



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



150th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 18-22 June 2012

Provisional Agenda Item 4.7

CE150/17 (Eng.)
23 March 2012
ORIGINAL: SPANISH

STRATEGY AND PLAN OF ACTION ON KNOWLEDGE MANAGEMENT AND COMMUNICATIONS

Introduction

1. [From the Declaration of Alma-Ata \(1978\)](#) (1) to the [Millennium Declaration](#) (2), the subject of access to reliable information and knowledge exchange about health through use of information and communications technology has been considered essential for development of health in the Region.
2. The [Constitution of the World Health Organization](#) (WHO) (3) states that “The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.” In the [Eleventh General Programme of Work 2006-2015](#) (4), the knowledge deficit is recognized as a fundamental strategic problem and “... shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge” is cited as a core function of WHO.
3. WHO uses the term “knowledge management” to describe how the Secretariat uses technology in order to allow people to create, collect, store, recover, use and share knowledge (5).
4. For PAHO, knowledge management and communications are two of the most powerful tools to promote changes on the individual, social and political level that lead to achievement and maintenance of health. This is a dynamic process characterized by different variables of access to information, production of knowledge, dissemination, and training.
5. This strategy and plan of action seeks to guide the Member States in adoption of standards, policies, and procedures with regard to knowledge management and communications by ensuring convergence of the projects, initiatives, products, and services of the Region on these subjects to benefit health.

6. This strategy is based on resolutions, official documents, and recommendations from different sources: [Resolution A/RES/51/172](#) on communication of development programs in the United Nations system (1996) (5); the Knowledge Management Strategy of the World Health Organization (2005)(6); the Pan American Health Organization (PAHO) Strategy on Information and Knowledge Exchange (2006) (7); the Report on knowledge management in the United Nations system JIU/REP/2007/6(2007)(8); the [Regional strategy for knowledge management to support public health](#) of the Eastern Mediterranean Region (Resolution EM/RC53/R.10 [2009]) (9); the ministerial conferences on the information society held in 2005, 2008, and 2010; the [Knowledge Management and Communication Strategy for all PAHO/WHO entities](#) (2011) (10) and the PAHO [Strategy and Plan of Action on eHealth](#) (Document CD51/12 [2011]) (11).

Background

7. Based on the Global Strategy of WHO (6), the mission of this strategy and plan of action is to close the gap between knowledge and decision-making on health in the Region, promoting an environment that encourages production, exchange, communication, access, and effective application of knowledge to benefit health.

8. Since 1992, the Latin American and Caribbean Center for Health Sciences Information (BIREME) has held the Regional Congress on Health Sciences Information (CRICS) every two years, which has been consolidated as a reference activity that reflects and synthesizes the regional and international state of the art in the disciplines and subject areas of scientific and technical information management, scientific communication, library science, and information technology.

9. In 1996, through [Resolution A/RES/51/172 on Communication for development programmes in the United Nations system](#) (5), the importance of assigning priority to communication on development was recognized and the need to support reciprocal communication systems that facilitate dialogue and allow communities to manifest themselves, express their aspirations and interests, and participate in decisions related to their development was emphasized.

10. In 2005, WHO, through its [knowledge management strategy](#) (6), defined the strategic orientations with regard to knowledge management, namely: improve access to worldwide health information; translate knowledge into policies and action; share and apply knowledge derived from experience; strengthen *eHealth* in the countries and promote an enabling environment.

11. In 2006, PAHO approved its first Strategy on Information and Knowledge Exchange (7), and defined four desired states in order to become a knowledge-based organization:

- an authorized source of health information and knowledge based on scientific data;
- an organization based on effective collaboration;
- an organization based on learning; and
- an organization that establishes partnerships and networks.

12. In 2007, in the [report JIU/REP/2007/6 on knowledge management in the United Nations system](#) (8), use of the term “knowledge management” within the framework of the United Nations was analyzed.

13. In 2009, the [Regional strategy for knowledge management to support public health](#) in the Eastern Mediterranean Region (Resolution EM/RC53/R.10) (9) urged the countries to take measures to institutionalize knowledge management activities, develop capacity and make full use of the available health knowledge.

14. In November 2010, the Third Ministerial Conference on the Information Society in Latin America and the Caribbean held in Lima (Peru) established its [Plan of Action on the Information and Knowledge Society in Latin America and the Caribbean](#) (12).

