

Final End-of-Biennium 2018-2019 and Strategic Plan 2014-2019 Assessment Report

Category 6: Leadership, Governance, and Enabling Functions

Table 1. Category 6 Programmatic Summary

Program area	Rating 2014- 2015	Rating 2016- 2017	Rating 2018- 2019	Output indicator rating	Outcome indicator rating
6.1 Leadership and governance			0	2/7 exceeded 5/7 achieved	3/3 achieved
6.2 Transparency, accountability, and risk management		0	0	3/5 achieved 2/5 no rating	1/1 achieved
6.3 Strategic planning, resource coordination, and reporting				1/6 achieved 3/6 partially achieved 2/6 not achieved	2/2 partially achieved
6.4 Management and administration	0	0	0	2/4 exceeded 1/4 achieved 1/4 partially achieved	1/1 partially achieved
6.5 Strategic communications	0		0	2/2 achieved	1/1 achieved
Category 6 summary				4/24 exceeded 12/24 achieved 4/24 partially achieved 2/24 not achieved 2/24 no rating	5/8 achieved 3/8 partially achieved



Overview of the Category

Category 6 encompasses leadership and governance functions of the Pan American Health Organization (PAHO), as well as enabling functions that ensure efficient, effective, transparent, and accountable service delivery and technical cooperation. It includes work in the areas of risk management, strategic and operational planning, performance monitoring and reporting, resource mobilization and coordination, internal oversight and evaluation services, information technology services, financial management, general services and facilities, human resource management, procurement services, and strategic communications.

Some landmark achievements for Category 6 are as follows:



- PAHO played a leadership role in defining country pathways for health policy and strategy formulation through the establishment of the High-Level Commission on Universal Health in the 21st Century: 40 Years of Alma-Ata and the Commission on Equity and Health Inequalities in the Americas.
- The PAHO Strategic Plan (SP) 2020-2025 was developed in close collaboration with Member States in the Strategic Plan Advisory Group (SPAG) and was fully endorsed by the Directing Council in September 2019. The same Directing Council approved the Program Budget 2020-2021 and the new PAHO Budget Policy.
- PAHO mobilized a total of US \$261.5 million in PAHO voluntary contributions (VCs) in the 2018-2019 biennium through 126 new agreements and 78 amendments. This represents an increase of 40% in VCs over the 2016-2017 biennium (\$186.7 million). Also, PAHO expanded its new and renewed partnerships, from 11 in 2016-2017 to 25 in 2018-2019.
- PAHO branding was renewed and made more engaging for digital platforms, campaigns, multimedia, and online content, as well as for national, regional, and global events.

Based on the analysis of its programmatic and budgetary components, Category 6 is assessed as having met expectations at the end of the 2018-2019 biennium. Overall, 5/8 (62%) outcome indicators were rated as achieved and 3/8 (38%) as partially achieved. For outputs, 4/24 (17%) were assessed as exceeded, 12/24 (50%) as achieved, 4/24 (17%) as partially achieved, and 2/24 (8%) as not achieved. Two output indicators do not have sufficient information to measure their achievement. At the program area level, 3/5 program areas were rated as having met expectations and 2/5 as having partially met expectations.

Category 6 received approximately \$170.0 million during the biennium. Overall, a total of 97% of budgeted funding was implemented by the end of 2019. A total of 87% was implemented when compared to the approved Program and Budget (PB) 2018-2019.

Programmatic Implementation by Outcome

6.1 Leadership and Governance

Overview

Work in this program area strives to ensure that the Organization remains relevant, authoritative, and transparent at the political and technical levels with Member States, partners, and stakeholders alike in an increasingly complex, pluralistic, and inter-connected world, with varied levels of capacities. The aim is to enable the development of participative, high-level policy and strategy documents that can positively influence the directions of policies, strategies, and plans in the Region.

Main Achievements

• The two commissions established by PAHO during the biennium—the High-Level Commission on Universal Health in the 21st Century: 40 Years of Alma-Ata and the Commission on Equity and Health Inequalities in the Americas—presented their reports. This facilitated the convening of high-level meetings with regional and global policy

¹ All dollar amounts are US dollars unless otherwise indicated.



makers. This achievement bolstered the Organization's leadership role in defining country pathways for health policy and strategy formulation within a broader context of development.

- The Organization initiated a strategic relationship with the G20 and the Asia-Pacific Economic Cooperation to positively influence policy directions and ensure that emerging declarations and statements reflect maximum synergy with the agenda of the Americas. PAHO also established opportunities for policy alignment between PAHO and Germany's health-related government institutions, and brokered partnerships between Germany's Ministry of Health and counterparts in the World Health Organization (WHO) regions.
- The approval of the PAHO Strategic Plan 2020-2025 by the 57th Directing Council in September 2019 marked a significant step forward in the implementation of the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030). This Strategic Plan and the next one, covering 2026-2031, will serve as the primary implementation and monitoring mechanisms for the SHAA2030. The current plan includes consolidated results from prioritization consultations in 47 countries and territories and was constructed by the Pan American Sanitary Bureau (PASB) together with the Strategic Plan Advisory Group of 21 Member States.
- In the context of the 2030 Agenda for Sustainable Development, the Steering Committee on the Implementation
 and Monitoring of the Sustainable Development Goals (SDGs) was established. It will undertake in-depth analysis
 of countries' progress toward attaining the health-related SDGs and propose corrective actions wherever needed
 to meet the 2030 Agenda.
- Cooperation among Countries for Health Development (CCHD) was promoted through the CCHD Funding Mechanism. This allowed for optimized work flows and better allocation of resources to strategic country-led initiatives under the principles of South-South and triangular cooperation. Through this modality of technical cooperation, PAHO is supporting the documentation of CCHD initiatives and the exchange of best practices and lessons learned in 31 countries, including all of the key countries, and through subregional cooperation. In collaboration with the United Nations Office for South-South Cooperation (UNOSSC), PAHO contributed to the development of the United Nations (UN) system-wide South-South cooperation strategy to be released in 2020. Collaboration on CCHD was also established with the United Nations Population Fund and UNICEF.
- PAHO had a high profile at two key global events, the Global South-South Development (GSSD) Expo and the
 conference marking the 40th anniversary of the Buenos Aires Plan of Action (BAPA+40). In both venues the
 Organization promoted health as a critical dimension of the global development agenda. PAHO also advocated
 effectively for the inclusion of health in the preparatory meeting for the regional midterm review of the Small
 Island Developing States Accelerated Modalities of Action (SAMOA) Pathway.
- The Directing Council approved several milestone resolutions for the Region, including the Plan of Action on Entomology and Vector Control; the Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage; the Plan of Action for Women's, Children's, and Adolescents' Health; and the PAHO Disease Elimination Initiative.

