PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

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UPDATE ON THE PROCESS OF INSTITUTIONAL CHANGE WITHIN THE PAN AMERICAN SANITARY BUREAU

> This document is presented to the 136th Executive Committee for information. It provides a status report on progress in institutional change during the past year and introduces monitoring milestones and expected results of the change process for the period 2005-2007. The Director will supplement this report with a presentation on the Bureau's Transformation Roadmap during the Committee's session.

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Introduction

1.   Dr. Mirta Roses Periago, Director of the Pan American Sanitary Bureau and Regional Director for the Americas of the World Health Organization took office in February 2003 and presented the managerial strategy for implementation of the Strategic Plan for the Pan American Health Organization for the Period 2003-2007 approved by the Pan American Sanitary Conference in 2002 and subsequently, a Roadmap for change within the Secretariat. Dr Lee Jong-Wook, Director-General of the World Health Organization took office in July 2003 and initiated a process of institutional change within WHO. Both agendas are convergent and complementary and will enable WHO and PAHO to synergize their efforts in the Region of the Americas in the pursuit of better health for the people of the Western Hemisphere. These initiatives will provide Member States with the support needed to participate more effectively in the global scenario.

Foundations of the Roadmap for Change in the Pan American Sanitary Bureau

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, inter alia, "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.   Since the Director took office on 1 February 2003, a number of measures have been initiated to upgrade the organization and management of the Bureau's operations and to adjust the structure and modus operandi of the Secretariat to the mandates of the Governing Bodies and to the evolving program needs of the Organization.

4.   The Bureau's transformation is well under way. The phases planned for the process are being completed as scheduled. These changes will take some time to fully materialize and will require the continued support of all staff in an environment of mutual respect and trust. Careful attention was given to the continued implementation of the Biennial Program Budget (BPB) for the period 2002-2003 as approved by the Governing Bodies, while at the same time promoting the streamlining of current operations. More comprehensive adjustments were planned and reflected in the BPB for the period 2004-2005 and in the proposal for 2006-2007 respectively. Implementation of BPB 2004-2005 is well under way at the present time.

5.   All adjustments have been made in a transparent manner, using a teamwork approach and taking into account recommendations and suggestions from many groups and individuals. A Realignment Task Force was put into operation very early, its work and recommendations were registered and all decisions were widely disseminated.

Various briefings were held with responsible officers and managers to obtain information needed to implement the required changes in the planning, programming, and budget systems. As a result of this participatory process, the alignment of staff, programs and budget in a new institutional structure took effect in March 2003. Directive HQ/FO-03-02 informed all staff members of the new institutional structure and provided a functional statement for each organizational unit. Changes in the delegation of authority were issued in accordance with the new institutional structure.

6.   The realignment of the institution is a complex task and many operational issues had to be addressed simultaneously. For example, issues related to human resources management, program planning, finances and budgetary reallocations, had to be connected to the new managerial process. However, assembling an interprogrammatic Realignment Task Force proved to be an effective mechanism for attaining the objective in a short period of time.

7.   A very important step in the transformation process and the implementation of the Strategic Plan has been the approval of the Regional Program Budget Policy. A working group of relevant experts from Member States and the Secretariat was established in early 2004 to review the existing regional budget policy and make recommendations for a new one. Ample consultation with Member States took place between February and September 2004; several iterations of discussions and reformulation were followed and finally, the Regional Program Budget Policy was submitted to the Governing Bodies and approved by the 45th Directing Council in September 2004.

8.   The new Regional Program Budget Policy was approved to be phased in over a period of three biennia. It establishes parameters for the allocation of resources at regional, subregional and country levels, giving priority to the regional and country levels. It also defines criteria for needs-based allocation among country programs, based on the principles of equity and solidarity. The Regional Program Budget Policy represents an explicit framework for guiding resource allocation practices to attain outcomes identified in the results-based management process: and the outcomes desired in terms of the institutional change process.

9.   Since the early stages of the change process, consultative working groups were organized to reflect on and to contribute to the redesign of internal procedures and practices. The importance of participation and communication was constantly emphasized. The different task forces and working groups, while focusing on their respective responsibilities, have also functioned horizontally, networking among themselves in a virtual community to exchange information and recommendations.

10.   All these inputs have contributed to the PAHO Roadmap for Institutional Transformation. The Roadmap guides the change process for the next three years. A

Change Management team and network, which works closely with Executive Management (PASB/AMRO) has been in operation since late 2003 and it has guided, supported and consolidated the different contributions from the Secretariat. It has also developed a systematic process for the attainment of the main objectives of institutional change.

