STRATEGIC OBJECTIVE 12

RER	Region-wide Expected Result (RER)	Total Resources
12.1	Member States supported through technical cooperation to promote and assure an equitable access to medical products and health technologies and the corresponding technological innovation.	10,640,000
12.2	Member States supported through technical cooperation to promote and assure the quality, safety and efficacy of medical products and health technologies.	5,320,000
12.3	Member States supported through technical cooperation to promote and assure the rational and efficacious use of cost-effective medical products and health technologies based on the best evidence available.	3,040,000
Total Cost for SO12		19,000,000

Resources breakdown

	2010-2011
Country	
Subregional	
Regional	
Total	19,000,000

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 human resources plans and policies to improve the performance of health systems based on primary health care and the achievement of the Millennium Development Goals (MDGs).

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
13.1.1	Number of countries with policies for strengthening the health workforce, with active participation of stakeholders and governments.	12	16	19	28
13.1.2	Number of countries with horizontal cooperation processes for the fulfillment of regional goals in human resources in health	2	3	4	6

RER 13.2 Member States supported through technical cooperation to establish a set of basic indicators and information systems on human resources for health.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
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	10	18	23	29
13.2.2	Number of countries participating in the Human Resources for health Observatories network for the production of information and evidence for decision making	18	29	31	36

RER 13.3 Member States supported through technical cooperation to formulate and implement strategies and incentives to recruit and retain health personnel in order to attend to the needs of health systems based on renewed primary health care.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
13.3.1	Number of countries that have established a career path policy for health workers	4	7	10	14
13.3.2	Number of countries with human resources management policies and systems to improve the quality of employment in the health sector	4	9	13	17

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
13.4.1	Number of countries with joint planning mechanisms between training institutions and health services organizations	4	10	15	23
13.4.2	Number of countries with policies that reorient health sciences education towards primary health care	4	7	10	13
13.4.3	Number of countries that have established learning networks to improve the public health competencies of their staff	5	9	12	15
13.4.4	Number of countries participating in the PAHO leaders in international health program	0	18	25	25
13.4.5	Number of countries with accreditation systems for health sciences education programs	13	0	16	20

RER 13.5 Member States supported with technical cooperation regarding the international migration of health workers.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
13.5.1	Number of countries that analyze and monitor the dynamics of health worker migration	5	10	15	20
13.5.2	Number of countries that participate in bilateral or multilateral agreements that address health worker migration	4	7	10	16

BUDGET FOR STRATEGIC OBJECTIVE 13

RER	Region-wide Expected Result (RER)	Total Resources
13.1	Member States supported through technical cooperation to develop human resources plans and policies to improve the performance of health systems based on primary health care and the achievement of the Millennium Development Goals (MDGs).	6,000,000
13.2	Member States supported through technical cooperation to establish a set of basic indicators and information systems on human resources for health.	2,000,000
13.3	Member States supported through technical cooperation to formulate and implement strategies and incentives to recruit and retain health personnel in order to attend to the needs of health systems based on renewed primary health care.	2,000,000
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.	8,000,000
13.5	Member States supported with technical cooperation regarding the international migration of health workers.	2,000,000
Total Cost for SO13		20,000,000

Resources breakdown

	2010-2011
Country	
Subregional	
Regional	
Total	20,000,000

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 Member States supported through technical cooperation to develop institutional capacities to improve the financing of their health systems.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
14.1.1	Number of countries with institutional development plans to improve the performance of financing mechanisms	7	10	12	15

RER 14.2 Member States supported through technical cooperation to evaluate the relationship between catastrophic expenses in health and poverty; and to design public policies or financing schemes in health to reduce the financial risks associated with diseases and accidents.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
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	0	3	5	7
14.2.2	Number of countries with studies on catastrophic expenses in health, poverty and inequalities	1	1	3	6
14.2.3	Number of countries with public policies or financing schemes for the reduction or elimination of the financial risk associated with diseases and accidents	2	2	4	8

RER 14.3 Technical cooperation provided to Member States in the development and use of national health expenditure and health system financing information.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
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	24/35	31/35	33/35	35/35
14.3.2	Number of countries that have institutionalized the periodic production of Health Accounts/National Health Accounts harmonized with the UN statistical system	3	16	21	24
14.3.3	Number of countries with studies on expenditure and financing of public health systems or social health insurance	0	0	10	15

RER 14.4 Member States supported through technical cooperation to reduce social exclusion, extend social protection in health, strengthen public and social insurance, and improve programs and strategies to expand coverage.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
14.4.1	Number of countries with insurance schemes and other mechanisms to expand social protection in health	8	10	11	12
14.4.2	Number of countries with updated information to formulate policies for the expansion of social protection in health	11	13	15	16

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

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
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	3	5	7	8

BUDGET FOR STRATEGIC OBJECTIVE 14

RER	Region-wide Expected Result (RER)	Total Resources
14.1	Member States supported through technical cooperation to develop institutional capacities to improve the financing of their health systems.	3,090,000
14.2	Member States supported through technical cooperation to evaluate the relationship between catastrophic expenses in health and poverty; and to design public policies or financing schemes in health to reduce the financial risks associated with diseases and accidents	1,030,000
14.3	Technical cooperation provided to Member States in the development and use of national health expenditure and health system financing information.	1,030,000
14.4	Member States supported through technical cooperation to reduce social exclusion, extend social protection in health, strengthen public and social insurance, and improve programs and strategies to expand coverage.	4,841,000
14.5	Member States supported through technical cooperation to align and harmonize international health cooperation.	309,000
Total Cost for SO14		10,300,000

Resources breakdown

	2010-2011
Country	
Subregional	
Regional	
Total	10,300,000

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
15.1.1	Percentage of PAHO Governing Bodies resolutions adopted that focus on health policy and strategies	40%	45%	50%	55%
15.1.2	Percentage of all oversight projects completed which evaluate and improve processes for risk management, control and governance	0%	40%	70%	90%
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, and Biennial Workplans, and reports) on time and within budget	43/69	57/69	61/69	69/69
15.1.4	Percentage of Governing Bodies and Member States legal inquiries addressed within 10 working days	70%	90%	95%	100%
15.1.5	Number of countries that have included all six PAHO cross-cutting priorities in their Biennial Workplans	0	0	30	35