Challenges

• The political and economic landscape affecting the health situation in some countries of the Region posed technical and political challenges for the Organization. The instability and crises arising from these situations negatively affected public health infrastructure, public health goals, and the ability to maintain a critical mass of public health personal. Some of these countries requested the support of PAHO in formulating health reform processes in highly polarized political contexts.



- Significant delays in the receipt of assessed contributions from Member States hindered the delivery of technical cooperation during the last semester of the 2018-2019 biennium, particularly at country level.
- Substantial variations in the interpretation and application of the UN reform process at country level affected the
 implementation of political, strategic, and technical initiatives of the PAHO/WHO Representative (PWR) Offices.
 The unique constitutional and legal status of PAHO requires special consideration as UN reform is rolled out in
 the Region of the Americas. This has required ongoing guidance and support from the regional level, as well as
 close collaboration and coherence of approaches with WHO.
- The PAHO Executive Committee and Directing Council can be spaces where political differences come to the fore. Accordingly, PASB had to make continuous efforts to maintain its neutrality and remind countries of its nonpartisan status. Such impartiality is essential if PAHO is to continue supporting countries in promoting and preserving health gains while also advancing the public health agenda.

Lessons Learned

- It is important to undertake ongoing analyses of the rollout of UN reform at country level, monitor policy
 developments on UN reform at global level, and provide space for PWR Representatives to report on their
 experiences in this regard. This enhances the ability of PASB to navigate the changes resulting from UN reform
 and to support appropriate corporate decision making.
- The Organization should continue to advocate at the highest level of government for building a resilient public health infrastructure, one that allows countries to withstand the stress resulting from recurrent disease outbreaks, natural disasters, climate change events, and mass displacement of people across borders, without collapsing.
- The perception of PAHO as a neutral broker has been one of its greatest assets, and the Organization should continue to protect this image through its exercise of impartial leadership.
- Full implementation of the SHAA2030 as the highest level of strategic planning and policy framework for health in the Americas requires ongoing collaborative efforts among countries, PASB, and strategic actors and partners. As reported to the 56th Directing Council in September 2018 (CD56/INF/1), country uptake of the earlier Health Agenda for the Americas 2008-2017 diminished over time. This was attributed to the time lag between publication of the Agenda in 2007 and its implementation through other instruments, compounded by staff turnover in the national health authorities.
- Meaningful engagement and impact with respect to health-related UN issues requires the development of a structured process whereby PAHO effectively advocates and exerts influence at country and regional levels, and together with WHO at global level. The Organization's efforts to involve itself in preparatory processes for UN high-level meetings has resulted in successful inclusion of the health perspective in final declarations and related documents.

6.2 Transparency, Accountability, and Risk Management

Overview

PASB worked to strengthen existing mechanisms and introduced new measures to ensure that the Organization continues to be accountable, transparent, and adept at managing risks effectively. During the 2018-2019 biennium, 20 evaluations were completed, aiming to foster a culture of evaluation and its proactive use throughout the Organization. All planned internal audit assignments were completed, providing management with recommendations



on measures to improve internal controls. The Ethics Office continued to strengthen standards of ethical behavior in PAHO through workshops, trainings, and policies, and the Enterprise Risk Management program continued to support the identification and management of risks in the Organization.

Main Achievements

- During the biennium, 20 evaluations were performed and met the United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation. The development of the SHAA2030 took into consideration recommendations and lessons learned from the Final Evaluation of the Health Agenda for the Americas 2008-2017. The Evaluation of the Regional Program Budget Policy provided insights for the development of the new PAHO Budget Policy. A streamlined process for the Revolving Fund was implemented based on recommendations of the Revolving Fund Assessment. In addition, PASB was engaged in several WHO corporate evaluations such as the evaluation of the utilization of national professional officers at country level and the review of 40 years of primary health care implementation at country level.
- Twenty-two planned internal audit assignments were completed during the 2018-2019 biennium as scheduled, including nine at country level.
- The first mandatory ethics online training was launched on the PAHO iLearn platform.
- PASB developed a comprehensive anti-fraud/anti-corruption policy and a draft policy on the prevention of sexual exploitation and abuse.
- The Enterprise Risk Management program reached a new level of maturity by achieving integration with the planning process, revamping the risk register, institutionalizing the top corporate risk management process, and including the component of risk tolerance.

Challenges

- There is a need for broader dissemination of findings and lessons learned from evaluation assignments.
- The opportune time to launch an Organization-wide ethics culture survey needs to be carefully identified, giving consideration to all factors that could hinder the active participation of staff.

Lessons Learned

- Dissemination across PASB of lessons learned from evaluation findings will strengthen a culture of evaluation.
- An appropriate division of responsibilities between ethics and investigation functions allows for better guidance
 and advice on these topics as well as the implementation of more preventive measures and awareness/outreach
 activities.

6.3 Strategic Planning, Resource Coordination, and Reporting

Overview

PASB continued using the results-based management approach as the central operating framework for the improvement of organizational effectiveness, efficiency, alignment with results, and accountability. The joint assessment of results of the Program and Budget 2016-2017 was conducted together with Member States in 2018, becoming the second joint assessment of any PB. The PAHO Strategic Plan 2020-2025 (SP20-25) was developed as a joint effort with Member States and unanimously approved in October 2019. The joint planning and bottom-up



costing for the Program Budget 2020-2021 facilitated its development and approval by Member States. New approaches to resource mobilization and partnerships have been designed to increase the predictability, flexibility, and sustainability of PAHO financing.

