



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



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### **PROPOSED PROGRAM AND BUDGET 2012-2013 OF THE PAN AMERICAN HEALTH ORGANIZATION**

1. This document presents the third and final biennial program and budget for the Strategic Plan 2008-2012. The strategic objectives and Region-wide expected results (RERs) included in this document are the same as those included in the approved Strategic Plan. Thus, the proposed program and budget represents a two-year costing toward the achievement of the PAHO Strategic Plan's expected results by 2013.
2. In order to ensure good governance, transparency, and accountability within the framework of results-based management, this document continues to separate the budget data into three segments, namely: (a) PAHO/WHO base programs, (b) outbreak, crisis, and response, and (c) government-financed internal projects. This differentiation becomes necessary in light of the different budget and management requirements associated with segments (b) and (c) particularly given the unpredictable nature and magnitude of these other two segments in recent years.
3. The proposed total budget for the base programs segment is \$626.7 million, a slight reduction of \$16.2 million with respect to the budget of \$642.9 million approved for the 2010-2011 biennium. The portion funded by the Regular Budget is held at \$287.1 million, which represents zero nominal growth over the previous biennium. The Regular Budget is composed of assessments to Member States, as well as an estimate of Miscellaneous Income, which is based primarily on interest earned on investments. The current and near-term projected economic financial environment requires a downward adjustment of \$8 million in the Miscellaneous Income estimate relative to the current biennium. This will require an \$8 million increase in assessments, or 4.3%, in order to maintain zero nominal growth in the Regular Budget (revised scenario D).
4. This version of the document incorporates the recommendations made during the Fifth Session of the Subcommittee on Program, Budget, and Administration (March

2011) and those of the 148th Executive Committee (June 2011). It also incorporates the first phase of the operational planning, which includes dialogue with the Member States and the facilitators of the Strategic Objectives. The proposed resource levels incorporate an analysis that stems from the regional prioritization model approved by the Member States and takes the lessons learned from the 2008-2009 performance assessment and the 2010 mid-term assessment into consideration.

5. Furthermore, an addendum to the Program and Budget 2012-2013 has been prepared (Official Document 338, Add. I) that describes four budget scenarios: two original scenarios A and B as reference (which are no longer under discussion), and two revised scenarios C and D for consideration at the request of the Executive Committee. These two new scenarios differ in terms of the level of assessed contributions required and the respective programmatic implications. However, both consider a further reduction of 3 Fixed-term Posts (FTP), resulting in a total of 21 posts to be eliminated by 2012-2013, and an adjusted Miscellaneous Income estimated at \$12 million, based on the most recent financial forecast. In Scenario D, the Program would be funded with 46% from the Regular Budget (RB) and 54% from Other Sources (OS), with most of these (about 90%) being highly earmarked. This RB/OS ratio is critical for maintaining the equilibrium that guarantees the collective Organization's mandates while responding to Member States' priorities. The Addendum provides further details on the Organization's efforts to boost its efficiency and productivity, as well as a summary of the Organization's programmatic and budgetary performance since the launch of the Strategic Plan 2008-2012.

6. In the aftermath of the global financial crisis, it is imperative to invest wisely in health in order to protect achievements and meet the targets of the Strategic Plan 2008-2012 of the Pan American Health Organization, and thereby continue to improve the health of the peoples of the Americas.

7. The 148th Executive Committee is requested to examine the Proposed Program and Budget 2012-2013 document, as well as its Addendum, and approve one of the two scenarios presented: C or D.

**PROPOSED PROGRAM AND BUDGET 2012-2013  
OF THE  
PAN AMERICAN HEALTH ORGANIZATION**

**Pan American Health Organization/  
World Health Organization**

**July 2011**

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## OVERVIEW

1. PAHO, as does WHO, relies on a results-based management to develop the biennial program and budget required to carry out its work. The proposed Program and Budget 2012–2013 is the last in the current Strategic Plan: it represents the cost of achieving PAHO’s Region-wide expected results over the two-year period and is expressed through an integrated budget with multiple funding sources.

2. PAHO receives funding from three main sources:

- (a) The **PAHO Regular Budget**, which comprises assessed contributions (quotas) from PAHO Member States, plus estimated miscellaneous income;
- (b) The **AMRO Share**, which is the portion of the WHO Regular Budget approved for the Region of the Americas by the World Health Assembly;
- (c) **Other Sources**, mainly voluntary contributions mobilized by PAHO or that come through WHO; a lesser portion of funding comes from program support-generated funds and special funds such as the Master Capital Investment Fund and the Holding Account.

3. Funding sources described in the PAHO Regular Budget and in the AMRO Share represent assessed contributions and are flexible. Voluntary contributions included in Other Sources, on the other hand, are predominantly earmarked (project-based). Effective financing of the Strategic Plan 2008–2012 and associated Programs and Budgets requires that the different sources and types of income be carefully managed, in order to fully fund planned activities. Un-earmarked voluntary contribution funding provides a predictable and flexible resource base that facilitates financing the core work of the Organization. Earmarked voluntary contribution funding—which accounts for the majority of voluntary contributions currently negotiated—is less flexible and, thus, may not be available for use in underfunded programmatic areas.

4. Earmarked voluntary contributions continue to pose a challenge for ensuring alignment between the Organization’s planned activities and actual resources mobilized. To the extent that donor partners can be persuaded to provide increased levels of unearmarked voluntary contributions—also referred to as *core voluntary contributions* by WHO—the Organization will become more successful in fully financing its Strategic Plan and its Programs and Budgets. This will also increase the probability of achieving its expected results. To this end, the Bureau fully supports WHO’s efforts in actively seeking to increase the proportion of its program and budget financed with core voluntary contributions and will similarly continue its own efforts in this regard.

5. The proposed Program and Budget of \$626.7<sup>1</sup> million represents a 2.5% (\$16.2 million) decrease compared with the approved budget for 2010–2011. It builds on lessons from the 2008–2009 biennium assessment and the 2010–2011 mid-term assessment, incorporates Member States’ ongoing guidance with respect to regional programmatic prioritization and public health trends, and takes into account the global financial climate.

6. The proposed resource levels by strategic objective (see Annexes 2 and 3) reflect the planned investment required to carry out the proposed two-year program of work. The proposed shifts among the Strategic Objectives (SOs) are commensurate with the level of work required to achieve each SO’s targets by the end of the PAHO Strategic Plan in 2013. It is also in alignment with the contribution towards attaining the Millennium Development Goals and the Health Agenda for the Americas, and the programmatic prioritization established in the PAHO Strategic Plan. As a result, increases are proposed in Strategic Objectives 1, 3, 4, 6, 7, 8, 9, 12, and 13; these are offset by

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

proposed reductions in Strategic Objectives 2 and 16. Strategic Objectives 5, 10, 11, 14, and 15 remain unchanged. The proposed shifts address priorities such as maternal and child health, chronic noncommunicable diseases, social and economic determinants of health, emerging and re-emerging communicable diseases, and health systems and services. The reduction in Strategic Objective 2 reflects an adjustment to a more realistic budget based on progress made so far in achieving the 2013 targets. Hence, this should not affect the programmatic implementation in 2012–2013.

7. Securing resources to fully implement the Strategic Objectives as proposed presents a challenge. Organizations with dollar-based budgets, such as PAHO, continue to experience significant increases in the cost of its international transactions. These increases are seen in both of the major cost components of the Organization's budget required to carry out the program of work: a) the planned activities and, b) the core workforce required to carry out the planned activities. The core workforce is essentially made up of fixed-term posts (FTPs) and represents a significant part of the investment in each Strategic Objective. The estimated cost for the FTP component included in the 2012–2013 proposal is based on an update of actual costs incurred for the current biennium. Additional cost increases based on speculation of future inflation and currency exchange rates are not factored in the cost estimate. Any additional increase to FTP costs experienced during the new biennium will be managed operationally.

8. In determining the level of the proposed 2012–2013 Regular Budget, the following four funding scenarios were considered. **Scenario A** (no longer under consideration): full cost recovery, in which all inflationary and statutory costs already incurred for both FTP and non-FTP components would be compensated; this scenario considered a Miscellaneous Income estimate of \$15 million (a \$5 million reduction compared to the current biennium) and required a 10.5% increase in assessed contributions. **Scenario B** (no longer under consideration): partial cost recovery, in which costs would be recovered for PAHO-funded FTPs only and inflationary costs on the non-FTP budget would be absorbed; this scenario considered a Miscellaneous Income estimate of \$15 million (a \$5 million reduction compared to the current biennium) and required a 6.7% increase in the assessed contributions. **Scenario C**: Budget reduction, in which neither inflationary nor statutory cost compensation is included; this scenario considers a revised Miscellaneous Income estimate of \$12 million, a further reduction of \$3 million from the previous estimate, and requires no increase in the assessed contributions. Scenario C represents a net reduction of 2.8% in the total Regular Budget. Scenario D: zero nominal growth, in which the total Regular Budget remains unchanged compared with the current biennium. Scenario D considers a revised Miscellaneous Income estimate of \$12 million, which represents a reduction of \$8 million compared to the current biennium. In order to maintain zero nominal growth in the Regular Budget, a 4.3% increase in assessments is required. Note that revised scenarios C and D incorporate a further reduction of 3 FTPs for a total of 21, which represents a total reduction of \$5.8 million in the FTP budget component. Please refer to the 2012–2013 Program and Budget addendum for further details on the programmatic impact of these scenarios.

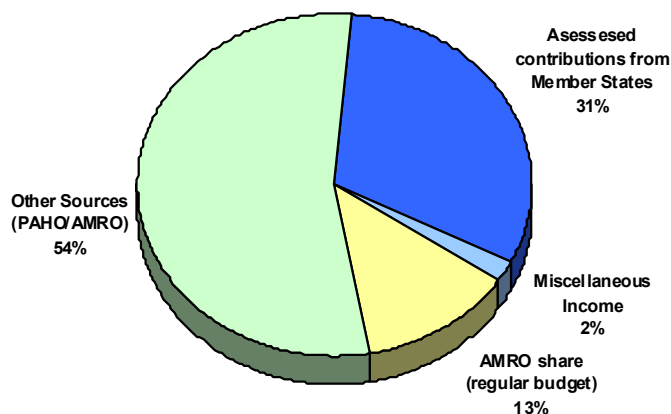
9. Table 1 compares the financing of the proposed 2012–2013 Program and Budget with the approved 2010–2011 budget. The proposed funding scenario illustrated in Table 1 is based on revised scenario D. The zero nominal growth approach takes the following factors into consideration: a) a reduction of 21 FTPs (from 764 to 743), totaling \$5.8 million; b) the absorption of mandatory and inflationary cost increases already incurred for all FTPs; and c) the absorption of non-FTP inflationary costs. The estimated \$8 million reduction in Miscellaneous Income is offset with an increase in assessed contributions of the same amount in order to hold the total Regular Budget at the same level as in the current biennium.

**Table 1. Financing of the Program and Budget 2012-2013**  
(PAHO/WHO Base Programs)

Source	2010-2011	2012-2013	% change
Assessed contributions from Member States	186,400,000	194,400,000	4.3%
+ Miscellaneous Income	20,000,000	12,000,000	-40.0%
<b>= Total PAHO share (Regular Budget)</b>	<b>206,400,000</b>	<b>206,400,000</b>	<b>0.0%</b>
+ AMRO share (from WHO)	80,700,000	80,700,000	0.0%
<b>= Total Regular Budget</b>	<b>287,100,000</b>	<b>287,100,000</b>	<b>0.0%</b>
+ Estimated Other Sources *	355,851,000	339,625,000	-4.5%
<b>= Total Resource Requirements</b>	<b>642,951,000</b>	<b>626,725,000</b>	<b>-2.5%</b>

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

**Financing of the Program and Budget 2012-2013  
by Funding Source**



10. **Assessed contributions.** The proposed increase to assessed contributions of \$8 million represents a 4.3% increase compared with the previous biennium.

11. **Miscellaneous Income.** Miscellaneous Income, which is derived predominantly from interest on investments, is combined with the assessed contributions to form the PAHO Share of the Regular Budget. At this time, based on the most recent economic indicators, the projected Miscellaneous Income is expected to be \$12 million, an \$8 million reduction compared with the 2010–2011 budgeted level. This is supported by the fact that current projections for 2010–2011 Miscellaneous Income are only slightly over \$10 million. The 2012–2013 figure of \$12 million may be further adjusted in future iterations of this document if there is a significant change in the relevant economic indicators.



12. **AMRO Share.** This is the portion of the WHO Regular Budget that is approved by the World Health Assembly for the Region of the Americas and is added to the PAHO Share to arrive at the combined PAHO/AMRO Regular Budget. At its 64th session in May 2011, the WHA approved the sum of \$80.7 million for the AMRO Share, which represents no change from the 2010–2011 biennium.

13. **Estimated Other Sources.** This figure includes primarily voluntary contributions mobilized by PAHO or through WHO, but also includes special funds such as program support-generated funds, the Master Capital Investment Fund, and the Holding Account. Estimates of voluntary contributions are driven by the needs of the Organization and are subject to both programmatic priorities and the capacity of the Organization to raise and implement additional resources. The overall level of voluntary contributions is also influenced by changing circumstances surrounding the availability of global resources. For these reasons, a 4.5% reduction in Other Sources, compared to the 2010-2011 biennium, is estimated.

14. **Total resource requirements.** The total resource requirement of \$626.7 million for 2012–2013 represents a 2.5% (\$16.2 million) reduction with respect to the previous biennium.

15. The total Regular Budget, comprised of assessed contributions, estimated Miscellaneous Income, and the AMRO Share, is essential for securing funding for the Organization's core work. In the 2012–2013 biennium, 77% of the total Regular Budget proposal is required to fund the core workforce. An analysis of actual FTP expenditure for 2010 resulted in a revised 2010–2011 FTP budget requirement of \$206.2 million, an increase of \$11.9 million, or 6.1%, compared with the budgeted amount of \$194.3 million. This increase stems primarily from the effects of the devalued U.S. dollar compared to many of the Region's currencies, combined with other inflationary and statutory cost increases. Consequently, the added costs have placed considerable pressure on the management of the Organization's scarce resources.

16. For the 2012-2013 biennium, in keeping with budgetary discipline, the Director of PASB is proposing a further reduction of 3 FTPs resulting in a total of 21 fixed-term posts by the 2012-2013 biennium. The reduction of the 3 additional posts represents extra savings of approximately 1 million in the FTP budget component. An added 2% for mandated statutory cost increases expected during the 2012-2013 biennium brings the total FTP cost to \$209.4 million.

17. The Bureau is monitoring and managing the situation carefully to ensure that the program implementation is balanced between the FTP and non-FTP components of the budget, and regular and voluntary funding sources, in order to minimize any negative impact on achieving the current biennium's expected results. (Note: Given current trends in the U.S. dollar, actual costs for 2012–2013 are likely to be higher than estimated; as mentioned previously, however, added cost increases based on speculation of future economic indicators are not factored into the budget proposal).

18. The non-FTP component of the budget also has suffered inflationary cost increases. Although U.S.-based expenditure has benefitted from a low 1.6% inflation factor, Region-wide inflation for Latin America and the Caribbean hovers at 5%, with individual country inflation rates ranging between 1.5% and 30%. Whereas a strong U.S. dollar would serve to offset or reduce the cost of this effect in a dollarized budget, the current and steady devalued U.S. dollar has worsened the situation. The total effect of the inflationary and U.S. dollar devaluation factors on PAHO's non-FTP Regular Budget for the current biennium is estimated at approximately \$3.6 million. This is a real cost that is being absorbed within the current biennium's budget.