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
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	26/38	30/38	32/38	35/38
15.2.2	Number of countries where the CCS is used as reference for harmonizing cooperation in health with the UN Country Teams and other development partners	26/38	30/38	32/38	35/38
15.2.3	Number of countries where the Biennial Workplan (BWP) is evaluated jointly with government and other relevant partners	17/35	20/35	30/35	35/35
15.2.4	Number of subregions that have a Subregional Cooperation Strategy (SCS)	0/4	1/4	3/4	4/4
15.2.5	Number of PAHO/WHO country offices with adequate infrastructure and administrative support (including the UN Minimum Operating Safety Standards [MOSS] compliance) to enable the effective provision of technical cooperation at country level	20/29	25/29	27/29	29/29

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
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	27/27	27/27	27/27	27/27
15.3.2	Number of agreements with bilateral and multilateral organizations and other partners, including UN agencies, supporting the Health Agenda for the Americas	0	10	17	25
15.3.3	Percentage of Summit's Declarations reflecting commitment in advancing the Health Agenda for the Americas 2008-2017	N/A	50%	70%	75%
15.3.4	Percentage of country requests for PAHO support to mobilize technical and financial resources from external partners, which PAHO has fulfilled	75%	85%	90%	95%

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.	40,613,400
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.	24,819,300
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.	9,777,300
Total Cost for SO15		75,210,000

Resources breakdown

	2010-2011
Country	
Subregional	
Regional	
Total	75,210,000

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
16.1.1	PAHO's Results Based Management (RBM) strategy implemented	In progress	RBM frame-work approved by Executive Management	PASB personnel training in RBM completed	RBM strategy implemented
16.1.2	The PAHO Strategic Plan (SP) is constructed with the RBM framework, takes into account the country-focus strategy and lessons learned, is developed by all levels of the Organization, and is approved by the Governing Bodies	In progress	PB* 10-11 developed with these characteristics approved by Governing Bodies	PB 12-13 developed with these characteristics approved by Governing Bodies	SP 13-17 developed with these characteristics and approved by Governing Bodies
16.1.3	Percentage of progress towards the resource reallocation goals among the three PASB levels per PAHO Regional Program and Budget Policy	33%	67%	100%	100%
16.1.4	Percentage of PASB entities that achieve over 75% of their OSERs	N/A	50%	75%	90%
16.1.5	Percentage of performance monitoring and assessment reports on expected results contained in the Strategic Plan and Program and Budget submitted in a timely fashion to the PASB executive management, after a peer review	50%	80%	90%	100%

* Program and Budget

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

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
16.2.1	International Public Sector Accounting Standards implemented in PAHO	International Public Sector Accounting Standards not implemented	International Public Sector Accounting Standards approved by Member States	International Public Sector Accounting Standards implemented	International Public Sector Accounting Standards implemented
16.2.2	Percentage of strategic objectives meeting at least 75% of their unfunded gap at the end of the biennium	N/A	50%	60%	70%
16.2.3	Percentage of Voluntary Contributions that are un-earmarked (funds that are flexible with restrictions no further than the SO level)	5%	10%	13%	15%
16.2.4	Percentage of PAHO Voluntary Contribution (earmarked and un-earmarked) funds returned to partners	1%	0.80%	0.70%	0.50%
16.2.5	Sound financial practices as evidenced by an unqualified audit opinion	Unqualified Audit Opinion	Unqualified Audit Opinion	Unqualified Audit Opinion	Unqualified Audit Opinion
16.2.6	Percentage of PASB entities that have implemented at least 90% of their programmed amount in their Biennial Workplans	70%	75%	80%	90%

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

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
16.3.1	Percentage of PASB entities with human resources plans approved by Executive Management	15%	75%	98%	100%
16.3.2	Percentage 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	15%	50%	70%	75%
16.3.3	Percentage of Selection Committees working with new framework approved by the Executive Management, which includes psychometrical evaluation for key positions	N/A	100%	100%	100%

Ind.	RER Indicator text	<u>Baseline 2007</u>	<u>Target 2009</u>	<u>Target 2011</u>	<u>Target 2013</u>
16.3.4	Percentage of PASB workforce that have filed a formal grievance or been the subject of a formal disciplinary action	<1%	<1%	<1%	<1%
16.3.5	Number of queries received per year raising ethical issues which reflect a higher level of awareness regarding ethical behavior	40	80	120	150

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
16.4.1	Percentage of significant IT-related proposals, projects, and applications managed on a regular basis through portfolio management processes	0%	40%	60%	80%
16.4.2	Level of compliance with service level targets agreed for managed IT-related services	0%	50%	60%	75%
16.4.3	Number of PAHO/WHO country offices and Pan American centers using consistent, near real-time information	36	36	36	36

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

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
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 biennial surveys	Low (satisfaction rated less than 50%)	Medium (satisfaction rated 50%-75%)	High (satisfaction rated over 75%)	High (satisfaction rated over 75%)
16.5.2	Percentage of standard operating procedures utilized by PASB staff during regional emergencies	0%	50%	75%	100%
16.5.3	Percentage of internal benchmarks met or exceeded for translation services	60%	70%	75%	80%
16.5.4	A new procurement 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, implemented	N/A	Guiding principles elaborated	Business rules elaborated	Procurement Management System implemented
16.5.5	Percentage of PASB internal requests for legal advice and services acted upon within 10 working days of receipt	70%	90%	95%	100%

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.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
16.6.1	Corporate performance scorecard implemented	N/A	Scorecard developed	Scorecard implemented	Scorecard implemented
16.6.2	Percentage of contracts under the PASB infrastructure capital plan for approved project(s) for which all work is substantially completed on a timely basis	100%	100%	100%	100%
16.6.3	Percentage 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	65%	75%	80%	100%
16.6.4	Percentage 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	75%	90%	95%	100%
16.6.5	Number of HR policies and practices that address work-life balance, health and safety of the PAHO workforce have been developed and implemented	2	6	10	14
16.6.6	New HR performance planning and evaluation system which enables effective performance management has been implemented	N/A	Software purchased and implementation plan in place	Implementation in all PAHO offices linked to Staff Development plans	360 degree evaluations implemented

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.	10,389,240
16.2	Monitoring and mobilization of financial resources strengthened to ensure implementation of the Program and Budget, including enhancement of sound financial practices and efficient management of financial resources.	20,778,480
16.3	Human resource policies and practices promote (a) attracting and retaining qualified people with competencies required by the Organization, (b) effective and equitable performance and human resource management, (c) staff development and (d) ethical behavior.	9,523,470
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.	17,315,400
16.5	Managerial and administrative support services, including procurement, strengthened to enable the effective and efficient functioning of the Organization.	21,644,250
16.6	PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff.	6,926,160
Total Cost for SO16		86,577,000