Main Achievements

- The PAHO SP20-25 was developed in close collaboration with Member States through the SPAG and was fully endorsed by the Directing Council in September 2019, along with its first Program Budget (PB20-21) and the new PAHO Budget Policy. The development of SP20-25 included the prioritization of its 25 technical outcomes by 47 countries and territories using the PAHO-adapted Hanlon method. The PB20-21 also includes an innovation known as country pages. Each country page analyses the health situation of a specific country/territory in the Region, lists its priority technical outcomes, and notes key PAHO/WHO interventions in that country/territory.
- The report of the end-of-biennium joint assessment of the Program and Budget 2016-2017 was completed and submitted to the 56th Directing Council in September 2018. The category reports are published in the PAHO Program Budget portal in Spanish and English. Member States recognized the unique value of the joint assessment and presented it as an example for other WHO regions. In preparation for the end-of-biennium joint assessment of the Program and Budget 2018-2019, the output indicator baselines and targets were validated by Member States. This responds to lessons learned from past assessments regarding the need for agreement with countries regarding the results to which they are linked.
- In budget terms, \$658.7 million in funding was received (although not in cash; see the budget section of the endof-biennium assessment) against the \$675.6 million Program and Budget 2018-2019. This amount assumes the full payment of PAHO assessed contributions for 2018-2019. It also includes all voluntary contributions available in the 2018-2019 biennium, including those that were carried over into 2020, as well as other sources that were not fully implemented during 2018-2019. Of the funding received, \$556.0 million was available for implementation (82% of the PB), and \$546.0 million was implemented (81% of the PB). Implementation versus available funding for 2018-2019 was a healthy 98%, despite the cost reduction measures put in place in the last semester.
- Within the 2018-2019 biennium, PAHO mobilized a total of \$261.5 million in PAHO voluntary contributions through 126 new agreements and 78 amendments. The Organization exceeded its target for expanding its new/renewed partnerships, from 11 to 25. This achievement was possible thanks to the strengthening of resource mobilization capacities in the Organization at all levels through the development of strategic documents, workshop, courses, and tools on conducting negotiations. PAHO conceptualized a Partnership Portal and developed its content with a two-pronged approach: a) provide relevant information to potential partners on how to engage with PAHO, and b) honor the Organization's current partnerships, enhancing visibility and guaranteeing that partners can see themselves in the many PAHO website and initiatives.
- PASB continues to forge innovative partnerships with the private sector, civil society, and development banks. A
 partnership with Airbnb on food safety was signed, the first of its kind with a global tech company.

Challenges

 Though PAHO fully mapped the new Strategic Plan 2020-2025 impact and outcome indicators to the WHO 13th General Programme of Work (GPW), PAHO Member States did not endorse the inclusion of the WHO "triple billions" in the SP20-25, nor did they wish to adopt the GPW-related WHO Outcomes. Instead they opted to develop health outcomes specifically for the Region. This has required further analysis and mapping of both



results frameworks to ensure the necessary alignment and reporting capacity of PAHO as the WHO Regional Office for the Americas (AMRO).

- The complexity of planning, monitoring, and assessment processes and their overlapping timelines in PAHO and WHO continues to affect the ability of some Member States to complete their inputs on time.
- The culture of resource mobilization within PAHO needs to change to broaden the base of partners, expanding to include partners from outside the health sector and nonfinancial resource partnerships, as a key step toward future resource mobilization.
- As of 31 December 2019, \$88.9 million (46%) of PAHO assessed contributions for 2018-2019 had not been received. This required multiple measures for cost containment to be put in place in the last six months of the biennium, which effectively slowed down or stopped technical cooperation activities. As the situation continues into 2020, the reduced financing will affect implementation at all levels in 2020-2021.
- The disparity between the approved funding for the Americas in the WHO Programme Budget and the funds ultimately received continues to be a challenge. During 2018-2019, PAHO/AMRO had a 28% financial gap (\$190 million approved PB versus \$137 million in funds budgeted). It is important to note the high reliance of PAHO/AMRO on flexible funding, at approximately 76%, while other major offices remain within the range of 39% to 51%. Indeed, our region receives the smallest portion of WHO voluntary contributions, with a notable disparity in comparison with the other regions.
- Technical program areas find it difficult to reach funding of 75% or higher versus budget, and this situation worsened from 2014 to 2019 (although budget ceilings also rose in this period). In 2014-2015, 79% of program areas had funding of 75% or higher versus budget; in 2016-2017, the rate decreased to 63%; and in 2018-2019 it fell to 61%.

Lessons Learned

- The close collaboration between PASB and Member States on the strategic planning and assessment processes continues to be a best practice to be shared with WHO and other UN agencies.
- New financial regulations, such as the no-accruals rule, have reduced the amount of time for implementation of WHO funds, especially voluntary contributions. PASB needs to plan realistically for a better implementation of the PB20-21.
- Bimonthly corporate monitoring of voluntary contributions produces a wealth of qualitative information related
 to challenges on implementation and proposed solutions, yet it is difficult to measure the impact of these efforts.
 Specific indicators are needed to support the detailed analysis and conversion of available information into
 tangible results.
- Through careful planning, the Organization is better prepared to take the necessary actions to mobilize resources. The success of this effort confirms that this process should be incorporated into the biennial workplan development process and refined for future biennia.

6.4 Management and Administration

Overview



This program area covers the core administrative services that underpin the effective and efficient functioning of PASB: financial resources management, human resources management, information technology services, procurement, and general service operations. Work under this program area during the 2018-2019 biennium required continuous review of the administrative processes of the Organization with a view to maximizing efficiency, quality of services, transparency, and accountability.

Main Achievements

- PAHO successfully negotiated the purchase of the Virginia Avenue building, paying a fraction of its market value.
- PAHO received an unqualified audit opinion for the annual financial statements.
- Negotiation and adoption of new Staff Health Insurance (SHI) rules will reduce claims costs and make progress toward eliminating the net annual deficit of PASB contributions to the SHI Fund.
- A new master banking agreement was established to standardize, automate, optimize, and secure key banking processes and local banking services in many countries of the Region.
- New features of the PASB Management Information System (PMIS) were applied to streamline corporate operational processes and promote learning activities in the Organization.
- Steady progress was made in the paperless initiative, including the establishment of a systematized approach to the management of core administrative files. This new cloud-based system, which has the appropriate security features, allows for more flexible document management, improves information accessibility, and promotes effective use of resources, reducing warehouse costs.
- The Common Security Operations Center was fully implemented. It provides ongoing monitoring, alerting, and early security event detection and allows PASB to respond faster to security incidents.
- Improvements were made to the PAHO Azure environment, which allows PASB to build, manage, and deploy applications in a cloud environment with built-in security and privacy.
- Long-term Agreements were established for key product categories to ensure availability for Member States.
- Tender strategy for the procurement of vaccines and other commodities was implemented for immunization programs in the Region.

Challenges

- Uncertainty due to the PAHO financial situation will continue to impact the recruitment and appointment of staff to positions funded with flexible funds.
- There is a need to reconcile competing priorities for viable and affordable labor-contracting mechanisms in countries while ensuring corporate legal protection from labor disputes.
- Several UN organizations were targets of highly sophisticated cyberattacks during this period, compromising the
 confidentiality, integrity, and availability of their information. This trend continues as threat actors increasingly
 focus on these types of organizations, and their cyber weapons overwhelm existing controls and available
 resources.



- Accurate demand and procurement planning remains a critical challenge. Many purchases are ad hoc and unplanned, creating delays in the procurement and delivery process.
- The vehicle replacement plan requires a predictable subsidy through internal funds transfer.

