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WORLD HEALTH ORGANIZATION



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MANAGERIAL STRATEGY FOR THE WORK OF THE PAN AMERICAN SANITARY BUREAU IN THE PERIOD 2003-2007

This Document is presented to the 132nd Session of the Executive Committee in response to Resolution CSP26.R18, adopted by the 26th Pan American Sanitary Conference. This resolution requests the Director to “present an analysis of the existing organizational characteristics and those required for the implementation of the Plan;” and “submit to the next Directing Council proposals reflecting the views of the Director with respect to the Plan and its implementation”.

The document reviews the challenges faced by the countries in the Americas as they seek to improve the health and well-being of the population. It then presents the managerial strategy implemented by the Secretariat addressing the pertinent global and regional mandates for the period 2003-2007, and for supporting the regional and national health development goals.

The Executive Committee is asked to review and comment on the strategy with a view to contributing to the Secretariat’s efforts to improve our systems and managerial process in order to better serve our Member States.

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Introduction

1. In 2002, the Pan American Health Organization celebrated its centennial, and with pride noted its innumerable achievements in all the countries and at the regional level. This track record of health improvements demonstrates that the Organization is in the mature stage of the life cycle of an organization and is poised for renewal in order to ensure that another 100 years is celebrated.

2. In September 2002, the 26th Pan American Sanitary Conference approved the Strategic Plan for the period 2003-2007 and in Resolution CSP26.R18, the Conference requested the Director to, among other things, “present an analysis of the existing organizational characteristics and those required for the implementation of the Plan;” and “submit to the next Directing Council proposals reflecting the views of the Director with respect to the Plan and its implementation”.

3. The ninth Director of the Pan American Sanitary Bureau (PASB) Dr. Mirta Roses took office on February 1, 2003. During the first 120 days of her tenure, she has implemented the initial steps for the reorganization of the Bureau to gradually adapt the structure and modus operandi of the Secretariat to the evolving program needs of the Organization.

4. The first part of the document is a review of the challenges being faced by Member States as they seek to improve the health and well-being of the people in the Americas and the general thrust of the response needed at the national and regional levels. The managerial strategy is outlined in the second part; the desired attributes of the Secretariat are identified; the previous situation is briefly assessed; and the transformation planned and the strategy to be employed to ensure that the Organization is poised to achieve its mission are detailed.

Challenges for Health Development in the Americas and the Required Response at the Regional Level

General Development Challenges

5. There are multiple factors that challenge development in the countries of the Americas. Democratization has been proceeding with varying results. In many countries, the institutional development has not kept pace and outdated political and administrative structures still exist in spite of efforts to reform the state. At this stage institutions are at different stages of development and their roles are not always clear. As a result there are many examples of duplication or fragmentation of responsibility.

6. Many more actors participate in the affairs of the community but at the same time large groups of the society remain vulnerable, with no voice or power to increase their access to the basic services needed for improving their health and well-being. On the other hand the advocacy and influence of stakeholders acting in a concerted manner has resulted in several positive changes; the policies for managing the environment and for improving women's health have been heavily influenced by such action.

7. The analysis for the development of the Strategic Plan identified three forces that are currently shaping the nature and quality of human interaction and redefining practices, beliefs and attitudes in general. These forces are globalization, environmental change and science and technology and they bring advantages and challenges to the process of development in general and to the practice of public health and the planning of technical cooperation in particular. Concomitantly, there has been development of human and social capital, but there are still too many who are excluded from benefiting because of geographic, racial/ethnic, or economic barriers.

8. While some countries have benefited from the effect of globalization many national, regional, and local economies have been less successful at adapting. In addition, the decline of the Hemisphere's leading economy has affected trade, and the downturn in travel because of the security issues has caused a decline in the economies of countries dependent on tourism. The economic turn around in several countries is expected to be slow and many other countries are readjusting their economic forecasts downwards for the next few years. The solutions imposed continue to result in a reduction in the public budgets and this is often achieved by significant cuts in the social services and in the number of personnel in the civil service.

Challenges for Health Development in the Americas

9. In 2002, on the occasion of the presentation of the publications, *Health in the Americas* and *Public Health in the Americas*, the Pan American Sanitary Conference noted the significant achievements in health in all countries and took stock of the current challenges for health development in the Region of the Americas. The population is increasing rapidly, aging and becoming more urban. While in many countries more than 30% of the population is still under 15 years of age, in some of the countries the population over 65 years already accounts for more than 10% of the population. It must be noted that the impact of the AIDS epidemic is already evident in the population pyramid for some countries. More than 70% of the population in the Americas lives in the urban and peri-urban areas, where the needs for water and sanitation services outstrip the supply and where there is often pollution of the environment from uncontrolled industrial development.

10. The Americas continue to be one of the most unequal regions in the world from the socio-economic standpoint. An increasing number of persons have to eek out a living with less than the minimum determined by the state and the gap between the rich and the poor continues to widen. The rural and poor populations, in all age groups, suffer the greatest inequities in health outcomes and in access to the necessary conditions and opportunities for health.

11. The Region of the Americas has the challenge of a mixed and complex epidemiological profile. While trying to maintain the gains in the elimination of many of the vaccine preventable diseases, the countries are still faced with a high incidence of other childhood diseases, new emerging diseases like AIDS, and the fact that the noncommunicable diseases are the major causes of mortality and morbidity.

12. Reform of the health systems has been underway in almost all countries in an effort to address the new challenges of health in an equitable manner. Many variations are being explored but all are taking much longer than we would have hoped. Sectoral reform processes in many of the countries are still in transition and many have not overcome the associated challenge of managing the human resources during the change process. In addition, as is pointed out in the PAHO Centennial publication *Public Health in the Americas* inadequate attention has been paid to the needs of public health during the reforms of the health systems.

13. The Millenium Development Goals (MDGs) present an opportunity as well as a challenge for countries. The MDGs place health at the center of the thrusts for development and this external endorsement should strengthen the health sector's promotion of increased attention and resources for health development in several related sectors. On the other hand, these goals do not represent the totality of the priorities that countries need to focus on and some of the goals are not realistic or feasible. As the necessary refining of the goals and targets is undertaken, countries and PAHO must advocate for the inclusion of the equity perspective and insist that progress towards the achievement of the goals be monitored at the subnational level and among groups in the society.

Response of the Pan American Health Organization

14. During the PAHO Centennial countries celebrated the vast array of achievements in health and some of the thousands of health workers who contributed to these. All the actors in health remain inspired by a vision of a united Hemisphere committed to attaining the highest possible level of health for all its inhabitants, in which,

- Governments exercise leadership and responsibility in calling on society as a whole to improve the health of the people, and

- Individuals, families, communities, and institutions are empowered to seek social justice by promoting health and protecting life.

15. The Organization must become the premier forum for public health in the Americas. In a world where the decision makers and influencers of health development are at many levels in the countries and in the international sector, PAHO must be a consensus-builder and creator of partnerships, bringing together the defenders of health. Such defense must be based on the principles of social equity as embodied in Health for All (HFA), and promote the social protection of the excluded members of each society, as well as universal access to effective health services. As the Region marks the 25th anniversary of the launching of the goal of Health for All, no other organization or body in the Region of the Americas is better able to defend the social justice necessary to achieve this goal, and to advocate for the linkages between primary care and health promotion, and citizenship, human rights and sustainable development.

16. In order to improve the health of the people, Member States need to commit to the following common public health objectives:

- Develop and strengthen a culture of life and health;
- Develop healthy settings to create optimal living conditions and greater opportunities in life;
- Control risks and threats to public health, ensuring the quality and safety of the pertinent goods and services;
- Provide effective, timely responses to needs and demands, and
- Understanding the determinants and processes involved in generating public health.

17. For this to be achieved, the next wave of reform must integrate improvements in the essential public health functions while striving for greater quality, equity, efficiency and effectiveness in health services organization, financing and delivery.

18. At the regional level it will be important that more countries take an active role in regional governance in health. For this purpose the Secretariat envisages that collectively the Member States of the Pan American Health Organization will deepen their understanding of the determinants and processes involved in generating public health; developing shared values and agendas; adopt common rules and standards; managing multiple relationships and diverse situations; and searching for inclusive mechanisms that clearly identify responsibilities.

19. Continued review of the role of and support for Governing Bodies will be necessary, in light of changes in the number and roles of stakeholders in health development and in the governance of States in the Region.

Managerial Response of the Secretariat

Strategic Plan of the Pan American Sanitary Bureau, 2003-2007

20. The vision, mission and values of the Bureau guided the formulation of its Strategic Plan for the period 2003-2007 and the design and implementation of the managerial strategy that is being advanced. Keeping in mind the vision of being the major catalyst for health improvements in the Region, and to achieve the mission of leading "...strategic collaborative efforts among Member States and other partners...", the strategy seeks to improve the Secretariat's ability to stimulate action in the countries, to focus attention on those priorities where impact is urgently needed. The strategy aims to empower staff to work in a manner that enhances creativity and innovation in the design and implementation of the interventions for technical cooperation. The Secretariat's values guide the policies and processes of work and must be evident in the decisions taken at all levels of the Bureau's work:

- Equity—Striving for fairness and justice by eliminating differences that are unnecessary and avoidable;
- Excellence—Achieving the highest quality in what we do;
- Solidarity—Promoting shared interests and responsibilities and collective efforts to achieve common goals;
- Respect—Embracing the dignity and diversity of individuals, groups and countries, and
- Integrity—Assuring transparent, ethical, and accountable performance.

21. The Strategic Plan calls on the Bureau to focus on priorities and on cross-cutting issues in order to have a greater impact as we pursue our mission. Priorities have been identified in three areas: among population groups; countries and technical areas.

22. The Special Population Groups are those that are known to suffer the greatest inequities in health in our Region: low income or poor populations; ethnic and racial groups; women; children; and the elderly. The Secretariat will need to help countries identify these groups relevant to each health program and to design interventions that decrease the associated gap.

23. Priority is to be given to five Key Countries: Bolivia, Guyana, Haiti, Honduras, and Nicaragua. While the Secretariat will continue to cooperate with all countries, it will

need to intensify its technical cooperation with these countries through new approaches if the gap among the countries is to be reduced. However, improvements in these countries will also require the Bureau to focus the attention of the other Member States on, and galvanize support from our international partners for, these countries.