19. In the current biennium, WHO introduced a Post Occupancy Charge (POC) mechanism. This mechanism is one of the products of a WHO internal working group established to look at cost recovery issues. The POC is designed to generate funds by charging a percentage of expenditure to post costs. These funds are used to finance common costs, such as staff security and human resources training and development, where the cost driver is the number of staff. WHO implemented

the POC mechanism Organization-wide in 2010. At PAHO, it affected the cost of AMRO-funded posts only. PAHO will be implementing a similar mechanism for PAHO-funded posts starting in 2011, which is designed to assist with the cost of the new Enterprise Resource Planning (ERP) system approved by Member States to modernize the PASB Management Information System. The effect of this mechanism increases the FTP budget component and, consequently, reduces the non-FTP component. However, the “cost increase” effect of this mechanism in the FTP budget is not considered as a “mandatory” FTP cost increase and is not included in the cost analysis that resulted in the updated 2010-2011 FTP budget of \$206.2 million.

20. In recent years, the Organization has taken significant measures to improve its management and internal control environment. In the 2006–2007 biennium, the Organization benefited from a windfall generated from income received beyond the budgeted level. The resulting “surplus” was placed in a holding account that is being used to fund several projects approved by Member States. Among others, these projects include initiatives related to the development of a PAHO health information platform for strengthening PAHO’s public health information system and the modernization of PASB’s Management Information Systems. In addition, the Organization has had to strengthen some important functions to enable better accountability and transparency, such as those related to additional internal oversight and audit, institutional and organizational development, and parts of the integrated conflict management system. These are necessary and recurrent costs that are not funded from the holding account and must be dealt with from the core budget.

21. The 2010–2011 biennium is the last two-year period targeted in the current Regional Program and Budget Policy. In light of the development of the upcoming Strategic Plan 2013–2017, the Bureau recommends that the next budget policy be developed starting with the 2014–2015 biennium. This is consistent with the recommendation made during the evaluation of the current Regional Program Budget Policy undertaken by the Internal Oversight and Evaluation Office in 2010. The 2012–2013 biennium would then serve as a transition biennium, allowing for ample discussion with Member States on the way forward for the next Policy and enabling a comprehensive and coordinated effort together with the development of the next Strategic Plan. The percentage allocation distribution of the Regular Budget ceilings for 2012-2013 would essentially remain unchanged from those of 2010-2011, although this approach poses a significant challenge to meeting regional responsibilities, given the internal shifts to country-level programs due to the requirements of the Policy.

22. Table 2 shows the allocation schedule of Regular Budget resources in accordance with the Regional Program and Budget Policy 2006–2011 as well as the proposed allocation for 2012–2013.

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

	<b>2006-2007</b>	<b>2008-2009</b>	<b>2010-2011</b>	<b>2012-2013 *</b>
Country	38.0%	39.0%	40.0%	40.0%
Subregional	6.4%	6.7%	7.0%	7.0%
Regional	55.6%	54.3%	53.0%	53.0%
	100.0%	100.0%	100.0%	100.0%

\* Proposed

23. The current global financial climate, coupled with increasing costs, present a challenge to the Organization in fulfilling its public health mandates. Mobilizing additional resources will be difficult. However, in the ever-growing role and importance that public health plays in the global development arena, PAHO will continue to make every effort to mobilize the needed resources required to carry out its mandate.

24. The sections that follow illustrate the Program and Budget through three different views: (a) region-wide (corporate), by the 16 Strategic Objectives with their Region-wide expected results (RERs) and indicators; (b) subregional level, with respective Strategic Objectives, and; (c) country level, with respective Strategic Objectives. (Note: Budget figures reflect the completion of the first phase of the operational planning exercise for the 2012-2013 period. As such, some minor adjustments may be needed for the final proposal that will be presented to the 51st Directing Council for approval).

25. Six tables are annexed to provide additional budget details: (a) Forty-year history of PAHO/AMRO's Regular Budget funding; (b) Proposed Program and Budget for 2012–2013, comparison with 2010–2011; (c) Proposed Program and Budget for 2010–2011 by funding source (base programs); (d) Proposed Program and Budget, all segments; (e) Regional Program Budget Policy phase-in schedule; (f) Application of Regional Program Budget Policy at the country level (Note: Budget figures reflect the completion of the first phase of the operational planning for the 2012-2013 period. As such, some minor adjustments may be needed for the final proposal that will be presented to the 51st Directing Council for approval).

26. The table in Annex 4 (Proposed Program and Budget, all segments) was first introduced in the 2010–2011 exercise. It is intended to separate the proposed budget into three segments: (a) PAHO/WHO base programs; (b) outbreak and crisis response; and (c) government-financed internal projects. This differentiation becomes necessary in light of the different budget and management requirements associated with (b) and (c), particularly given the unpredictable nature and magnitude of these other two segments in recent years. (Note: Budget figures reflect the completion of the first phase of the operational planning for the 2012-2013 period. As such, some minor adjustments may be needed for the final proposal that will be presented to the 51st Directing Council for approval).

## **STRATEGIC OBJECTIVES AND REGION-WIDE EXPECTED RESULTS**

*This section illustrates the entire program of the Organization. All organizational levels (regional, subregional, and country) are grouped together at the highest programmatic level—by strategic objective and region-wide expected result. This section represents the achievements that the Organization, collectively, will attain. Subsequent sections will provide details for the subregional level as well as for the country level.*

*Budget estimates reflect the completion of the first phase of the operational planning for the 2012-2013 period. As such, some minor adjustments may be needed for the final proposal that will be presented to the 51st Directing Council for approval.*

# STRATEGIC OBJECTIVE 1

## To reduce the health, social and economic burden of communicable diseases

### Scope

The activities related to this Strategic Objective (SO) focus on prevention, early detection, diagnosis, treatment, control, elimination, and eradication measures to combat communicable diseases that disproportionately affect poor and marginalized populations in the Region of the Americas. The diseases to be addressed include, but are not limited to: vaccine-preventable, tropical (including vector-borne), zoonotic and epidemic-prone diseases, excluding HIV/AIDS, tuberculosis and malaria.

### REGION-WIDE EXPECTED RESULTS

**RER 1.1 Member States supported through technical cooperation to maximize equitable access of all people to vaccines of assured quality, including new or underutilized immunization products and technologies; strengthen immunization services; and integrate other essential family and child health interventions with immunization.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
1.1.1	Number of countries achieving more than 95% vaccination coverage at national level (DPT3 as a tracer)	17	20	22	25
1.1.2	Percentage of municipalities with vaccination coverage level less than 95% in Latin America and the Caribbean (DPT3 as a tracer using baseline of 15,076 municipalities in 2005)	38%	36%	34%	32%
1.1.3	Number of countries that have included pneumococcal and/or rotavirus sentinel surveillance in their national epidemiological system	0	5	10	15
1.1.4	Number of countries that purchase the vaccines for their National Immunization Program through the PAHO Revolving Fund for Vaccine Procurement	32/38*	32/38	33/38	34/38

\* Denominator excludes Puerto Rico and the US Mexico-Border

**RER 1.2 Member States supported through technical cooperation to maintain measles elimination and polio eradication; and achieve rubella, congenital rubella syndrome (CRS) and neonatal tetanus elimination.**

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

\* Denominator excludes Puerto Rico and the US-Mexico Border

**RER 1.3 Member States supported through technical cooperation to provide access for all populations to interventions for the prevention, control, and elimination of neglected communicable diseases, including zoonotic diseases.**

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

\* Denominator refers to countries where Leprosy is endemic

\*\* Denominator refers to countries where Chagas' disease is endemic

**RER 1.4 Member States supported through technical cooperation to enhance their capacity to carry out communicable diseases surveillance and response, as part of a comprehensive surveillance and health information system.**

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

\* Denominator excludes Puerto Rico and the US-Mexico Border

\*\* Denominator refers to the PAHO Member States (countries of the Americas)

**RER 1.5 Member States supported through technical cooperation to enhance their research capacity and to develop, validate and make available and accessible new knowledge, intervention tools and strategies that meet priority needs for the prevention and control of communicable diseases.**

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

\* Denominator refers to PAHO Member States excluding USA and Canada

**RER 1.6 Member States supported through technical cooperation to achieve the core capacities required by the International Health Regulations for the establishment and strengthening of alert and response systems for use in epidemics and other public health emergencies of international concern.**

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

**RER 1.7 Member States and the international community equipped to detect, contain and effectively respond to major epidemic and pandemic-prone diseases (e.g. influenza, dengue, meningitis, yellow fever, hemorrhagic fevers, plague and smallpox).**

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

\* Denominator refers to the PAHO Member States (countries of the Americas)

**RER 1.8 Regional and Subregional capacity coordinated and made rapidly available to Member States for detection, verification, risk assessment and response to epidemics and other public health emergencies of international concern.**

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

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

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
1.9.1	Percentage of PASB International Health Regulations compliant responses based on requests for support from Member States during emergencies or epidemics	90%	100%	100%	100%

**BUDGET FOR STRATEGIC OBJECTIVE 1**

RER	Region-wide Expected Result (RER)	Total Resources
1.1	Member States supported through technical cooperation to maximize equitable access of all people to vaccines of assured quality, including new or underutilized immunization products and technologies; strengthen immunization services; and integrate other essential family and child health interventions with immunization.	39,542,100
1.2	Member States supported through technical cooperation to maintain measles elimination and polio eradication; and achieve rubella, congenital rubella syndrome (CRS) and neonatal tetanus elimination.	7,001,200
1.3	Member States supported through technical cooperation to provide access for all populations to interventions for the prevention, control, and elimination of neglected communicable diseases, including zoonotic diseases.	15,793,700
1.4	Member States supported through technical cooperation to enhance their capacity to carry out communicable diseases surveillance and response, as part of a comprehensive surveillance and health information system.	8,393,900
1.5	Member States supported through technical cooperation to enhance their research capacity and to develop, validate and make available and accessible new knowledge, intervention tools and strategies that meet priority needs for the prevention and control of communicable diseases.	1,721,400
1.6	Member States supported through technical cooperation to achieve the core capacities required by the International Health Regulations for the establishment and strengthening of alert and response systems for use in epidemics and other public health emergencies of international concern.	8,042,200
1.7	Member States and the international community equipped to detect, contain and effectively respond to major epidemic and pandemic-prone diseases (e.g. influenza, dengue, meningitis, yellow fever, hemorrhagic fevers, plague and smallpox).	7,162,100
1.8	Regional and Subregional capacity coordinated and made rapidly available to Member States for detection, verification, risk assessment and response to epidemics and other public health emergencies of international concern.	2,843,300
1.9	Effective operations and response by Member States and international community to declared emergencies situations due to epidemic and pandemic prone diseases.	0
<b>Total Cost for SO1</b>		<b>90,500,000</b>



### Resources breakdown

	<b>2012-2013</b>
Country	34,189,700
Subregional	4,657,700
Regional	51,652,600
<b>Total</b>	<b>90,500,000</b>

## STRATEGIC OBJECTIVE 2

### To combat HIV/AIDS, tuberculosis and malaria

#### Scope

This Strategic Objective (SO) focuses on interventions for the prevention, early detection, treatment and control of HIV/AIDS, sexually transmitted infections (STI), tuberculosis and malaria, including elimination of malaria and congenital syphilis. Emphasis is placed in those interventions that can reduce regional inequities, addressing the needs of vulnerable and most at-risk populations.

#### REGION-WIDE EXPECTED RESULTS

**RER 2.1 Member States supported through technical cooperation for the prevention of, and treatment, support and care for patients with HIV/AIDS, tuberculosis and malaria, including innovative approaches for increasing coverage of the interventions among poor people, hard-to-reach and vulnerable populations.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
2.1.1	Number of countries that provide prophylactic antiretroviral treatment to at least 80% of the estimated HIV positive pregnant women	9	10	12	17
2.1.2	Number of countries that provide antiretroviral treatment to at least 80% of the population estimated to be in need as per PAHO/WHO guidelines	6	7	12	15
2.1.3	Number of countries implementing components of the Global Malaria Control Strategy, within the context of the Roll Back Malaria initiative and PAHO's Regional Plan for Malaria in the Americas 2006-2010	20	23	28	33
2.1.4	Number of countries detecting 70% of estimated cases of pulmonary tuberculosis through a positive TB smear test	12/27 *	20/27	23/27	26/27
2.1.5	Number of countries with a treatment success rate of 85% for tuberculosis cohort patients	6/27 *	11/27	16/27	23/27
2.1.6	Number of countries that have achieved the regional target for elimination of congenital syphilis	2	7	15	26
2.1.7	Number of countries with quantifiable targets in their health plans for prevention and control of HIV and other sexually transmitted infections	4	6	11	14

\* Denominator refers to countries where tuberculosis is endemic

**RER 2.2 Member States supported through technical cooperation to develop and expand gender-sensitive policies and plans for HIV/AIDS, malaria and TB prevention, support, treatment and care.**

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

**RER 2.3 Member States supported through technical cooperation to develop and implement policies and programs to improve equitable access to quality essential medicines, diagnostics and other commodities for the prevention and treatment of HIV, tuberculosis and malaria.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
2.3.1	Number of countries implementing WHO revised/updated diagnostic and treatment guidelines on tuberculosis	0/27*	3/27	10/27	14/27
2.3.2	Number of countries that participate in the Strategic Fund mechanism for affordable essential medicines for HIV/AIDS	19	19	20	21
2.3.3	Number of countries implementing quality-assured HIV screening of all donated blood	32	34	37	40

\* Denominator refers to countries where tuberculosis is endemic

**RER 2.4 Regional and national surveillance, monitoring and evaluation systems strengthened and expanded to track progress towards targets and resource allocations for HIV, malaria and tuberculosis control; and to determine the impact of control efforts and the evolution of drug resistance.**

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

\* Denominator refers to countries where malaria is endemic

\*\* Denominator refers to countries where tuberculosis is endemic

**RER 2.5 Member States supported through technical cooperation to: (a) sustain political commitment and mobilization of resources through advocacy and nurturing of partnerships on HIV, malaria and tuberculosis at country and regional levels; (b) increase the engagement of communities and affected persons to maximize the reach and performance of HIV/AIDS, tuberculosis and malaria control programs.**

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

\* Denominator refers to countries where tuberculosis is endemic

\*\* Denominator refers to countries where malaria is endemic

**RER 2.6 New knowledge, intervention tools and strategies developed, validated, available, and accessible to meet priority needs for the prevention and control of HIV, tuberculosis and malaria, with Latin American and Caribbean countries increasingly involved in this research.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
2.6.1	Number of new or improved interventions and implementation strategies for tuberculosis whose effectiveness has been determined and evidence made available to appropriate institutions for policy decisions	1	2	2	3
2.6.2	Number of new or improved interventions and implementation strategies for malaria whose effectiveness has been determined and evidence made available to appropriate institutions for policy decisions	0	1	2	2

## BUDGET FOR STRATEGIC OBJECTIVE 2

RER	Region-wide Expected Result (RER)	Total Resources
2.1	Member States supported through technical cooperation for the prevention of, and treatment, support and care for patients with HIV/AIDS, tuberculosis and malaria, including innovative approaches for increasing coverage of the interventions among poor people, hard-to-reach and vulnerable populations.	30,275,600
2.2	Member States supported through technical cooperation to develop and expand gender-sensitive policies and plans for HIV/AIDS, malaria and TB prevention, support, treatment and care.	7,145,800
2.3	Member States supported through technical cooperation to develop and implement policies and programs to improve equitable access to quality essential medicines, diagnostics and other commodities for the prevention and treatment of HIV, tuberculosis and malaria.	1,021,200
2.4	Regional and national surveillance, monitoring and evaluation systems strengthened and expanded to track progress towards targets and resource allocations for HIV, malaria and tuberculosis control; and to determine the impact of control efforts and the evolution of drug resistance.	14,455,400
2.5	Member States supported through technical cooperation to: (a) sustain political commitment and mobilization of resources through advocacy and nurturing of partnerships on HIV, malaria and tuberculosis at country and regional levels; (b) increase the engagement of communities and affected persons to maximize the reach and performance of HIV/AIDS, tuberculosis and malaria control programs.	2,407,800
2.6	New knowledge, intervention tools and strategies developed, validated, available, and accessible to meet priority needs for the prevention and control of HIV, tuberculosis and malaria, with Latin American and Caribbean countries increasingly involved in this research.	803,200
<b>Total Cost for SO2</b>		<b>56,109,000</b>

### Resources breakdown

	2012-2013
Country	15,747,800
Subregional	852,300
Regional	39,508,900
<b>Total</b>	<b>56,109,000</b>

## STRATEGIC OBJECTIVE 3

**To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries**

### Scope

This Strategic Objective (SO) focuses on prevention and reduction of the burden of disease, disabilities, and premature deaths from the major chronic noncommunicable diseases, including cardiovascular diseases, cancer, chronic respiratory diseases, diabetes; hearing and visual impairment; oral diseases; mental disorders (including psychoactive substance use); violence; and injuries, including road traffic injuries.