Lessons Learned

- The systematic monthly compliance exercise improves the quality of PMIS data and supports administrative streamlining initiatives.
- Broad consultative mechanisms add value to administrative policies (SHI, human resources, PMIS development, closure, events management).
- The PMIS road map should be revisited periodically to discuss workload and reassess priorities. Business owners must allocate sufficient staff time to the projects in the road map.
- Continuous updating of information security and cybersecurity protocols is essential to protect the Organization
 from threats that have resulted in serious attacks on other organizations. PAHO cannot realize the full benefit of
 available cloud technology without planning for and funding upgrades of all devices to the required standard.

6.5 Strategic Communications

Overview

During the biennium, all PWR Offices and technical entities received support and training to enhance their strategic communications knowledge and capacity. This included face-to-face and virtual workshops along with instructional videos, handbooks, and toolkits in PMIS, available to all PAHO personnel. Content covered the effective use of social media, storytelling, presentations, strategic communications planning, digital and visual multimedia, branding for the web, news media, campaigns, and events. As a result, more distinctive and engaging content development improved the Organization's visibility and impact, especially in the countries.

Main Achievements

- PASB maintained and increased national and global media coverage and social media conversations on key public
 health issues, crises, campaigns, and events, and supported PWR Offices in the production of high-quality
 multimedia and storytelling content. Support was provided for the continuous management and mitigation of
 media and reputational risks associated with sensitive situations and issues.
- PASB is significantly increasing its communications capacities, content, outreach, and impact in needed areas.
 The Organization is gradually shifting to more persuasive, people-focused, and field-driven stories and communications products, thanks to innovative capacity-building toolkits, presentations, workshops, and collaboration.
- PASB branding was renovated and became more engaging for digital platforms, campaigns, multimedia, and online content, and for national, regional, and global events. New guidelines and constant support facilitate the adoption and deployment of new branding material to increase the Organization's visibility across the Region.
- The PAHO website was revitalized to become more stable, faster, and more visually engaging through a new content management system known as Drupal. The new design is more responsive and presents a cohesive branding throughout the Organization.



 New project management tools and procedures, along with an extended roster of creative services providers to reduce contracting time frames and costs, have improved planning and production of communications products and initiatives at PASB.

Challenges

- Any major loss of business-critical skills and productivity through departure of personnel would seriously undercut the Organization's communications performance, both at Headquarters and in the PWR Offices. To the extent this occurs, it would significantly reduce the quantity and quality of content needed for the Organization's primary digital channels, platforms, campaigns, events, and media coverage, thereby lowering the visibility, positioning, and reputation of PAHO in the eyes of primary stakeholders and audiences.
- There is a need for capacity development to enable staff to support and communicate the Organization's brand, programs, and priorities in more strategic, innovative, meaningful, and engaging ways.

Lessons Learned

- There is a growing need for more focus on strategic communications to engage PAHO donors and partners in successful and sustained resource mobilization and external relations efforts. Integrating efforts within PASB could enable more strategic and successful resource mobilization and advocacy to position the Organization as an unrivaled regional health agency and partner of choice.
- Communications processes, content production, and media spokespersons are not sufficiently planned and embedded in PASB responses to crises and disasters, seriously hindering needed media visibility. Incorporating strategic communications into emergency responses on a more proactive and robust basis could leverage media coverage and garner greater public recognition of the work and mission of PAHO.
- All PAHO web content should include expiration dates and content-archiving requirements to prevent obsolete
 content from affecting current content accessibility. Also, thorough documentation would promote
 systemization, facilitate troubleshooting, and ensure repeatability of web development processes.

Budget Implementation

Table 2. Category 6 Budget Implementation Summary (US\$ millions)

Program area	Approved PB 18-19	Available for implementation	Implementation	Available for implementation as % of approved PB	Implemented as % of approved PB	Implemented as % of available for implementation
6.1 Leadership and governance	46,100,000	39,582,819	39,434,569	86%	86%	100%
6.2 Transparency, accountability, and risk management	10,000,000	10,282,210	10,212,070	103%	102%	99%
6.3 Strategic planning,	17,300,000	12,214,083	12,159,355	71%	70%	100%



resource coordination, and reporting						
6.4 Management and administration	103,300,000	96,545,637	91,970,076	93%	89%	95%
6.5 Strategic communications	13,000,000	11,408,370	11,375,363	88%	88%	100%
TOTAL	189,700,000	170,033,119	165,151,434	90%	87%	97%

Budget Implementation Analysis

- Category 6 program areas rely overwhelmingly on flexible funds due to the nature of this category's functions, which do not attract voluntary contributions. The approved budget for this category was reduced from \$202.1 million in 2016-2017 to \$189.7 million in 2018-2019, reflecting the Organization's commitment to decrease administrative costs.
- Due to the cash-flow deficit that resulted from non-payment of quota contributions in the 2018-2019 biennium,
 PAHO had to implement cost containment measures during the last semester of 2019. This included recovering
 flexible funds already distributed and limiting expenditure of flexible funds to essential activities. Measures
 included restrictions on duty travel, cancellation of meetings and workshop trainings, and a freeze on new hiring
 contracts for short-term staffing and contingent workers.
- This category was 90% funded at \$170 million, with implementation of \$165.1 million as of 31 December 2019. The overall budget implementation rate was 97% of funds budgeted and 87% of the Program Budget approved. All program areas showed a high level of implementation against funds budgeted, at 95% or above.
- With a total gap of \$19.7 million for the category, Program Area 6.3 has the highest financial gap (29%), mainly due to cost containment measures that included a freeze on hiring for key vacant positions.
- The cost drivers in Category 6 are personnel and leadership; acquisition and maintenance of information technology and real estate infrastructure at Headquarters and PWR Offices; general operating expenses; and corporate services such as legal, audit, ethics, mediation, contracting, and the like. Although there have been continuous cost reductions in this category, there is a need to identify additional ways to save on costs in future years.

Recommendations

- Continue to provide regular analyses of the political and financial risks associated with a changing political and economic situation in the Region, and develop specific mitigation strategies.
- Continue to safeguard the role of PAHO as an impartial and neutral broker at all levels of the Organization. This has been one of its greatest assets as it strives to protect the health of populations in different political contexts.
- Continue to develop analyses of the impact of UN reform on PAHO and its work, issuing specific recommendations for country and regional staff.



- Continue to advocate at the highest level of government for a resilient public health infrastructure that allows countries to withstand the stress resulting from recurrent disease outbreaks, natural disasters, climate change events, and mass displacement of people across borders, without collapsing.
- Provide high-level advocacy for implementation of the SHAA2030 and the new PAHO Strategic Plan 2020-2025 to enable the Region to advance toward achievement of the SDG targets.
- Plan and deploy organizational communications on a more strategic, robust, and impactful basis. This will enable
 PAHO to achieve more effective health advocacy, more sustained external relations, more successful resource
 mobilization, higher visibility, and an enhanced reputation focused on impact in Member States. Such a
 communications strategy must be built and supported by all PAHO entities and the leadership in Headquarters.
- Diversify the Organization's funding base to reduce reliance on a small number of donors.