15. In 2011, the new [Strategy on Knowledge Management and Communications for all entities of the Pan American Sanitary Bureau](#) (PASB) (10), which serves as a guide for all entities, including country offices and specialized centers of the Organization, for adoption of knowledge management and communications practices, policies, standards, and procedures. In this strategy, the final desired state is defined: PAHO as a catalyst for efficient use of communication for achievement and maintenance of health.

16. In September 2011, the PAHO [Strategy and Plan of Action on eHealth](#) (Document CD51/13) (11) was approved in order to contribute to sustainable development of the health systems of the Member States.

Situation analysis

17. With regard to knowledge management and communications, at least four major challenges in the Region (10) can be identified:

- The Region misses many opportunities to collect and promote the knowledge capital of the Member States in the public health sector.
- There is limited capacity in the Region for management of production, classification, preservation, and dissemination of scientific and technical information on health.

- The use of communications (public information and social communication) by the Member States as a tool for achievement and maintenance of health is fragmented and often is not considered as a component when planning health strategies.
- The populations and communities in the Region in situations of vulnerability have unequal access to information on health and communications, with emphasis on gender and ethnic group.

18. Several new paradigms that represent novel approaches to knowledge management and communications are considered to be fundamental:

Previous paradigms	New paradigms
Communication to interchange information	Communication to generate changes
Copyright	Common creative heritage
Message	Dialogue
A central message	Several coherent and linked messages
Individual production	Creation of standards (new forms of collective production)
Proprietary sources of information	Open sources
Publication	Content production
Sales of publications	Open access to publications
Passive target audience	Different actors are full participants
Unidirectional communication	Multidirectional communication
Global data	Data broken down according to sex, age, ethnic group, socioeconomic status, and other variables

19. There is a consensus that up-to-date scientific knowledge contributes to equity in the field of health and development of health systems, continuous improvement of health care, the processes of defining health policies and programs, supports individual and public health decision-making, and addresses problems and responds to the priorities of the countries.

20. At the regional level, there are major differences between the countries with regard to production, dissemination, access, and use of scientific knowledge on health due to the diversity of human resources, systems, and technological resources. In general, the rate of production of health information is low compared to worldwide production (in MEDLINE, the Region represents only 2.88% of worldwide production) (13).

Institutional procedures with regard to knowledge management are weak due to lack of infrastructure, standards, and resources. There are information and knowledge networks that should be strengthened and lack financial resources to support these initiatives.

21. Access to information and communication technologies is not universal and many countries and populations of the Region have unequal access to these. A study conducted by the [International Telecommunication Union](#) (ITU) (14) in 2010 showed that in the Region of the Americas there were an average of 17.15% applications for land lines per 100 inhabitants and 83.27% for mobile lines. For the percentage of households with a computer, the average was 24.20%. The average number of households with Internet access was 13.30%, and the average number of Internet users per 100 inhabitants was 25.2%.

22. In the Region there is a continuous effort to organize, classify, preserve, and circulate scientific output on health sciences, such as the PAHO Web 2.0 strategy, Virtual Public Health Campus, Regional Public Health Observatory, and the Virtual Health Library (VHL), a scientific network of websites with technical information on health that uses information and communications technologies. The VHL advances towards consolidation as an area that integrates sources of information and information flows in order to achieve greater interoperability with the applications available, such as mobile devices, as well as on-line health services.

23. Different technical debates and trends support the need to formulate a Strategy and Plan of Action for Knowledge Management and Communications in the Region of the Americas that ensures the convergence of activities and supports initiatives through a Regional Agenda.

24. By facilitating access to technology and knowledge, knowledge management and communications have shown that they can improve the quality of life of people. Therefore, they are an essential requirement for achievement of the Millennium Development Goals (2), particularly goals 4.A (“Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate”), 5.A (“Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate”) and 8.F (“In cooperation with the private sector, make available the benefits of new technologies, especially information and communications technologies”).

25. Recognizing that the Region is heterogeneous and the countries and their populations have different needs, languages and adopt different sociocultural methods for improvement of health, this Strategy and Plan of Action respects and fulfills the following principles and values stipulated in the Health Agenda for the Americas (2008-2017) (15): (a) human rights; (b) universality; (c) access and inclusion; (d) Pan American solidarity; (e) equity in health; and (f) social participation.