24. There are eight Priority Areas for Technical Cooperation and within each there are objectives, which as far as possible, identify outcomes or results to which the Secretariat's work will contribute. The priority technical areas are:

- (a) Prevention, control and reduction of communicable diseases;
- (b) Prevention, control and reduction of chronic noncommunicable diseases;
- (c) Promotion of healthy lifestyles and social environments;
- (d) Healthy growth and development;
- (e) Promotion of safe physical environments;
- (f) Disaster management;
- (g) Universal access to integrated and sustainable health systems for individual and public health; and
- (h) Promotion of effective health input into social, economic, cultural and development policies.

25. The priority technical areas are not discrete and mutually exclusive. There are numerous linkages between the areas or components of areas. Thus the Secretariat needs to work in an integrated manner and can no longer afford to leave teamwork to the individual's preference. Consequently, the changes that are being implemented have both an organizational as well as a process dimension.

26. The role of information in the Plan is critical. Not only is it emphasized that information overarches all the technical areas but it was made one of the critical issues, one, given the information age, on which the attention of the Secretariat as a whole is needed. The issue "Bridging the Information Divide and Maximizing Information and Communication Technology" is singled out for attention in the strategy.

27. The other critical issues are:

- (a) Better foresight;
- (b) Harnessing science and technology;
- (c) Positioning PASB to influence transnational and global issues;
- (d) Attracting and retaining a creative, competent, and committed workforce, and

(e) Making PASB a high-performance organization.

28. Two other critical issues on the human resources and on making PASB a high-performance organization are reflected in the Organizational structure; other critical issues will need to be addressed in the design of technical programs and they will become some of the criteria against which the projects are evaluated for approval for resources.

Organizational Analyses

29. For the last eight years, the structure of the Secretariat mirrored the structure of the Strategic and Programmatic Orientations (SPOs) with a managerial division for each of the five programmatic orientations and one special program. This has often been identified as one of the constraints to more inter-programmatic and sometimes even intra-programmatic work. In this regard, the Classified List of Programs was sometimes viewed as a budgeting and accounting mechanism. Another characteristic of the previous structure was that staff offices operated in isolation and were used in the traditional sense and focused only on the internal needs of the Secretariat. There was little recognition of the advantage that could be taken of some of their technical expertise and work. The current strategic framework, as approved by the PASC in the Strategic Plan seeks to introduce a different approach needed to address this shortcomings previously cited.

30. The development of the managerial strategy took into consideration the information gained from the available analyses of the Secretariat. Managers identified the following as areas of weaknesses that need to be addressed, if the PASB mission were to be achieved: human resources, managerial processes and planning and evaluation. They also identified other areas to be improved: client/stakeholder satisfaction, technical cooperation outcomes, Bureau-specific improvements and resource allocation.

31. The development of the managerial strategy benefited from the results of the definition of core competencies of managers and support staff and other organizational development analysis such as that on the pros and cons of integrating programming and budgeting. The Director has drawn on feedback from staff including that obtained from managers at their annual meeting and on her own experience of having worked at several levels in the Organization.

32. The challenges of cooperating technically with countries and partners to achieve the objectives in the Plan require the transformation of the Secretariat at this time. The Organization needs to be focused on priorities while at the same time being anticipatory and flexible if it is to be recognized as the first port of call for assistance in health development.

33. The need for change is also inspired by the changes taking place in the countries. In addition, there have been profound changes in the United Nations as well as in the Organization of American States, the two systems to which PAHO is proud to belong.

34. There are four corporate objectives for the organizational change:

- (a) The central focus of the Secretariat's work will be in and with countries, while achieving a closer relationship between the national, subregional, regional, and the corporate planning processes.
- (b) The Organization will be the mainstream of policy debate at all levels, and synergic action with more health development partners will become evident in all spheres of our work
- (c) PASB will be recognized as the Region's premier source of health information and there will be increased networking and sharing of knowledge inside the Organization and between the Organization and its environment
- (d) There will be a focus on priorities supported through innovative approaches to technical cooperation (TC), more programmatic integration, strategic budgeting of regular budget funds, effective use of extrabudgetary (EB) funds and strategic management of the Secretariat's resources.

Managerial Approach to Technical Cooperation

Regional Programs—a new orientation

35. In keeping with the principle of Pan Americanism, regional programs will come to mean something different. No longer will this refer to the work of the regional technical units but to region-wide programs to address selected priorities for the achievement of goals agreed to collectively by countries. Regional programs will become calls for action within and among countries, supported by the coordinated and concerted efforts of all the levels of the Secretariat and all our national and international partners. The new paradigm builds on the experience and lessons learned from the now well-recognized success of the Expanded Program of Immunization. (PASB will support countries to develop and execute plans in collaboration with stakeholders and partners; PASB's technical support will be comprehensive and intensive, integrating the management of resources to the issue.)

Technical Cooperation among Countries (TCC)

36. TCC is another expression of Pan Americanism. Over the last 10 years the Secretariat has worked to increase the understanding of the concept and potential of TCC for increased sustainability of interventions, and this has been recognized within the

Secretariat and in the countries. Nearly all countries participated in TCC projects in the last biennium and the funds mobilized internally for this purpose has increased by 76% over the last two biennia. Managers will be encouraged to integrate this approach into the BPB as one of the modes of TC to be programmed at the time of planning.

Increasing the country focus

37. Over the last two decades PAHO has put in place the necessary structures and processes to make the decentralized country offices the functional gateway for cooperation with the countries. Among its priorities for 2004-2005, WHO has introduced a new focus on country cooperation and PASB will take advantage of this to improve the strategic planning of its work at the country level and increase the integration of technical support being provided to a country. Medium-term country cooperation frameworks, named Country Cooperation Strategies (CCS) will be developed each year for selected countries based on specific criteria and the results of these will influence and focus the cooperation from all levels of the Organization in subsequent biennia. The use of task forces will aid the planning, execution and monitoring of integrated technical solutions. The placement of the staff in the Unit responsible for Country Support in the Director's Office indicates the priority to be given to this approach.

Integration of Planning in Countries and in the Secretariat

38. In the organizational analysis undertaken it became evident that the Secretariat needs to intensify efforts to build capacity for the broader aspects of planning in a consistent or sustainable fashion. The managerial strategy for the period 2003-2007 mobilizes the relevant expertise residing in the Secretariat to assist countries with increasing foresight, strengthening strategic and investment planning, policy formulation and the design and management of the projects. Working together these teams will provide a seamless spectrum of technical cooperation, while at the same time work across teams to support the corporate planning process.

39. The technical units have been clustered to bring together units that need to use similar strategies or target similar audiences in the technical work.

Information and Knowledge Management

40. The rapid developments in the information and communication sector provide numerous advantages ways in which PASB can increase the effectiveness and coverage of its technical cooperation and improve the efficiency of its operations. However it must be remember that while the Internet connectivity in the Americas is growing exponentially, millions remain excluded from this technology. Information to improve the practice of public health must be harnessed and made accessible to the Secretariat,

countries and partners in a coordinated manner. Some of this will be facilitated through the restructuring and this will be complemented by increased networking inside and outside the Secretariat, the sharing of experience and knowledge through communities of practice.

41. The actual practice of program evaluation will be increased at the operational and strategic levels of the Secretariat. Support to countries to improve the availability and use of information for decision-making must become one of the common goals for all programs.

Strategic Management of Resources

42. A new budgeting structure based on Areas of Work (AOW) instead of the Classified List of Programs has been introduced. This allows for more comprehensive grouping of activities regardless of units of execution and in this way facilitates better use of the budget as a strategic management tool. The number of AOWs has been reduced from 65 to 41 and in the streamlining these have been aligned, as far as possible, with those of WHO. More detailed analyses will assist the Director and the Governing Bodies to, among other things, monitor the extent to which resources are being reallocated to support the priorities of the Organization.

43. Through the program budgeting process the linkage of the Secretariat's Expected Results with the WHO Global Expected Results and with the objectives of the Strategic Plan will be established in relation to the work at the regional and country levels. This will improve the quality and timeliness of reporting to the Governing Bodies and consequently the usefulness of monitoring and evaluation for future planning.

44. It is important that the budget policy supports the implementation of the Strategic Plan and of the other mandates. A working group of relevant experts from Member States and key staff will be established to review the Regional Budget Policy, as recommended by the Subcommittee on Planning and Programming (SPP) in 2001.

45. Organizational development will be a continuous process through which the Secretariat will strive to improve its effectiveness and efficiency. Institutional development will be important in our thrust to improve the effectiveness of the policy formulation and its interfaces with the governance level. Organizational development will take place in a different manner. The process will be participatory, based on action or operational research and will maximize the expertise available in the Secretariat regardless of locus or level. In addition, the experiences of our Member States and partners will be sought directly through their inclusion in working groups, etc.

46. As a technical agency our most valuable asset is our workforce and hence the change in name for the Department of Personnel to Human Resource Management is not

cosmetic. This envisages a comprehensive approach with continuous planning, recruiting practices to improve the geographic representation among staff and proper application of the WHO reform policies for human resource management.

47. The PASB is fortunate to have staff with a high level of commitment to its mission and will support its workforce through staff development to promote increasing competencies for new technical challenges and emerging roles. There will be constant efforts to foster empowerment, and innovation of individuals and teams and to inculcate healthy approaches to work life.

48. The new structure responds to the corporate objectives and functional requirements of the managerial strategy outlined above (see Annexes A and B). Key aspect to be noted are:

- (a) Further delegation at the executive level to four instead of three Office Directors. In the new managerial classification Directors head Offices; Areas are coordinated by Area Managers; and Units are led by Chiefs. This organization applies to both technical and administrative units.
- (b) The Country Support Unit is positioned in the Director's Office to give effect to the priority placed on the interaction with Member States by the Director.
- (c) Disaster Management and Information and Knowledge Management have been placed within the Director's Office under the direct responsibility of the Deputy Director. The Area consolidates the information and knowledge management programs, assets and activities a prerequisite for efficient planning and management of this Area.
- (d) The Office of Program Management has been established in keeping with the practices in many other WHO Regions. The functions of this Office bring together the vertical and horizontal integration of planning in the Secretariat and in countries. It facilitates better foresight and positioning of the Organization; integrates policy and planning and strategic budgeting and programming; and promotes integrated support to planning of health systems, investment planning and improvement of project management cycle in countries and Secretariat.