Detailed Assessment by Program Area

Program Area 6.1: Leadership and Governance

OUTCOME: Greater coherence in regional health, with PAHO/WHO playing a leading role in enabling the many different actors to contribute effectively to the health of all people in the Americas

OCM Indicator Assessment: 3/3 achieved

OPT Indicator Assessment: 2/7 exceeded, 5/7 achieved

Rating: Met expectations

Assessment of outcome indicators

OCM #	OCM Indicator Text	Baseline 2013	Target 2019	Assessment Rating
6.1.1	Level of satisfaction of stakeholders with PAHO/WHO's leading role on global and regional	High	High	Achieved
	health issues			
Member	States have shown a high level of engagement with the Organization in meetings of the PAHO	O Governing Bodies a	nd in the Organizatio	n's special high-level
initiative	s, development and joint monitoring of the Strategic Plan, and prioritization exercises.			
6.1.2	Number of countries that reflect in their national health and/or development strategies or	n/a	20/35	Achieved
	plans the regional health priorities defined in the PAHO Strategic Plan 2014-2019			
Thirty-fo	ur countries achieved the indicator.			
At count	ry level, advocacy was conducted on an ongoing basis to ensure linkages with the Strategic P	lan. In the formulation	n of the Country Coo	peration Strategies (CCS), the
	priorities identified are linked to Strategic Plan outcomes.		, , , , , , , , , , , , , , , , , , , ,	,
6.1.3	Number of regional initiatives or action plans of the Inter-American and United Nations			
0.1.5	systems dealing with health and development designed or implemented with PAHO	n/a	8	Achieved
	support to advance the health priorities of the Region	, -		
Thirteen	regional initiatives or action plans of the inter-American and United Nations systems related	to health and develo	ppment were designe	d or implemented with PAHO

Thirteen regional initiatives or action plans of the inter-American and United Nations systems related to health and development were designed or implemented with PAHO support to advance the health priorities of the Region. PAHO has engaged with the Organization of American States (OAS) to reinforce the health agenda within this multilateral scenario, promoting debates and awareness on health topics such as noncommunicable diseases (NCDs), nutrition, and human rights, among others. PAHO participated in meetings of the Summit Implementation Review Group (SIRG) and Joint Summit Working Group (JSWG) and advocated for health priorities to be included on the agenda of the Summit of the Americas. PAHO also organized a Special Session of the OAS Permanent Council where Member States agreed on a draft resolution on NCDs, later passed by the OAS General Assembly; implementation has begun.



The PAHO-OAS agreement to expand the OAS Academic Scholarship Program to the health sector continues to build capacity in human resources for health. In the past two years, over 150 scholars from 19 countries in the Region have pursued graduate (master's and doctoral) studies in health-related fields at universities in Brazil and Mexico. In addition, PAHO reentered a tripartite agreement with the OAS and the Galilee International Management Institute to train 12 health officials from the Americas in health systems management in Israel. These partnerships support the PAHO Strategy on Human Resources for Universal Access to Health and Universal Health Coverage and the regional Policy on Research for Health.

PAHO played a brokering role at the GSSD Expo, elevating certain areas in order to achieve health outcomes. The Organization advocated effectively for the inclusion of health in the preparatory meeting for the regional midterm review of the SAMOA Pathway. In addition, PAHO led a renewed commitment to primary health care at the event held to mark the 40th anniversary of the Declaration of Alma-Ata.

Collaboration was strengthened between PAHO, the WHO Office at the United Nations (WUN), and the UN missions through the organization of high-level briefings on NCDs and tuberculosis to UN missions in New York, in coordination with the respective technical departments. Furthermore, together with Member States, PAHO projected the regional perspective at the High-level Meeting on Universal Health Coverage convened by the UN General Assembly in 2019.

The Organization engaged strategically in the United Nations Sustainable Development Group to ensure that health is considered and well positioned within the high-level discussions of this regional UN group.

PAHO/WHO organized two side events at the Second High-level United Nations Conference on South-South Cooperation, which celebrated the 40th anniversary of the Buenos Aires Plan of Action (BAPA+40), ensuring a prominent place for health in the global agenda.

Assessment of output indicators

OP	PT#	OPT Title	OPT Indicator Text	Baseline 2017	Target 2019	Assessment Rating
6.1.	.1a	Effective PAHO/WHO leadership and	Number of countries and territories with	21	28	Achieved
		governance exercised in relation to PAHO's	current CCS developed according to			
		corporate mandates	approved guidelines (explicit linkage to the			
			SDGs)			

Twenty-seven countries and territories achieved the indicator. (Note: Two countries completed their CCSs, but as a result of changes in government, final review and signature are pending at the time of finalizing this report.) Fourteen countries and territories partially achieved the indicator; these countries/territories have CCSs that reached or passed their expiration date.

Changes in government, political instability, and natural disasters prevented some Member States from reaching the target. In other cases, a decision to postpone the exercise was made in order to harmonize the CCS with the timeline of national planning and strategic frameworks.

The 2016 CCS guidelines, which incorporated linkages with the SDGs, remained in effect for the 2018-2019 biennium. To date, all 27 current and valid CCSs have incorporated the linkages to the SDGs.



6.1.1b	Effective PAHO/WHO leadership and	Mechanisms in place to monitor the	n/a	Yes	Achieved	
	governance exercised in relation to PAHO's	implementation of the Sustainable Health				
	corporate mandates	Agenda for the Americas 2018-2030 in				
		collaboration with Member States and				
		partners				
PAHO Member States have clearly stated that the Strategic Plan 2020-2025 and subsequent 2026-2031 plan will serve as the primary implementation and monitoring mechanism						
for the S	HAA2020 Following approval at the E7th Dire	cting Council in Sontombor 2010, that machanic	sm is now in place	As the Organization tr	encitions to the new SD20 25	

for the SHAA2030. Following approval at the 57th Directing Council in September 2019, that mechanism is now in place. As the Organization transitions to the new SP20-25, the development and updating of monitoring tools and platforms will serve to strengthen this mechanism. This can be accomplished through increased collaborative efforts among countries, PASB, and strategic actors and partners.

6.1.1c	Effective PAHO/WHO leadership and	Progress toward meeting the targets in the	n/a	40%	Achieved
	governance exercised in relation to PAHO's	United Nations System-wide Action Plan on			
	corporate mandates	Gender Equality and the Empowerment of			
		Women (UN-SWAP)			

PASB was successful in meeting more than 40% of UN-SWAP performance indicators. These indicators cover a range of spheres, including policy and plans; gender-responsive performance management; strategic planning; results-based management; monitoring and reporting; oversight and evaluation; gender-responsive auditing; program review; human and financial resource tracking and allocation; gender architecture and parity; organizational culture; capacity assessment and development; and coherence, knowledge, and information management.