Resources breakdown

	2010-2011
Country	
Subregional	
Regional	
Total	86,577,000

SUBREGIONAL LEVEL

This programmatic level was officially established and introduced for the 2006-2007 biennium as stipulated in the PAHO Regional Program and Budget Policy approved by the 45th Directing Council (September 2004). The subregional technical cooperation programs serve as support to the health 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 to the Biennial Workplans of the different subregions. 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

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	61,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	15,000
SO.04	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	20,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	38,000
SO.06	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	18,000
SO.07	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	35,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	97,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	82,500
SO.12	To ensure improved access, quality and use of medical products and technologies	65,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	458,600
SO.14	To extend social protection through fair, adequate and sustainable financing	41,000
SO.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	51,000
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	55,700
Total Resources		1,037,800

CARIBBEAN Subregion

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	4,012,400
SO.02	To combat HIV/AIDS, tuberculosis and malaria	1,168,100
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	1,506,400
SO.04	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	490,600
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	1,761,500
SO.06	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	662,000
SO.07	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	113,400
SO.08	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	578,800
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	5,507,100
SO.10	To improve the organization, management and delivery of health services	634,600
SO.11	To strengthen leadership, governance and the evidence base of health systems	859,100
SO.12	To ensure improved access, quality and use of medical products and technologies	576,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	772,900
SO.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	5,713,700
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	4,483,200
Total Resources		28,839,800

CENTRAL AMERICAN Subregion

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	30,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	10,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	50,000
SO.04	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	40,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	10,000
SO.07	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	30,000
SO.08	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	85,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	2,240,000
SO.12	To ensure improved access, quality and use of medical products and technologies	10,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	367,600
SO.14	To extend social protection through fair, adequate and sustainable financing	54,000
SO.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	180,000
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	75,100
Total Resources		3,181,700

SOUTHERN CONE Subregion

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	90,700
SO.04	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	9,400
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	6,000
SO.06	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	9,500
SO.07	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	31,600
SO.08	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	61,700
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	11,100
SO.11	To strengthen leadership, governance and the evidence base of health systems	97,100
SO.12	To ensure improved access, quality and use of medical products and technologies	146,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	358,900
SO.14	To extend social protection through fair, adequate and sustainable financing	43,600
SO.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	67,600
Total Resources		933,200

UNITED STATES/MEXICO BORDER FIELD OFFICE

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	461,400
SO.02	To combat HIV/AIDS, tuberculosis and malaria	29,500
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	150,400
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	10,000
SO.06	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	1,162,400
SO.07	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	145,000
SO.08	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	427,300
SO.10	To improve the organization, management and delivery of health services	922,800
SO.11	To strengthen leadership, governance and the evidence base of health systems	178,900
SO.12	To ensure improved access, quality and use of medical products and technologies	14,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	182,300
SO.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	932,700
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	117,300
Total Resources		4,734,000

COUNTRY LEVEL

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.

ANTIGUA AND BARBUDA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	17,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	60,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	29,000
SO.04	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	25,000
SO.06	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	7,000
SO.07	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	5,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	2,000
SO.10	To improve the organization, management and delivery of health services	20,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	30,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	75,000
SO.14	To extend social protection through fair, adequate and sustainable financing	20,000
SO.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	354,200
Total Resources		644,200

ARGENTINA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	442,200
SO.02	To combat HIV/AIDS, tuberculosis and malaria	138,600
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	212,600
SO.04	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	374,800
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	97,000
SO.06	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	293,200
SO.07	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	165,600
SO.08	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	143,100
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	112,000
SO.10	To improve the organization, management and delivery of health services	460,600
SO.11	To strengthen leadership, governance and the evidence base of health systems	209,100
SO.12	To ensure improved access, quality and use of medical products and technologies	128,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	78,000
SO.14	To extend social protection through fair, adequate and sustainable financing	78,000
SO.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	2,730,600
Total Resources		5,663,400

BAHAMAS

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	140,200
SO.02	To combat HIV/AIDS, tuberculosis and malaria	245,900
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	217,600
SO.04	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	42,400
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	110,500
SO.06	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	50,400
SO.08	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	12,200
SO.10	To improve the organization, management and delivery of health services	15,900
SO.11	To strengthen leadership, governance and the evidence base of health systems	134,600
SO.12	To ensure improved access, quality and use of medical products and technologies	200
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	3,100
SO.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	706,000
Total Resources		1,679,000

BARBADOS

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	20,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	70,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	75,000
SO.04	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	38,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	31,000
SO.06	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	35,000
SO.07	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	5,000
SO.08	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	24,700
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	5,000
SO.10	To improve the organization, management and delivery of health services	50,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	65,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	135,000
SO.14	To extend social protection through fair, adequate and sustainable financing	20,000
SO.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	180,000
Total Resources		753,700

BELIZE

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	111,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	256,400
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	117,900
SO.04	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	69,200
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	58,000
SO.06	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	34,500
SO.07	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	75,400
SO.08	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	35,500
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	45,000
SO.10	To improve the organization, management and delivery of health services	104,800
SO.11	To strengthen leadership, governance and the evidence base of health systems	146,800
SO.12	To ensure improved access, quality and use of medical products and technologies	88,800
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	114,300
SO.14	To extend social protection through fair, adequate and sustainable financing	78,400
SO.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	1,324,700
Total Resources		2,660,700

BOLIVIA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	1,063,100
SO.02	To combat HIV/AIDS, tuberculosis and malaria	314,500
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	60,000
SO.04	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	1,303,400
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	409,600
SO.06	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	100,000
SO.07	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	278,400
SO.08	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	406,800
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	194,000
SO.10	To improve the organization, management and delivery of health services	785,900
SO.11	To strengthen leadership, governance and the evidence base of health systems	338,400
SO.12	To ensure improved access, quality and use of medical products and technologies	98,700
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	177,100
SO.14	To extend social protection through fair, adequate and sustainable financing	257,000
SO.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	2,023,600
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	494,000
Total Resources		8,304,500

BRAZIL

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	753,200
SO.02	To combat HIV/AIDS, tuberculosis and malaria	552,200
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	42,500
SO.04	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	181,600
SO.06	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	1,004,900
SO.07	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	130,300
SO.08	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	149,400
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	452,900
SO.10	To improve the organization, management and delivery of health services	291,600
SO.11	To strengthen leadership, governance and the evidence base of health systems	774,000
SO.12	To ensure improved access, quality and use of medical products and technologies	599,600
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	290,400
SO.14	To extend social protection through fair, adequate and sustainable financing	155,300
SO.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	3,616,700
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	2,695,200
Total Resources		11,689,800