11.   Input has been sought from all PAHO staff members and stakeholders throughout the transformation process. The feedback from stakeholders and staff is necessary to allow the Bureau to respond to the challenges of the 21st Century, and to ensure that the Organization is better equipped to make a major contribution to improving the health of the people of the Americas. One of the primary purposes of the change process is to improve the skills and competences of the staff and to ensure transparency in our systems and managerial process to better serve our Member States.

12.   Since March 2003, when the new alignment went into effect, the Bureau remained fully operational providing technical cooperation without major disruptions, even as staff participated in the working groups and task forces to reflect on the continuous improvement of the Organization. The subregional managers' meetings and the Annual Managers Meeting have provided additional opportunities for exchange of ideas and information. The sessions of the Subcommittee on Planning and Programming, Executive Committee and Directing Council have offered an excellent space to exchange views and discuss perspectives with Member States on these and other related topics.

13.   Simultaneously, the Working Group of the Executive Committee on PAHO in the 21st Century was created in September 2003 by Resolution CD44.R14 adopted by the 44th Directing Council. It began its deliberations in February 2004 and will conclude its assignment in September 2005 with a report to the 46th Directing Council. The Group has covered in its discussions some aspects related to the challenges and responses of the PASB/AMRO Secretariat in connection with the exercise of envisioning new roles and responsibilities for the Organization to better respond to the challenges identified for the coming years.

Progress report on Transformation of the Pan American Sanitary Bureau

14.   The Secretariat has to be transformed to be able to cooperate technically with countries and partners in successfully addressing the challenges and in achieving the objectives of the Strategic Plan for the period 2003-2007. The need for change was also influenced by the changes taking place in the countries. In addition, there have been profound reforms in the United Nations system as well as in the inter-American system, to which the Organization belongs.

15.   The Managerial Strategy for the period 2003-2007 was developed and presented to the 44th Directing Council. It took into consideration the fundamental tenants of the Strategic Plan for the period 2003-2007 as well as the results gained from various analysis of the *modus operandi* of the Secretariat. Five corporate objectives of the institutional change were identified:

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 corporate planning processes.

b)   The Organization will be in the mainstream of health-related policy debate and will consolidate the notion of a Regional Health Forum

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)   Priorities will be addressed through innovative approaches to technical cooperation and strategic management of the Secretariat's resources

e)   The managerial practices of the Organization will be improved to attain greater levels of efficiency, effectiveness, accountability, and transparency

16.   There are two parallel processes currently in place to enable the transformation of PAHO: the PAHO in the 21st Century working group of the Executive Committee (process under the leadership of the Member States) and the Institutional Change within the Secretariat. The continuous exchange among these two processes enhances their mutual vision and effectiveness.

17.   Within the institutional change there are three integrated components: the development actions, the networks, and the transformational initiatives.

18.   The areas detailed below constitute the main pillars of the managerial approach that is being followed for advancing the five corporate objectives of institutional change. The fulfillment of these objectives will enable the Bureau to:

a)   Respond better to country needs;

b)   Adopt new modalities of technical cooperation;

c)   Become a regional forum for health in the Americas;

d)   Create a knowledge-based/learning organization;

e)   Enhance management practices

16. The Bureau's plan for achieving these objectives is outlined in Annex I. Progress to date is reported in the following table.

Key milestones in the process of institutional change within the Pan American Sanitary Bureau

STRATEGIC OBJECTIVE 1. RESPOND BETTER TO COUNTRY NEEDS		
OBJECTIVES	**ACTIONS**	**STATUS**
Country-focused technical cooperation **Effective support to Country Offices**	• Review roles, relationships and work processes across the Organization to ensure that work at the various levels adds value to country level cooperation. • Systematic use of CCS as a tool for programming, involving all levels of the organization. • Enhance Technical Cooperation among Countries (TCC) as a mechanism for capacity building within the countries and as opportunity to establish partnerships with institutions outside ministries of health. Such networks are required for achieving the Millennium Development Goals (MDGs). • The commitment to the MDGs is contributing to the reorientation of the technical cooperation process, helping countries to develop multidisciplinary approaches to achieving the MDGs and other national goals. • Improve harmonization of processes and synergy with WHO to achieve common objectives • Increase rotation, decentralization and interagency movement of staff	Proposal for mainstreaming Country Cooperation Strategies (CCS) in the managerial process was prepared. PAHO has adapted WHO guidelines for CCS to the Regional context. The concept of national health development is central to PAHO's technical cooperation approach and cooperation strategies. Document SPP39/10. A review of the experience of TCC in the last three biennia is reported separately (Document CE136/11). MDG focus incorporated in the BPB; PAHO is an active member of UN Country Teams and PAHO's activities are an integral aspect of interagency support to countries. MDG Costing exercise to be advanced in Dominican Republic. Joint collaboration for ECLAC Regional Report on MDGs. Stronger alignment with WHO; Regional Office more involved in policy dialogues and Organization-wide initiatives. PAHO in a better position to benefit more equitably from global resources available through WHO. Concentrated effort to transfer posts and staff to the field under way. Rotations between staff from Regional Office and Country Offices, and movement from other WHO Regions and agencies have increased staff mobility.