Some areas such as financial resource tracking have proved challenging, and work remains to be done in areas such as auditing and evaluation. Nonetheless, notable advances were made with respect to the following:

- The existence of a policy and plan of action on gender equality in health; formal mechanisms for reporting on this policy and plan of action to the Governing Bodies.
- A consistent gender architecture (including 1.5 P4 fixed-term post advisor positions dedicated to gender).
- Gender parity in staffing, with a gender focal point for staffing and efforts made to reach at least 20% female applicants for each vacancy, ensuring that final shortlists include at least one female applicant. This allowed the gender factor to play a pivotal role when two equally qualified candidates are recommended. It resulted in just under 50% representation of female staff at P4 level, although with a continuing predominance of female staff at the lower grades and just under 40% representation of female staff at P5 and above.
- Strategic planning, including a discrete gender-related output and reporting, as well as mainstreamed approaches.
- Significant efforts toward capacity strengthening, particularly through the recent updating or new development of virtual courses.
- Improvement of organizational culture through initiatives such as policies and/or mandatory courses on sexual harassment, respectful workplace, and zero tolerance for sexual exploitation and abuse, as well as the approved telework policy.

Further work will be required to ensure that these advances are consolidated, institutionalized, and expanded, and that the precise configuration of some initiatives, such as the telework policy, promotes gender parity.

	se solement benefit benefit						
6.1.1d	Effective PAHO/WHO leadership and	Number of countries that have developed a	14	17	Achieved		
	governance exercised in relation to PAHO's	roadmap to implement the 2030 Agenda for					
	corporate mandates						



		Sustainable Development with support of the PASB			
Sevente	en countries achieved the indicator.				
•	nt advances have been made in the developme ment, with support from PASB.	nt of implementation mechanisms and road ma	ps for the implemer	tation of the 2030 Age	enda for Sustainable
6.1.2a	Effective engagement with other United Nations agencies, inter-American agencies, and non-State actors in building a common health agenda that responds to Member States' priorities	Number of countries and territories with a UN Development Assistance Framework (UNDAF) or other national agenda that reflects the priorities of the CCS and the PAHO Strategic Plan	18	30	Exceeded
Forty co	untries and territories achieved the indicator. A	All of them have an UNDAF or other national age	enda that reflects the	e priorities of the CCS a	and the PAHO Strategic Plan.
6.1.2b	Effective engagement with other United Nations agencies, inter-American agencies, and non-State actors in building a common health agenda that responds to Member States' priorities	Number of non-State actors for which information on their nature and PAHO's engagement is available	20	240	Exceeded
Actors (F	nducts due diligence and risk assessments of pr ENSA). More than 320 due diligence and risk a	coposed engagements and maintains confidential sessessments were conducted during the 2018-2 aneeded, processes and procedures to take into	019 biennium. PASB	also actively coordina	
6.1.3	Strengthened PAHO governance with effective oversight of the meetings of the Governing Bodies and efficient, aligned agendas	Proportion of agenda items of PAHO Governing Bodies aligned with the PAHO Strategic Plan 2014-2019	95%	95%	Achieved
	•	and 2019 Directing Councils. All of the items (1ed to ensure alignment with the Strategic Plan.	.00%) were aligned v	vith the PAHO Strategi	c Plan 2014-2019. In addition



Program Area 6.2: Transparency, Accountability, and Risk Management

OUTCOME: PAHO operates in an accountable and transparent manner and has well-functioning risk management and evaluation

frameworks

OCM Indicator Assessment: 1/1 achieved

OPT Indicator Assessment: 3/5 achieved, 2/5 no rating

Rating: Partially met expectations

Assessment of outcome indicators

OCM#	OCM Indicator Text	Baseline 2013	Target 2019	Assessment Rating
6.2.1	Proportion of corporate risks with approved response plans implemented	n/a	100%	Achieved

Corporate risks are systematically reviewed by the Standing Committee on Risk Management and Compliance, and each risk owner is responsible for implementation of response or mitigation. This continuous monitoring facilitated the development and approval of response plans for 100% of the corporate risks identified. The Audit Committee also reviewed the status of all corporate risks and their actions.

Assessment of output indicators

OPT#	OPT Title	OPT Indicator Text	Baseline 2017	Target 2019	Assessment Rating		
6.2.1	Accountability ensured through	Proportion of corporate risks for which	85%	100%	Achieved		
	strengthened corporate risk management at	response plans are approved and					
	all levels of the Organization	implemented					
or mitiga	ation. This continuous monitoring facilitated th	ding Committee on Risk Management and Compl e approval and implementation of response pla eviewed the status of all corporate risks and acti	ns for 100% of the	corporate risks identifi	-		
6.2.2	Implementation of the PAHO Evaluations Policy	Percentage of evaluation assignments in PAHO that adhere to the requirements of the PAHO Evaluations Policy	50%	75%	Achieved		
A total o	A total of 20 evaluations (75%) met requirements of the PAHO Evaluation Policy and the UNEG standards in 2018-2019.						
6.2.3a	Improved ethical behavior, respect within the workplace, and due process across the Organization	Level of staff satisfaction with the ethical climate	75%	80%	No rating		



This targ	ret can only be measured through a survey that w	was not conducted in 2019 due to the issuance of	other workplace sur	veys.	
Nata. Th	is indicated as a second from the 2014 2015 bisneying	The subscript was accessed as a subject to the subject of the		and an and four the 2016	2017 historium but due to the
		n, when it was assessed as partially achieved. The limate in the fall of 2017, PAHO made the decisio		•	
	•	e release of the 2019 Personnel Engagement Surv			
6.2.3b	Improved ethical behavior, respect within the workplace, and due process across the	Level of staff satisfaction with the internal recourse procedures of the Organization	75%	80%	No rating
	Organization	recourse procedures of the organization			
This targ	et can only be measured through a survey that v	was not conducted in 2019 due to the issuance of	other workplace sur	veys.	
Note: Th	is indicator comes from the 2014-2015 hienniur	n, when it was assessed as partially achieved. Th	e survev was initially	planned for the 2016-	2017 hiennium, but due to the
		limate in the fall of 2017, PAHO made the decisio		•	
avoid fat	tigue on the part of staff. Unfortunately, with the	e release of the 2019 Personnel Engagement Surv	ey, the ethical climat	e survey was not condu	icted by 2019.
6.2.4	Strengthened audit function	Proportion of internal audit	85%	90%	Achieved
0.2.4	Strengthened addit function	recommendations accepted by the Director	8370	30%	Acilieved
		that area closed within the biennium			
		ndations on measures to improve internal cont			
PASB as	ssets. In the 2018-2019 biennium, internal aud	it reports covered nine PWR Offices and broad	er organizational the	emes. The implementa	ition rate of Office of Internal

Oversight and Evaluation Services (IES) recommendations during the biennium was 91%, with strong support from the Director of PASB and a three-times-yearly follow-up.