New Methods of Work

49. To complement the above, new methods of work are being introduced:

- Increased participation of staff and other experts through work groups and task forces: the former will focus on policy issues while the latter will be asked to develop recommendations on management issues, processes and procedures.

- Teamwork will be institutionalized and staff will be challenged to play different roles for different initiatives or projects. The concept of a matrix organization will gradually be introduced.
- The policy-making group and processes have been streamlined.

50. The process for change is always challenging and care has been taken to ensure that this proceeds in a transparent manner. The leadership has been shared through a Steering Committee and the continuous dialogue with managers. Staff have been encouraged to participate and there have been several consultations with stakeholders and partners. To support this, many channels of communication have been opened and feedback sought from staff.

51. The administration will use formal and informal mechanisms to continuously assess the impact of the changes and make adjustments as necessary. Towards this end, measures and indicators will be developed to facilitate the monitoring and evaluation.

52. One of the important features of the process is the value placed on internal expertise in management and the introduction of the initial changes at no cost to the countries and with minimal disruption in the delivery of technical cooperation at any level.

Achievements to Date

53. In less than four months, several actions have taken place and PASB's transition and renewal are well under way to better position PAHO to meet the challenges of the 21st Century.

54. The new structure and functional descriptions took effect on 1 March and 700 staff members have been reassigned to take advantage of their competencies and experiences. This could only have been completed with the cooperation of all staff and the dedication of the Realignment Task Force and the Human Resource Management Unit that ensured that the necessary revision of post descriptions and other paperwork was satisfactorily completed in time. Each staff member affected received a personal letter informing of his or her reassignment. New delegations of authority have been issued for each manager, at the level of office, area and unit. The new organizational structure and the work to be carried out by the Units at Headquarters are detailed in the Annex.

55. The projects and budgets in BPB 2002-2003 were realigned with no disruption of Technical Cooperation at any level; For BPB 2004-2005, the same process was completed and in addition the program budget proposal was reconstructed in line with the new Areas of Work. This required several levels of collaboration among the Units.

56. There has been continuous updating of and feedback from staff through email, meeting of managers at all levels, and an Intranet clearing house. Staff has been encouraged to participate and over 500 of them participated in the weeklong discussions on the issues under consideration by the working groups.

57. The Director has kept Member States and partners informed of the transitional developments and seized every opportunity to consult ministers of health during her visits to countries and those of the ministers of health to Headquarters.

58. During the month of March, staff in the field as well as in Headquarters, contributed to the deliberations of seven workgroups which are considering the following issues:

- Positioning PAHO in the 21st Century
- Optimizing Information and Knowledge
- Corporate Management
- PAHO Human Capital
- Strategic Alliances for Health
- Healthy Organization
- Country-Centered Strategic Cooperation

59. Reports from each group will be circulated to all groups to facilitate the horizontal functioning necessary to facilitate the desired integration of work. The groups are continuing to function virtually, exchanging information and experiences.

Next Steps

60. The transition process will continue until 1 January 2004 when the new beginnings will take full effect with the implementation of the Program Budget for 2004-2005. Each working group will submit its recommendations to the Executive Management by the end of July thus allowing for further adjustments based on the accepted recommendations before the end of the year.

61. The Secretariat must transform itself if it is to meet the complex needs of countries in this ever changing world. If PASB fails to change it fails to grow. For the 21st century, it is critical that the Secretariat operates as one team with the singular goal of improving the health of the Americas.

Annexes

PAN AMERICAN HEALTH ORGANIZATION

DIRECTIVE No.: 1 March 2003

DISTRIBUTION: To All Staff

SUBJECT: **New Organizational Structure and Functions**

Objective

On 1 March 2003 the Pan American Sanitary Bureau (PASB) underwent significant modifications in its organizational structure:

Following are the functional descriptions of all Headquarters Offices, Areas, and Units. The revised organizational structure chart is attached as Annex I.

Functional Descriptions

OFFICE OF THE DIRECTOR

- Establishes the policies and strategy of the Organization.
- Manages the Secretariat and oversees the country offices and country representatives, the Caribbean Program Coordination (CPC), and the Field Office in El Paso, as well as the offices of the Deputy Director, the Assistant Director, the Director of Program Management, and the Director of Administration.

The Office of the Director includes two units: Chief of Staff and Country Support.

Chief of Staff Unit

- Serves as a communication and policy liaison between the Director's Office, the Executive Management Offices, Country Offices, CPC, and FEP.
- Serves as the Secretariat of the Executive Management Meetings.
- Manages the Director's agenda and scheduling.
- Coordinates briefings for the Director.

Country Support Unit (D/CSU)

- Supports the Office of the Director in the political, managerial and technical aspects of PAHO's country operations.
- Facilitates, reviews, analyzes and provides recommendations to the Executive Management Committee on issues of pertinence to technical cooperation at the country level.

- Provides support to the development of country presence of the Organization.
- Coordinates subregional initiatives and the relationship with subregional integration bodies.
- Provides guidance and support to the implementation and evaluation of projects of technical cooperation among countries.
- Ensures policy coherence of country programs with other programs of the Organization.

OFFICE OF THE DEPUTY DIRECTOR (DD)

- Acts for the Director, is a member of Executive Management, and represents the Organization in the absence of the Director.
- Serves as Secretary to the Governing Bodies.
- Is responsible for official relations with the United States Government, including the Congress and Departments of the Administration.

The Office of the Deputy Director includes four Areas: Health Analysis and Information Systems (AIS), Information and Knowledge Management (IKM), Emergency Preparedness and Disaster Relief (PED), and Public Information (PIN). In addition, the Office oversees the Organization's work involving the Internal Audit Unit (IA) and the Ombudsman Unit (OMB).

Ombudsman Unit (OMB)

- Assists staff members individually or collectively with problems or grievances relating to conditions of employment, working conditions, and relations with supervisors and colleagues in a manner that contributes to an improvement in the overall working environment in the Organization.

Internal Audit Unit (IA)

- Ensures maintenance of the internal financial controls in the Organization, safeguarding the proper receipt, deposit, and disbursement of all funds and other resources of PAHO/WHO.
- Examines financial operations to ensure that the commitments, obligations, and expenditures related to budget allocations or other financial authorizations conform to the established objectives, regulations, and other provisions.

Areas that Constitute the DD Office

2.1 Emergency Preparedness and Disaster Relief (PED):

This Area, with subregional offices in Barbados, Costa Rica, and Ecuador:

- Provides cooperation for improving the countries' technical and institutional capabilities to prepare for or reduce the damage caused by disasters.
- Coordinates PAHO's response to emergencies and humanitarian assistance in the health sector.
- Assists governments and other institutions in the appropriate management of disaster information.

2.2 Information and Knowledge Management (IKM):

- Supports the production of relevant knowledge for public health, promotion of equitable access of knowledge and information for decision-making.
- Networks with external agencies and areas within the Organization, fostering the sharing of tacit and explicit knowledge, the promotion of synergy between data and information processing technologies, and the creative and innovative capacity of staff as a basis for a knowledge-based Organization.

The Area is comprised of five units: Bioethics, BIREME, Headquarters Library, Research Coordination, and Web/Intranet.

Latin American and Caribbean Center on Health Sciences Information (BIREME)

- Coordinates and supports the Latin American and Caribbean System of Health Sciences Information, which includes national and PAHO/WHO documentation centers, and other specialized networks.
- Develops and promotes the use of tools for technical databases.
- Supports training and research activities in countries for the development of the database known as LILACS (Latin American and Caribbean Literature on Health Sciences) and the Virtual Health Library (VHL), for managing health science information in the Region.

Bioethics

- Promotes and supports activities related to the ethical assessment of results from biomedical and psychosocial research, health care and general or professional education, and to the academic and applied development of health-related disciplines from the standpoint of bioethical methods and procedures.

- Develops networks for the strengthening of research, teaching, and public communication.

Research Promotion and Development Unit (IKM/RC)

- Cooperates with the countries of the Region to strengthen their health research systems and capabilities for the production of knowledge on relevant public health problems.
- Supports National Research Councils and Research Units of the Ministries of Health on the management of scientific activity in health, including the definition of research agendas, promotion of research networks, mobilization of resources, dissemination/ utilization of research results and evaluation of the impact of scientific production.
- Is responsible for the Implementation of the Virtual Health Library on Science and Health (BVS-CyS).
- Is responsible for supporting research projects and training activities through the Research Grants Program; the coordination of Research Advisory Committees; the designation, follow-up, and evaluation of PAHO/WHO Collaborating Centers; and the coordination of research-related activities promoted by PAHO/WHO technical programs.

Headquarters Library Unit (IKM/LI)

- Contributes to the Organization's goal of equitable dissemination of information and knowledge, particularly that generated by PAHO/WHO.
- Provides services that enable efficient access to knowledge and information, with emphasis on virtual services, by preserving the institutional memory of the Organization, and by channeling the flow of information between external and internal producers and users in response to specific needs of appropriate, validated, and timely information.

Web/Intranet Unit (IKM/WE)

- Works with all PAHO organizational units towards enhancing capabilities to increase access and maximize the use of Internet-based services for the sharing of information and knowledge.
- Establishes the necessary infrastructure to enable communication among the creators, reviewers, publishers, distributors, and consumers of PAHO products.
- Proposes, develops, and maintains systems and tools for the monitoring and quality control of all content.

- Provides materials, orientation, and training relating to corporate procedures and standards for electronic publishing.

2.3 Public Information (PIN):

- Assumes the main responsibility for the public relations function in PAHO.
- Serves as the link between PAHO and the general public, as well as specialized audiences.
- Creates and coordinates communications plans and strategies to promote public health projects and programs.
- Works with the media, issues news releases, sets up press interviews, and publishes and produces materials about PAHO.
- Produces multimedia materials incorporating high-level graphics, video public service announcements, documentaries, and radio programs.
- Provides media training and coordinates PAHO's Speakers Bureau.