Proposal

26. The Strategy and Plan of Action on Knowledge Management and Communications 2013-2018 is based on:

- introduction of national and regional policies to promote free and equitable access to health information based on scientific data as a human right;
- equitable access to information, innovation, formation of networks, optimization of resources, and appropriate use of information and communications technologies in order to achieve interoperability between the sources and systems of health information regardless of geographic location;
- health staff of the Region capable of operating in the “information society”;
- partnerships for development of competencies and donors that finance projects to democratize access to sources of health information;
- preservation of documentary and multimedia health sciences resources;
- convergence of actions with the *eHealth* strategy;
- optimum circulation of health information to the general public, which allows decision-making favorable to the health status of the populations.

27. This proposal seeks to support the Member States of PAHO in continuous improvement of public health in the Region of the Americas through knowledge management and communications.

Strategy and Plan of Action

28. The Strategy and Plan of Action include the following goals and objectives:

Goal 1: Promote formulation, execution, and evaluation of public policies, standards, and guidelines for development and circulation of health information and health knowledge based on scientific data.

Objective 1.1: Support the Member States in the processes of formulation and adoption of public policies, standards, and guidelines with regard to knowledge management and communications on health.

Indicator

- 1.1.1 Number of Member States that have a policy on subjects related to knowledge management and communications on health (Baseline: 3 [source: PASB/KMC¹]. Target: 15 by 2017).

Objective 1.2: Help define political priorities for the local, national, and regional levels related to knowledge management and communications on health.

Indicators

- 1.2.1 PAHO will have an advisory technical committee with regard to knowledge management and communications (Baseline: 0. Target: 1 by 2013).
- 1.2.2 PAHO and the Member States will have defined priorities at the local, national and regional levels for development of policies with regard to knowledge management and communications on health (Baseline: No. Target: Yes by 2016).

Objective 1.3: Consolidate a regional system for evaluation and analysis of the policies of the Member States with regard to knowledge management and communications on health.

Indicator

- 1.3.1 By 2014, a regional observatory for the countries of the Americas will be operative for analysis, evaluation, and development of policies, with methodologies and tools to provide support for implementation of policies with regard to knowledge management and communications on health (Baseline: 0. Target: 1 by 2014).

Goal 2: Support public health initiatives by effective collaboration and establishment of environments that facilitate creation, access and circulation of health knowledge.

Objective 2.1: Promote a continuous learning process so that the health authorities become an authorized source of information and knowledge on health.

Indicators

- 2.1.1 PAHO and the Member States will have established an institutional learning methodology based on a digital literacy program in order to integrate in their institutional models the lessons learned and experience acquired in development

¹ Pan American Sanitary Bureau, Knowledge Management and Communications Office (PASB/KMC)

of activities; administrative policies and procedures, which include appropriate practices, successful projects, and innovative ideas on networks and regional, national and thematic communities of practice (Baseline: 0. Target: 1 by 2015).

2.1.2 PAHO and the Member States will have established a framework that strengthens training for professionals and health workers, managers and policymakers on use of scientific information for health-related decision-making (Baseline: 0. Target: 1 by 2015).

2.1.3 PAHO and the Member States will have established a framework that strengthens training for development of national capacity for production, management, access, use, and evaluation of information and communications technologies in order to support the health priorities (Baseline: 0. Target: 1 by 2015).

Objective 2.2: Promote use of virtual collaboration platforms and methodologies that facilitate knowledge exchange and effective collaboration.

Indicators

2.2.1 PAHO and the Member States will have established a common methodology to promote use of platforms that facilitate communication, knowledge exchange and effective collaboration (Baseline: 0. Target: 1 by 2014).

2.2.2 Number of Member States that use virtual collaboration platforms to achieve their objectives (Baseline: 20 [source: PASB/KMC]. Target: 35 by 2017).

Objective 2.3: Transform the archives, libraries, and documentation centers into knowledge management areas in order to encourage promotion of health and democratic access to knowledge based on conservation of the scientific, technical and cultural heritage of public health and use of new technologies for digital inclusion.

Indicator

2.3.1 PAHO and the Member States will have established a common framework for transformation of the archives, libraries, and documentation centers in the health area into knowledge management areas (Baseline: 0. Target: 1 by 2016).

Objective 2.4: Improve the visibility of research on health in the countries of the Region.

Indicators

2.4.1 PAHO and the Member States will have established a methodology that facilitates public access to an electronic version of the contents resulting from research activities financed primarily by public funds (Baseline: 0. Target: 1 by 2016).