### REGION-WIDE EXPECTED RESULTS

**RER 3.1 Member States supported through technical cooperation to increase political, financial and technical commitment to address chronic non-communicable conditions, mental and behavioral disorders, violence, road safety, and disabilities.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
3.1.1	Number of countries implementing institutional development mechanisms (human/budget resources, training, intersectoral partnerships) related to violence	9	15	20	24
3.1.2	Number of countries implementing institutional development mechanisms (human/financial resources, training, intersectoral partnerships) related to mental health	24	27	27	29
3.1.3	Number of countries implementing institutional development mechanisms (human/financial resources, training, intersectoral partnerships) related to chronic diseases	21	24	31	38
3.1.4	Number of countries implementing institutional development mechanisms (human/financial resources, training, intersectoral partnerships) related to disabilities	10	14	19	24
3.1.5	Number of countries implementing institutional development mechanisms (human/financial resources, training, intersectoral partnerships) related to road safety	9	15	18	21

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

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

**RER 3.3 Member States supported through technical cooperation to improve capacity to collect, analyze, disseminate and use data on the magnitude, causes and consequences of chronic noncommunicable conditions, mental and behavioral disorders, violence, road traffic injuries and disabilities.**

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

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

<b>Ind.</b>	<b>RER Indicator text</b>	<b>Baseline 2007</b>	<b>Target 2009</b>	<b>Target 2011</b>	<b>Target 2013</b>
3.4.1	Number of cost analysis studies on interventions related to mental and neurological disorders	1	2	2	3
3.4.2	Number of countries with cost analysis studies on violence conducted and disseminated	8	10	12	15
3.4.3	Number of countries with cost analysis studies on oral health conducted and disseminated	4	6	8	9
3.4.4	Number of countries with cost analysis studies on chronic non-communicable conditions conducted and disseminated	9	11	14	18
3.4.5	Number of countries with cost analysis studies on road safety conducted and disseminated	6	8	10	12



**RER 3.5 Member States supported through technical cooperation for the preparation and implementation of multisectoral, population-wide programs to promote mental health and road safety and prevent chronic non-communicable conditions, mental and behavioral disorders, violence, and injuries, as well as hearing and visual impairment, including blindness.**

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

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

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

### BUDGET FOR STRATEGIC OBJECTIVE 3

RER	Region-wide Expected Result (RER)	Total Resources
3.1	Member States supported through technical cooperation to increase political, financial and technical commitment to address chronic non-communicable conditions, mental and behavioral disorders, violence, road safety, and disabilities.	11,278,400
3.2	Member States supported through technical cooperation for the development and implementation of policies, strategies and regulations regarding chronic non-communicable conditions, mental and behavioral disorders, violence, road safety, disabilities, and oral diseases.	9,189,600
3.3	Member States supported through technical cooperation to improve capacity to collect, analyze, disseminate and use data on the magnitude, causes and consequences of chronic noncommunicable conditions, mental and behavioral disorders, violence, road traffic injuries and disabilities.	5,359,500
3.4	Improved evidence compiled by the Bureau on the cost-effectiveness of interventions to address chronic non-communicable conditions, mental and behavioral disorders, violence, road traffic injuries, disabilities, and oral health.	2,587,500
3.5	Member States supported through technical cooperation for the preparation and implementation of multisectoral, population-wide programs to promote mental health and road safety and prevent chronic non-communicable conditions, mental and behavioral disorders, violence, and injuries, as well as hearing and visual impairment, including blindness.	3,807,300
3.6	Member States supported through technical cooperation to strengthen their health and social systems for the integrated prevention and management of chronic non-communicable conditions, mental and behavioral disorders, violence, road traffic injuries, and disabilities.	3,777,700
<b>Total Cost for SO3</b>		<b>36,000,000</b>

#### Resources breakdown

	<b>2012-2013</b>
Country	14,386,500
Subregional	3,161,200
Regional	18,452,300
<b>Total</b>	<b>36,000,000</b>

## STRATEGIC OBJECTIVE 4

**To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals**

### Scope

This Strategic Objective (SO) focuses on reduction of mortality and morbidity to improve health during key stages of life, ensuring universal access to coverage with effective interventions for maternal health, newborn, child, young people (adolescents 10-19 and youth 15-24), reproductive age, and older adults, using a life-course approach and addressing equity gaps. Strengthening policies, health systems and primary health care is fundamental to achieving this SO, which contributes to the achievement of Millennium Development Goals 4 (reducing infant mortality), and 5 (improving maternal health).

### REGION-WIDE EXPECTED RESULTS

**RER 4.1 Member States supported through technical cooperation to develop comprehensive policies, plans, and strategies that promote universal access to a continuum of care throughout the life course; to integrate service delivery; and to strengthen coordination with civil society, the private sector and partnerships with UN and Inter-American system agencies and others (e.g. NGOs).**

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

**RER 4.2 Member States supported through technical cooperation to strengthen national/local capacity to produce new evidence and interventions; and to improve the surveillance and information systems in sexual and reproductive health, and in maternal, neonatal, child, adolescent and older adult health.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
4.2.1	Number of countries that implement information systems and surveillance systems to track sexual and reproductive health, maternal, neonatal and adolescent health, with information disaggregated by age, sex and ethnicity	10	15	17	20
4.2.2	Number of PASB systematic reviews on best practices, operational research, and standards of care	0	5	7	10

**RER 4.3 Member States supported through technical cooperation to reinforce actions that ensure skilled care for every pregnant woman and every newborn, through childbirth and the postpartum and postnatal periods.**

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

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

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

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

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

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

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
4.6.1	Number of countries with a functioning adolescent and youth health and development program <sup>2</sup>	10	12	16	17
4.6.2	Number of countries implementing a comprehensive package of norms and standards to provide adequate health services for young people's health and development (e.g. Integrated Management of Adolescent Needs [IMAN])	3	10	14	15

**RER 4.7 Member States supported through technical cooperation to implement Reproductive Health Strategies to improve prenatal, perinatal, postpartum, and neonatal care, and provide high quality reproductive health services.**

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

**RER 4.8 Member States supported through technical cooperation to increase advocacy for aging as a public health issue, and to maintain maximum functional capacity throughout the life course.**

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

<sup>2</sup> Functioning National Adolescent and Youth Health Programs, defined as one that is at least 2 years old, has a medium or long-term plan of action that has been implemented in the last year has a person in charge, has an assigned budget

## BUDGET FOR STRATEGIC OBJECTIVE 4

RER	Region-wide Expected Result (RER)	Total Resources
4.1	Member States supported through technical cooperation to develop comprehensive policies, plans, and strategies that promote universal access to a continuum of care throughout the life course; to integrate service delivery; and to strengthen coordination with civil society, the private sector and partnerships with UN and Inter-American system agencies and others (e.g. NGOs).	7,353,500
4.2	Member States supported through technical cooperation to strengthen national/local capacity to produce new evidence and interventions; and to improve the surveillance and information systems in sexual and reproductive health, and in maternal, neonatal, child, adolescent and older adult health.	6,524,100
4.3	Member States supported through technical cooperation to reinforce actions that ensure skilled care for every pregnant woman and every newborn, through childbirth and the postpartum and postnatal periods.	5,618,700
4.4	Member States supported through technical cooperation to improve neonatal health.	3,529,200
4.5	Member States supported through technical cooperation to improve child health and development, taking into consideration international agreements.	9,037,400
4.6	Member States supported through technical cooperation for the implementation of policies and strategies on adolescent health and development.	7,239,400
4.7	Member States supported through technical cooperation to implement Reproductive Health Strategies to improve prenatal, perinatal, postpartum, and neonatal care, and provide high quality reproductive health services.	1,654,800
4.8	Member States supported through technical cooperation to increase advocacy for aging as a public health issue, and to maintain maximum functional capacity throughout the life course.	1,542,900
<b>Total Cost for SO4</b>		<b>42,500,000</b>

### Resources breakdown

	2012-2013
Country	20,737,300
Subregional	429,400
Regional	21,333,300
<b>Total</b>	<b>42,500,000</b>

## STRATEGIC OBJECTIVE 5

**To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact**

### Scope

This Strategic Objective is designed to contribute to human well-being, minimizing the negative effects of disasters and other crisis by responding to the health needs of vulnerable populations affected by such events. It focuses on strengthening the institutional capacity of the health sector in preparedness and risk reduction, while promoting an integrated, comprehensive, multisectoral and multidisciplinary approach to reduce the impact of natural, technological or manmade hazards on public health in the Region.

### REGION-WIDE EXPECTED RESULTS

#### **RER 5.1 Member States and partners supported through technical cooperation for the development and strengthening of emergency preparedness plans and programs at all levels.**

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

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

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

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

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

**RER 5.4 Member States supported through coordinated technical cooperation for strengthening preparedness, recovery and risk reduction in areas such as communicable disease, mental health, health services, food safety, and nuclear radiation.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
5.4.1	Percentage of emergency-affected countries where a comprehensive communicable disease-risk assessment has been conducted and an epidemiological profile and toolkit developed and disseminated to partner agencies	90%	100%	100%	100%
5.4.2	Percentage of emergencies where coordinated technical cooperation (PASB task force) is provided, when needed	100%	100%	100%	100%

**RER 5.5 Member States supported through technical cooperation to strengthen national preparedness and establish alert and response mechanisms for food safety and environmental health emergencies.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
5.5.1	Number of countries with capacity to respond to food safety emergencies	15	19	24	30
5.5.2	Number of countries with national plans for preparedness, and alert and response activities in respect to chemical, radiological and environmental health emergencies	20	24	26	28
5.5.3	Number of countries with focal points for the International Food Safety Authorities Network	28	29	30	32



**RER 5.6 Effective communications issued, partnerships formed and coordination developed with organizations in the United Nations system, governments, local and international nongovernmental organizations, academic institutions and professional associations at the country, regional and global levels.**

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

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

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

## BUDGET FOR STRATEGIC OBJECTIVE 5

RER	Region-wide Expected Result (RER)	Total Resources
5.1	Member States and partners supported through technical cooperation for the development and strengthening of emergency preparedness plans and programs at all levels.	12,139,100
5.2	Timely and appropriate support provided to Member States for immediate assistance to populations affected by crisis.	6,746,600
5.3	Member States supported through technical cooperation for reducing health sector risk in disasters and ensuring the quickest recovery of affected populations.	913,100
5.4	Member States supported through coordinated technical cooperation for strengthening preparedness, recovery and risk reduction in areas such as communicable disease, mental health, health services, food safety, and nuclear radiation.	3,412,500
5.5	Member States supported through technical cooperation to strengthen national preparedness and establish alert and response mechanisms for food safety and environmental health emergencies.	3,763,100
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.	8,006,600
5.7	Acute, rehabilitation, and recovery operations implemented in a timely and effective manner, when needed.	0
<b>Total Cost for SO5</b>		<b>34,981,000</b>

### Resources breakdown

	2012-2013
Country	12,513,900
Subregional	173,200
Regional	22,293,900
<b>Total</b>	<b>34,981,000</b>

## STRATEGIC OBJECTIVE 6

**To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions**

### Scope

The work under this Strategic Objective (SO) focuses on integrated, comprehensive, multisectoral and multidisciplinary health promotion and disease prevention strategies to improve public health and well-being; and the development of social and public health policies for the reduction or prevention of the six major risk factors.

### REGION-WIDE EXPECTED RESULTS

**RER 6.1 Member States supported through technical cooperation to strengthen their capacity for health promotion across all relevant programs; and to establish effective multisectoral and multidisciplinary collaborations for promoting health and preventing or reducing major risk factors.**

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

**RER 6.2 Member States supported through technical cooperation to strengthen national systems for surveillance of major risk factors through development and validation of frameworks, tools and operating procedures and their dissemination.**

<b>Ind.</b>	<b>RER Indicator text</b>	<b>Baseline 2007</b>	<b>Target 2009</b>	<b>Target 2011</b>	<b>Target 2013</b>
6.2.1	Number of countries that have developed a functioning national surveillance system using Pan Am STEPs (Pan American Stepwise approach to chronic disease risk factor surveillance) methodology for regular reports on major health risk factors in adults	6	10	15	20
6.2.2	Number of countries that have developed a functioning national surveillance system using school-based student health survey (Global School Health Survey) and are producing regular reports on major health risk factors in youth	11	15	23	30
6.2.3	Number of countries that have implemented the standardized indicators for chronic diseases and risk factors in the PAHO Regional Core Health Data and Country Profile Initiative	3	8	10	12

**RER 6.3 Member States supported through technical cooperation on evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing tobacco use and related problems.**

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

**RER 6.4 Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing alcohol, drugs and other psycho-active substance use and related problems.**

<b>Ind.</b>	<b>RER Indicator text</b>	<b>Baseline 2007</b>	<b>Target 2009</b>	<b>Target 2011</b>	<b>Target 2013</b>
6.4.1	Number of countries that have implemented policies, plans, or programs for preventing public health problems caused by alcohol, drugs and other psychoactive substance use	11	13	16	20

**RER 6.5 Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing unhealthy diets and physical inactivity, and related problems.**

<b>Ind.</b>	<b>RER Indicator text</b>	<b>Baseline 2007</b>	<b>Target 2009</b>	<b>Target 2011</b>	<b>Target 2013</b>
6.5.1	Number of countries that have implemented national policies to promote healthy diet and physical activity according to PAHO/WHO guidelines	8	10	15	20
6.5.2	Number of countries that have created pedestrian and bike-friendly environments, as well as physical activity promotion programs in at least one of their major cities	7	10	13	18

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

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

## BUDGET FOR STRATEGIC OBJECTIVE 6

RER	Region-wide Expected Result (RER)	Total Resources
6.1	Member States supported through technical cooperation to strengthen their capacity for health promotion across all relevant programs; and to establish effective multisectoral and multidisciplinary collaborations for promoting health and preventing or reducing major risk factors.	6,494,700
6.2	Member States supported through technical cooperation to strengthen national systems for surveillance of major risk factors through development and validation of frameworks, tools and operating procedures and their dissemination.	1,715,300
6.3	Member States supported through technical cooperation on evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing tobacco use and related problems.	3,963,500
6.4	Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing alcohol, drugs and other psycho-active substance use and related problems.	2,549,100
6.5	Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing unhealthy diets and physical inactivity, and related problems.	1,953,200
6.6	Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for promoting safer sex.	124,200
<b>Total Cost for SO6</b>		<b>16,800,000</b>

### Resources breakdown

	2012-2013
Country	5,703,000
Subregional	599,500
Regional	10,497,500
<b>Total</b>	<b>16,800,000</b>

## STRATEGIC OBJECTIVE 7

**To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches**

### Scope

This Strategic Objective focuses on the development and promotion of intersectoral action on the social and economic determinants of health, understood as the improvement of health equity by addressing the needs of poor, vulnerable and excluded social groups. This understanding highlights the connections between health and social and economic factors such as income, education, housing, labor, and social status.