CANADA

SO	Strategic Objectives	Total Resources
SO.06	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	2,000
SO.10	To improve the organization, management and delivery of health services	86,100
SO.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	30,000
Total Resources		118,100

CHILE

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	107,300
SO.02	To combat HIV/AIDS, tuberculosis and malaria	233,200
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	169,000
SO.04	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	71,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	66,700
SO.06	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	186,600
SO.07	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	33,600
SO.08	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	142,300
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	89,400
SO.10	To improve the organization, management and delivery of health services	57,200
SO.11	To strengthen leadership, governance and the evidence base of health systems	297,400
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	232,900
SO.14	To extend social protection through fair, adequate and sustainable financing	114,400
SO.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	1,301,800
Total Resources		3,102,800

COLOMBIA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	849,400
SO.02	To combat HIV/AIDS, tuberculosis and malaria	2,113,000
SO.04	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	1,672,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	4,076,000
SO.06	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	2,661,700
SO.07	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	224,200
SO.08	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	169,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	151,000
SO.10	To improve the organization, management and delivery of health services	631,700
SO.11	To strengthen leadership, governance and the evidence base of health systems	964,000
SO.12	To ensure improved access, quality and use of medical products and technologies	63,700
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	86,700
SO.14	To extend social protection through fair, adequate and sustainable financing	161,200
SO.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	1,712,200
Total Resources		15,535,800

COSTA RICA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	395,500
SO.02	To combat HIV/AIDS, tuberculosis and malaria	303,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	96,800
SO.04	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	105,500
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	167,500
SO.06	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	171,500
SO.07	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	294,400
SO.08	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	284,600
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	66,000
SO.10	To improve the organization, management and delivery of health services	154,500
SO.11	To strengthen leadership, governance and the evidence base of health systems	181,100
SO.12	To ensure improved access, quality and use of medical products and technologies	126,400
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	45,000
SO.14	To extend social protection through fair, adequate and sustainable financing	48,500
SO.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	900,000
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	216,000
Total Resources		3,556,300

CUBA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	210,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	50,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	170,000
SO.04	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	190,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	290,200
SO.06	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	90,000
SO.07	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	110,200
SO.08	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	95,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	210,000
SO.10	To improve the organization, management and delivery of health services	90,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	295,000
SO.12	To ensure improved access, quality and use of medical products and technologies	70,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	150,000
SO.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	811,200
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	700,000
Total Resources		3,531,600

DOMINICA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	20,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	60,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	50,000
SO.04	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	30,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	30,000
SO.06	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	13,000
SO.07	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	13,000
SO.08	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	37,200
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	15,000
SO.10	To improve the organization, management and delivery of health services	50,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	60,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	132,000
SO.14	To extend social protection through fair, adequate and sustainable financing	20,000
SO.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	346,600
Total Resources		876,800

DOMINICAN REPUBLIC

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	708,500
SO.02	To combat HIV/AIDS, tuberculosis and malaria	1,789,100
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	25,400
SO.04	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	231,500
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	2,469,000
SO.06	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	137,800
SO.07	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	107,600
SO.08	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	221,100
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	35,000
SO.10	To improve the organization, management and delivery of health services	120,600
SO.11	To strengthen leadership, governance and the evidence base of health systems	443,700
SO.12	To ensure improved access, quality and use of medical products and technologies	45,300
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	116,300
SO.14	To extend social protection through fair, adequate and sustainable financing	45,300
SO.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	1,091,200
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	670,800
Total Resources		8,258,200

ECUADOR

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	1,209,200
SO.02	To combat HIV/AIDS, tuberculosis and malaria	662,700
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	219,700
SO.04	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	635,600
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	1,281,000
SO.06	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	50,900
SO.07	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	179,300
SO.08	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	403,300
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	125,000
SO.10	To improve the organization, management and delivery of health services	179,500
SO.11	To strengthen leadership, governance and the evidence base of health systems	667,800
SO.12	To ensure improved access, quality and use of medical products and technologies	89,800
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	308,100
SO.14	To extend social protection through fair, adequate and sustainable financing	299,300
SO.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	2,634,000
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	118,000
Total Resources		9,063,200

EL SALVADOR

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	900,700
SO.02	To combat HIV/AIDS, tuberculosis and malaria	336,500
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	654,800
SO.04	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	196,400
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	306,000
SO.06	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	168,100
SO.07	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	183,200
SO.08	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	512,400
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	23,700
SO.10	To improve the organization, management and delivery of health services	520,700
SO.11	To strengthen leadership, governance and the evidence base of health systems	185,900
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	134,100
SO.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	1,335,300
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	7,000
Total Resources		5,464,800

FRANCE: FRENCH DEPARTMENTS IN THE AMERICAS

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	35,800
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	9,000
SO.06	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	15,000
SO.08	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	10,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	15,000
SO.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	185,000
Total Resources		269,800

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.

GRENADA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	20,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	60,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	55,000
SO.04	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	31,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	32,500
SO.06	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	11,000
SO.07	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	13,000
SO.08	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	28,300
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	14,000
SO.10	To improve the organization, management and delivery of health services	50,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	50,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	127,000
SO.14	To extend social protection through fair, adequate and sustainable financing	20,000
SO.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	346,400
Total Resources		858,200

GUATEMALA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	1,202,700
SO.02	To combat HIV/AIDS, tuberculosis and malaria	2,157,200
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	357,000
SO.04	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	748,200
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	951,000
SO.06	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	436,500
SO.07	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	725,600
SO.08	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	1,475,900
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	967,700
SO.10	To improve the organization, management and delivery of health services	3,632,400
SO.11	To strengthen leadership, governance and the evidence base of health systems	658,000
SO.12	To ensure improved access, quality and use of medical products and technologies	249,400
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	338,000
SO.14	To extend social protection through fair, adequate and sustainable financing	185,000
SO.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	1,556,200
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	1,068,000
Total Resources		16,708,800

GUYANA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	382,800
SO.02	To combat HIV/AIDS, tuberculosis and malaria	1,080,800
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	204,000
SO.04	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	260,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	98,500
SO.06	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	337,000
SO.07	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	48,000
SO.08	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	305,300
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	34,000
SO.10	To improve the organization, management and delivery of health services	69,800
SO.11	To strengthen leadership, governance and the evidence base of health systems	103,500
SO.12	To ensure improved access, quality and use of medical products and technologies	167,300
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	193,000
SO.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	648,600
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	562,500
Total Resources		4,495,100