- 2.4.2 Number of Member States that have increased the number of health journals in regional networks such as LILACS and MEDLINE (Baseline: LILACS 19 countries, 836 journals; MEDLINE, 13 countries, 84 journals [source: BIREME]. Target: 7% annual increase in the number of journals in these networks).

Goal 3: Promote and facilitate horizontal collaboration that establishes partnerships and strategic relationship networks among the countries of the Region in order to strengthen activities in the field of knowledge management and communications on health.

Objective 3.1: Support establishment of an intersectoral network (civil society/public network/private network) that participates in the policy-making processes, standards, identification of collaborating centers, and decision-making with regard to knowledge management and communications.

Indicators

- 3.1.1 Number of Member States that have created institutional mechanisms for establishment of national partnerships between sectors of civil society, the public administration, and private entities with regard to knowledge management and communications (Baseline: 4 [source: WHO]. Target: 15 by 2015).
- 3.1.2 By 2015, a regional Network of collaborating centers of the World Health Organization specialized in information, knowledge, and communications on health will be operative in the countries of the American continent (Baseline: 0. Target: 1 by 2015).

Objective 3.2: Promote actions and activities that support integration and interchange between national, subregional, regional, and international networks of knowledge management and communications on health.

Indicator

- 3.2.1 Number of Member States that have provided information on integration and exchange activities with regard to knowledge management and communications on health (Baseline: 1 [source: PASB/KMC]. Target: 16 by 2016).

Objective 3.3: Adopt new technologies that allow access to information and its circulation as well as knowledge exchange in electronic formats, and promote interoperability between them.

Indicators

- 3.3.1 PAHO and the Member States will have defined a common framework oriented towards the interoperability of their sources of information (Baseline: 0. Target: 1 by 2017).

Goal 4: Promote strategies and programs with regard to information and communications on health that are effective to obtain the individual, social, and political changes necessary for achievement and maintenance of health.

Objective 4.1: Provide support for development processes and adoption of public policies with regard to health communications, allow timely access to information and communication materials to the relevant public through a variety of communication platforms, and establish procedures for management of risk communication during disasters and public health emergencies.

Indicators

- 4.1.1 Number of Member States that have a national strategy or plan of action on health communications clearly articulated for the principal communicable and chronic diseases (Baseline: To be defined.² Target: 5 by 2014³).
- 4.1.2 PAHO and the Member States will have established a common framework for management of risk communication during disasters and public health emergencies (Baseline: 0. Target: 1 by 2016).

Objective 4.2: Strengthen the capacity to communicate health information to the general public.

Indicator

- 4.2.1 PAHO and the Member States will have established a framework to strengthen the corresponding staff with regard to the capacity to communicate health information to the general public (Baseline: 0. Target: 1 by 2016).

Objective 4.3: Promote evaluation of health communication initiatives, including development of messages, tools, and an effective impact on health targets.

² The baseline will be defined during the first year of execution of the Plan of Action.

³ The goal will be adjusted, if necessary, after defining the baseline.

Indicator

- 4.3.1 PAHO and the Member States will have established a methodology to identify and evaluate the impact of the communications plans and campaigns and their benefit for public health (Baseline: 0. Target: 1 by 2015).

Monitoring, analysis, and evaluation

29. Due to its transversal nature, with regard to the strategic targets stated in Strategic Plan 2008-2012 of the Organization (16), this Strategy and Plan of Action is directly related to Strategic Targets 5,⁴ 11,⁵ 13,⁶ and 16.⁷

30. Follow-up and evaluation of this Plan will be aligned with the results-based management framework of the Organization, as well as its follow-up and performance evaluation processes. In this regard, progress reports will be prepared based on the information available at the end of each biennium.

31. During the final year of the period of implementation of the Plan, an evaluation will be conducted in order to determine the strengths and weaknesses of its general implementation, as well as the causal factors of successes and failures, and future actions.

Action by the Executive Committee

32. The Executive Committee is asked to review the information provided in this document and consider the possibility of approving the draft resolution presented in Annex A.

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⁴ Strategic Target 5: Reduce the health consequences of emergencies, disasters, crises, and conflicts, and minimize their social and economic impact.

⁵ Strategic Target 11: Strengthen the leadership, governance, and scientific evidence of the health systems.

⁶ Strategic Target 13: Ensure the existence of available health workers that are competent, productive, and capable of responding to needs with a view to improving the health results.