### REGION-WIDE EXPECTED RESULTS

**RER 7.1 Significance of determinants of health and social policies recognized throughout the Organization and incorporated into normative work and technical cooperation with Member States and other partners.**

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

**RER 7.2 Initiative taken by PAHO/WHO in providing opportunities and means for intersectoral collaboration at national and international levels in order to address social and economic determinants of health and to encourage poverty-reduction and sustainable development.**

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

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

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

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

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
7.4.1	Number of countries using: 1) international and regional human rights norms and standards; and 2) human rights tools and technical guidance documents produced by PAHO/WHO to review and/or formulate national laws, policies and/or plans that advance health and reduce gaps in health equity and discrimination	9	10	11	18

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

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

**RER 7.6 Member States supported through technical cooperation to develop policies, plans and programs that apply an intercultural approach based on primary health care and that seek to establish strategic alliances with relevant stakeholders and partners to improve the health and well-being of indigenous peoples and racial/ethnic groups.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
7.6.1	Number of countries that implement policies, plans or programs to improve the health of indigenous peoples	3/21*	9/21	12/21	19/21
7.6.2	Number of countries that include ethnic variables within their health information systems	3	9	13	15
7.6.3	Number of countries that implement policies, plans or programs to improve the health of specific ethnic/racial groups	10	12	14	16

\* Denominators refers to countries with significant indigenous population



## BUDGET FOR STRATEGIC OBJECTIVE 7

RER	Region-wide Expected Result (RER)	Total Resources
7.1	Significance of determinants of health and social policies recognized throughout the Organization and incorporated into normative work and technical cooperation with Member States and other partners.	3,266,500
7.2	Initiative taken by PAHO/WHO in providing opportunities and means for intersectoral collaboration at national and international levels in order to address social and economic determinants of health and to encourage poverty-reduction and sustainable development.	5,079,900
7.3	Social and economic data relevant to health collated and analyzed on a disaggregated basis (by sex, age, ethnicity, income, and health conditions, such as disease or disability).	857,000
7.4	Ethics- and human rights-based approaches to health promoted within PAHO/WHO and at national, regional and global levels.	2,675,300
7.5	Gender analysis and responsive actions incorporated into PAHO/WHO's normative work and technical cooperation provided to Member States for formulation of gender sensitive policies and programs.	7,524,200
7.6	Member States supported through technical cooperation to develop policies, plans and programs that apply an intercultural approach based on primary health care and that seek to establish strategic alliances with relevant stakeholders and partners to improve the health and well-being of indigenous peoples and racial/ethnic groups.	3,297,100
<b>Total Cost for SO7</b>		<b>22,700,000</b>

### Resources breakdown

	<b>2012-2013</b>
Country	7,227,800
Subregional	607,400
Regional	14,864,800
<b>Total</b>	<b>22,700,000</b>

## STRATEGIC OBJECTIVE 8

**To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health**

### Scope

The work under this Strategic Objective (SO) focuses on achieving safe, sustainable, and health-enhancing human environments—protected from social, occupational, biological, chemical, and physical hazards—and promoting human security and environmental justice to mitigate the effects of global and local threats.

### REGION-WIDE EXPECTED RESULTS

**RER 8.1 Evidence-based assessments, norms and guidance on priority environmental health risks (e.g., air quality, chemical substances, electromagnetic fields (EMF), radon, drinking water, waste water re-use) disseminated.**

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

**RER 8.2 Member States supported through technical cooperation for the implementation of primary prevention interventions that reduce environmental health risks; enhance safety; and promote public health, including in specific settings and among vulnerable population groups (e.g. children, older adults).**

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

**RER 8.3 Member States supported through technical cooperation to strengthen occupational and environmental health policy-making, planning of preventive interventions, service delivery and surveillance.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
8.3.1	Number of countries receiving technical and logistical support for developing and implementing policies for strengthening the delivery of occupational and environmental health services and surveillance	10	15	17	20
8.3.2	Number of national organizations or collaborating or reference centers implementing PAHO/WHO-led initiatives at country level to reduce occupational risks	2	4	5	6

**RER 8.4 Guidance, tools, and initiatives created to support the health sector to influence policies in priority sectors (e.g. energy, transport, agriculture), assess health impacts, determine costs and benefits of policy alternatives in those sectors, and harness non-health sector investments to improve health.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
8.4.1	Number of regional, subregional and national initiatives implemented in other sectors that take health into account, using PASB technical and logistical support	2	3	3	4
8.4.2	Number of PAHO/WHO guidelines and tools produced intersectorally for global environmental health protection	0	2	3	4

**RER 8.5 Health sector leadership enhanced to promote a healthier environment and influence public policies in all sectors to address the root causes of environmental threats to health, by responding to emerging and re-emerging environmental health concerns from development, evolving technologies, other global environmental changes, and consumption and production patterns.**

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

**RER 8.6 Member States supported through technical cooperation to develop evidence-based policies, strategies and recommendations for identifying, preventing and tackling public health problems resulting from climate change.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
8.6.1	Number of studies or reports on the public health effects of climate change published or co-published by PAHO or peer reviewed publications of authors/institutions based in Latin America and the Caribbean	N/A	0	1	2
8.6.2	Number of countries that have implemented plans to enable the health sector to respond to the health effects of climate change	N/A	0	3	5

**BUDGET FOR STRATEGIC OBJECTIVE 8**

RER	Region-wide Expected Result (RER)	Total Resources
8.1	Evidence-based assessments, norms and guidance on priority environmental health risks (e.g., air quality, chemical substances, electro-magnetic fields (EMF), radon, drinking water, waste water re-use) disseminated.	5,074,100
8.2	Member States supported through technical cooperation for the implementation of primary prevention interventions that reduce environmental health risks; enhance safety; and promote public health, including in specific settings and among vulnerable population groups (e.g. children, older adults).	12,119,300
8.3	Member States supported through technical cooperation to strengthen occupational and environmental health policy-making, planning of preventive interventions, service delivery and surveillance.	2,289,100
8.4	Guidance, tools, and initiatives created to support the health sector to influence policies in priority sectors (e.g. energy, transport, agriculture), assess health impacts, determine costs and benefits of policy alternatives in those sectors, and harness non-health sector investments to improve health.	4,530,400
8.5	Health sector leadership enhanced to promote a healthier environment and influence public policies in all sectors to address the root causes of environmental threats to health, by responding to emerging and re-emerging environmental health concerns from development, evolving technologies, other global environmental changes, and consumption and production patterns.	473,700
8.6	Member States supported through technical cooperation to develop evidence-based policies, strategies and recommendations for identifying, preventing and tackling public health problems resulting from climate change.	2,013,400
<b>Total Cost for SO8</b>		<b>26,500,000</b>

**Resources breakdown**

	2012-2013
Country	18,396,900
Subregional	689,100
Regional	7,414,000
<b>Total</b>	<b>26,500,000</b>

## STRATEGIC OBJECTIVE 9

**To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development**

### Scope

The work under this Strategic Objective (SO) focuses on improving nutrition and health throughout the life course, especially among the poor and other vulnerable groups, and achieving sustainable development in line with the Millennium Development Goals. The SO addresses food safety (ensuring that chemical, microbiological, zoonotic and other hazards do not pose a risk to health) as well as food security (access and availability of appropriate food).

### REGION-WIDE EXPECTED RESULTS

**RER 9.1 Partnerships and alliances formed, leadership built and coordination and networking developed with all stakeholders at country, regional and global levels, to promote advocacy and communication, stimulate intersectoral actions, and increase investment in nutrition, food safety and food security.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
9.1.1	Number of countries that have coordination mechanisms to promote intersectoral approaches and actions in the area of food safety, food security and nutrition	18	23	26	30
9.1.2	Number of countries that have implemented nutrition, food-safety and food security interventions	10	15	20	25

**RER 9.2 Member States supported through technical cooperation to increase their capacity to assess and respond to all forms of malnutrition, and zoonotic and non-zoonotic foodborne diseases, and to promote healthy dietary practices.**

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

**RER 9.3 Monitoring and surveillance of needs, and assessment and evaluation of responses in the area of food security, nutrition and diet-related chronic diseases strengthened, and ability to identify suitable policy options improved.**

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

**RER 9.4 Member States supported through technical cooperation for the development, strengthening and implementation of nutrition plans and programs aimed at improving nutrition throughout the life-course, in stable and emergency situations.**

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

**RER 9.5 Zoonotic and non-zoonotic foodborne diseases, and foot-and-mouth disease surveillance, prevention and control systems strengthened and food hazard monitoring programs established.**

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

\* Denominator refers to countries where Foot-and-Mouth Disease is endemic

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

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

**BUDGET FOR STRATEGIC OBJECTIVE 9**

RER	Region-wide Expected Result (RER)	Total Resources
9.1	Partnerships and alliances formed, leadership built and coordination and networking developed with all stakeholders at country, regional and global levels, to promote advocacy and communication, stimulate intersectoral actions, and increase investment in nutrition, food safety and food security.	2,677,100
9.2	Member States supported through technical cooperation to increase their capacity to assess and respond to all forms of malnutrition, and zoonotic and non-zoonotic foodborne diseases, and to promote healthy dietary practices.	1,539,000
9.3	Monitoring and surveillance of needs, and assessment and evaluation of responses in the area of food security, nutrition and diet-related chronic diseases strengthened, and ability to identify suitable policy options improved.	1,695,100
9.4	Member States supported through technical cooperation for the development, strengthening and implementation of nutrition plans and programs aimed at improving nutrition throughout the life-course, in stable and emergency situations.	2,976,200
9.5	Zoonotic and non-zoonotic foodborne diseases, and foot-and-mouth disease surveillance, prevention and control systems strengthened and food hazard monitoring programs established.	13,124,700
9.6	Technical cooperation provided to National Codex Alimentarius Committees and the Codex Commission of Latin America and the Caribbean.	487,900
<b>Total Cost for SO9</b>		<b>22,500,000</b>

**Resources breakdown**

	2012-2013
Country	3,674,800
Subregional	3,559,600
Regional	15,265,600
<b>Total</b>	<b>22,500,000</b>

## STRATEGIC OBJECTIVE 10

### To improve the organization, management and delivery of health services

#### Scope

This Strategic Objective (SO) focuses on strengthening health services to provide equitable and quality health care for all people in the Americas, especially the neediest populations. The Regional Declaration on the New Orientations for Primary Health Care and PAHO's position paper on Renewing Primary Health Care in the Americas (CD46/13, 2005) provide the framework to strengthen the health care systems of the countries in the Americas.

#### REGION-WIDE EXPECTED RESULTS

**RER 10.1 Member States supported through technical cooperation to strengthen health systems based on Primary Health Care, promoting equitable access to health services of good quality, with priority given to vulnerable population groups.**

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



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

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

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

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

**BUDGET FOR STRATEGIC OBJECTIVE 10**

RER	Region-wide Expected Result (RER)	Total Resources
10.1	Member States supported through technical cooperation to strengthen health systems based on Primary Health Care, promoting equitable access to health services of good quality, with priority given to vulnerable population groups.	26,632,300
10.2	Member States supported through technical cooperation to strengthen organizational and managerial practices in health services' institutions and networks, to improve performance and to achieve collaboration and synergy between public and private providers.	7,187,600
10.3	Member States supported through technical cooperation to strengthen programs for the improvement of quality of care and patient safety.	6,140,100
<b>Total Cost for SO10</b>		<b>39,960,000</b>

**Resources breakdown**

	2012-2013
Country	29,757,700
Subregional	306,200
Regional	9,896,100
<b>Total</b>	<b>39,960,000</b>

## STRATEGIC OBJECTIVE 11

### To strengthen leadership, governance and the evidence base of health systems

#### Scope

This strategic objective aims at improving the leadership and governance of the health sector and the capacity of the national health authority to exercise its steering role, which includes policy making, regulation, and performance of the essential public health functions. Paramount to the achievement of this objective is the improvement of national health systems and the production of quality data, information and knowledge for planning and decision-making.

#### REGION-WIDE EXPECTED RESULTS

**RER 11.1 Member States supported through technical cooperation to strengthen the capacity of the national health authority to perform its steering role; improving policy analysis, formulation, regulation, strategic planning, implementation of health system changes; and enhancing intersectoral and inter-institutional coordination at the national and local levels.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
11.1.1	Number of countries that have updated their legislations and regulatory frameworks	5	8	10	12
11.1.2	Number of countries that have formulated policies, mid-term and long-term plans or defined national health objectives	9	17	29	35

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

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

**RER 11.3 Member States supported through technical cooperation to increase equitable access to, and dissemination and utilization of, health-relevant information, knowledge and scientific evidence for decision-making.**

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

**RER 11.4 Member States supported through technical cooperation for facilitating the generation and transfer of knowledge in priority areas, including public health and health systems research, and ensuring that the products meet WHO ethical standards.**

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

**RER 11.5 PAHO is the authoritative source and broker of evidence-based public health information and knowledge, providing essential health knowledge and advocacy material to Member States, health partners and other stakeholders.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
11.5.1	Number of hits to PAHO's web page	20 million	30 million	35 million	40 million
11.5.2	Maintain the number of countries that have access to evidence-based, health information and advocacy material for the effective delivery of health programs as reflected in the country cooperation strategies	33	33	33	33
11.5.3	PAHO Regional Information Platform created, integrating all the PASB technical health databases and information from health and development partners	Core data and MAPIS	Integration of all PASB technical health databases	Integration of health and development partners information	Platform created and fully operative
11.5.4	Number of Communities of Practice established and in use in the PASB entities	2	10	15	20

**BUDGET FOR STRATEGIC OBJECTIVE 11**

RER	Region-wide Expected Result (RER)	Total Resources
11.1	Member States supported through technical cooperation to strengthen the capacity of the national health authority to perform its steering role; improving policy analysis, formulation, regulation, strategic planning, implementation of health system changes; and enhancing intersectoral and inter-institutional coordination at the national and local levels.	2,734,500
11.2	Member States supported through technical cooperation for improving health information systems at regional and national levels.	8,430,500
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.	14,741,700
11.4	Member States supported through technical cooperation for facilitating the generation and transfer of knowledge in priority areas, including public health and health systems research, and ensuring that the products meet WHO ethical standards.	2,532,400
11.5	PAHO is the authoritative source and broker of evidence-based public health information and knowledge, providing essential health knowledge and advocacy material to Member States, health partners and other stakeholders.	14,402,900
<b>Total Cost for SO11</b>		<b>42,842,000</b>

### Resources breakdown

	<b>2012-2013</b>
Country	9,137,000
Subregional	1,354,300
Regional	32,350,700
<b>Total</b>	<b>42,842,000</b>

## STRATEGIC OBJECTIVE 12

### To ensure improved access, quality and use of medical products and technologies

#### Scope

Medical products include chemical and biological medicines, vaccines, blood and blood products, cells and tissues mostly of human origin, biotechnology products, traditional medicines and medical devices. Technologies include, among others, those for diagnostic testing, imaging, radiotherapy and laboratory testing. The work under this Strategic Objective (SO) will focus on more equitable access (as measured by availability, price and affordability) to essential medical products and technologies of assured quality, safety, efficacy and cost-effectiveness, and on their sound and cost-effective use.