2.4 Health Analysis and Information Systems (AIS):

- Strengthens the general epidemiological capacity of Member States and of the Bureau to analyze, utilize, and disseminate information on health situation and trends for the planning, implementation, and evaluation of public health policies and programs.
- Provides technical cooperation for the reorganization and functioning of epidemiological and statistical services and health information systems to improve the production and effective use of health information and vital statistics.
- Promotes the establishment of integrated networks on health information, including the development of the core health data systems and coordination of health services information systems in the Member States and in PAHO/WHO's programs and field offices.
- Develops methodologies, norms, training programs, and standards for the collection, analysis, and interpretation of data and information, including assessing and monitoring inequities, health trends, and the impact of health-related interventions.

3. OFFICE OF THE ASSISTANT DIRECTOR (AD)

- Is a Member of Executive Management.
- Ensures that program plans and budgets are prepared and executed according to organizational procedures and that coordination among the four reas is optimal.
- Promotes collaboration with areas and units in other PAHO offices and with entities outside PAHO.

- Provides strategic guidance for the development of public health interventions at the regional and country levels and ensures their consistency with global mandates.

The Office of the Assistant Director includes four areas: Disease Prevention and Control (DCP), Sustainable Development and Environmental Health (SDE), Family and Community Health (FCE), and Technology and Health Services Delivery (THS).

Areas That Constitute the AD Office

3.1 Family and Community Health (FCH)

- Promotes, coordinates, and implements technical cooperation activities that emphasize the central role of family and the community to foster a culture of health promotion and protection where health becomes a social value.
- Focuses on key stages of human growth and development: infancy, childhood, adolescence, sexual behavior, and reproductive health.
- Supports countries, in collaboration with national and international partners, in identifying, developing, implementing, and evaluating evidenced-based approaches, which are mutually reinforcing and cover the whole spectrum from critical child survival actions, to healthy growth and development into adulthood.
- Seeks to coordinate synergistic actions among its units, and other units within PAHO, to address existing health gaps and future needs of the Region's most vulnerable and hard-to-reach population groups, by means of strengthened country capabilities, normative, policy and legislative guidance, community participation, the promotion of healthy policies, social and resource mobilization, interagency collaboration, advocacy, and the development of sustainable and equitable interventions.

The Family and Community Health (FCH) Area is comprised of seven units: Child and Adolescent Health; HIV/AIDS; Immunization; Nutrition; Women and Maternal Health; the Caribbean Food and Nutrition Institute; and the Latin American Center for Perinatology and Human Development.

Child and Adolescent Health Unit (FCH/CA)

- Promotes the design of effective integrated approaches, such as the IMCI strategy for children's and adolescent care, and strengthens the capacities of countries for their adaptation, practical implementation, expansion, and evaluation, to reduce mortality and morbidity, as well as improve children's and adolescent growth and development.
- Implements health promotion strategies and preventive interventions with the active collaboration of the private, public, nongovernmental, community networks, and

social security sectors, strong family and community participation, and enhanced intersectorial partnerships.

Women and Maternal Health Unit (FCH/WM)

- Promotes a gender, family, and community perspective, and uses cost-effective, evidenced-based interventions to strengthen the delivery of integrated and holistic care that addresses the health needs of women and mothers throughout their life cycle.
- Improves the sexual and reproductive health and rights of women and men.
- Develops and promotes strategies and interventions, involving partners and coalitions of regional, national, and local networks of stakeholders, to reduce maternal and perinatal mortality and morbidity.
- Provides support to CLAP on issues related to policy development, resource mobilization, risk analysis, and study design on women and maternal health

Latin American Center for Perinatology and Human Development (CLAP)

- Supports country efforts in improving the development and implementation of maternal, perinatal and infant health programs.
- Provides epidemiological surveillance, development, and dissemination of best health care practices; clinical, epidemiological, and health services research; and training of health professionals in management of health information, evidence-based clinical practice, and research methodology.

Nutrition Unit (FCH/NU)

- Promotes the central role of optimal nutrition, diet, and physical activity throughout the life cycle, to strengthen commitment to sustained health and social and economic development.
- Promotes healthy eating and active living behaviors, optimal breast-feeding and complementary feeding practices, adequate access to quality foods for infants and young children, and optimal micronutrient nutrition through fortification, supplementation, and dietary diversity.
- Advocates nutrition to be a central component of regional, national, and local public health policies and programs.

Immunizations Unit (FCH/IM)

- Promotes and coordinates technical cooperation and partnerships with the private and public sectors and the international community in support of countries' efforts to achieve sustainable and equitable reduction of morbidity and mortality of persons due to vaccine-preventable diseases through control and elimination strategies.
- Assists countries in improving the performance of vaccination and surveillance programs and regional laboratory networks, as well as enhances country laboratory diagnostic capabilities.
- Promotes the political priority and sustainability of vaccination programs through policy and legislation.
- Generates critical epidemiological data on disease burden and cost-effectiveness of interventions for decision-making regarding current vaccination programs and new vaccine introductions.
- Ensures the orderly supply of quality vaccines through the PAHO Revolving Fund for Vaccine Procurement.

HIV/AIDS Unit (FCH/AI)

- Enhances national capabilities to implement HIV/AIDS prevention and comprehensive care interventions that ensure effective protection against infection among the most relevant population groups.
- Promotes the scaling up of health systems to improve overall conditions and survival of affected individuals with HIV/AIDS.
- Provides critical information on HIV/AIDS and epidemiological data for decision-making.
- Advocates the elimination of all forms of discrimination against people living with HIV/AIDS and members of vulnerable groups, using a public health and human rights perspective.
- Supports country efforts in improving surveillance and control programs for sexually transmitted infections, and promotes a broad intersectoral response.

Caribbean Food and Nutrition Institute (CFNI)

- Builds capacity in its Caribbean member countries and territories to combat nutrition-related problems by promoting optimal nutrition and healthy lifestyle behaviors through the development and utilization of multisectoral policies, plans, and programs; multidisciplinary alliances; and public-private partnerships.
- Promotes and applies qualitative and quantitative research and monitors food and nutrition insecurity and inequity among families and communities.

3.2 Disease Prevention and Control (DPC)

- Promotes, coordinates, and implements technical cooperation activities that are technically sound and appropriate for the culture and society directed to the prevention, control, and elimination of communicable and noncommunicable diseases.
- Strives to achieve sustainable impact through strengthened country capacity and effective intercountry collaboration.

The Area of Disease Prevention and Control is comprised of six units: Noncommunicable Diseases, Communicable Diseases, Veterinary Public Health; Caribbean Epidemiology Center, Pan American Institute for Food Protection and Zoonoses, and the Pan American Foot-and-Mouth Disease Center.

Communicable Diseases Unit (DPC/CD)

- Strengthens national capacities for managing information and human and material resources to prevent, control, and eliminate tropical diseases, infectious diseases, emerging and reemerging diseases; and fosters operational research for the control of communicable diseases.
- Improves national and regional disease surveillance and response, including the application of new techniques and the detection and reporting of antibiotic resistance.
- Supports the introduction of the new International Health Regulations.

Noncommunicable Diseases Unit (DPC/NC)

- Strengthens national capacities to develop efficient policies, strategies, and local population-based models to prevent and control noncommunicable diseases (NCD) with a public health perspective, with special emphasis on those that represent a high burden and are preventable, such as cardiovascular disease, diabetes, and cervical cancer.
- Leads a regional network for putting into practice an integrated approach to prevention of noncommunicable diseases.
- Conducts and supports operational research to evaluate the implementation and cost-effectiveness of interventions and programs.
- Provides technical support and mobilizes resources to address issues related to the care of persons with chronic conditions.

Veterinary Public Health Unit (DPC/VP)

- Strengthens partnerships between health and agriculture and establishes strategic alliances with international and national organizations related to Veterinary Public Health (VPH).
- Provides support to PANAFTOSA and INPPAZ on issues related to policy development, resource mobilization, risk analysis, and study design on zoonoses, food safety, and foot-and-mouth disease.
- Promotes the conservation of neotropical primates and the development of biomedical models for human disease and vaccine development.
- Supports and advises on the implementation of the resolutions of the Codex Alimentarius, phytosanitary agreements, and the zoosanitary code.

Pan American Institute for Food Protection and Zoonoses (INPPAZ)

- Strengthens national capacities in the area of food safety.
- Improves surveillance systems and laboratory networks for foodborne disease.
- Improves regional networks to support food safety.
- Promotes and supports the participation of PAHO Member States in Codex Alimentarius activities.

Pan American Foot-and-Mouth Disease Center (PANAFTOSA)

- Strengthens national capacities to prevent foot-and-mouth disease in countries that are free of the disease and to expand eradication zones in South America.
- Strengthens national capacities to address zoonoses of public health importance, such as rabies transmitted by dogs, cysticercosis, hydatidosis, bovine tuberculosis, and brucellosis, among others.
- Improves surveillance systems and develops laboratory networks for the prevention and control of zoonoses.

Caribbean Epidemiology Center (CAREC)

Provides support to its Caribbean Member countries and territories in the following areas:

- Develops institutional capacity for disease surveillance and assessment of the health status of the population in the Caribbean, aimed at supporting the countries in the implementation of public health interventions.
- Provides reference services in microbiology and immunology as well as strengthening of national laboratories in the Caribbean.
- Contributes to the strengthening of national health capacities to address the challenge of HIV/AIDS.

3.3 Sustainable Development and Environmental Health (SDE)

- Designs and implements technical cooperation to support countries in their efforts aimed at reducing environmental risks, improving health settings, and fostering contributions of health to local and urban development.

The Area of Sustainable Development and Environmental Health is comprised of five units: Local and Urban Development (LU); Risk Assessment and Management (RA); Healthy Settings (HS); Pan American Center for Sanitary Engineering and Environmental Science (CEPIS), and the Institute of Nutrition of Central America and Panama (INCAP).

Local and Urban Development Unit (LU)

- Promotes health as an essential element to assess and drive the sustainability of the development of local communities and cities (including metropolises).
- Develops participative methodologies to analyze, identify, and promote effective health interventions that positively affect the determinants of health in these environments.
- Supports country efforts in the development of affordable and sustainable water and sanitation services.