HAITI

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	5,786,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	1,243,700
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	55,600
SO.04	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	5,693,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	2,997,700
SO.06	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	457,000
SO.08	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	22,000
SO.10	To improve the organization, management and delivery of health services	572,400
SO.11	To strengthen leadership, governance and the evidence base of health systems	313,200
SO.12	To ensure improved access, quality and use of medical products and technologies	3,737,400
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	651,400
SO.14	To extend social protection through fair, adequate and sustainable financing	16,000
SO.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	3,844,000
Total Resources		25,389,400

HONDURAS

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	1,243,900
SO.02	To combat HIV/AIDS, tuberculosis and malaria	886,100
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	475,700
SO.04	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	859,200
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	220,700
SO.06	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	119,600
SO.07	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	105,000
SO.08	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	649,500
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	583,000
SO.10	To improve the organization, management and delivery of health services	889,800
SO.11	To strengthen leadership, governance and the evidence base of health systems	458,100
SO.12	To ensure improved access, quality and use of medical products and technologies	130,100
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	182,200
SO.14	To extend social protection through fair, adequate and sustainable financing	219,800
SO.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	2,159,500
Total Resources		9,182,200

JAMAICA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	235,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	190,900
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	190,800
SO.04	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	90,200
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	114,500
SO.06	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	52,100
SO.07	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	18,900
SO.08	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	152,600
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	66,000
SO.10	To improve the organization, management and delivery of health services	48,200
SO.11	To strengthen leadership, governance and the evidence base of health systems	194,500
SO.12	To ensure improved access, quality and use of medical products and technologies	63,200
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	73,200
SO.14	To extend social protection through fair, adequate and sustainable financing	15,000
SO.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	827,300
Total Resources		2,332,400

MEXICO

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	1,085,900
SO.02	To combat HIV/AIDS, tuberculosis and malaria	3,514,300
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	2,352,100
SO.04	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	71,200
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	1,004,100
SO.06	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	1,436,700
SO.07	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	688,100
SO.08	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	420,900
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	496,600
SO.10	To improve the organization, management and delivery of health services	150,400
SO.11	To strengthen leadership, governance and the evidence base of health systems	392,900
SO.12	To ensure improved access, quality and use of medical products and technologies	97,200
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	144,900
SO.14	To extend social protection through fair, adequate and sustainable financing	174,400
SO.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	2,898,700
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	160,000
Total Resources		15,088,400

NETHERLANDS: THE NETHERLANDS ANTILLES

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	14,800
SO.04	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	4,000
SO.06	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	39,700
SO.10	To improve the organization, management and delivery of health services	13,000
Total Resources		71,500

Note: The Netherlands Antilles (Curacao, Bonaire, Saba, San Eustatius and San Martin) constitute an autonomous territory within the Kingdom of the Netherlands. They are responsible for their own administration and political affairs. The program for the Netherlands Antilles is served through the PAHO/WHO office in Venezuela.

NICARAGUA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	623,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	964,400
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	513,000
SO.04	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	1,012,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	290,200
SO.06	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	416,200
SO.07	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	3,263,400
SO.08	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	1,471,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	90,000
SO.10	To improve the organization, management and delivery of health services	426,500
SO.11	To strengthen leadership, governance and the evidence base of health systems	1,032,200
SO.12	To ensure improved access, quality and use of medical products and technologies	372,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	1,257,500
SO.14	To extend social protection through fair, adequate and sustainable financing	408,500
SO.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	1,644,000
Total Resources		13,783,900

PANAMA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	664,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	515,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	190,000
SO.04	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	181,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	130,600
SO.06	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	50,000
SO.07	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	283,300
SO.08	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	2,125,200
SO.10	To improve the organization, management and delivery of health services	113,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	70,000
SO.12	To ensure improved access, quality and use of medical products and technologies	44,300
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	10,000
SO.14	To extend social protection through fair, adequate and sustainable financing	108,000
SO.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	1,041,300
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	5,000
Total Resources		5,530,700

PARAGUAY

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	939,200
SO.02	To combat HIV/AIDS, tuberculosis and malaria	180,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	284,400
SO.04	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	620,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	566,400
SO.06	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	150,000
SO.07	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	259,600
SO.08	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	551,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	165,000
SO.10	To improve the organization, management and delivery of health services	169,200
SO.11	To strengthen leadership, governance and the evidence base of health systems	229,200
SO.12	To ensure improved access, quality and use of medical products and technologies	69,800
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	170,000
SO.14	To extend social protection through fair, adequate and sustainable financing	179,400
SO.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	1,802,800
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	15,000
Total Resources		6,351,000

PERU

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	1,180,800
SO.02	To combat HIV/AIDS, tuberculosis and malaria	461,300
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	404,500
SO.04	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	1,462,900
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	50,000
SO.06	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	405,300
SO.07	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	807,600
SO.08	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	725,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	1,318,200
SO.10	To improve the organization, management and delivery of health services	199,500
SO.11	To strengthen leadership, governance and the evidence base of health systems	372,100
SO.12	To ensure improved access, quality and use of medical products and technologies	362,600
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	170,000
SO.14	To extend social protection through fair, adequate and sustainable financing	425,800
SO.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	3,444,100
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	31,500
Total Resources		11,821,200

PUERTO RICO

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	64,800
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	3,100
SO.07	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	26,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	31,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	18,100
SO.14	To extend social protection through fair, adequate and sustainable financing	13,000
SO.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	26,000
Total Resources		182,000

SAINT KITTS AND NEVIS

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	20,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	60,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	50,000
SO.04	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	16,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	25,000
SO.06	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	12,000
SO.07	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	4,000
SO.08	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	26,500
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	12,000
SO.10	To improve the organization, management and delivery of health services	25,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	60,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	82,000
SO.14	To extend social protection through fair, adequate and sustainable financing	20,000
SO.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	234,000
Total Resources		646,500

SAINT LUCIA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	20,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	60,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	49,000
SO.04	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	29,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	17,500
SO.06	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	9,000
SO.07	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	7,000
SO.08	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	44,500
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	2,000
SO.10	To improve the organization, management and delivery of health services	40,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	55,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	132,000
SO.14	To extend social protection through fair, adequate and sustainable financing	20,000
SO.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	261,000
Total Resources		746,000

SAINT VINCENT AND THE GRENADINES

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	20,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	60,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	32,000
SO.04	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	26,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	32,000
SO.06	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	12,000
SO.07	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	4,000
SO.08	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	30,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	12,000
SO.10	To improve the organization, management and delivery of health services	30,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	50,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	82,000
SO.14	To extend social protection through fair, adequate and sustainable financing	20,000
SO.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	222,000
Total Resources		632,000