#### REGION-WIDE EXPECTED RESULTS

##### **RER 12.1 Member States supported through technical cooperation to promote and assure an equitable access to medical products and health technologies and the corresponding technological innovation.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
12.1.1	Number of countries that have implemented policies promoting the access to, or technological innovation for medical products	17/36*	23/36	25/36	27/36
12.1.2	Number of countries that have established or strengthened their national systems of procurement, production or distribution of medical products	15/36*	18/36	21/36	24/36
12.1.3	Number of countries with 100% voluntary non-remunerated blood donations	8	10	12	17
12.1.4	Number of countries that have tools to evaluate access to health technologies	5	10	15	20
12.1.5	Number of countries using the PAHO Strategic Fund of Essential Public Health Supplies	10	11	15	18

\* Denominator excludes USA, Canada, Puerto Rico and the US-Mexico border

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

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

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

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

\* Denominator excludes USA, Canada, Puerto Rico and the US-Mexico border

### BUDGET FOR STRATEGIC OBJECTIVE 12

RER	Region-wide Expected Result (RER)	Total Resources
12.1	Member States supported through technical cooperation to promote and assure an equitable access to medical products and health technologies and the corresponding technological innovation.	13,260,700
12.2	Member States supported through technical cooperation to promote and assure the quality, safety and efficacy of medical products and health technologies.	4,348,300
12.3	Member States supported through technical cooperation to promote and assure the rational and efficacious use of cost-effective medical products and health technologies based on the best evidence available.	2,291,000
<b>Total Cost for SO12</b>		<b>19,900,000</b>

#### Resources breakdown

	2012-2013
Country	9,670,000
Subregional	910,200
Regional	9,319,800
<b>Total</b>	<b>19,900,000</b>

## STRATEGIC OBJECTIVE 13

**To ensure an available, competent, responsive and productive health workforce to improve health outcomes**

### Scope

The challenges of the Health Agenda for the Americas, the Toronto Call to Action (2005), the frame of reference for developing national and subregional plans and the regional strategy for the Decade of Human Resources in Health (2006-2015) guide the work under this Strategic Objective. It addresses the different components of the field of human resource development, management operations and regulation, and the different stages of workforce development — entry, working life and exit — focusing on developing national workforce plans and strategies.

### REGION-WIDE EXPECTED RESULTS

**RER 13.1 Member States supported through technical cooperation to develop human resources plans and policies to improve the performance of health systems based on primary health care and the achievement of the Millennium Development Goals (MDGs).**

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

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

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
13.2.1	Number of countries that have established a database to monitor situations and trends of the health workforce, updated at least every two years	10	18	23	29
13.2.2	Number of countries participating in the Human Resources for health Observatories network for the production of information and evidence for decision making	18	29	31	36



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

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

**RER 13.4 Member States supported through technical cooperation to strengthen education systems and strategies at the national level, with a view to develop and maintain health workers' competencies, centered on Primary Health Care.**

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

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

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

### BUDGET FOR STRATEGIC OBJECTIVE 13

RER	Region-wide Expected Result (RER)	Total Resources
13.1	Member States supported through technical cooperation to develop human resources plans and policies to improve the performance of health systems based on primary health care and the achievement of the Millennium Development Goals (MDGs).	4,946,100
13.2	Member States supported through technical cooperation to establish a set of basic indicators and information systems on human resources for health.	4,405,100
13.3	Member States supported through technical cooperation to formulate and implement strategies and incentives to recruit and retain health personnel in order to attend to the needs of health systems based on renewed primary health care.	2,568,400
13.4	Member States supported through technical cooperation to strengthen education systems and strategies at the national level, with a view to develop and maintain health workers' competencies, centered on Primary Health Care.	8,842,500
13.5	Member States supported with technical cooperation regarding the international migration of health workers.	737,900
<b>Total Cost for SO13</b>		<b>21,500,000</b>

#### Resources breakdown

	<b>2012-2013</b>
Country	7,558,100
Subregional	1,066,200
Regional	12,875,700
<b>Total</b>	<b>21,500,000</b>

## STRATEGIC OBJECTIVE 14

**To extend social protection through fair, adequate and sustainable financing**

### Scope

This Strategic Objective (SO) will focus on sustainable collective financing of the health system and social protection, and safeguarding households against catastrophic health expenditures. The principles set out in resolution WHA58.33 and PAHO Resolution CSP26.R19 in 2002, "Extension of Social Protection in Health: Joint PAHO-ILO Initiative," will guide this SO.

### REGION-WIDE EXPECTED RESULTS

**RER 14.1 Member States supported through technical cooperation to develop institutional capacities to improve the financing of their health systems.**

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

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

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
14.2.1	Number of completed country studies applying the PAHO evaluation framework to assess household capacity to meet health expenditures	0	3	5	7
14.2.2	Number of countries with studies on catastrophic expenses in health, poverty and inequalities	1	1	3	6
14.2.3	Number of countries with public policies or financing schemes for the reduction or elimination of the financial risk associated with diseases and accidents	2	2	4	8

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

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
14.3.1	Number of countries reporting up-to-date information on financing and health expenditure to the Regional-PAHO Core Data Initiative and the Statistical Annex of WHR/WHO	24/35*	31/35	33/35	35/35
14.3.2	Number of countries that have institutionalized the periodic production of Health Accounts/National Health Accounts harmonized with the UN statistical system	3	16	21	24
14.3.3	Number of countries with studies on expenditure and financing of public health systems or social health insurance	0	0	10	15

\* Denominator refers to PAHO Member States only (countries of the Americas)

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

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

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

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
14.5.1	Number of countries that show improvement in levels of harmonization and alignment of international health cooperation, as measured by internationally agreed standards and instruments	3	5	7	8

### BUDGET FOR STRATEGIC OBJECTIVE 14

RER	Region-wide Expected Result (RER)	Total Resources
14.1	Member States supported through technical cooperation to develop institutional capacities to improve the financing of their health systems.	1,695,100
14.2	Member States supported through technical cooperation to evaluate the relationship between catastrophic expenses in health and poverty; and to design public policies or financing schemes in health to reduce the financial risks associated with diseases and accidents	1,998,900
14.3	Technical cooperation provided to Member States in the development and use of national health expenditure and health system financing information.	1,641,700
14.4	Member States supported through technical cooperation to reduce social exclusion, extend social protection in health, strengthen public and social insurance, and improve programs and strategies to expand coverage.	4,206,700
14.5	Member States supported through technical cooperation to align and harmonize international health cooperation.	731,600
<b>Total Cost for SO14</b>		<b>10,274,000</b>

#### Resources breakdown

	<b>2012-2013</b>
Country	4,746,300
Subregional	217,100
Regional	5,310,600
<b>Total</b>	<b>10,274,000</b>

## STRATEGIC OBJECTIVE 15

**To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas**

### Scope

This Strategic Objective (SO) facilitates the work of the PASB in order to ensure the achievement of all other SOs. This objective covers three broad, complementary areas: (1) leadership and governance of the Organization; (2) the PASB's support to the Member States through its presence in the countries, and its engagement with each of them, the United Nations and Inter-American Systems, and other stakeholders; and (3) the Organization's role in mobilizing the collective energy and the experience of Member States and other actors to influence health issues of global, regional and subregional importance.

### REGION-WIDE EXPECTED RESULTS

**RER 15.1 Effective leadership and direction of the Organization exercised through the enhancement of governance, and the coherence, accountability and synergy of PAHO/WHO's work to fulfill its mandate in advancing the global, regional, subregional and national health agendas.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
15.1.1	Percentage of PAHO Governing Bodies resolutions adopted that focus on health policy and strategies	40%	45%	50%	55%
15.1.2	Percentage of all oversight projects completed which evaluate and improve processes for risk management, control and governance	0%	40%	70%	90%
15.1.3	Number of PASB entities implementing leadership and management initiatives (coordination and negotiation of technical cooperation with partners, technical cooperation among countries [TCC], advocacy for the PAHO/WHO mission, and Biennial <b>Work Plans</b> , and reports) on time and within budget	43/69*	57/69	61/69	69/69
15.1.4	Percentage of Governing Bodies and Member States legal inquiries addressed within 10 working days	70%	90%	95%	100%
15.1.5	Number of PASB entities that have linked each cross-cutting priority to at least 30% of their products and services in their Biennial <b>Work Plans</b>	N/A	N/A	40/54**	54/54**

\* Denominator refers to the total number of PASB entities

\*\* Denominator includes all PASB country, subregional, and technical and strategic regional entities. It does not include administrative or executive management entities.

**RER 15.2 Effective PAHO/WHO country presence established to implement the PAHO/WHO Country Cooperation Strategies (CCS) which are (1) aligned with Member States' national health and development agendas, and (2) harmonized with the United Nations country team and other development partners.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
15.2.1	Number of countries using Country Cooperation Strategies (CCS) as a basis for defining the Organization's country presence and its respective Biennial Work Plan	26	30	32	35
15.2.2	Number of countries where the CCS is used as reference for harmonizing cooperation in health with the UN Country Teams and other development partners	26	30	32	35
15.2.3	Number of countries where the Biennial Work Plan (BWP) is evaluated jointly with government and other relevant partners	17	20	30	35
15.2.4	Number of PASB subregions that have a Subregional Cooperation Strategy (SCS)	0/5*	1/5	3/5	4/5
15.2.5	Number of PASB country and subregional entities with improved administrative support, physical infrastructure, transport, office equipment, furnishings and information technology equipment as programmed in their Biennial Work Plans	20/29**	25/29	27/29	29/29
15.2.6	Number of PASB country and subregional entities that have implemented policies and plans to improve personnel health and safety in the workplace, including Minimum Operating Safety Standards (MOSS) compliance	20/29**	25/29	27/29	29/29

\* Denominator refers to the number of PASB subregions

\*\* Denominator refers to PASB entities outside WDC: 27 country entities plus 2 subregional entities (CPC and USMBO)

**RER 15.3 Regional health and development mechanisms established, including partnerships, international health and advocacy, to provide more sustained and predictable technical and financial resources for health, in support of the Health Agenda for the Americas.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
15.3.1	Number of countries where PAHO/WHO maintains its leadership or active engagement in health and development partnerships (formal and informal), including those in the context of the United Nations system reform	27/27*	27/27	27/27	27/27
15.3.2	Number of agreements with bilateral and multilateral organizations and other partners, including UN agencies, supporting the Health Agenda for the Americas	0	10	17	25
15.3.3	Percentage of Summit's Declarations reflecting commitment in advancing the Health Agenda for the Americas 2008-2017	N/A	50%	70%	75%
15.3.4	Percentage of country requests for PAHO support to mobilize technical and financial resources from external partners, which PAHO has fulfilled	75%	85%	90%	95%

\* Denominator refers to countries where a PAHO/WHO Representation exists

### BUDGET FOR STRATEGIC OBJECTIVE 15

RER	Region-wide Expected Result (RER)	Total Resources
15.1	Effective leadership and direction of the Organization exercised through the enhancement of governance, and the coherence, accountability and synergy of PAHO/WHO's work to fulfill its mandate in advancing the global, regional, subregional and national health agendas.	22,839,600
15.2	Effective PAHO/WHO country presence established to implement the PAHO/WHO Country Cooperation Strategies (CCS) which are (1) aligned with Member States' national health and development agendas, and (2) harmonized with the United Nations country team and other development partners.	45,292,900
15.3	Regional health and development mechanisms established, including partnerships, international health and advocacy, to provide more sustained and predictable technical and financial resources for health, in support of the Health Agenda for the Americas.	6,752,500
<b>Total Cost for SO15</b>		<b>74,885,000</b>

#### Resources breakdown

	<b>2012-2013</b>
Country	47,708,200
Subregional	4,352,100
Regional	22,824,700
<b>Total</b>	<b>74,885,000</b>



## STRATEGIC OBJECTIVE 16

**To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively**

### Scope

This Strategic Objective covers the services that support the work of the Bureau at all levels, enabling the programmatic work covered under SOs 1-15 to occur efficiently and effectively. It includes strategic and operational planning and budgeting, performance, monitoring and evaluation, coordination and mobilization of resources, management of human and financial resources, organizational learning, legal services, information technology, procurement, operational support and other administrative services.