Risk Assessment and Management Unit (RA)

- Strengthens environmental health institutions to perform health surveillance, adopt adequate regulations and promote public health interventions that will help prevent health hazards.
- Promotes the use of risk assessment and risk management concepts to guide technical cooperation activities.
- Develops institutional capacity for the promotion of risk management, including tobacco use prevention, providing the necessary elements to influence other sectors responsible for reducing risks that can damage health.

Healthy Setting Unit (HS)

- Promotes the design and implementation of health promotion strategies as a collective intervention to achieve healthy settings.
- Technical cooperation embodies the application of methodologies and models of healthy spaces, such as healthy municipalities, healthy communities, healthy workplaces, and healthy schools with a view to prevent and minimize risks, including intentional and unintentional injuries.

Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS)

- Provides regional technical cooperation on basic sanitation with a view to strengthen national institutions and build capacity in the management of health aspects related to water supply for human consumption, sanitary excreta and solid waste disposal, with an emphasis on PAHO priority countries and the most susceptible populations.
- Leads collaborative efforts and establishes networks among collaborating partners and relevant stakeholders, centering actions on the identification, development, adaptation, and dissemination of concepts, methods, tools, and experiences applicable to the promotion of studies and technologies that can ensure the best possible basic sanitation conditions.

Institute of Nutrition of Central America and Panama (INCAP)

- Strengthens national capacities of its member countries to implement the food and nutrition security initiative as an essential strategy for human sustainable development.
- Promotes the local integrated community development approach and helps develop and disseminate knowledge, methods, technologies and models for achieving an optimal food and nutritional situation.

3.4 Technology and Health Services Delivery (THS)

- Promotes, coordinates, and implements technical cooperation activities aimed at strengthening national capabilities to develop and organize appropriate and accessible health services, specialized programs, and health technologies and to provide essential medicines, vaccines, laboratory services, and safe blood.

The Area of Technology and Health Services Delivery is comprised of three units: Health Services Organization, Mental Health and Specialized Programs, and Essential Medicines, Vaccines, and Health Technologies.

Health Services Organization Unit (THS/OS)

- Promotes and strengthens the development of national capacities for organization and management of health services delivery systems.
- Promotes the furthering of the strategy of primary health care and monitors and evaluates its application in the countries of the Region.
- Supports the development of institutional capacity for the integrated management of health services networks.
- Supports the development of competencies in the areas of ambulatory and hospital management.

- Provides guidelines for the organization and development of imaging, radioprotection, and radiotherapy services.
- Strengthens national institutions to develop programs for the planning, operation, maintenance, and renovation of the physical and technology infrastructure.
- Develops national, subregional, and regional capacity for incorporating and assessing health technologies, especially those related to the information needs of the health services.
- Promotes and supports the development of national quality assurance programs for health services, and promotes and redirects health care services models to incorporate elements of promotion and prevention aimed at improving health care.
- Supports the development of programs and services for oral health, ocular health, and health of indigenous people.

Mental Health and Specialized Programs (THS/MH)

- Strengthens the capacities of countries to develop policies, models, and plans contributing to the improvement and reorganization of mental health services to control the use of alcohol and other addicting drugs.
- Strengthens institutional development to ensure that older persons have access to an integrated system of health and social services and that health challenges related to the aging process are addressed.
- Promotes the protection of rights of the elderly, people with disabilities, and people with mental disorders.
- Strengthens national capacities to prevent disabilities and provide rehabilitation to those in need.
- Advocates equal opportunities for people with disabilities.
- Supports the development of a sustainable response to landmine victims.

Essential Medicines, Vaccines and Health Technologies Unit (THS/EV)

- Strengthens national and regional capacities to develop policies, norms, and strategies to improve accessibility, rational use, and regulation of essential medicines, vaccines, and laboratory and blood transfusion services of quality, promoting efficacy and safety standards.
- Supports and strengthens the public health laboratory networks and promotes the development of surveillance systems to monitor the use of medicines, vaccines, and blood.
- Strengthens national capacities to develop policies and strategies to regulate and supply essential drugs as well as to develop efficient pharmaceutical services.

- Improves national and subregional capacity for regulation, harmonization, and evaluation of the efficacy and security of drugs, medical supplies, and equipment.
- Supports the establishment of public health laboratory networks and the development and strengthening of blood banks and transfusion services.
- Supports subregional and regional mechanisms for the regulation and harmonization of vaccine production and promotes the adoption of vaccine safety standards.
- Promotes research and development of vaccines, in collaboration with public sector laboratories, ensuring that local vaccine production is economically and technically viable and adheres to good manufacturing practices, as well as national and international norms and standards.
- Fosters the establishment of a consortium of laboratories that produce vaccines, the adoption of good manufacturing practices, and the regional certification process for vaccine producers.

4. OFFICE OF THE DIRECTOR OF ADMINISTRATION (AM)

- Is a member of Executive Management.

The Office of Administration is comprised of six Areas: Human Resources Management; Financial Management and Reporting; General Services and Procurement; Publications; Legal Affairs; and Information Technology Services. In addition, the office oversees the Unit of Country Administrative Support.

Unit of Country Administrative Support

- Provides administrative oversight and coordination for PAHO's country offices and centers.
- Advises the Director of Administration on administrative issues in the country offices and centers.
- Promotes, in collaboration with D/CSU, efficient and effective technical cooperation in the field in accordance with PAHO mandates.
- Ensures that country office administration policies and regulations are adhered to.
- Monitors, evaluates and provides support to country office administrative practice.

Areas That Constitute the AM Office

4.1 Human Resources Management (HRM)

- Is responsible for the staff of the Organization.
- Provides services and advice to management and staff on all human resource issues, including recruitment, compensation and benefits, job classification, training and development, and employee welfare.

- Ensures the proper application of the staff regulations and rules and develops new human resources policies, programs, and procedures in order to achieve the objectives and goals of the Organization.

4.2 Financial Management and Reporting (FMR)

- Oversees the financial transactions of the Organization by establishing its financial regulations and rules, as well as the accounting policies and procedures.
- Processes the disbursements of funds.
- Prepares the financial statements of the Organization including the reporting of regular funds and extrabudgetary funds.
- Monitors the inflow of funding and utilization of these resources, and is responsible for investments and banking, financial analysis, the monitoring of the field offices' financial administration, Staff Health Insurance, and the processes and systems involved within FMR's area of responsibility.

4.3 General Services and Procurement (GSP)

- Provides conference, translation, procurement, building, and office services at Headquarters in support of PAHO/WHO programs; and general supervision of acquisition and maintenance of all PAHO/WHO premises at Headquarters and in the field. In the case of procurement, these services are extensive to Member Governments and other Regions of WHO.
- Develops administrative norms and guidelines related to the worldwide procurement of goods and services, and is responsible for shipment of material to their final consignees; management of communications and mail; building maintenance; inventories; office supplies and equipment; transportation; security and safety; and reproduction.
- Serves as the security focal point for PAHO within the UN security system.

4.4 Publications (PUB)

- Specializes in publishing health information in print and electronic formats.
- Selects relevant material in collaboration with experts; applies rigorous professional standards in editing, production, and design; and ensures dissemination of accurate and timely scientific knowledge throughout the Americas and beyond.

4.5 Legal Affairs (LEG)

- Provides advice and legal counsel to PAHO/WHO's Governing Bodies; the Director's Office; the Offices of DD, AD, AM, and DPM; PAHO/WHO representatives (PWRs); CPC; and FEP Center Directors in all legal matters,

including the application of national and international law to the Organization's programs and activities as well as constitutional, administrative, and procedural matters.

- Drafts, reviews, and/or negotiates contracts, treaties, agreements, resolutions, and any other type of instrument which has legal implications for the Organization.
- Represents and defends the Organization before the Administrative Tribunal of the International Labor Organization and other national or international judicial and quasi-judicial fora.

4.6 Information Technology Services (ITS)

- Recommends appropriate information and communication technology strategies to PAHO management, and establishes and oversees the Organization's information and communication technology standards.
- Maintains the corporate computing and communications infrastructure in both Headquarters and field offices.
- Develops and maintains all corporate software application and communications systems.
- Maintains a central repository of the corporate data.
- Provides end user support in the use of technology and the PAHO corporate systems.
- Assists PAHO offices in selecting and procuring appropriate information technology.

5. OFFICE OF THE DIRECTOR OF PROGRAM MANAGEMENT (DPM)

- Is a member of Executive Management.
- Is responsible for the operation of the Governing Bodies; the development of the corporate policy; the advancement of strategies for partnerships and resource mobilization; the planning, monitoring, and evaluation of technical cooperation; the strategic and operational aspects of budgeting; the support to project preparation and management; and the development of technical cooperation at regional and country levels in the areas of health policies, health systems, and human resources.
- Ensures program coordination and sound program management at all levels of the Organization.
- Promotes the design and implementation strategies for Regional Programs and Pan American Initiatives.
- Oversees interregional collaboration; articulates normative functions and technical cooperation across global, regional, subregional and country levels of WHO; and participates in the GPMG.

The Office of the Director of Program Management is comprised of four Areas: Strategic Alliances and Partnerships (SAP); Governance and Policy (GPP); Planning, Program Budget, and Project Support (PPS); and Strategic Health Development (SHD).

Areas That Constitute the DPM Office

5.1 Strategic Alliances and Partnerships (SAP)

- Coordinates the external relations of the Organization.
- Assesses the potential strategies for partnerships with key stakeholders from the international community (multilateral and bilateral organizations, civil society, and nongovernmental organizations) for advancing health development in the Americas.
- Works through participation in summits and other international and regional forums, to influence policy-making in order to improve the international environment for health development.
- Facilitates PAHO's interaction with the external partners for mobilizing financial, human, technical, and institutional resources from the international community at large for country and regional technical cooperation priorities.
- Provides support in-house as well as to countries in the areas of partnerships, strategic alliances, and resource mobilization.
- Strengthens the relationships with the Inter-American system, the United Nations system, international financial institutions, multilateral agencies, bilateral cooperation agencies, and civil society organizations, in promoting partnerships and common agendas to advance health in the Western Hemisphere.

