

STRATEGIC DIRECTION

54. The Strategic Plan 2008–2012 is aligned with WHO’s General Programme of Work (GPW) and Medium-term Strategic Plan (MTSP). Alignment with WHO has been carried out gradually over past planning cycles; with this SP 08–12, the process of programmatic integration is complete.

55. At the same time, the Bureau is also the health agency of the Inter-American System. In this capacity, the Bureau responds to the specific health needs of the countries of the Americas, presented in the Health Agenda for the Americas 2008–2017.

56. Therefore, this Strategic Plan addresses both of these roles simultaneously, responding to the global GPW (via the MTSP), and the regional Health Agenda for the Americas. Both of these documents determine the strategic direction of the Pan American Health Organization and its Bureau.

57. In addition, the PASB responds through this Strategic Plan to the mandates of its Governing Bodies and other important international fora, including the Millennium Summit, where the Millennium Declaration was made.

The Health Agenda for the Americas 2008–2017

58. The countries of the Americas have developed and launched a Health Agenda for the Americas 2008–2017 (Health Agenda or HAA). The stated intent of the HAA is “to guide the collective action of national and international stakeholders who seek to improve the health of the peoples of this Region.” The HAA defines eight Areas of Action:

- (a) Strengthening the National Health Authority;
- (b) Tackling Health Determinants;
- (c) Increasing Social Protection and Access to Quality Health Services;
- (d) Diminishing Health Inequalities among Countries, and Inequities within Them;
- (e) Reducing the Risk and Burden of Disease;
- (f) Strengthening the Management and Development of Health Workers;
- (g) Harnessing Knowledge, Science, and Technology;
- (h) Strengthening Health Security.

59. This Strategic Plan defines the Bureau’s contribution to the countries’ call for action in the Health Agenda. The following table shows which Strategic Objectives (SOs) in this Strategic Plan contribute to which Health Agenda Areas of Action. Please note that “contribution” is defined as the SO containing one or more RERs that explicitly address the Area of Action.

	Health Agenda Areas of Action							
	a) Strengthening the National Health Authority	b) Tackling Health Determinants	c) Increasing Social Protection and Access to Quality Health Services	d) Diminishing Health Inequalities among Countries, and Inequities within them	e) Reducing the Risk and Burden of Disease	f) Strengthening the Management and Development of Health Workers	g) Harnessing Knowledge, Science, and Technology	h) Strengthening Health Security
PAHO's Strategic Objectives								
1. To reduce the health, social and economic burden of communicable diseases	X			X	X		X	X
2. To combat HIV/AIDS, tuberculosis and malaria	X			X	X		X	X
3. To prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries	X	X	X		X	X		X
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	X		X	X		X	X	X
5. To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	X		X		X	X		X
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		X			X			X
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		X		X	X			
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	X	X		X	X	X		X
9. To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	X				X	X		X
10. To improve the organization, management and delivery of health services	X		X	X		X		X
11. To strengthen leadership, governance and the evidence base of health systems	X			X		X	X	X
12. To ensure improved access, quality and use of medical products and technologies	X			X		X	X	X
13. To ensure an available, competent, responsive and productive health workforce to improve health outcomes	X		X	X		X		X
14. To extend social protection through fair, adequate and sustainable financing	X		X	X		X		X
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	Contributes to all							
16. To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	Supports all							

60. Thus, the Strategic Plan's Strategic Objectives and their respective Region-wide Expected Results demonstrate the contribution of the PASB to the Health Agenda for the Americas.