### REGION-WIDE EXPECTED RESULTS

**RER 16.1 PASB is a results based organization, whose work is guided by strategic and operational plans that build on lessons learned, reflect country and subregional needs, are developed jointly across the Organization, and are effectively used to monitor performance and evaluate results.**

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

\* *Program and Budget*

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

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

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

<b>Ind.</b>	<b>RER Indicator text</b>	<b>Baseline 2007</b>	<b>Target 2009</b>	<b>Target 2011</b>	<b>Target 2013</b>
16.3.1	Percentage of PASB entities with human resources plans approved by Executive Management	15%	75%	98%	100%
16.3.2	Percentage of staff assuming a new position (with competency based post-description) or moving to a new location during a biennium in accordance with HR strategy	15%	50%	70%	75%
16.3.3	Percentage of Selection Committees working with new framework approved by the Executive Management, which includes psychometrical evaluation for key positions	N/A	100%	100%	100%

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

**RER 16.4 Information Systems management strategies, policies and practices in place to ensure reliable, secure and cost-effective solutions, while meeting the changing needs of the PASB.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
16.4.1	Percentage of significant IT-related proposals, projects, and applications managed on a regular basis through portfolio management processes	0%	40%	60%	80%
16.4.2	Level of compliance with service level targets agreed for managed IT-related services	0%	50%	60%	75%
16.4.3	Number of PAHO/WHO country and subregional entities, and Pan American centers using consistent, near real-time management information	35/35*	35/35*	35/35*	35/35*

\* Denominator refers to the 27 country entities, 2 subregional entities and 6 Pan American Centers

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

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
16.5.1	Level of user satisfaction with selected managerial and administrative services (including security, travel, transport, mail services, health services, cleaning and food services) as measured through biennial surveys	Low (satisfaction rated less than 50%)	Medium (satisfaction rated 50%-75%)	High (satisfaction rated over 75%)	High (satisfaction rated over 75%)
16.5.2	Percentage of standard operating procedures utilized by PASB personnel during regional emergencies	0%	50%	75%	100%
16.5.3	Percentage of internal benchmarks met or exceeded for translation services	60%	70%	75%	80%
16.5.4	A new procurement management system, to measure and monitor compliance with procurement best practices, including targeted training, improved statistical reporting, expanded bidder lists, service level agreements and procedural improvements, implemented	N/A	Guiding principles elaborated	Business rules elaborated	Procurement Management System implemented
16.5.5	Percentage of PASB internal requests for legal advice and services acted upon within 10 working days of receipt	70%	90%	95%	100%

**RER 16.6 PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff.**

<b>Ind.</b>	<b>RER Indicator text</b>	<b>Baseline 2007</b>	<b>Target 2009</b>	<b>Target 2011</b>	<b>Target 2013</b>
16.6.1	Corporate performance scorecard implemented	N/A	Scorecard developed	Scorecard implemented	Scorecard implemented
16.6.2	Percentage of contracts under the PASB infrastructure capital plan for approved project(s) for which all work is substantially completed on a timely basis	100%	100%	100%	100%
16.6.3	Percentage of HQ and Pan American Centers physical facilities that have implemented policies and plans to improve personnel health and safety in the workplace, including Minimum Operating Safety Standards (MOSS) compliance	65%	75%	80%	100%
16.6.4	Percentage of PASB regional entities and PAHO Pan American Centers that improve and maintain their physical infrastructure, office equipment, furnishings, information technology equipment and transport, as programmed in their Biennial Work Plans	75%	90%	95%	100%
16.6.5	Number of HR policies and practices that address work-life balance, health and safety of the PAHO workforce have been developed and implemented	2	6	10	14
16.6.6	New HR performance planning and evaluation system which enables effective performance management and integrated with PAHO Strategic Plan implemented	N/A	Software purchased and implementation plan in place	Implementation in all PAHO entities linked to Staff Development plans	360 degree evaluations implemented

## BUDGET FOR STRATEGIC OBJECTIVE 16

RER	Region-wide Expected Result (RER)	Total Resources
16.1	PASB is a results based organization, whose work is guided by strategic and operational plans that build on lessons learned, reflect country and subregional needs, are developed jointly across the Organization, and are effectively used to monitor performance and evaluate results.	8,208,200
16.2	Monitoring and mobilization of financial resources strengthened to ensure implementation of the Program and Budget, including enhancement of sound financial practices and efficient management of financial resources.	17,354,800
16.3	Human resource policies and practices promote (a) attracting and retaining qualified people with competencies required by the Organization, (b) effective and equitable performance and human resource management, (c) staff development and (d) ethical behavior.	9,950,700
16.4	Information systems management strategies, policies and practices in place to ensure reliable, secure and cost-effective solutions, while meeting the changing needs of the PASB.	15,815,100
16.5	Managerial and administrative support services, including procurement, strengthened to enable the effective and efficient functioning of the Organization.	19,188,900
16.6	PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff.	14,482,300
<b>Total Cost for SO16</b>		<b>85,000,000</b>

### Resources breakdown

	<b>2012-2013</b>
Country	981,900
Subregional	1,433,000
Regional	82,585,100
<b>Total</b>	<b>85,000,000</b>

## **SUBREGIONAL LEVEL**

*This programmatic level was officially established and introduced for the 2006-2007 biennium as stipulated in the PAHO Regional Program and Budget Policy approved by the 45th Directing Council (September 2004). The subregional technical cooperation programs serve as support to the health plans of the various subregional integration processes in the Americas: the Caribbean Community (CARICOM); the Central American Integration System (SICA); the Southern Common Market (MERCOSUR); and the Andean Community of Nations (CAN).*

*Correspondingly, this section includes the resources allocated to the Biennial **Work Plans** of the different subregions. In addition, funding is provided to the following established subregional offices: the Office for Caribbean Program Coordination (located in Bridgetown, Barbados); the PAHO/WHO Representation of the Eastern Caribbean Countries; the Caribbean Food and Nutrition Institute (CFNI); the Caribbean Epidemiology Center (CAREC); and the Institute of Nutrition of Central America and Panama (INCAP). Funding is also provided in support of the United States/Mexico Border Health Office (located in El Paso, Texas).*

*Budget estimates for this section reflect the completion of the first phase of the operational planning for the 2012-2013 period for each subregional entity. As such, some minor adjustments may be needed for the final proposal that will be presented to the 51st Directing Council for approval.*

## ANDEAN Subregion

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	61,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	15,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	0
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	20,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	38,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	18,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	35,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	0
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	97,000
SO.10	To improve the organization, management and delivery of health services	0
SO.11	To strengthen leadership, governance and the evidence base of health systems	82,500
SO.12	To ensure improved access, quality and use of medical products and technologies	65,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	458,600
SO.14	To extend social protection through fair, adequate and sustainable financing	41,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	51,000
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	55,700
<b>Total Resources</b>		<b>1,037,800</b>

## CARIBBEAN SUBREGION

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	5,615,600
SO.02	To combat HIV/AIDS, tuberculosis and malaria	737,800
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	1,389,500
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	0
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	135,700
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	468,400
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	178,400
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	683,500
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	4,820,500
SO.10	To improve the organization, management and delivery of health services	259,900
SO.11	To strengthen leadership, governance and the evidence base of health systems	1,410,000
SO.12	To ensure improved access, quality and use of medical products and technologies	1,619,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	915,100
SO.14	To extend social protection through fair, adequate and sustainable financing	155,800
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	3,359,400
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	4,767,000
<b>Total Resources</b>		<b>17,637,800</b>



**CENTRAL AMERICAN SUBREGION**

<b>SO</b>	<b>Strategic Objectives</b>	<b>Total Resources</b>
SO.01	To reduce the health, social and economic burden of communicable diseases	0
SO.02	To combat HIV/AIDS, tuberculosis and malaria	145,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	35,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	85,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	20,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	0
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	50,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	637,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	1,792,000
SO.10	To improve the organization, management and delivery of health services	0
SO.11	To strengthen leadership, governance and the evidence base of health systems	0
SO.12	To ensure improved access, quality and use of medical products and technologies	260,300
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	424,300
SO.14	To extend social protection through fair, adequate and sustainable financing	0
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	126,000
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>3,574,800</b>

## SOUTHERN CONE SUBREGION

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	90,700
SO.02	To combat HIV/AIDS, tuberculosis and malaria	0
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	0
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	9,400
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	6,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	9,500
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	31,600
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	61,700
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	11,100
SO.10	To improve the organization, management and delivery of health services	0
SO.11	To strengthen leadership, governance and the evidence base of health systems	97,100
SO.12	To ensure improved access, quality and use of medical products and technologies	146,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	358,900
SO.14	To extend social protection through fair, adequate and sustainable financing	43,600
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	67,600
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>933,200</b>

**UNITED STATES/MEXICO BORDER FIELD OFFICE**

<b>SO</b>	<b>Strategic Objectives</b>	<b>Total Resources</b>
SO.01	To reduce the health, social and economic burden of communicable diseases	190,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	70,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	1,415,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	0
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	40,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	200,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	175,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	20,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	0
SO.10	To improve the organization, management and delivery of health services	0
SO.11	To strengthen leadership, governance and the evidence base of health systems	285,520
SO.12	To ensure improved access, quality and use of medical products and technologies	0
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	350,000
SO.14	To extend social protection through fair, adequate and sustainable financing	0
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	1,284,930
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	1,288,050
<b>Total Resources</b>		<b>5,318,500</b>

## COUNTRY LEVEL

*The country technical cooperation plans are prepared together with the national authorities and other counterparts of the health sector in each country. These Biennial Work Plans respond to the national health status and to the directives of the national health agendas, as well as to the country cooperation strategies agreed upon with the Member States (in those countries where the Country Cooperation Strategy [CCS] has been developed). The subregional, regional and global commitments and mandates are also taken into account, in particular, the Health Agenda for the Americas.*

*In preparation of the Biennial Work Plans, a results based management approach is taken, identifying first the priority issues or problem areas and their respective causes, followed by the identification of the areas of intervention on the basis of the resources and problem-solving ability of the Pan American Sanitary Bureau as well as the participation of other stakeholders or interested parties. Finally, interventions expressed as Office-Specific Expected Results, are created and linked to the Region-wide Expected Results and Strategic Objectives of the Strategic Plan of PAHO 2008-2012.*

*In this section a budget table by strategic objective is presented for each country. The budget allocated to each strategic objective is indicative of the investment required to address each of the priority areas. Additional programmatic information, including the situation analysis in the country, the technical cooperation strategy, and the specific activities required to achieve the expected results, are available in the individual biennial work plans of PAHO/WHO country offices.*

*Budget estimates for this section reflect the completion of the first phase of the operational planning for the 2012-2013 period for each country office. As such, some minor adjustments may be needed for the final proposal that will be presented to the 51st Directing Council for approval.*

## ANTIGUA AND BARBUDA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	38,900
SO.02	To combat HIV/AIDS, tuberculosis and malaria	40,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	54,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	49,600
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	4,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	11,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	6,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	19,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	4,000
SO.10	To improve the organization, management and delivery of health services	37,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	8,000
SO.12	To ensure improved access, quality and use of medical products and technologies	6,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	61,000
SO.14	To extend social protection through fair, adequate and sustainable financing	5,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	301,200
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>644,700</b>

## ARGENTINA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	375,500
SO.02	To combat HIV/AIDS, tuberculosis and malaria	206,600
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	233,700
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	250,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	82,800
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	265,900
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	129,800
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	244,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	88,000
SO.10	To improve the organization, management and delivery of health services	201,800
SO.11	To strengthen leadership, governance and the evidence base of health systems	346,600
SO.12	To ensure improved access, quality and use of medical products and technologies	126,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	0
SO.14	To extend social protection through fair, adequate and sustainable financing	161,300
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	2,234,700
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>4,946,400</b>

## BAHAMAS

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	137,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	114,700
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	42,700
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	0
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	79,300
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	0
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	0
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	60,400
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	0
SO.10	To improve the organization, management and delivery of health services	121,600
SO.11	To strengthen leadership, governance and the evidence base of health systems	53,500
SO.12	To ensure improved access, quality and use of medical products and technologies	18,800
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	50,600
SO.14	To extend social protection through fair, adequate and sustainable financing	44,100
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	158,100
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>881,700</b>

## BARBADOS

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	63,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	32,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	54,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	10,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	4,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	13,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	6,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	263,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	10,000
SO.10	To improve the organization, management and delivery of health services	43,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	12,000
SO.12	To ensure improved access, quality and use of medical products and technologies	8,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	92,000
SO.14	To extend social protection through fair, adequate and sustainable financing	22,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	193,000
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>825,000</b>



## BELIZE

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	156,400
SO.02	To combat HIV/AIDS, tuberculosis and malaria	187,900
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	107,900
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	16,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	102,600
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	14,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	23,400
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	41,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	43,500
SO.10	To improve the organization, management and delivery of health services	147,300
SO.11	To strengthen leadership, governance and the evidence base of health systems	91,000
SO.12	To ensure improved access, quality and use of medical products and technologies	118,800
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	87,400
SO.14	To extend social protection through fair, adequate and sustainable financing	247,400
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	803,500
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>2,188,200</b>

## BOLIVIA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	1,234,600
SO.02	To combat HIV/AIDS, tuberculosis and malaria	586,700
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	285,800
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	514,400
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	150,100
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	152,100
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	35,400
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	179,700
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	130,100
SO.10	To improve the organization, management and delivery of health services	248,300
SO.11	To strengthen leadership, governance and the evidence base of health systems	496,600
SO.12	To ensure improved access, quality and use of medical products and technologies	120,200
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	83,000
SO.14	To extend social protection through fair, adequate and sustainable financing	187,200
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	3,292,200
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>7,697,000</b>

## BRAZIL

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	150,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	1,400,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	0
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	0
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	0
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	1,550,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	5,000,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	0
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	0
SO.10	To improve the organization, management and delivery of health services	0
SO.11	To strengthen leadership, governance and the evidence base of health systems	0
SO.12	To ensure improved access, quality and use of medical products and technologies	0
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	0
SO.14	To extend social protection through fair, adequate and sustainable financing	0
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	2,700,000
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	1,300,000
<b>Total Resources</b>		<b>12,100,000</b>

## CANADA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	138,300
SO.02	To combat HIV/AIDS, tuberculosis and malaria	0
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	138,300
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	0
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	0
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	0
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	0
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	0
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	138,300
SO.10	To improve the organization, management and delivery of health services	138,300
SO.11	To strengthen leadership, governance and the evidence base of health systems	0
SO.12	To ensure improved access, quality and use of medical products and technologies	0
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	0
SO.14	To extend social protection through fair, adequate and sustainable financing	0
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	0
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>553,200</b>

## CHILE

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	240,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	223,400
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	384,800
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	40,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	80,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	344,800
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	153,700
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	0
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	80,000
SO.10	To improve the organization, management and delivery of health services	323,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	229,300
SO.12	To ensure improved access, quality and use of medical products and technologies	140,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	195,600
SO.14	To extend social protection through fair, adequate and sustainable financing	155,600
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	2,595,300
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	20,000
<b>Total Resources</b>		<b>5,205,500</b>

## COLOMBIA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	1,465,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	753,800
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	403,400
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	1,226,300
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	3,733,300
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	854,400
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	10,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	368,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	146,000
SO.10	To improve the organization, management and delivery of health services	1,004,800
SO.11	To strengthen leadership, governance and the evidence base of health systems	113,300
SO.12	To ensure improved access, quality and use of medical products and technologies	95,300
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	59,300
SO.14	To extend social protection through fair, adequate and sustainable financing	0
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	1,741,100
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>11,974,200</b>

## COSTA RICA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	226,300
SO.02	To combat HIV/AIDS, tuberculosis and malaria	286,800
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	274,200
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	242,600
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	294,300
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	141,800
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	549,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	207,200
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	178,800
SO.10	To improve the organization, management and delivery of health services	266,200
SO.11	To strengthen leadership, governance and the evidence base of health systems	156,300
SO.12	To ensure improved access, quality and use of medical products and technologies	57,800
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	169,300
SO.14	To extend social protection through fair, adequate and sustainable financing	58,800
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	696,600
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>3,805,900</b>

## CUBA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	270,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	105,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	200,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	195,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	170,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	165,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	40,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	200,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	310,000
SO.10	To improve the organization, management and delivery of health services	820,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	193,000
SO.12	To ensure improved access, quality and use of medical products and technologies	135,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	120,000
SO.14	To extend social protection through fair, adequate and sustainable financing	30,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	1,237,000
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>4,190,000</b>



## DOMINICA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	40,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	22,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	46,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	17,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	14,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	16,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	5,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	22,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	10,000
SO.10	To improve the organization, management and delivery of health services	34,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	18,000
SO.12	To ensure improved access, quality and use of medical products and technologies	8,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	89,000
SO.14	To extend social protection through fair, adequate and sustainable financing	6,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	317,600
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>664,600</b>