5.2 Governance and Policy (GPP)

- Devoted to the strategic analysis of national, regional, and global trends in health development, the assessment of the impact of health and development policies of the international community, and the formulation of corporate policy, taking into account the Millennium Development Goals, and Global and Regional Summits and Mandates.
- Ensures the operations of the PAHO Governing Bodies and promotes and supports the institutional development of the Organization, within the context of the United Nations and the Inter-American systems.

This Area has two units: the Policy and Governance Unit and the Gender and Health Unit:

Policy and Governance Unit (GPP/PG)

- Analyzes national, regional, and global trends in support of corporate policy-making.

- Supports PAHO's Governing Bodies, in terms of planning, organization, documentation, records, communications to Member States, web page maintenance, database of elected officers, and Director's briefing on the World Health Assembly.
- Assesses national and international health priorities related to poverty reduction, globalization, health development, and health governance as an input for the formulation of PAHO's corporate policy.
- Promotes and supports the institutional development of PAHO within the context of the United Nations reform and the framework of the Inter-American system.
- Collaborates with civil society and international agencies to mainstream, monitor, and evaluate the development of PAHO's corporate policies, addressing macrodeterminants of health inequities at regional and country levels.

Gender and Health Unit (GPP/GH)

- Strengthens regional, national, and local capacities for producing and utilizing information about gender inequities in health and development.
- Creates intersectoral networks and alliances, with the participation of civil society, to influence the formulation and monitoring of policies aimed at gender equity in health and development.
- Promotes health care models involving the participation of interested stakeholders at local, national, and sectoral levels.
- Facilitates the access to information about gender, health, and development for promoting connectivity, capacity, and advocacy.
- Coordinates and supports the process of implementing and monitoring gender policies at PAHO.

5.3 Planning, Program Budget, and Project Support (PPS)

- Coordinates an ongoing planning process to ensure that the Secretariat's work remains relevant to the countries and partners.
- Ensures that the mandates of the Governing Bodies and relevant international forums and the policies and plans of the Secretariat are addressed in the development of the Biennial Program Budget (BPB) and all extrabudgetary projects.
- Supports the project cycle (identification, design, piloting, negotiation, execution, and evaluation of projects) within the Secretariat and in countries, in order to increase access to Extrabudgetary Funds (EB) and to mobilize resources in support of countries and to improve the effectiveness and efficiency all projects executed, regardless of the source of funds.
- Contributes to the organizational learning through sharing of lessons learned from different types of evaluations conducted at all levels of the Secretariat.

This Area has two units: the Program Budget Unit and the Project Support Unit:

Program Budget Unit (PPS/PB)

- Coordinates the proactive and ongoing strategic planning process to ensure that the Secretariat's program of work addresses the emerging regional trends and contributes to the development of Country Cooperation Strategies (CCS).
- Coordinates the process for the preparation and analysis of the project proposals for the Biennial Program Budgets to ensure alignment of program and resources with the corporate priorities.
- Coordinates the process of monitoring the programmatic and budgetary execution of the BPB to ensure effective and efficient use of resources.
- Develops, coordinates, and, where appropriate, executes an evaluation agenda to determine the impact, relevance, or efficiency of the programs, projects, or selected organizational themes, and identifies and shares lessons learned.
- Develops and executes a program for building capacity in evaluation in the countries and the Secretariat.
- Develops budget strategies and operationalizes budget allocations for all PAHO organizational units.

Project Support Unit (PPS/PS)

- Collaborates with countries and partners in the development and implementation of health projects, including investment projects, which facilitate the achievement of the national policy goals.
- Facilitates development of Investment Master Plans based on health and health-related sector analyses.
- Consolidates and develops methodologies for project design, appraisal, management, and monitoring.
- Coordinates the project approval process, and monitors the execution of approved projects, including compliance with partners' requirements.
- Develops and executes programs to build capacity in project development and management in the countries and in the Secretariat.

5.4 Strategic Health Development (SHD)

- Promotes, coordinates, executes, and evaluates technical cooperation activities oriented to the strengthening of national capabilities in the key areas of development and implementation of public health policies.
- Promotes the transformation, development, and performance improvement of health systems and the comprehensive and equitable development of human resources to

make possible the universal access to social protection in health and to quality health care.

- Ensures that policies, human resources, institutions, systems, and organizational capacities existing in the countries are equitable, effective, efficient, and sustainable for the achievement of health for all.

This Area has two units: the Human Resources Development Unit and the Health Policies and Systems Unit.

Human Resources Development Unit (SHD/HR)

- Supports the development of human resources policies in health coherent with broader internationally agreed-upon goals and national health policies and objectives, in order to ensure the viability and sustainability of equitable and effective health systems.
- Contributes to the development of institutional capacity in human resources management at all levels of the health system to provide a stable and facilitating environment that allows better motivated, prepared, and performing staff to implement national health policies.
- Promotes the adoption of in-service personnel development national policies consistent with health priorities, through well-designed distance education programs, using appropriate communication technologies.
- Contributes to the redirection of health education institutions and programs towards a community-oriented approach and the strengthening of health systems based on primary health care.
- Promotes the development of a competent public health workforce, ensuring the optimal performance of essential public health functions and the strengthening of the public health systems by the development of the Virtual Campus of Public Health.
- Promotes the institutional and individual leadership in global health (TPIH).
- Supports the development of current and future health professionals and technicians through the production and distribution of training materials (PALTEX), the dissemination of information on training opportunities, and the management of fellowships.

Health Policies and Systems Unit (SHD/HP)

- Strengthens the capabilities of the countries for the sustainable development of processes of sectoral reform centered on the health of the population, the strengthening of the steering roles of the State with regard to Health, and the improvement of the performance of the Essential Public Health Functions and their corresponding infrastructure.

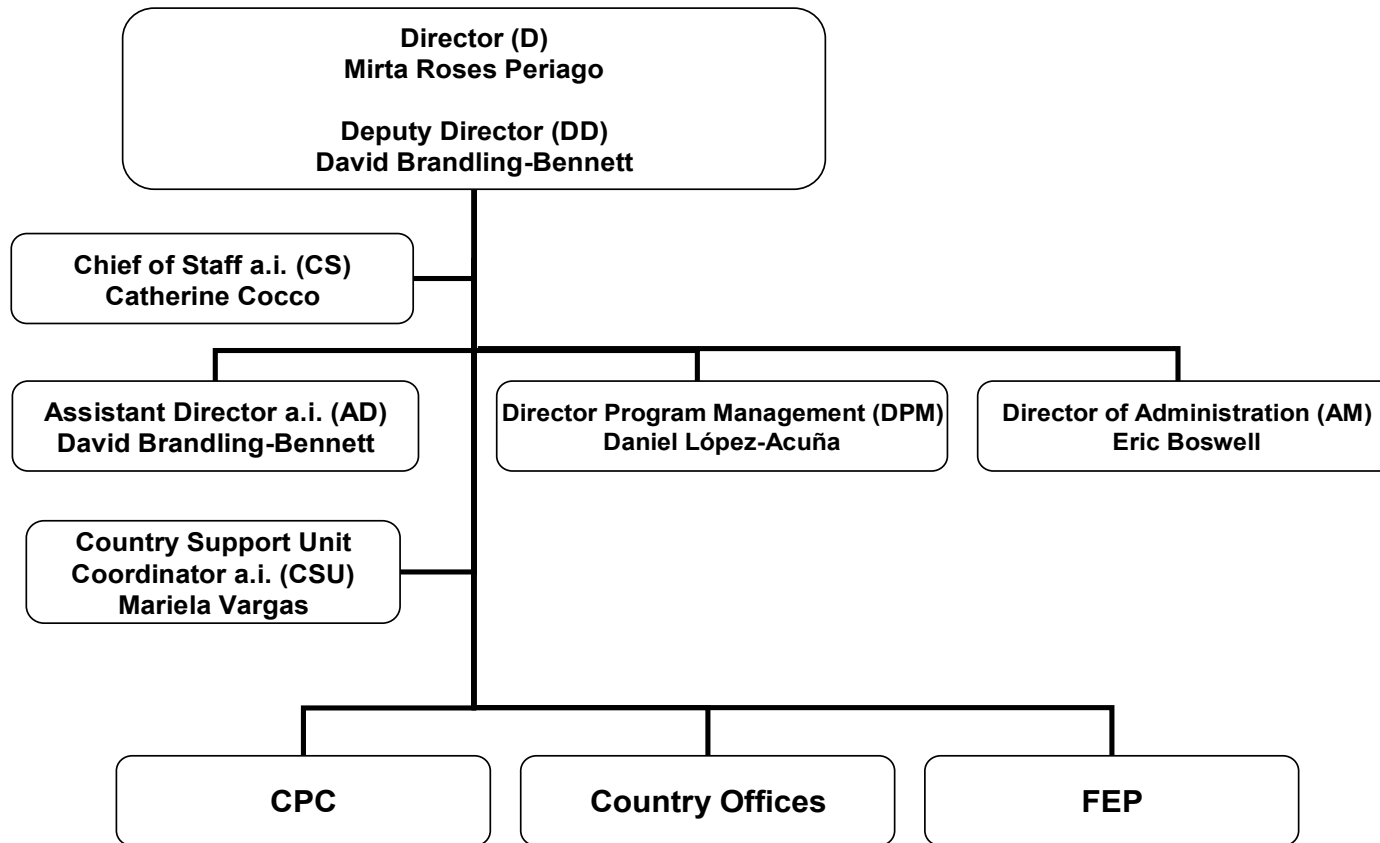
- Strengthens the national capabilities in the development, execution, and evaluation of public health policies in the formulation of national health objectives; in political, economic and financial analysis; as well as in the development and effective utilization of modern economic management tools and health social management.
- Promotes technical support to countries, particularly in the characterization of the disadvantaged in public health systems and in the development of policies, projects, and interventions oriented to the extension of social protection in health and to the reorganization and improvement of the operation of social security systems with criteria for equity and sustainability.
- Strengthens the national institutions in development of frameworks and legal instruments for sustaining public policies and adequate development and operation of health care systems, insurance, and financing.
- Develops an active system of dissemination of knowledge and information with regard to health sector reforms, economy, expenditure, health financing, health legislation, essential public health functions, social security, and public health policies.