SURINAME

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	110,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	868,400
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	220,000
SO.04	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	35,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	30,000
SO.06	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	30,000
SO.07	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	10,000
SO.08	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	100,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	20,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	10,000
SO.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	679,200
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	414,400
Total Resources		2,527,000

TRINIDAD AND TOBAGO

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	50,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	895,200
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	141,000
SO.04	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	177,500
SO.06	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	36,000
SO.07	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	37,500
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	2,000
SO.10	To improve the organization, management and delivery of health services	72,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	72,000
SO.12	To ensure improved access, quality and use of medical products and technologies	72,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	36,000
SO.14	To extend social protection through fair, adequate and sustainable financing	36,000
SO.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	1,468,400
Total Resources		3,095,600

UNITED KINGDOM: ANGUILLA, THE BRITISH VIRGIN ISLANDS AND MONTSERRAT

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	38,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	150,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	32,000
SO.04	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	38,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	58,000
SO.06	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	16,000
SO.07	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	4,000
SO.08	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	43,600
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	2,000
SO.10	To improve the organization, management and delivery of health services	50,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	50,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	145,000
SO.14	To extend social protection through fair, adequate and sustainable financing	25,000
SO.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	278,200
Total Resources		929,800

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
SO.02	To combat HIV/AIDS, tuberculosis and malaria	75,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	5,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	50,000
Total Resources		130,000

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
SO.01	To reduce the health, social and economic burden of communicable diseases	5,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	51,700
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	15,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	130,000
SO.06	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	17,500
SO.11	To strengthen leadership, governance and the evidence base of health systems	11,900
SO.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	6,000
Total Resources		237,100

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

SO	Strategic Objectives	Total Resources
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	33,700
Total Resources		33,700

URUGUAY

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	1,160,500
SO.02	To combat HIV/AIDS, tuberculosis and malaria	276,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	153,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	17,500
SO.06	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	112,500
SO.07	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	233,000
SO.08	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	11,500
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	35,500
SO.10	To improve the organization, management and delivery of health services	28,500
SO.11	To strengthen leadership, governance and the evidence base of health systems	179,000
SO.12	To ensure improved access, quality and use of medical products and technologies	43,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	30,500
SO.14	To extend social protection through fair, adequate and sustainable financing	12,000
SO.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	729,700
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	1,108,500
Total Resources		4,130,700

VENEZUELA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	421,800
SO.02	To combat HIV/AIDS, tuberculosis and malaria	263,800
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	180,700
SO.04	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	191,100
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	151,100
SO.06	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	212,500
SO.07	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	237,300
SO.08	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	46,100
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	71,300
SO.10	To improve the organization, management and delivery of health services	93,300
SO.11	To strengthen leadership, governance and the evidence base of health systems	520,500
SO.12	To ensure improved access, quality and use of medical products and technologies	104,200
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	112,900
SO.14	To extend social protection through fair, adequate and sustainable financing	73,500
SO.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	2,523,200
Total Resources		5,203,300

Forty-Year History of the PAHO/WHO Regular Budget								
	PAHO			AMRO Share			Total PAHO/WHO	
Budget Period	Amount	% of Total	% Increase	Amount	% of Total	% Increase	Amount	% Increase
1972-1973	37,405,395	68.6		17,150,800	31.4		54,556,195	
1974-1975	45,175,329	68.8	20.8	20,495,900	31.2	19.5	65,671,229	20.4
1976-1977	55,549,020	69.3	23.0	24,570,200	30.7	19.9	80,119,220	22.0
1978-1979	64,849,990	67.8	16.7	30,771,500	32.2	25.2	95,621,490	19.3
1980-1981	76,576,000	67.1	18.1	37,566,200	32.9	22.1	114,142,200	19.4
1982-1983	90,320,000	67.2	17.9	44,012,000	32.8	17.2	134,332,000	17.7
1984-1985	103,959,000	67.2	15.1	50,834,000	32.8	5.5	154,793,000	15.2
1986-1987	112,484,000	66.0	8.2	57,856,000	34.0	13.8	170,340,000	10.0
1988-1989	121,172,000	66.8	7.7	60,161,000	33.2	4.0	181,333,000	6.5
1990-1991	130,023,000	66.7	7.3	65,027,000	33.3	8.1	195,050,000	7.6
1992-1993	152,576,000	68.1	17.3	71,491,000	31.9	9.9	224,067,000	14.9
1994-1995	164,466,000	67.3	7.8	79,794,000	32.7	11.6	244,260,000	9.0
1996-1997	168,578,000	67.9	2.5	79,794,000	32.1	0.0	248,372,000	1.7
1998-1999	168,578,000	67.1	0.0	82,686,000	32.9	3.6	251,264,000	1.2
2000-2001	177,136,000	69.1	5.1	79,109,000	30.9	-4.3	256,245,000	2.0
2002-2003	186,800,000	71.4	5.5	74,682,000	28.6	-5.6	261,482,000	2.0
2004-2005	186,800,000	72.0	0.0	72,730,000	28.0	-2.6	259,530,000	- 0.7
2006-2007	187,800,000	70.7	0.5	77,768,000	29.3	6.9	265,568,000	2.3
2008-2009	197,566,000	70.1	3.9	81,501,000	29.2	4.8	279,067,000	4.8
2010-2011*	207,816,000	72.0	5.0	80,700,000	28.0	-1.0	288,516,000	3.2

*Proposed

Proposed Program and Budget 2010-2011: by Funding Source (Base Programs)

Ran-king*	SO Description	Regular Budget	Other Sources	2010-2011 Proposed Budget	%
2	SO1 To reduce the health, social and economic burden of communicable diseases	23,417,000	64,583,000	88,000,000	13.7%
3	SO2 To combat HIV/AIDS, tuberculosis and malaria	6,355,000	68,735,000	75,090,000	11.7%
4	SO3 To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	11,482,000	20,518,000	32,000,000	5.0%
1	SO4 To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	11,752,000	25,438,000	37,190,000	5.8%
13	SO5 To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	3,912,000	31,088,000	35,000,000	5.4%
9	SO6 To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	7,649,000	8,351,000	16,000,000	2.5%
5	SO7 To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	8,108,000	12,892,000	21,000,000	3.3%
8	SO8 To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	13,465,000	11,535,000	25,000,000	3.9%
14	SO9 To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	12,068,000	8,932,000	21,000,000	3.3%
7	S10 To improve the organization, management and delivery of health services	8,151,000	31,849,000	40,000,000	6.2%
11	S11 To strengthen leadership, governance and the evidence base of health systems	32,184,000	10,816,000	43,000,000	6.7%
12	S12 To ensure improved access, quality and use of medical products and technologies	7,602,000	11,398,000	19,000,000	2.9%
6	S13 To ensure an available, competent, responsive and productive health workforce to improve health outcomes	9,351,000	10,649,000	20,000,000	3.1%
10	S14 To extend social protection through fair, adequate and sustainable financing	5,233,000	5,067,000	10,300,000	1.6%
	S15 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	66,210,000	9,000,000	75,210,000	11.7%
	S16 To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	61,577,000	25,000,000	86,577,000	13.4%
TOTAL		288,516,000	355,851,000	644,367,000	100.0%