⁷ Strategic Target 16: Develop and maintain PAHO/WHO as a flexible and learning organization, facilitating the means required in order to fulfill its mandate more efficiently and effectively.

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PAN AMERICAN HEALTH ORGANIZATION
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150th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 18-22 June 2012

CE150/17 (Eng.)
Annex A
ORIGINAL: SPANISH

PROPOSED RESOLUTION

STRATEGY AND PLAN OF ACTION ON KNOWLEDGE MANAGEMENT AND COMMUNICATIONS

THE 150th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed document CE150/17, *Strategy and Plan of Action on Knowledge Management and Communications*,

RESOLVES:

Recommend that the 28th Pan American Sanitary Conference adopt a resolution in accordance with the following terms:

STRATEGY AND PLAN OF ACTION ON KNOWLEDGE MANAGEMENT AND COMMUNICATIONS

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed document CSP28/____, *Strategy and Plan of Action on Knowledge Management and Communications*,

Recognizing that review of the current situation indicates that there are two basic conditions for application of knowledge management and communications in the countries of the Americas: availability of effective means to formulate and implement strategies and policies on knowledge management and communications (technological viability), as well as practical procedures and instruments that are simple, attainable and sustainable (scheduling and financial viability);

Understanding that the aim is to improve coordination and delivery of services in the field of health in order to increase their efficiency, availability, access, and accessibility, which will enable them to adapt to and foresee new contexts in the health area;

Considering the [report JIU/REP/2007/6 on knowledge management in the United Nations system](#) (2007); that, in November 2010, the Third Ministerial Conference on the Information Society in Latin America and the Caribbean held in Lima (Peru) established its Plan of Action on the Information and Knowledge Society in Latin America and the Caribbean; the Strategy on Knowledge Management and Communications for all entities and country offices of the Pan American Sanitary Bureau (PASB) was approved in 2011; and highlighting the celebration of the Regional Congress on Health Sciences Information (CRICS) organized every 2-3 years, which has consolidated as a reference activity that reflects and synthesizes the regional and international state of the art in the disciplines and subjects of management of scientific and technical information, scientific communication, library science, and information technology;

Taking into account that in 1996 [Resolution A/RES/51/172 on Communication for development programmes in the United Nations system](#) recognized the importance of assigning priority to communication on development and emphasized the need to support reciprocal communication systems that facilitate dialogue and allow communities to manifest themselves, express their aspirations and interests, and participate in decisions related to their development; the [Knowledge Management Strategy](#) of the World Health Organization (2005); the [Regional strategy for knowledge management to support public health](#) (Resolution EM/RC53/R.10 [2009]) of the Eastern Mediterranean Region; the PAHO [Strategy and Plan of Action on eHealth](#) (Document CD51/13 [2011]);

Observing that PAHO has collaborated with the countries of the Region in order to establish conceptual and technical foundations as well as an infrastructure for preparation of national programs and policies on knowledge management and communications;

Recognizing the transversal and complementary nature of this strategy and the targets established in the PAHO Strategic Plan (*Official Document 328*);

Considering the importance of having a strategy and plan of action that allows the Member States to improve public health in the Region effectively and efficiently, through knowledge management and communications,

RESOLVES:

1. To support the Strategy, approve the Plan of Action on *Knowledge Management and Communications* and promote its consideration in development policies, plans and

programs as well as in national budget proposals and discussion, which will facilitate establishment of appropriate conditions to respond to the challenge of improving public health in the Region by adopting standards, policies and procedures with regard to knowledge management and communications, ensuring the convergence of the projects, initiatives, products, and services of the Region on these subjects.

2. To urge the Member States to:

- (a) assign priority to performance of a situation analysis of the institutions that work in knowledge management and communications on health, access to reliable information and exchanges of health knowledge through a continuous learning process, in order to contribute to development of health in the Region;
- (b) prepare and implement policies, plans, programs, and interministerial actions with regard to knowledge management and communications guided by the Strategy and Plan of Action, ensuring the availability of the required resources and legal framework, focusing on the needs of the populations at risk that are in situations of vulnerability;
- (c) implement the Strategy and Plan of Action, when appropriate, in a framework made up of the health system and institutions of knowledge management and communications, including public information services, libraries, information networks, and information technologies services, emphasizing interprogrammatic collaboration and intersectoral action, while monitoring and evaluating the effectiveness of this Strategy and Plan of Action, and the allocation of resources;
- (d) promote internal dialogue and coordination between ministries and other institutions of the public sector, as well as partnerships between the public and private sectors and civil society in order to achieve a national consensus and promote the establishment of national networks of knowledge management and communications on health;
- (e) support the capacity to generate information and research for development of strategies and execution of models based on relevant scientific tests;
- (f) support the capacity to produce, record, classify, and circulate scientific knowledge in the area of the Virtual Health Library managed by BIREME PAHO/WHO;