Program Area 6.3: Strategic Planning, Resource Coordination, and Reporting

OUTCOME: Financing and resource allocation aligned with priorities and health needs of the Member States in a results-based management framework

OCM Indicator Assessment: 2/2 partially achieved

OPT Indicator Assessment: 1/6 achieved, 3/6 partially achieved, 2/6 not achieved

Rating: Partially met expectations

Assessment of outcome indicators

OCM#	OCM Indicator Text	Baseline 2013	Target 2019	Assessment Rating	
6.3.1	6.3.1 Percentage of approved PAHO budget funded		100%	Partially achieved	
In budget terms, over 98% of PB18-19 was funded (\$658.7 million/\$675.6 million), aside from assessed contribution non-payments.					
6.3.2 Percentage of outcome indicator targets of the PAHO Strategic Plan 2014-2019 achieved 91% ≥90% Partially achieved					
Out of 89 outcome indicators assessed, 34% (30) were achieved (22) or exceeded (8), and another 44% (39) were partially achieved.					

Assessment of output indicators

OPT#	OPT Title	OPT Indicator Text	Baseline 2017	Target 2019	Assessment Rating
6.3.1a	Consolidation of the PAHO Results-based	Percentage of outputs achieved	0%	75%	Partially achieved
	Management framework, with emphasis on				
	the accountability system for corporate				
	performance assessment				
Out of 1	Out of 173 output indicators assessed, 60% (103) were achieved (73) or exceeded (30), and another 33% (58) were partially achieved.				
6.3.1b	Consolidation of the PAHO Results-based	Results-based planning and budgeting	Yes	Yes	Achieved
	Management framework, with emphasis on	implemented across the Organization in			
	the accountability system for corporate	collaboration with Member States (measured by			
	performance assessment	PB development using bottom-up approach,			
		implementation of prioritization methodology,			
		joint end-of-biennium assessment)			



Results-based management continued to be strengthened across functional levels of the Organization, including bottom-up planning, prioritization exercises, and joint assessment with Member States: The end-of-biennium 2016-2017 assessment report was completed and presented to the 56th Directing Council. • The Strategic Plan 2020-2025 and Program Budget 2020-2021 were endorsed by the 57th Directing Council, including the results of the national prioritization consultations with 47 countries and territories, along with the PAHO Budget Policy. The validation of the 2018-2019 output indicator baselines and targets was conducted with all countries and territories. The Program Management Network continued to meet, both face-to-face and virtually, to ensure the necessary coordination and management across PASB for the delivery of technical cooperation. 6.3.2a Predictable, adequate, flexible, and aligned Number of technical program areas with at least 10 12 Partially achieved financing in place that allows for full 50% of their funding requirements covered with implementation of the PAHO Program and voluntary contributions (excluding national Budget across all program areas voluntary contributions) Ten program areas had at least 50% of their funding requirements covered by voluntary contributions (excluding national voluntary contributions) (1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 4.1, 4.2, 5.1, and 5.6). One program area (3.5) dropped from the baseline set in 2019. 6.3.2b Predictable, adequate, flexible, and aligned Percentage of program areas with funded budgets 63%² 80% Partially achieved financing in place that allows for full of 75% or greater implementation of the PAHO Program and Budget across all program areas Twenty of the 33 program areas (61%) have over 75% of their budget funded, 11 are funded between 50% and 75%, and two (social determinants of health and disaster risk reduction) are less than 50% funded. Efforts and monitoring will continue during the next biennium to ensure that flexible funds are directed to program areas that do not attract voluntary contributions. During 2016-2017, 63% of program areas had their budgets funded at 75% or higher. Proportion of PAHO voluntary contributions that Predictable, adequate, flexible, and aligned 0% 5% 6.3.2c Not achieved financing in place that allows for full are fully flexible implementation of the PAHO Program and Budget across all program areas No further advances could be made during the 2018-2019 biennium, as donors continued earmarking funds for specific programs. As a result, 0% of PAHO voluntary contributions were fully flexible during the biennium. 6.3.2d Predictable, adequate, flexible, and aligned Proportion of technical program areas rated as $6/9^{3}$ 9/9 Not achieved financing in place that allows for full high priority (tier 1) that are more than 90% funded at the end of the biennium implementation of the PAHO Program and Budget across all program areas

² Adjusted from 76% to 63% per the 2016-2017 joint end-of-biennium assessment.

³ Data to determine baseline 2017 (6/9) was from the 2014-2015 joint end-of-biennium assessment. If we consider data from 2016-2017, the baseline is 4/9.



Only one of the nine high-priority technical program areas, Program Area 4.1, was funded over 90%. Five of the nine (1.1, 1.3, 2.1, 4.2, and 4.4) were funded between 70% and 90%, and three were funded between 50% and 70% (3.1, 4.5, and 5.2). Meanwhile, some technical program areas located in tier 2 (1.5, 1.6, 2.2, and 3.5) and tier 3 (1.4, 5.1, and 5.3) were 90% or more funded.

Program Area 6.4: Management and Administration

OUTCOME: Effective management and administration across the three levels of the Organization

OCM Indicator Assessment: 1/1 partially achieved

OPT Indicator Assessment: 2/4 exceeded, 1/4 achieved, 1/4 partially achieved

Rating: Met expectations

Assessment of outcome indicators

C	DCM #	OCM Indicator Text	Baseline 2013	Target 2019	Assessment Rating
6	5.4.1	Proportion of management and administration metrics, as developed in service-level agreements, achieved	n/a	95%	Partially achieved

Of the 22 key performance indicators (KPIs) developed in the Service Level Agreements, 20 (90%) were achieved. The underachievement of this OCM target is mainly due to challenges in achieving two KPIs set to measure general services and operations targets related to the reduction of facilities cost as well as the vehicle replacement targets. The vehicle replacement plan could not be finalized in time, mainly due to unforeseen delays and complications in the import processes in countries. Regarding the reduction of utilities costs at Headquarters, no structural improvement projects were completed that would have created efficiencies (these include the long-overdue installation of energy-efficient windows to conserve heat).