NOTE: This Directive supersedes the Directives listed below:

HQ/FO-95-09	Organizational Structure	23 June 1995
HQ/FO-95-19	Reorganization	20 December 1995
HQ/FO-96-06	Organizational Structure	15 March 1996
HQ/FO-96-09	Changes in Organizational Structure of the Division of Health Systems and Services Development (HSP)	3 May 1996
HQ/FO-96-16	Reorganization in AM	9 October 1996
HQ/FO-96-18	Organizational Structure	25 November 1996
HQ-FO-99-11	New Organizational Structure and Functions	31 March 1999

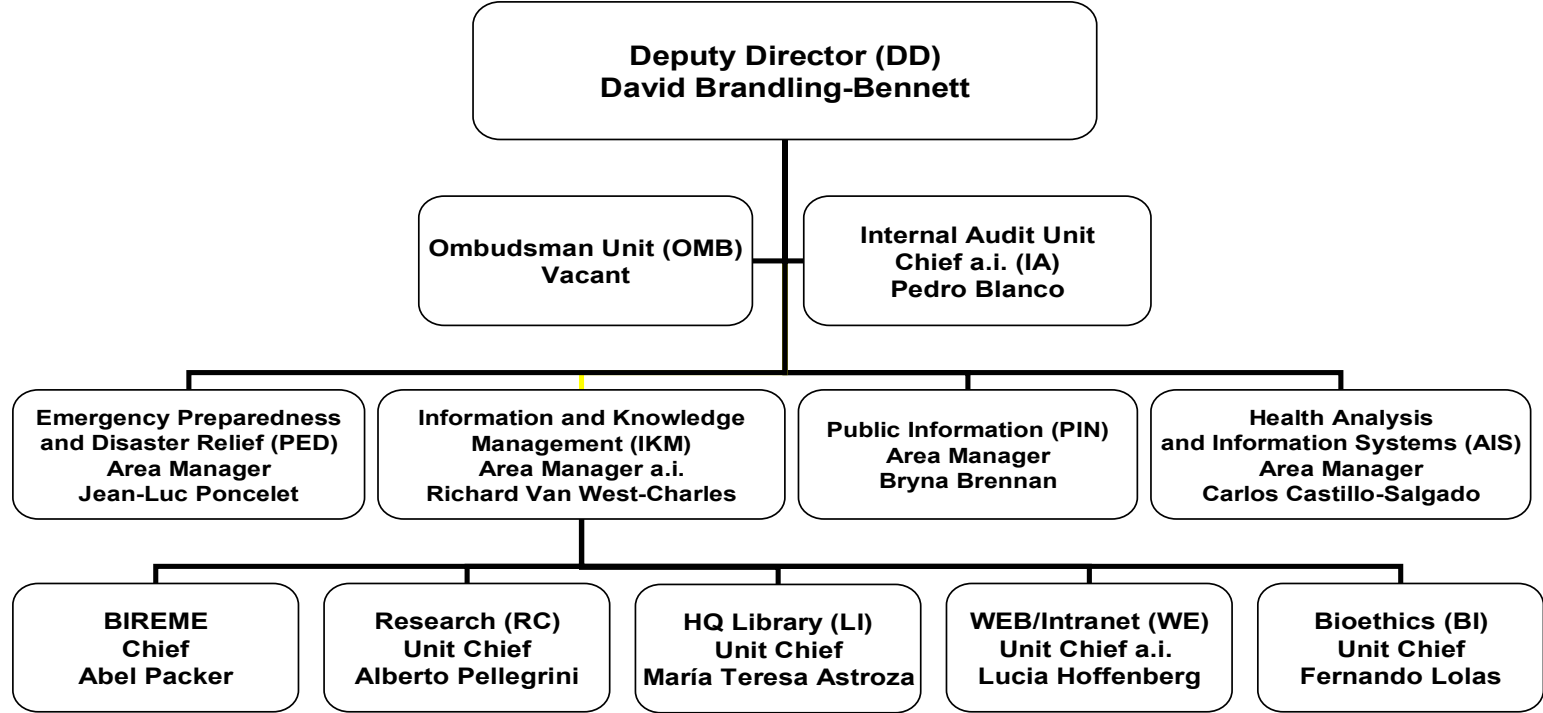
PASB Organization Structure*

Functional Areas

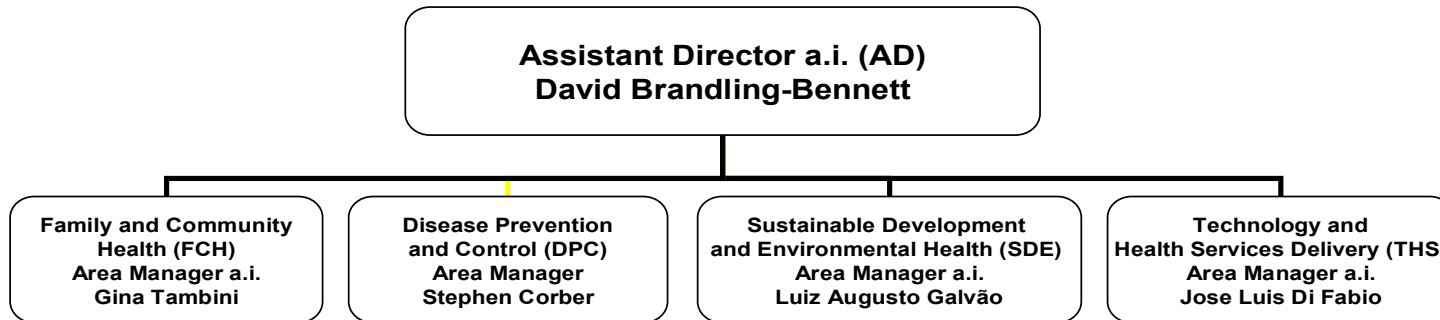