* As the criteria presented in the PAHO Strategic Plan 2008-2012

Proposed Program and Budget 2010-2011: Comparison with 2008-2009 (Base Programs)

Ranking*	SO Description		2008-2009 Baseline	2010-2011 Proposed Budget	% Change
			PAHO/WHO	PAHO/WHO	
2	SO1	To reduce the health, social and economic burden of communicable diseases	86,600,000	88,000,000	1.6%
3	SO2	To combat HIV/AIDS, tuberculosis and malaria	75,090,000	75,090,000	0.0%
4	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%
1	SO4	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	37,190,000	37,190,000	0.0%
13	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%
9	SO6	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	16,000,000	16,000,000	0.0%
5	SO7	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	17,400,000	21,000,000	20.7%
8	SO8	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	25,000,000	25,000,000	0.0%
14	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%
7	SO10	To improve the organization, management and delivery of health services	32,000,000	40,000,000	25.0%
11	SO11	To strengthen leadership, governance and the evidence base of health systems	35,000,000	43,000,000	22.9%
12	SO12	To ensure improved access, quality and use of medical products and technologies	22,000,000	19,000,000	-13.6%
6	SO13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	23,000,000	20,000,000	-13.0%
10	SO14	To extend social protection through fair, adequate and sustainable financing	15,000,000	10,300,000	-31.3%
	SO15	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	61,210,000	75,210,000	22.9%
	SO16	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	86,577,000	-10.4%
TOTAL			626,067,000	644,367,000	2.9%

* As the criteria presented in the PAHO Strategic Plan 2008-2012

Proposed Program and Budget 2010-2011: by Segment

Ran- king*	SO Description		Base Programs	Outbreak Crisis and Responses	Government Financed internal Projects	Total	%
2	SO1	To reduce the health, social and economic burden of communicable diseases	88,000,000	7,000,000	20,149,000	115,149,000	12.9%
3	SO2	To combat HIV/AIDS, tuberculosis and malaria	75,090,000	-	6,657,000	81,747,000	9.2%
4	SO3	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	32,000,000	-	3,844,000	35,844,000	4.0%
1	SO4	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	37,190,000	-	3,681,000	40,871,000	4.6%
13	SO5	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	35,000,000	15,000,000	834,000	50,834,000	5.7%
9	SO6	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	16,000,000	-	2,378,000	18,378,000	2.1%
5	SO7	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	21,000,000	-	12,434,000	33,434,000	3.8%
8	SO8	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	25,000,000	-	6,080,000	31,080,000	3.5%
14	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	-	12,942,000	33,942,000	3.8%
7	SO10	To improve the organization, management and delivery of health	40,000,000	-	35,699,000	75,699,000	8.5%
11	SO11	To strengthen leadership, governance and the evidence base of health systems	43,000,000	-	47,085,000	90,085,000	10.1%
12	SO12	To ensure improved access, quality and use of medical products and technologies	19,000,000	-	10,581,000	29,581,000	3.3%
6	SO13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	20,000,000	-	37,799,000	57,799,000	6.5%
10	SO14	To extend social protection through fair, adequate and sustainable financing	10,300,000	-	1,894,000	12,194,000	1.4%
	SO15	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	75,210,000	-	18,321,000	93,531,000	10.5%
	SO16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	86,577,000	-	4,622,000	91,199,000	10.2%
TOTAL			644,367,000	22,000,000	225,000,000	891,367,000	100%

* As the criteria presented in the PAHO Strategic Plan 2008-2012

Regional Program Budget Policy: Phase-in Schedule over three Biennia

Phase-in schedule for the revision of regular budget core country allocations
in accordance with Resolution CD45.R6 on the Regional Program Budget Policy

	Phase-in period			Total change over 3 biennia
	1st biennium 2006-2007	2nd biennium 2008-2009	3rd biennium 2010-2011 a/	
Antigua and Barbuda	0.26%	0.36%	0.46%	161.68%
Argentina	3.89%	3.56%	3.23%	-22.78%
Bahamas	1.21%	1.02%	0.83%	-40.02%
Barbados	0.67%	0.62%	0.56%	-21.98%
Belize	1.03%	0.87%	0.70%	-40.00%
Bolivia	4.70%	4.80%	4.90%	6.05%
Brazil	9.19%	9.65%	10.10%	14.78%
Canada	0.72%	0.60%	0.49%	-40.05%
Chile	2.26%	2.22%	2.19%	-4.95%
Colombia	4.25%	4.16%	4.07%	-5.83%
Costa Rica	2.69%	2.26%	1.83%	-39.99%
Cuba	2.79%	3.27%	3.75%	57.88%
Dominica	0.34%	0.43%	0.51%	86.05%
Dominican Republic	3.27%	3.31%	3.35%	3.58%
Ecuador	4.58%	5.22%	5.87%	45.94%
El Salvador	3.05%	3.00%	2.94%	-5.31%
France (French Department in the Americas)	0.20%	0.26%	0.32%	108.33%
Grenada	0.31%	0.47%	0.62%	250.90%
Guatemala	5.10%	5.43%	5.76%	19.63%
Guyana	1.91%	1.91%	1.91%	0.00%
Haiti	4.98%	4.98%	4.98%	0.00%
Honduras	4.05%	4.22%	4.39%	12.62%
Jamaica	2.73%	2.29%	1.86%	-40.00%
Mexico	6.31%	6.18%	6.05%	-5.70%
Netherlands (The Netherlands Antilles)	0.23%	0.27%	0.32%	68.54%
Nicaragua	3.25%	3.59%	3.93%	32.78%
Panama	2.09%	1.75%	1.42%	-39.98%
Paraguay	2.82%	2.82%	2.82%	-0.15%
Peru	5.64%	5.65%	5.67%	0.79%
Puerto Rico	0.20%	0.18%	0.16%	-25.00%
Saint Kitts and Nevis	0.25%	0.33%	0.41%	131.74%
Saint Lucia	0.30%	0.45%	0.60%	238.32%
Saint Vincent and the Grenadines	0.30%	0.43%	0.57%	222.16%
Suriname	1.26%	1.13%	0.99%	-27.80%
Trinidad and Tobago	2.09%	1.76%	1.43%	-40.01%
United Kingdom (United Kingdom Overseas Territories)				
<i>Anguilla, the British Virgin Islands, and</i>	0.27%	0.24%	0.22%	-26.83%
<i>Bermuda and the Cayman Islands</i>	0.08%	0.07%	0.06%	-26.83%
<i>Turks and Caicos Islands</i>	0.06%	0.06%	0.05%	-26.83%
United States	0.34%	0.33%	0.32%	-10.4%
Uruguay	1.44%	1.31%	1.18%	-23.9%
Venezuela	3.89%	3.54%	3.18%	-24.04%
Country core total	95.00%	95.00%	95.00%	
Country variable allocation	5.00%	5.00%	5.00%	
Total country regular budget allocation	100.00%	100.00%	100.00%	