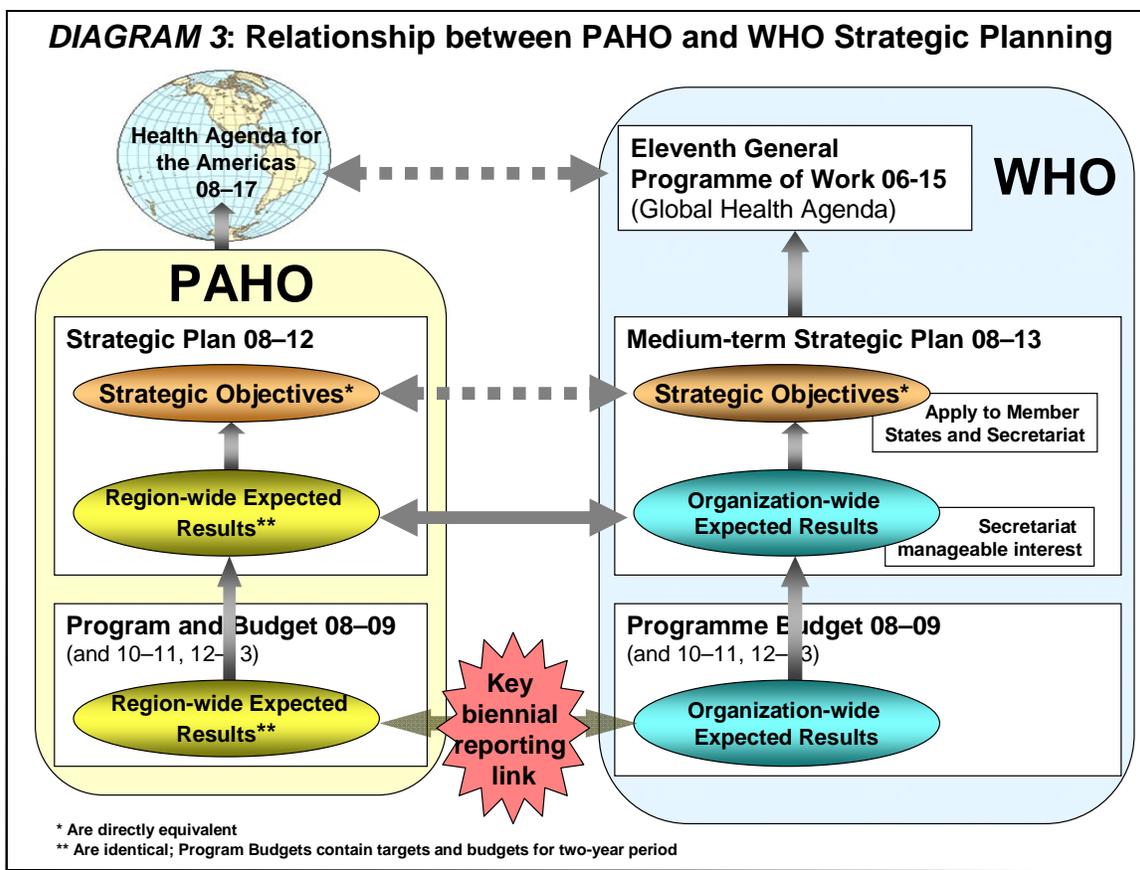
WHO Eleventh General Programme of Work 2006–2015

61. As noted, the Bureau seeks to harmonize the programs and objectives of the PASB and the WHO Secretariat, while at the same time maintaining the regional specificity that addresses PAHO Member States' concerns and priorities, summarized in the Health Agenda for the Americas.

62. At the time of its development, this Strategic Plan directly adopted the 16 Strategic Objectives (SOs) that were included WHO's MTSP until January 2007. Subsequently, based on input from WHO Member States during the January 2007 Executive Board meeting, WHO combined SOs 10, 11, 13 and 14 into one SO. Based on consultation with Member States at the March 2007 meeting of the Subcommittee on Program, Budget and Administration (SPBA), and internal discussion, the PASB has decided to continue with the original 16 SOs. A crosswalk approach will be used for reporting on the four SOs combined by WHO. The PASB's contribution to WHO's Organization-wide Expected Results (OWERs) is explicit in the Region-wide Expected Results (RERs). This is the first time that RERs have been developed with indicators that aggregate directly to the global level.

63. With respect to WHO's highest level planning instrument, the General Programme of Work (GPW), the Bureau sees its contribution both in terms of the Strategic Plan's relationship to the Health Agenda for the Americas (developed in alignment with the Global Health Agenda contained in the 11th GPW) and the MTSP (developed by WHO to respond to the GPW), as well as in the core functions, a concept originating in the GPW.

64. The relationship between the planning mechanisms of PAHO and WHO is graphically represented in the following diagram.



The Millennium Development Goals

65. In September 2000, the United Nations Millennium Declaration committed countries to a global partnership to reduce poverty and improve health and education, along with promoting peace, human rights, gender equality, and environmental sustainability. Attainment of the Millennium Development Goals (MDGs) in the Americas remains a key priority for the PASB. The Organization's vision on the MDGs was approved by member countries during the 45th Session of the Directing Council in September 2004 (see CD45/8), and led to an official resolution (CD45/R3) calling for countries and the PASB to use the MDGs as a guide for national and international efforts towards better health for the peoples of the Region.

66. Achieving the MDGs in LAC is a complex undertaking as conditions vary not only among countries but also within countries. Even when countries on average appear to be on track to achieve some or all of the MDGs, a closer look at the sub-national level reveals that great inequities remain. In some countries, minorities and vulnerable groups lag behind favorable national averages where most MDGs will or have been met, while in others, it is likely that they will achieve only one or two MDGs. Thus, achieving the MDGs in LAC requires more than merely focusing on poor countries, focusing efforts on peoples living in poverty, as 90% of the poor live in middle income countries. At the same time subregions such as the English-speaking Caribbean have already achieved or are very close to achieving most of the MDGs—with the exception of target 7—and therefore require an MDG plus framework (non-communicable diseases and violence) that addresses their burden of disease specifically. A common thread is the need for a synergistic approach that addresses the determinants of health through inter-sector and inter-agency collaboration and the inclusion of individuals, civil society and grass roots as producers of health.