## DOMINICAN REPUBLIC

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	783,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	391,500
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	333,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	927,500
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	340,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	298,500
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	426,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	364,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	98,200
SO.10	To improve the organization, management and delivery of health services	546,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	444,300
SO.12	To ensure improved access, quality and use of medical products and technologies	230,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	242,500
SO.14	To extend social protection through fair, adequate and sustainable financing	60,500
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	1,631,400
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>7,116,400</b>

## ECUADOR

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	1,038,600
SO.02	To combat HIV/AIDS, tuberculosis and malaria	939,200
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	706,100
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	637,800
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	372,200
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	293,200
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	235,800
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	449,700
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	226,500
SO.10	To improve the organization, management and delivery of health services	488,500
SO.11	To strengthen leadership, governance and the evidence base of health systems	561,400
SO.12	To ensure improved access, quality and use of medical products and technologies	140,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	359,000
SO.14	To extend social protection through fair, adequate and sustainable financing	198,200
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	2,282,300
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>8,928,300</b>

## EL SALVADOR

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	991,900
SO.02	To combat HIV/AIDS, tuberculosis and malaria	212,400
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	537,100
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	61,800
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	168,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	53,300
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	245,700
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	646,300
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	665,500
SO.10	To improve the organization, management and delivery of health services	352,600
SO.11	To strengthen leadership, governance and the evidence base of health systems	431,700
SO.12	To ensure improved access, quality and use of medical products and technologies	67,400
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	160,000
SO.14	To extend social protection through fair, adequate and sustainable financing	221,100
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	1,358,400
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>6,173,200</b>

## FRANCE: FRENCH DEPARTMENTS IN THE AMERICAS

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	92,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	55,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	10,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	25,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	10,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	0
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	0
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	0
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	0
SO.10	To improve the organization, management and delivery of health services	25,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	45,000
SO.12	To ensure improved access, quality and use of medical products and technologies	0
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	0
SO.14	To extend social protection through fair, adequate and sustainable financing	0
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	70,000
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>332,000</b>

## GRENADA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	49,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	22,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	68,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	21,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	8,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	5,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	10,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	28,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	6,000
SO.10	To improve the organization, management and delivery of health services	41,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	10,000
SO.12	To ensure improved access, quality and use of medical products and technologies	0
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	104,000
SO.14	To extend social protection through fair, adequate and sustainable financing	17,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	325,600
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>714,600</b>

## GUATEMALA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	564,700
SO.02	To combat HIV/AIDS, tuberculosis and malaria	1,140,900
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	478,900
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	1,217,800
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	720,700
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	107,400
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	492,500
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	2,370,900
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	324,600
SO.10	To improve the organization, management and delivery of health services	1,710,400
SO.11	To strengthen leadership, governance and the evidence base of health systems	246,900
SO.12	To ensure improved access, quality and use of medical products and technologies	106,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	265,000
SO.14	To extend social protection through fair, adequate and sustainable financing	30,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	2,977,600
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	30,000
<b>Total Resources</b>		<b>12,784,300</b>

## GUYANA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	258,300
SO.02	To combat HIV/AIDS, tuberculosis and malaria	1,003,900
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	213,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	488,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	184,900
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	200,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	51,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	518,200
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	338,900
SO.10	To improve the organization, management and delivery of health services	228,600
SO.11	To strengthen leadership, governance and the evidence base of health systems	225,000
SO.12	To ensure improved access, quality and use of medical products and technologies	81,700
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	127,500
SO.14	To extend social protection through fair, adequate and sustainable financing	94,400
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	1,105,400
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>5,118,900</b>



## HAITI

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	24,186,100
SO.02	To combat HIV/AIDS, tuberculosis and malaria	3,248,400
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	1,848,100
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	5,295,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	5,163,600
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	712,900
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	0
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	12,733,200
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	0
SO.10	To improve the organization, management and delivery of health services	13,812,400
SO.11	To strengthen leadership, governance and the evidence base of health systems	3,747,400
SO.12	To ensure improved access, quality and use of medical products and technologies	13,977,600
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	1,412,400
SO.14	To extend social protection through fair, adequate and sustainable financing	506,100
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	4,246,100
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>90,889,400</b>

## HONDURAS

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	1,922,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	649,500
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	416,900
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	730,900
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	365,300
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	96,200
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	365,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	737,200
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	302,200
SO.10	To improve the organization, management and delivery of health services	1,311,600
SO.11	To strengthen leadership, governance and the evidence base of health systems	343,900
SO.12	To ensure improved access, quality and use of medical products and technologies	230,500
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	162,600
SO.14	To extend social protection through fair, adequate and sustainable financing	202,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	2,080,600
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>9,916,100</b>

## JAMAICA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	153,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	173,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	376,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	41,300
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	244,300
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	173,900
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	79,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	188,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	69,100
SO.10	To improve the organization, management and delivery of health services	188,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	74,200
SO.12	To ensure improved access, quality and use of medical products and technologies	39,900
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	77,200
SO.14	To extend social protection through fair, adequate and sustainable financing	17,100
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	1,124,200
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>3,018,300</b>

## MEXICO

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	1,109,300
SO.02	To combat HIV/AIDS, tuberculosis and malaria	348,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	1,635,100
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	386,300
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	218,700
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	545,900
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	329,100
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	355,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	307,100
SO.10	To improve the organization, management and delivery of health services	184,800
SO.11	To strengthen leadership, governance and the evidence base of health systems	314,200
SO.12	To ensure improved access, quality and use of medical products and technologies	140,900
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	234,800
SO.14	To extend social protection through fair, adequate and sustainable financing	110,900
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	3,785,600
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>10,005,800</b>

## NETHERLANDS: THE NETHERLANDS ANTILLES

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	14,800
SO.02	To combat HIV/AIDS, tuberculosis and malaria	0
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	0
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	4,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	0
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	39,700
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	0
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	0
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	0
SO.10	To improve the organization, management and delivery of health services	13,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	0
SO.12	To ensure improved access, quality and use of medical products and technologies	0
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	0
SO.14	To extend social protection through fair, adequate and sustainable financing	0
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	0
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>71,500</b>

## NICARAGUA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	1,523,500
SO.02	To combat HIV/AIDS, tuberculosis and malaria	622,200
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	432,800
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	1,164,100
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	402,600
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	201,700
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	300,600
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	966,100
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	170,000
SO.10	To improve the organization, management and delivery of health services	1,105,900
SO.11	To strengthen leadership, governance and the evidence base of health systems	588,500
SO.12	To ensure improved access, quality and use of medical products and technologies	257,040
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	310,600
SO.14	To extend social protection through fair, adequate and sustainable financing	63,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	1,439,900
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	23,000
<b>Total Resources</b>		<b>9,571,800</b>

## PANAMA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	462,900
SO.02	To combat HIV/AIDS, tuberculosis and malaria	242,300
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	633,700
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	312,200
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	175,500
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	9,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	168,200
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	2,435,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	110,000
SO.10	To improve the organization, management and delivery of health services	229,200
SO.11	To strengthen leadership, governance and the evidence base of health systems	101,000
SO.12	To ensure improved access, quality and use of medical products and technologies	198,400
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	51,700
SO.14	To extend social protection through fair, adequate and sustainable financing	101,588
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	1,392,300
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>6,622,900</b>

## PARAGUAY

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	957,800
SO.02	To combat HIV/AIDS, tuberculosis and malaria	96,600
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	253,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	190,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	123,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	209,400
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	119,900
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	396,800
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	195,900
SO.10	To improve the organization, management and delivery of health services	459,400
SO.11	To strengthen leadership, governance and the evidence base of health systems	285,000
SO.12	To ensure improved access, quality and use of medical products and technologies	92,400
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	126,700
SO.14	To extend social protection through fair, adequate and sustainable financing	88,700
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	1,523,300
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	216,100
<b>Total Resources</b>		<b>5,333,700</b>



**PERU**

<b>SO</b>	<b>Strategic Objectives</b>	<b>Total Resources</b>
SO.01	To reduce the health, social and economic burden of communicable diseases	1,328,900
SO.02	To combat HIV/AIDS, tuberculosis and malaria	781,200
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	1,251,400
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	626,100
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	411,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	376,300
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	346,100
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	604,800
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	776,100
SO.10	To improve the organization, management and delivery of health services	391,300
SO.11	To strengthen leadership, governance and the evidence base of health systems	518,200
SO.12	To ensure improved access, quality and use of medical products and technologies	110,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	866,600
SO.14	To extend social protection through fair, adequate and sustainable financing	70,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	3,122,500
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>11,580,700</b>

**PUERTO RICO**

<b>SO</b>	<b>Strategic Objectives</b>	<b>Total Resources</b>
SO.01	To reduce the health, social and economic burden of communicable diseases	64,800
SO.02	To combat HIV/AIDS, tuberculosis and malaria	0
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	3,100
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	0
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	0
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	0
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	26,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	0
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	0
SO.10	To improve the organization, management and delivery of health services	0
SO.11	To strengthen leadership, governance and the evidence base of health systems	31,000
SO.12	To ensure improved access, quality and use of medical products and technologies	0
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	18,100
SO.14	To extend social protection through fair, adequate and sustainable financing	13,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	26,000
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>182,000</b>

## SAINT KITTS AND NEVIS

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	71,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	36,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	53,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	14,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	9,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	17,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	0
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	26,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	4,000
SO.10	To improve the organization, management and delivery of health services	25,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	5,000
SO.12	To ensure improved access, quality and use of medical products and technologies	5,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	54,000
SO.14	To extend social protection through fair, adequate and sustainable financing	9,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	328,700
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>656,700</b>

## SAINT LUCIA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	41,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	54,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	42,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	28,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	29,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	18,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	6,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	28,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	10,000
SO.10	To improve the organization, management and delivery of health services	39,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	32,000
SO.12	To ensure improved access, quality and use of medical products and technologies	0
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	77,000
SO.14	To extend social protection through fair, adequate and sustainable financing	15,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	326,700
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>745,700</b>

## SAINT VINCENT AND THE GRENADINES

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	41,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	61,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	51,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	25,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	6,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	11,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	5,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	22,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	4,000
SO.10	To improve the organization, management and delivery of health services	45,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	12,000
SO.12	To ensure improved access, quality and use of medical products and technologies	8,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	88,000
SO.14	To extend social protection through fair, adequate and sustainable financing	20,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	338,700
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>737,700</b>

## SURINAME

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	221,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	57,100
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	537,700
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	166,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	93,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	75,600
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	77,500
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	184,900
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	157,100
SO.10	To improve the organization, management and delivery of health services	53,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	132,600
SO.12	To ensure improved access, quality and use of medical products and technologies	79,600
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	85,600
SO.14	To extend social protection through fair, adequate and sustainable financing	68,100
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	419,700
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	227,600
<b>Total Resources</b>		<b>2,636,100</b>

## TRINIDAD AND TOBAGO

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	227,100
SO.02	To combat HIV/AIDS, tuberculosis and malaria	122,800
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	196,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	85,600
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	65,500
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	61,500
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	52,400
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	28,800
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	0
SO.10	To improve the organization, management and delivery of health services	124,700
SO.11	To strengthen leadership, governance and the evidence base of health systems	232,500
SO.12	To ensure improved access, quality and use of medical products and technologies	88,500
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	65,500
SO.14	To extend social protection through fair, adequate and sustainable financing	36,200
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	1,162,800
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>2,549,900</b>

**UNITED KINGDOM: ANGUILLA, THE BRITISH VIRGIN ISLANDS AND MONTSERRAT**

<b>SO</b>	<b>Strategic Objectives</b>	<b>Total Resources</b>
SO.01	To reduce the health, social and economic burden of communicable diseases	63,900
SO.02	To combat HIV/AIDS, tuberculosis and malaria	40,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	72,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	37,700
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	5,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	9,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	17,400
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	22,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	5,000
SO.10	To improve the organization, management and delivery of health services	22,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	6,000
SO.12	To ensure improved access, quality and use of medical products and technologies	10,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	28,000
SO.14	To extend social protection through fair, adequate and sustainable financing	5,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	375,500
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>718,500</b>



**UNITED KINGDOM: BERMUDA AND THE CAYMAN ISLANDS**

<b>SO</b>	<b>Strategic Objectives</b>	<b>Total Resources</b>
SO.01	To reduce the health, social and economic burden of communicable diseases	17,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	26,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	28,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	0
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	18,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	0
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	0
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	24,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	0
SO.10	To improve the organization, management and delivery of health services	5,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	10,000
SO.12	To ensure improved access, quality and use of medical products and technologies	0
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	0
SO.14	To extend social protection through fair, adequate and sustainable financing	0
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	20,000
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>148,000</b>

## UNITED KINGDOM: TURKS AND CAICOS

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	43,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	12,500
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	12,500
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	0
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	44,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	0
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	0
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	12,500
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	0
SO.10	To improve the organization, management and delivery of health services	12,500
SO.11	To strengthen leadership, governance and the evidence base of health systems	0
SO.12	To ensure improved access, quality and use of medical products and technologies	12,500
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	0
SO.14	To extend social protection through fair, adequate and sustainable financing	0
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	0
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>149,500</b>

## UNITED STATES OF AMERICA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	90.300
SO.02	To combat HIV/AIDS, tuberculosis and malaria	0
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	90.300
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	0
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	90.300
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	0
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	0
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	0
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	0
SO.10	To improve the organization, management and delivery of health services	0
SO.11	To strengthen leadership, governance and the evidence base of health systems	0
SO.12	To ensure improved access, quality and use of medical products and technologies	0
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	90.300
SO.14	To extend social protection through fair, adequate and sustainable financing	0
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	0
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>361,200</b>

## URUGUAY

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	314,800
SO.02	To combat HIV/AIDS, tuberculosis and malaria	53,100
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	186,600
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	119,100
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	111,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	147,500
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	214,300
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	49,200
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	13,300
SO.10	To improve the organization, management and delivery of health services	148,800
SO.11	To strengthen leadership, governance and the evidence base of health systems	293,500
SO.12	To ensure improved access, quality and use of medical products and technologies	81,800
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	145,900
SO.14	To extend social protection through fair, adequate and sustainable financing	159,800
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	1,329,500
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>3,368,200</b>

## VENEZUELA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	1,245,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	235,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	60,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	942,400
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	50,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	105,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	40,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	0
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	25,000
SO.10	To improve the organization, management and delivery of health services	105,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	75,000
SO.12	To ensure improved access, quality and use of medical products and technologies	25,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	65,000
SO.14	To extend social protection through fair, adequate and sustainable financing	35,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	1,737,400
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	0
<b>Total Resources</b>		<b>4,744,800</b>