3. To request that the Director:

- (a) support coordination and execution of the Strategy and Plan of Action on Knowledge Management and Communications in the national, subregional,

- regional, and interinstitutional areas, and provide the required support to the countries, including technical cooperation, for preparation and execution of the national plans of action;
- (b) strengthen relations with academic institutions and ministries of education in order to promote preparation and implementation of national digital literacy programs with the aim of improving the skills of people in the context of the new information society;
 - (c) strengthen the internal communication strategy and activities in order to promote application of knowledge management and communication tools and methodologies;
 - (d) facilitate the circulation of studies, reports, and solutions that serve as a model with regard to knowledge management and communications so that, with the appropriate modifications, they can be used by the Member States;
 - (e) develop and maintain the regional Network of collaborating centers of the World Health Organization with regard to information, knowledge, and communications on health in collaboration with the Member States;
 - (f) report periodically to the Governing Bodies on the progress and limitations in execution of the current Strategy and Plan of Action, as well as its adaptation to specific contexts and needs.



PAN AMERICAN HEALTH ORGANIZATION

Pan American Sanitary Bureau, Regional Office of the

WORLD HEALTH ORGANIZATION

CE150/17 (Eng.)

Annex B

Report on the Financial and Administrative Implications for the Secretariat of the Proposed Resolution

1. **Agenda item:** 4.7: Strategy and Plan of Action on Knowledge Management and Communications

2. **Linkage to Program Budget:**

(a) **Area of work:** Knowledge Management and Communications

(b) **Expected result:**

Strategic Objective 5: To reduce the health consequences of emergencies, disasters, crises, and conflicts, and minimize their social and economic impact.

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.

Strategic Objective 11: To strengthen leadership, governance and the evidence base of health systems.

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.

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.*

Strategic Objective 13: To ensure an available, competent, responsive and productive health workforce to improve health outcomes.

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.

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.

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.

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.

3. Financial implications:

(a) Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$10,000, including expenditures for staff and activities):

The Pan American Health Organization will need the collaboration of other agencies of United Nations and other interested institutions in order to be able to execute the Plan. During the 2013-2018 period, the estimated annual expenditure for execution of the Plan of Action is US\$ 550,000 (this amount will increase by \$150,000 in the third and final year in order to perform evaluation tasks). The cost includes: hiring additional staff and execution of activities at the regional, subregional, and national levels (technical cooperation, studies, workshops, meetings, campaigns, follow-up and evaluation).

It should be taken into account that execution of the *Plan of Action on Knowledge Management and Communications* will produce substantial savings in the costs associated with delivery, organization, and evaluation of health services.

In the planning process, the Member States should estimate the costs of execution of this Plan of Action in their countries and make the budget adjustments that are necessary.

(b) Estimated cost for the 2013-2014 biennium (estimated to the nearest US\$10,000, including expenditures for staff and activities):

US\$550,000 per year. In the third and final year this budget will increase by \$150,000.

- Staff: \$250,000
- Activities: \$300,000
- Evaluation: \$150,000 (Expenditures applicable in the third and final year)

(c) Of the estimated cost indicated in section (b), what part could be subsumed under existing programmed activities? :

A total of 15% could be included in existing programmed activities.

4. Administrative implications:

(a) Indicate the levels of the Organization at which measures would be taken:

Regional, subregional, and national.

(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):

In order to meet the planned targets, full-time employment of a person with expertise in knowledge management that coordinates a regional observatory on this subject and a person with expertise in communications that provides transversal support to the observatory and the countries of the Region will be required.

(c) Time frames (indicate broad time frames for implementation and evaluation of activities):

- 2013: Approval and execution of the Strategy and Plan of Action
- 2016: Evaluation of the first measures adopted
- 2018: Final evaluation of execution of the Strategy and Plan of Action



PAN AMERICAN HEALTH ORGANIZATION

Pan American Sanitary Bureau, Regional Office of the

WORLD HEALTH ORGANIZATION

CE150/17 (Eng.)