67. Six of the eight Millennium Declaration's goals, seven of its 16 targets and 18 of its 48 indicators relate directly to health. Health is also an important contributor to several other goals. The significance of the MDGs lies in the linkages between them: they are a mutually reinforcing framework to improve overall human development. These have been adopted by the PASB due to their value as a time-specific set of goals with the highest level of political support worldwide to advance human development from the perspective of health:

- **Goal 1: Eradicate extreme poverty and hunger**
 - Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger
- **Goal 4: Reduce child mortality**
 - Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate
- **Goal 5: Improve maternal health**
 - Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio
- **Goal 6: Combat HIV/AIDS, malaria and other diseases**
 - Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS
 - Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases
- **Goal 7: Ensure environmental sustainability**
 - Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation
- **Goal 8: Develop a global partnership for development**
 - Target 17: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Strategic Framework for Cooperation

68. The Strategic Framework for Cooperation is a mechanism of the Organization to address regional and global health mandates, like those included in the 2000 United Nations Millennium Declaration (Millennium Development Goals). The Framework is comprised of three components: completing the unfinished agenda, protecting the achievements already attained, and tackling new challenges.

69. Each country gives these three components a different weight, according to its health needs. Joint, synergistic and synchronized action by the Member States, orchestrated and enhanced by the PASB is needed to reach the Region's common goals.

70. To **complete the unfinished agenda**, the Organization will focus on:

- (a) Reducing high and unjustifiable maternal, infant, and child mortality rates;
- (b) Reducing the unacceptable health indicators of the poorest sectors of society, and among these, indigenous peoples and Afro-descendants;
- (c) Tackling the persistence of preventable or curable diseases that we refer to as "neglected," among them filariasis, trachoma, parasite infections, plague, Chagas disease, brucellosis, and yellow fever;

- (d) Reducing malnutrition and food insecurity in the Hemisphere's poorest communities;
- (e) Extending coverage in water and sanitation.

71. To **protect the achievements** in health in the Region, the Organization will emphasize:

- (a) Expansion of vaccination coverage;
- (b) Improved local health development and governance;
- (c) Improved border health and subregional integration on health concerns;
- (d) Enhanced primary health care;
- (e) Sound public policies designed to improve people's quality of life.

72. In concert with our national counterparts and local and international partners, the Organization will **tackle the new challenges** of:

- (a) The spread of HIV/AIDS;
- (b) Increasing violence;
- (c) The control of diseases with pandemic potential, such as severe acute respiratory syndrome (SARS) and the avian flu virus;
- (d) The smoking epidemic (notably among women and youth);
- (e) The epidemic rise of non-communicable diseases;
- (f) Disasters as they occur.

73. Each action listed above is integrated into the Region-wide Expected Results of the PASB, and resources have been allocated according to its priority.

Core Functions

74. The PASB has adopted WHO's core functions as its own, with minimal modifications, for example substitution of the term "technical support" of WHO for "technical cooperation". Technical cooperation implies joint, agreed action between the PASB and Member States for health development. The core functions were included in the Eleventh General Programme of Work, with their origin in WHO's Constitution. They clarify the Organization's role in responding to the global health agenda laid out in the 11th GPW, building on WHO's mandate and an analysis of its comparative advantage.

75. The main reasons for including the core functions in the PASB Strategic Plan, and for monitoring their implementation, are as follows:

- (a) To assess whether the PASB is expending its resources to perform the functions its Member States deem to be priorities. This may include a discussion of the allocation of resources for "normative work" versus "technical cooperation", keeping in mind that the two are complementary.

- (b) To analyze and strengthen the functional role the PASB takes in its engagement with Member States and with other partners, including UN agencies. Analysis of the implementation of core functions can determine differences among the three levels of the PASB (regional, subregional and country) and among countries.
- (c) To contribute to the global effort to group products and services by core function and enable WHO-wide analysis of expenditures.

76. Therefore, beginning in 2008 the PASB will classify its expenditures by core function, monitoring these expenditures and reporting to Governing Bodies on a periodic basis. The PAHO/WHO core functions are as follows:

- i. Providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
- ii. Shaping the research agenda and stimulating the generation, dissemination and application of valuable knowledge;
- iii. Setting norms and standards, and promoting and monitoring their implementation;
- iv. Articulating ethical and evidence-based policy options;
- v. Establishing technical cooperation, catalyzing change and building sustainable institutional capacity;
- vi. Monitoring the health situation and assessing health trends.

77. The following diagram depicts the logical and sequential flow among the core functions of PAHO/WHO.