Assessment of output indicators

OPT	# OPT Title	OPT Indicator Text	Baseline 2017	Target 2019	Assessment Rating
6.4.1	Sound financial practices managed through	Unqualified audit opinion	Yes	Yes	Achieved
	an adequate control framework, accurate				
	accounting, expenditure tracking, and the				
	timely recording of income				

PAHO received an unqualified audit opinion regarding the 2017 and 2018 financial statements. An unqualified audit opinion of the 2019 financial statements has not been received at the time of publishing this report, due to the current financial situation. PAHO requested that the National Audit Office of the United Kingdom of Great Britain and Northern Ireland (NAO) delay issuing its opinion on the financial statements for 2019 until it becomes possible to clarify the uncertainty surrounding the status of unpaid assessed contributions, on an unprecedented scale, due from several major Member States.



5.4.2	Effective and efficient human resource management and coordination in place	Proportion of HR-related Service Level Agreements reached	72%	90%	Exceeded
chieve	ment of this Service Level Agreement are that t	kceeded, except for effective monitoring of per he Organization does not require the completio If there is no positive or negative incentive syste	n of a PAHO Perforr	nance Planning and Ev	aluation (PPES) as a conditi
5.4.3	Efficient and effective computing infrastructure, network and communications services, corporate and management systems and applications, and end-user support services in place to support technical cooperation	Proportion of agreed Service Level Agreements reached	90%	92%	Exceeded
	erformance indicators for the Service Level Agr ase in the demand for IT communication servic	eements were all exceeded (99%), except for IT es, compared to the baseline.	's response time for	service requests, whic	th reached 97%. This is due
5.4.4	Provision of operational and logistics support, procurement, infrastructure maintenance and asset management, and of a secure environment for PAHO/WHO's staff and property	Proportion of agreed Service Level Agreements reached	90%	95%	Partially achieved



Program Area 6.5: Strategic Communications

OUTCOME: Improved public and stakeholders' understanding of the work of PAHO/WHO

OCM Indicator Assessment: 1/1 achieved OPT Indicator Assessment: 2/2 achieved

Rating: Met expectations

Assessment of outcome indicators

OCN	I # OCM Indicator Text	Baseline 2013	Target 2019	Assessment Rating
6.5.2	Percentage of Member States and other stakeholder representatives evaluating	77%	100%	Achieved
	WHO/PAHO performance as excellent or good			

All (100%) of PAHO Member States and stakeholder representatives evaluated WHO/PAHO performance as excellent or good. PAHO provided technical support and advice on news media and public affairs throughout the biennium, maintained increased national and global media coverage and social media conversations on key issues, institutional campaigns, and special events, and monitored national news coverage and social media across the Region regularly and during emergencies. PAHO coordinated in a consistent, timely, and sensitive manner the development of media responses to crises across several departments and PWR Offices, notably those arising from measles outbreaks and the migration crisis in Latin America and the Caribbean, as well as from specific situations in key countries such as Bolivia, Guatemala, and Paraguay, among others. During the biennium, PAHO worked closely with all PWR Offices to produce written, photo, and video stories of high quality and impact, including special campaigns on maternal mortality in Bolivia, elimination of diseases in Guyana, and road safety in Bolivia, Guatemala, and Honduras.

PAHO assigned staff to deliver more dedicated support to all PWR Offices as the main objective of the PAHO Communications Strategic Plan 2018-2022. These improvements enabled better planning and project execution, more targeted capacity building, and better recruitment for communications that increased by 30% the number of communication officers and focal points across the Region.

Also, PAHO developed phase 1 of the Key Advocacy Messages initiative to send automated messages with advocacy, intelligence, and logistical information to all personnel traveling to the Region. The initiative enables technical staff to identify, prior to their arrival in country, the main regional and national issues, as identified by the PWR Offices, that they would need to discuss with national authorities. During the second half of the biennium, the initiative generated more than 900 messages for travelers to 14 countries in the Region.

Assessment of output indicators

OPT#	OPT Title	OPT Indicator Text	Baseline 2017	Target 2019	Assessment Rating
6.5.1	Communications in health that are accurate,	Proportion of public and other stakeholders	80%	100%	Achieved
	timely, and visible through effective and	who rate the timeliness and visibility of			
	innovative communication platforms,	PAHO/WHO's public health communications			
	policies, and networks	as "good" or "excellent"			



All public and other stakeholders (100%) rated the timeliness and visibility of PAHO/WHO public health communications as good or excellent. Throughout the biennium, PAHO innovated in key areas of collaboration and capacity building with leaders and technical staff in PAHO Headquarters, PWR Offices, and Collaborating Centers. The Organization provided strategic guidance and support for the production of diverse and creative communications strategies and plans, web pages, multimedia content, and branded materials for PAHO campaigns and programs. These efforts aimed to ensure that all communication activities and products are accessible, actionable, credible, relevant, timely, and understandable, as these are the main principles of Communication for Health (C4H). PAHO also provided technical support and capacity building on web development and management and revitalized the PAHO website to become more stable, faster, and more visually engaging through Drupal, a content management system, with new design and cohesive branding in a cloud-based environment. The PAHO Brand Evolution project concluded in 2019 with more engaging branding and brand visibility in national, regional, and global campaigns and events, digital platforms, and other multimedia and online media content. The PAHO Brand Book was launched and provided various branded presentations and templates and the internal procedure to apply the new image all across the Organization. The Brand Book also opened a space to provide continuous support in graphic design and production of numerous and varied information products for specific forums and special events to increase the visibility of PAHO at national and regional levels.

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
6.5.2	Improved communication capacity of	Proportion of PAHO/WHO staff that have	80%	100%	Achieved	
	PAHO/WHO staff, leading to greater public	completed the training components				
	and stakeholder understanding of the	identified in PAHO's communication strategy				
	PAHO's actions and impact, including during	and implementation plans				
	disease outbreaks, public health					
	emergencies, and humanitarian crises					

All PAHO/WHO staff (100%) completed the training components identified in the Organization's communication strategy and implementation plans. PAHO enabled Organization-wide learning and collaboration for building and scaling up strategic communications capacities, content, outreach, and impact, with a greater focus on PWR Offices. It delivered strategic support and training to PWR Offices and technical entities, where needed and requested, to enhance their communications knowledge and capabilities through face-to-face and virtual workshops encompassing digital and visual multimedia storytelling, presentations and branding for the web, social media, news media, campaigns, and events. The PAHO Social Media Policy and Social Media Strategic Plan 2020-2023 were launched to ensure progress in consolidating, streamlining, and innovating the PAHO social media accounts, together with social media procedures and an interactive PMIS learning course on social media management that is mandatory for all personnel. PAHO also provided storytelling clinics to staff and presented these resources across the Organization in the form of learning toolkits and modules to integrate strategic communications into the Organization's resource mobilization and project management efforts.