## Annex 1

<b>Forty-year History of the PAHO/WHO Regular Budget</b>								
	PAHO			AMRO Share			Total PAHO/WHO	
Budget Period	Amount	% of Total	% Increase	Amount	% of Total	% Increase	Amount	% Increase
1974-1975	45,175,329	68.8		20,495,900	31.2		65,671,229	
1976-1977	55,549,020	69.3	23.0	24,570,200	30.7	19.9	80,119,220	22.0
1978-1979	64,849,990	67.8	16.7	30,771,500	32.2	25.2	95,621,490	19.3
1980-1981	76,576,000	67.1	18.1	37,566,200	32.9	22.1	114,142,200	19.4
1982-1983	90,320,000	67.2	17.9	44,012,000	32.8	17.2	134,332,000	17.7
1984-1985	103,959,000	67.2	15.1	50,834,000	32.8	5.5	154,793,000	15.2
1986-1987	112,484,000	66.0	8.2	57,856,000	34.0	13.8	170,340,000	10.0
1988-1989	121,172,000	66.8	7.7	60,161,000	33.2	4.0	181,333,000	6.5
1990-1991	130,023,000	66.7	7.3	65,027,000	33.3	8.1	195,050,000	7.6
1992-1993	152,576,000	68.1	17.3	71,491,000	31.9	9.9	224,067,000	14.9
1994-1995	164,466,000	67.3	7.8	79,794,000	32.7	11.6	244,260,000	9.0
1996-1997	168,578,000	67.9	2.5	79,794,000	32.1	0.0	248,372,000	1.7
1998-1999	168,578,000	67.1	0.0	82,686,000	32.9	3.6	251,264,000	1.2
2000-2001	177,136,000	69.1	5.1	79,109,000	30.9	-4.3	256,245,000	2.0
2002-2003	186,800,000	71.4	5.5	74,682,000	28.6	-5.6	261,482,000	2.0
2004-2005	186,800,000	72.0	0.0	72,730,000	28.0	-2.6	259,530,000	- 0.7
2006-2007	187,800,000	70.7	0.5	77,768,000	29.3	6.9	265,568,000	2.3
2008-2009	197,566,000	70.1	3.9	81,501,000	29.2	4.8	279,067,000	4.8
2010-2011	206,400,000	71.9	4.5	80,700,000	28.1	-1.0	287,100,000	2.9
2012-2013*	206,400,000	71.9	0.0	80,700,000	27.4	0.0	287,100,000	0.0

\*Proposed

### Proposed Program and Budget 2012-2013: Comparison with 2010-2011 (Base Programs)

Ranking*	SO Description		2010-2011 Baseline	2012-2013 Proposed Budget	% Change
			PAHO/WHO	PAHO/WHO	
2	SO1	To reduce the health, social and economic burden of communicable diseases	87,885,000	87,436,000	-0.5%
3	SO2	To combat HIV/AIDS, tuberculosis and malaria	75,059,000	53,848,000	-28.3%
4	SO3	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	31,944,000	34,892,000	9.2%
1	SO4	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	37,132,000	41,095,000	10.7%
13	SO5	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	34,981,000	33,591,000	-4.0%
9	SO6	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	15,962,000	16,390,000	2.7%
5	SO7	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	20,960,000	22,033,000	5.1%
8	SO8	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	24,934,000	25,830,000	3.6%
14	SO9	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	20,941,000	21,968,000	4.9%
7	SO10	To improve the organization, management and delivery of health services	39,960,000	38,517,000	-3.6%
11	SO11	To strengthen leadership, governance and the evidence base of health systems	42,842,000	42,284,000	-1.3%
12	SO12	To ensure improved access, quality and use of medical products and technologies	18,963,000	19,319,000	1.9%
6	SO13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	19,954,000	20,952,000	5.0%
10	SO14	To extend social protection through fair, adequate and sustainable financing	10,274,000	10,043,000	-2.2%
**	SO15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	74,885,000	74,475,000	-0.5%
**	SO16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	86,275,000	84,052,000	-2.6%
<b>TOTAL</b>			<b>642,951,000</b>	<b>626,725,000</b>	<b>-2.5%</b>

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

\*\* These SOs are not ranked because they correspond to the enabling functions of the Organization.

### Proposed Program and Budget 2012-2013: by Funding Source (Base Programs)

Ranking*	SO Description	Regular Budget	Other Sources	2012-2013 Proposed Budget	%
2	SO1 To reduce the health, social and economic burden of communicable diseases	23,302,000	64,134,000	87,436,000	14.0%
3	SO2 To combat HIV/AIDS, tuberculosis and malaria	6,524,000	47,324,000	53,848,000	8.6%
4	SO3 To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	11,700,000	23,192,000	34,892,000	5.6%
1	SO4 To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	11,694,000	29,401,000	41,095,000	6.6%
13	SO5 To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	4,500,000	29,091,000	33,591,000	5.4%
9	SO6 To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	7,811,000	8,579,000	16,390,000	2.6%
5	SO7 To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	8,068,000	13,965,000	22,033,000	3.5%
8	SO8 To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	11,800,000	14,030,000	25,830,000	4.1%
14	SO9 To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	10,825,000	11,143,000	21,968,000	3.5%
7	SO10 To improve the organization, management and delivery of health services	8,311,000	30,206,000	38,517,000	6.1%
11	SO11 To strengthen leadership, governance and the evidence base of health systems	30,600,000	11,684,000	42,284,000	6.7%
12	SO12 To ensure improved access, quality and use of medical products and technologies	7,165,000	12,154,000	19,319,000	3.1%
6	SO13 To ensure an available, competent, responsive and productive health workforce to improve health outcomes	9,505,000	11,447,000	20,952,000	3.3%
10	SO14 To extend social protection through fair, adequate and sustainable financing	5,207,000	4,836,000	10,043,000	1.6%
**	SO15 To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	65,885,000	8,590,000	74,475,000	11.9%
**	SO16 To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	64,203,000	19,849,000	84,052,000	13.4%
<b>TOTAL</b>		<b>287,100,000</b>	<b>339,625,000</b>	<b>626,725,000</b>	<b>100.0%</b>

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

\*\* These SOs are not ranked because they correspond to the enabling functions of the Organization.



### Proposed Program and Budget 2012-2013: by Segment (Base Programs)

Ranking*	SO Description	Base Programs	Outbreak Crisis and Responses	Government Financed internal Projects	Total	%
2	SO1 To reduce the health, social and economic burden of communicable diseases	87,436,000	7,000,000	18,254,700	112,690,700	14.2%
3	SO2 To combat HIV/AIDS, tuberculosis and malaria	53,848,000		9,781,100	63,629,100	8.0%
4	SO3 To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	34,892,000		7,276,400	42,168,400	5.3%
1	SO4 To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	41,095,000		9,831,700	50,926,700	6.4%
13	SO5 To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	33,591,000	15,000,000	1,030,000	49,621,000	6.2%
9	SO6 To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	16,390,000		3,880,900	20,270,900	2.5%
5	SO7 To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	22,033,000		5,978,200	28,011,200	3.5%
8	SO8 To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	25,830,000		5,862,000	31,692,000	4.0%
14	SO9 To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	21,968,000		5,390,000	27,358,000	3.4%
7	SO10 To improve the organization, management and delivery of health	38,517,000		10,930,300	49,447,300	6.2%
11	SO11 To strengthen leadership, governance and the evidence base of health systems	42,284,000		26,243,300	68,527,300	8.6%
12	SO12 To ensure improved access, quality and use of medical products and technologies	19,319,000		17,145,000	36,464,000	4.6%
6	SO13 To ensure an available, competent, responsive and productive health workforce to improve health outcomes	20,952,000		18,463,000	39,415,000	5.0%
10	SO14 To extend social protection through fair, adequate and sustainable financing	10,043,000		1,430,000	11,473,000	1.4%
**	SO15 To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	74,475,000		5,994,100	80,469,100	10.1%
**	SO16 To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	84,052,000			84,052,000	10.6%
<b>TOTAL</b>		<b>626,725,000</b>	<b>22,000,000</b>	<b>147,490,700</b>	<b>796,215,700</b>	<b>100%</b>

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

\*\* These SOs are not ranked because they correspond to the enabling functions of the Organization.

## Regional Program Budget Policy: Adaptation for Biennium 2012-2013

### Regional Program Budget Policy: Phase-in Schedule over three Biennia and proposed distribution for biennium 2012-2013

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

	Phase-in period			biennium 2012-2013
	1st biennium 2006-2007	2nd biennium 2008-2009	3rd biennium 2010-2011	
			a/	
Antigua and Barbuda	0.26%	0.36%	0.46%	<b>0.46%</b>
Argentina	3.89%	3.56%	3.23%	<b>3.23%</b>
Bahamas	1.21%	1.02%	0.83%	<b>0.83%</b>
Barbados	0.67%	0.62%	0.56%	<b>0.56%</b>
Belize	1.03%	0.87%	0.70%	<b>0.70%</b>
Bolivia	4.70%	4.80%	4.90%	<b>4.90%</b>
Brazil	9.19%	9.65%	10.10%	<b>10.10%</b>
Canada	0.72%	0.60%	0.49%	<b>0.49%</b>
Chile	2.26%	2.22%	2.19%	<b>2.19%</b>
Colombia	4.25%	4.16%	4.07%	<b>4.07%</b>
Costa Rica	2.69%	2.26%	1.83%	<b>1.83%</b>
Cuba	2.79%	3.27%	3.75%	<b>3.75%</b>
Dominica	0.34%	0.43%	0.51%	<b>0.51%</b>
Dominican Republic	3.27%	3.31%	3.35%	<b>3.35%</b>
Ecuador	4.58%	5.22%	5.87%	<b>5.87%</b>
El Salvador	3.05%	3.00%	2.94%	<b>2.94%</b>
France (French Department in the Americas)	0.20%	0.26%	0.32%	<b>0.32%</b>
Grenada	0.31%	0.47%	0.62%	<b>0.62%</b>
Guatemala	5.10%	5.43%	5.76%	<b>5.76%</b>
Guyana	1.91%	1.91%	1.91%	<b>1.91%</b>
Haiti	4.98%	4.98%	4.98%	<b>4.98%</b>
Honduras	4.05%	4.22%	4.39%	<b>4.39%</b>
Jamaica	2.73%	2.29%	1.86%	<b>1.86%</b>
Mexico	6.31%	6.18%	6.05%	<b>6.05%</b>
Netherlands (The Netherlands Antilles)	0.23%	0.27%	0.32%	<b>0.32%</b>
Nicaragua	3.25%	3.59%	3.93%	<b>3.93%</b>
Panama	2.09%	1.75%	1.42%	<b>1.42%</b>
Paraguay	2.82%	2.82%	2.82%	<b>2.82%</b>
Peru	5.64%	5.65%	5.67%	<b>5.67%</b>
Puerto Rico	0.20%	0.18%	0.16%	<b>0.16%</b>
Saint Kitts and Nevis	0.25%	0.33%	0.41%	<b>0.41%</b>
Saint Lucia	0.30%	0.45%	0.60%	<b>0.60%</b>
Saint Vincent and the Grenadines	0.30%	0.43%	0.57%	<b>0.57%</b>
Suriname	1.26%	1.13%	0.99%	<b>0.99%</b>
Trinidad and Tobago	2.09%	1.76%	1.43%	<b>1.43%</b>
United Kingdom (United Kingdom Overseas Territories)				
<i>Anguilla, the British Virgin Islands, Montserrat,</i>	0.27%	0.24%	0.22%	<b>0.22%</b>
<i>Bermuda, the Cayman Islands, and</i>	0.08%	0.07%	0.06%	<b>0.06%</b>
<i>Turks and Caicos Islands</i>	0.06%	0.06%	0.05%	<b>0.05%</b>
United States of America	0.34%	0.33%	0.32%	<b>0.32%</b>
Uruguay	1.44%	1.31%	1.18%	<b>1.18%</b>
Venezuela	3.89%	3.54%	3.18%	<b>3.18%</b>
Country core total	95.00%	95.00%	95.00%	<b>95.00%</b>
Country variable allocation	5.00%	5.00%	5.00%	<b>5.00%</b>
<b>Total country regular budget allocation</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>

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

## Regional Program Budget Policy: Adaptation at Country Level for Biennium 2012-2013

### Application of Regional Program Budget Policy: at Country Level

Member State	Approved 2010-2011 Program Budget	2010-2011 percentage distribution	Increase due to change in budget level	Proposed 2012- 2013 Program Budget	2012-2013 biennium distribution
	A		B	C=A+B	
Antigua and Barbuda	519,000	0.46%	-	519,000	0.46%
Argentina	3,645,000	3.23%	-	3,645,000	3.23%
Bahamas	937,000	0.83%	-	937,000	0.83%
Barbados	632,000	0.56%	-	632,000	0.56%
Belize	790,000	0.70%	-	790,000	0.70%
Bolivia	5,529,000	4.90%	-	5,529,000	4.90%
Brazil	11,397,000	10.10%	-	11,397,000	10.10%
Canada	553,000	0.49%	-	553,000	0.49%
Chile	2,471,000	2.19%	-	2,471,000	2.19%
Colombia	4,593,000	4.07%	-	4,593,000	4.07%
Costa Rica	2,065,000	1.83%	-	2,065,000	1.83%
Cuba	4,232,000	3.75%	-	4,232,000	3.75%
Dominica	575,000	0.51%	-	575,000	0.51%
Dominican Republic	3,780,000	3.35%	-	3,780,000	3.35%
Ecuador	6,624,000	5.87%	-	6,624,000	5.87%
El Salvador	3,317,000	2.94%	-	3,317,000	2.94%
France (French Department in the Americas)	361,000	0.32%	-	361,000	0.32%
Grenada	700,000	0.62%	-	700,000	0.62%
Guatemala	6,500,000	5.76%	-	6,500,000	5.76%
Guyana	2,155,000	1.91%	-	2,155,000	1.91%
Haiti	5,619,000	4.98%	-	5,619,000	4.98%
Honduras	4,954,000	4.39%	-	4,954,000	4.39%
Jamaica	2,099,000	1.86%	-	2,099,000	1.86%
Mexico	6,827,000	6.05%	-	6,827,000	6.05%
Netherlands (The Netherlands Antilles)	361,000	0.32%	-	361,000	0.32%
Nicaragua	4,435,000	3.93%	-	4,435,000	3.93%
Panama	1,602,000	1.42%	-	1,602,000	1.42%
Paraguay	3,182,000	2.82%	-	3,182,000	2.82%
Peru	6,398,000	5.67%	-	6,398,000	5.67%
Puerto Rico	181,000	0.16%	-	181,000	0.16%
St Kitts and Nevis	463,000	0.41%	-	463,000	0.41%
St Lucia	677,000	0.60%	-	677,000	0.60%
St Vincent & the Grenadines	643,000	0.57%	-	643,000	0.57%
Suriname	1,117,000	0.99%	-	1,117,000	0.99%
Trinidad and Tobago	1,614,000	1.43%	-	1,614,000	1.43%
United Kingdom (United Kingdom Overseas Territories)			-		
<i>Anguilla, the British Virgin Islands, and Montserrat</i>	248,000	0.22%	-	248,000	0.22%
<i>Bermuda and the Cayman Islands</i>	68,000	0.06%	-	68,000	0.06%
<i>Turks and Caicos Islands</i>	56,000	0.05%	-	56,000	0.05%
United States	361,000	0.32%	-	361,000	0.32%
Uruguay	1,332,000	1.18%	-	1,332,000	1.18%
Venezuela	3,588,000	3.18%	-	3,588,000	3.18%
Core allocations	107,200,000	95.00%	-	107,200,000	95.00%
Variable - 5%	5,640,000		-	5,640,000	5.00%
Total country allocations	112,840,000		-	112,840,000	100.00%
Total budget	287,100,000			287,100,000	
Less: Retirees' Health Insurance	(5,000,000)			(5,000,000)	
Total net budget	282,100,000			282,100,000	
Country share	40.0%			40.0%	

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