Annex C

ANALYTICAL FORM TO LINK AGENDA ITEMS WITH ORGANIZATIONAL MANDATES

1. **Agenda item:** 4.7: Strategy and Plan of Action on Knowledge Management and Communications
2. **Responsible unit:** Knowledge Management and Communications
3. **Preparing officers:** Marcelo D'Agostino, Eliane Pereira dos Santos, Regina Castro, Gilles Collette, Ary Silva, Leticia Linn, Paulo Lyra, Myrna Marti and David Novillo (The document is a collaborative study of PAHO with other agencies of the United Nations, international experts and other associates).
4. **List of collaborating centers and national institutions linked to this Agenda item:**
 - National institutions of leadership and execution of health programs, information and documentation services, innovation, information technology and communication, academic institutions and others
 - Organizations of civil society
 - Organization of American States (OAS)
 - Economic Commission for Latin America and the Caribbean (ECLAC)
 - Economic System for Latin America and the Caribbean (LAES)
 - United States National Library of Medicine (NLM)
 - World Bank
 - Inter-American Development Bank (IDB)
 - International Development Research Centre (IDRC)
 - Professional associations from the field of knowledge management
 - All WHO collaborating centers that deal with the subject of the use of knowledge management and communications in the field of health
 - Ministries or departments of health
 - Ministries or departments of industry, innovation or technology
 - Ministries or departments of education
 - Universities
 - Nongovernmental organizations

5. Link between Agenda item and Health Agenda for the Americas 2008-2017:

The agenda item is linked to the principles and values and the areas of action described in the Health Agenda for the Americas.

Principles and values:

Recognizing that the Region is heterogeneous, and that the countries and their populations have different needs and sociocultural methods for improvement of health, this agenda respects and fulfills the following principles and values found in the Health Agenda for the Americas:

- (a) *Human rights, universal access, and inclusion.* The Constitution of the World Health Organization establishes that “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.” In order to make this right a reality, the countries should work to achieve universal access, integrity, quality and inclusion in the health systems that are available for people, families and communities. The health systems should be responsible to the citizens for achievement of these conditions.
- (b) *Pan American solidarity.* Solidarity, defined as collaboration between the countries of the Americas in order to progress in common interests and responsibilities to achieve shared goals is an essential condition for overcome health inequalities and improving health security in the Pan American region during crisis situations, emergencies and disasters.
- (c) *Equity in health.* The search for equity in health is shown in the effort to eliminate all inequities with regard to health that are preventable, unfair and can be remedied in the populations or groups. This search should emphasize the essential need to promote equality between the sexes with regard to health.
- (d) *Social participation.* The opportunity for the entire society to participate in defining and implementing public health policies, and evaluation of their results, is an essential factor in the progress and success of the health action program.

Areas of action:

- Strengthen the National Health Authority
- Consider the Determinants of Health
- Increase Social Protection and Access to Quality Health Services

6. Link between Agenda item and Strategic Plan 2008-2012:

The Strategy and Plan of Action is directly related to the following specific targets:

Strategic Objective 5: To reduce the health consequences of emergencies, disasters, crises, and conflicts, and minimize their social and economic impact.

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.

Strategic Objective 11: To strengthen leadership, governance and the evidence base of health systems.

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.

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.

Strategic Objective 13: To ensure an available, competent, responsive and productive health workforce to improve health outcomes.

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.

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.

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.

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.

7. Best practices in this area and examples from countries in the Region of the Americas:

- A total of 65% of countries offer information on health promotion and disease prevention, and 41% of the Member States surveyed can determine where the health services are located.
- The majority of countries use virtual collaboration platforms for achievement of their objectives.

8. Financial implications of this Agenda item:

The Pan American Health Organization will need the collaboration of other agencies of the United Nations and other interested institutions in order to execute the Plan.

During the 2013-2018 period, the estimated annual expenditure for execution of the Plan of Action is US\$550,000 (this amount will increase by US\$150,000 in the third and final year in order to perform evaluation tasks). The cost includes: hiring additional staff and execution of activities at the regional, subregional, and national levels (technical cooperation, studies, workshops, meetings, campaigns, follow-up and evaluation).

It should be taken into account that execution of the Plan of Action on Knowledge Management and Communications will produce substantial savings in the costs associated with delivery, organization, and evaluation of the health services.

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