a/ The final distribution among countries reflects the terms of the Resolution which limited the reduction of resources for any given country to a maximum of 40% over the three-biennium phase-in period.

Application of Regional Program Budget Policy: at Country Level

Member State	Approved 2008-2009 Program Budget	2008-09 comparative distribution	Revised share, 3rd biennium phase-in for RPBP	Increase / (decrease) due to RPBP	Revised level due to phasing in of RPBP	Increase due to change in budget level	Proposed 2010- 2011 Program Budget
	A			B	C=A+B	D	E=C+D
Antigua and Barbuda	385,000	0.36%	0.46%	119,000	504,000	18,000	522,000
Argentina	3,805,000	3.56%	3.23%	(264,000)	3,541,000	122,000	3,663,000
Bahamas	1,090,000	1.02%	0.83%	(180,000)	910,000	31,000	941,000
Barbados	663,000	0.62%	0.56%	(49,000)	614,000	21,000	635,000
Belize	930,000	0.87%	0.70%	(163,000)	767,000	27,000	794,000
Bolivia	5,131,000	4.80%	4.90%	241,000	5,372,000	185,000	5,557,000
Brazil	10,314,000	9.65%	10.10%	758,000	11,072,000	382,000	11,454,000
Canada	641,000	0.60%	0.49%	(104,000)	537,000	19,000	556,000
Chile	2,373,000	2.22%	2.19%	28,000	2,401,000	83,000	2,484,000
Colombia	4,446,000	4.16%	4.07%	16,000	4,462,000	154,000	4,616,000
Costa Rica	2,416,000	2.26%	1.83%	(410,000)	2,006,000	69,000	2,075,000
Cuba	3,495,000	3.27%	3.75%	616,000	4,111,000	142,000	4,253,000
Dominica	460,000	0.43%	0.51%	99,000	559,000	19,000	578,000
Dominican Republic	3,538,000	3.31%	3.35%	135,000	3,673,000	126,000	3,799,000
Ecuador	5,579,000	5.22%	5.87%	856,000	6,435,000	222,000	6,657,000
El Salvador	3,207,000	3.00%	2.94%	16,000	3,223,000	111,000	3,334,000
France (French Department in the Americas)	278,000	0.26%	0.32%	73,000	351,000	12,000	363,000
Grenada	502,000	0.47%	0.62%	178,000	680,000	23,000	703,000
Guatemala	5,804,000	5.43%	5.76%	511,000	6,315,000	217,000	6,532,000
Guyana	2,042,000	1.91%	1.91%	52,000	2,094,000	72,000	2,166,000
Haiti	5,323,000	4.98%	4.98%	136,000	5,459,000	189,000	5,648,000
Honduras	4,511,000	4.22%	4.39%	302,000	4,813,000	166,000	4,979,000
Jamaica	2,448,000	2.29%	1.86%	(409,000)	2,039,000	70,000	2,109,000
Mexico	6,606,000	6.18%	6.05%	26,000	6,632,000	229,000	6,861,000
Netherlands (The Netherlands Antilles)	289,000	0.27%	0.32%	62,000	351,000	12,000	363,000
Nicaragua	3,837,000	3.59%	3.93%	471,000	4,308,000	149,000	4,457,000
Panama	1,871,000	1.75%	1.42%	(314,000)	1,557,000	53,000	1,610,000
Paraguay	3,014,000	2.82%	2.82%	77,000	3,091,000	107,000	3,198,000
Peru	6,039,000	5.65%	5.67%	177,000	6,216,000	214,000	6,430,000
Puerto Rico	192,000	0.18%	0.16%	(17,000)	175,000	6,000	181,000
St Kitts and Nevis	353,000	0.33%	0.41%	96,000	449,000	16,000	465,000
St Lucia	481,000	0.45%	0.60%	177,000	658,000	22,000	680,000
St Vincent & the Grenadines	460,000	0.43%	0.57%	165,000	625,000	21,000	646,000
Suriname	1,208,000	1.13%	0.99%	(123,000)	1,085,000	38,000	1,123,000
Trinidad and Tobago	1,881,000	1.76%	1.43%	(313,000)	1,568,000	54,000	1,622,000
United Kingdom (United Kingdom Overseas Territories)					-		
<i>Anguilla, the British Virgin Islands, and Montserrat</i>	257,000	0.24%	0.22%	(16,000)	241,000	8,000	249,000
<i>Bermuda and the Cayman Islands</i>	75,000	0.07%	0.06%	(9,000)	66,000	2,000	68,000
<i>Turks and Caicos Islands</i>	64,000	0.06%	0.05%	(9,000)	55,000	2,000	57,000
United States	353,000	0.33%	0.32%	(2,000)	351,000	12,000	363,000
Uruguay	1,400,000	1.31%	1.18%	(106,000)	1,294,000	44,000	1,338,000
Venezuela	3,784,000	3.54%	3.18%	(298,000)	3,486,000	120,000	3,606,000
Core allocations	101,545,000	95.00%	95.00%	2,601,000	104,146,000	3,589,000	107,735,000
Variable - 5%	5,341,000		5.00%	140,000	5,481,000	190,000	5,671,000
Total country allocations	106,886,000		100.00%	2,741,000	109,627,000	3,779,000	113,406,000
Total budget	279,067,000				279,067,000		288,516,000
Less: Retirees' Health Insurance	(5,000,000)				(5,000,000)		(5,000,000)
Total net budget	274,067,000				274,067,000		283,516,000
Country share	39.0%				40.0%		40.0%

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