*As of 1 March 2003

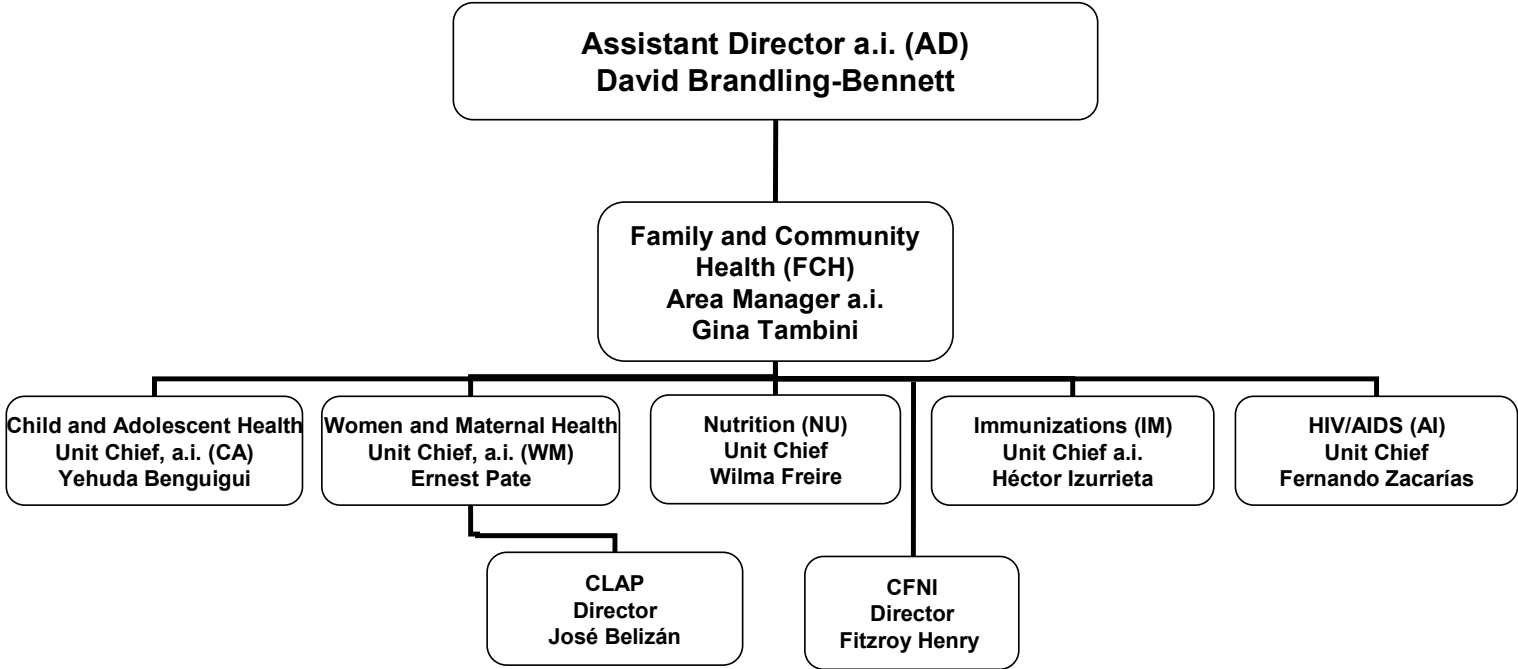
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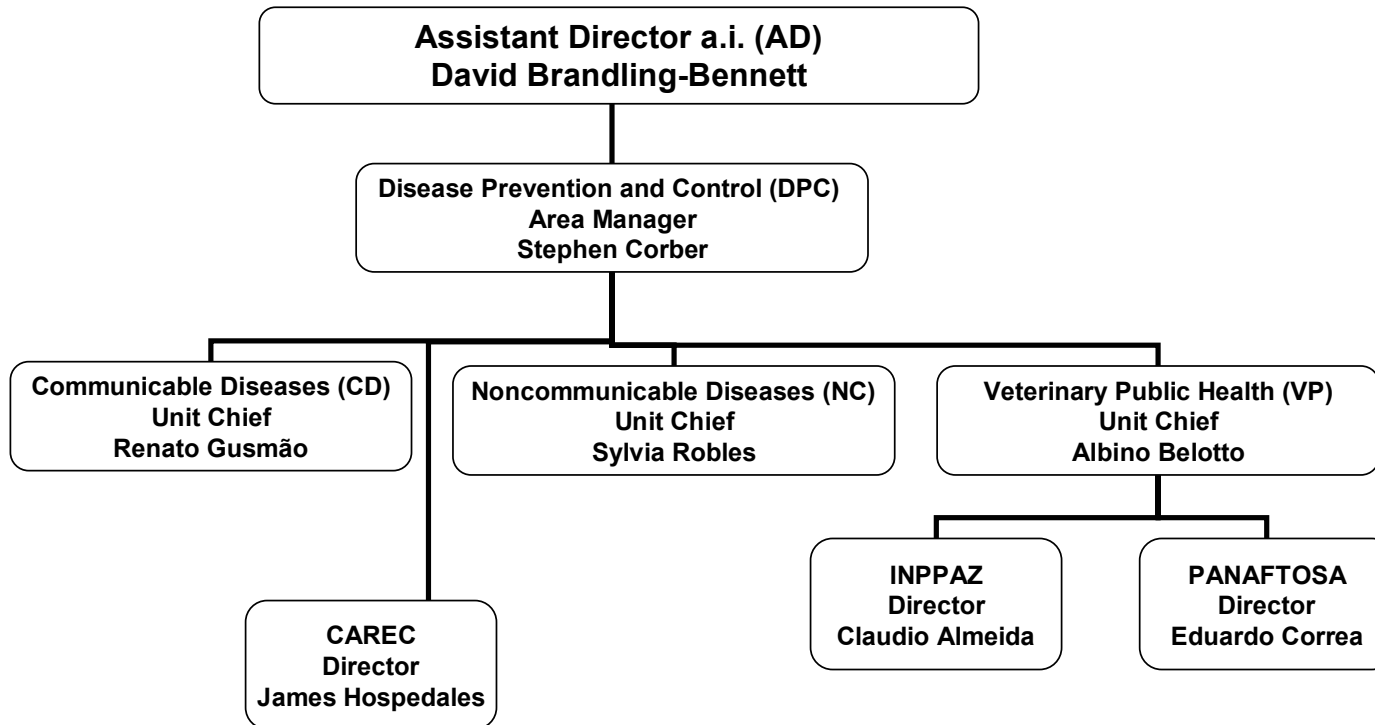
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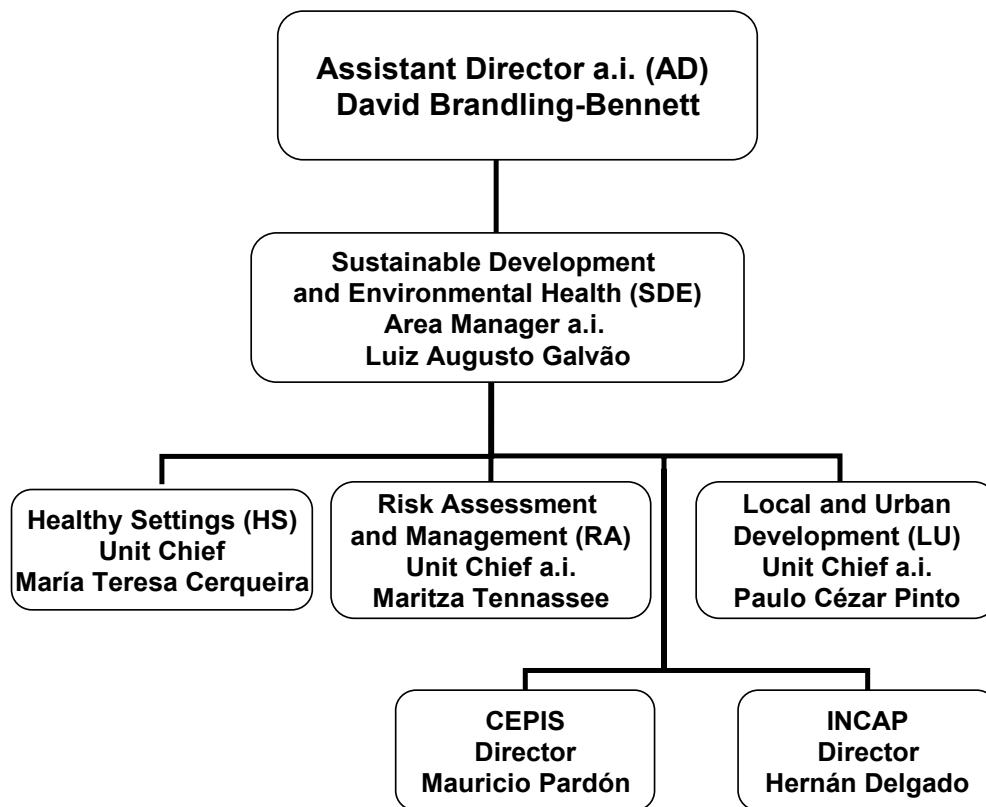
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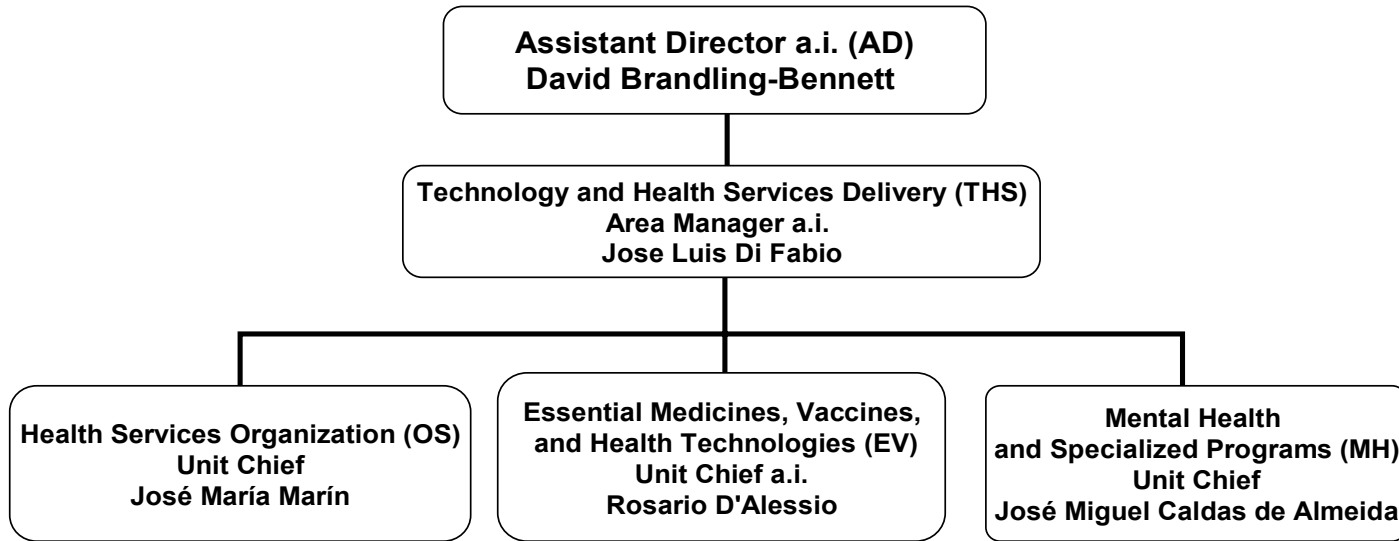
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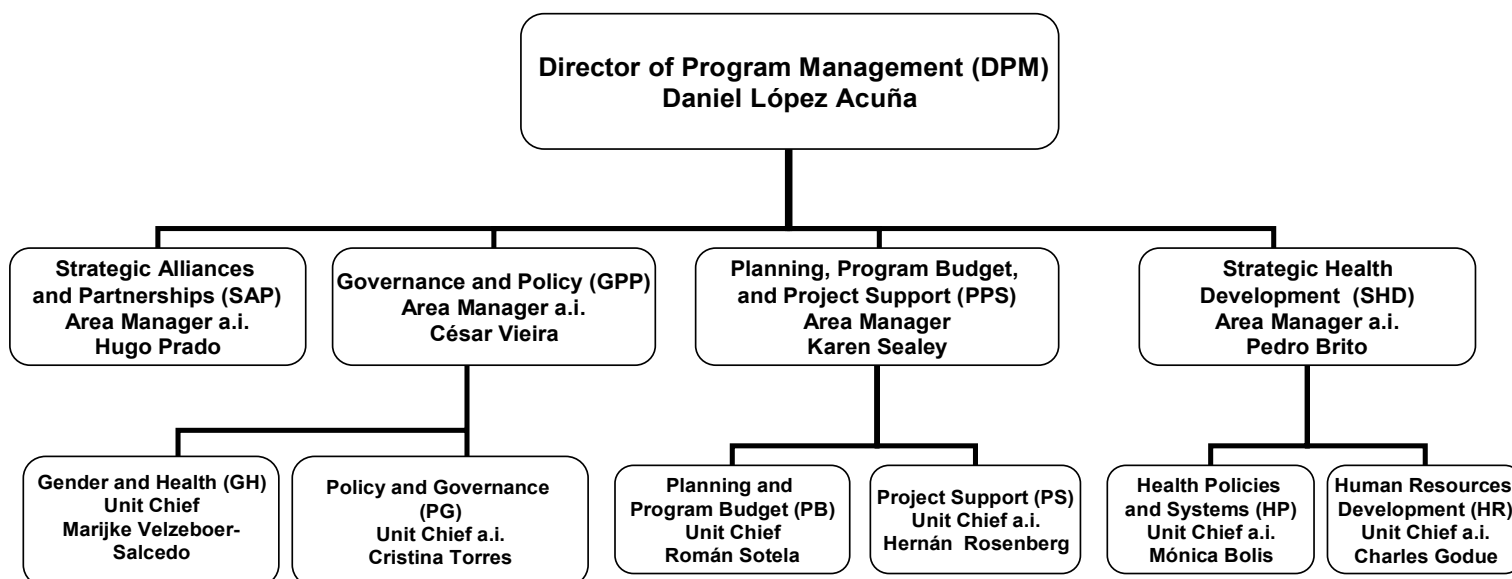
Office of the Assistant Director



Office of the Assistant Director



Office of the Director of Program Management



Office of the Director of Administration