STRATEGIC OBJECTIVE 2. ADOPT NEW MODALITIES OF TECHNICAL COOPERATION		
OBJECTIVES	**ACTIONS**	**STATUS**
New modalities of work	• Development and/or strengthening of new modalities of cross functional work through flexible Working Groups and Task Forces.	Working Groups and TAGs on HIV/AIDS, Essential Medicines, Renewal of Primary Health Care and Family and Community Health are functioning. Task Force for the 25th Celebration of the Alma Ata Declaration established and functioning among others.
	• Enhanced inter-programmatic collaboration in the Regional Office and increased use made of joint missions to countries for greater effectiveness.	Inter-programmatic joint missions carried out to Guyana, Haiti, Nicaragua and Peru
	• Focus on responding to needs of Key Countries now incorporated in PAHO's planning processes.	Key Countries Task Force functioning. Guyana Day organized within WHA. Stronger participation in international community activities on implementation of the Intermediate Plan of Cooperation for Haiti.
Strengthen coordination and develop strategic alliances	• Regular contact with the UN Development Group (UNDG) secretariat to ensure PAHO's presence in UNDG meetings and strengthen contribution to UNDG regional work plan.	Coordination strengthened with the UN and Inter-American system through stronger presence in the Regional Director's forum of the UN Development Group, meetings of the Inter-American system, including Summits of the Americas, the Implementation Regional Group (SIRG) meetings and the UNAIDS Co-Sponsoring agencies meetings.
	• Dialogue on new programmatic approaches with the main bilateral partners such as USAID, CIDA (Canada), SIDA (Sweden), NORAD (Norway) and AECI (Spain).	New umbrella agreements negotiated with those agencies. PAHO playing leadership role in Interagency Strategy on Maternal Mortality Reduction; Interamerican coalition on violence; SIRG.
Support for Sub-regional integration	Reformulation of the technical collaboration programs with sub regional health institutions according to their stated priorities; some common areas are essential drug policies, border health and social protection in health among others.	The recently approved Regional Budget Policy with a sub-regional allocation is enabling PAHO to strengthen agreements with the Central American Secretariat for Social Integration, CARICOM, Convenio Hipolito Unanue in the Andean Community of Nations, MERCOSUR Health Group and Organization del Tratado de Cooperación Amazónico (OTCA).

STRATEGIC OBJECTIVE 3. BE A REGIONAL FORUM FOR HEALTH IN THE AMERICAS		
OBJECTIVES	**ACTIONS**	**STATUS**
Support capacity building for health at the local, national and sub regional levels	Support leadership role of ministries of health, network of mayors and municipal secretaries of health. Acting as secretariat and providing training for integration of various institutions and actors in the development of the national health agenda. Strengthening CCM, UN Theme groups, National commissions for MDGs, and other joint mechanisms.	On going
Position the Organization in the mainstream of global, regional and country health policy debates	Strengthen capacity to support countries of the Region in anticipating and responding to global health issues and in influencing the global health agenda.	Regional consultations organized for the 11 GPW, implementation of the Tobacco Framework Convention; revision of the International Health Regulations; Harmonization and collaboration on development aid; Public health concerns on trade agreements; joint negotiations and pool procurement of ARVs.
STRATEGIC OBJECTIVE 4. CREATE A KNOWLEDGE-BASED/LEARNING ORGANIZATION		
Network and share knowledge within the Organization and between the Organization and its constituencies	Actions being taken to eliminate compartmentalization; strengthen cross-functional cooperation; improve teamwork; share information and knowledge. Policies for organization-wide IT Governance being developed. New Area created for Information and Knowledge Management.	IKM's structure and plan of action approved. The new Information and Knowledge Operations Unit (IKO) was established. Training course in Knowledge Management delivered. IKM Listserver and SharePoint sites established to keep staff and partners informed. IKM strategy approved in December 2004
STRATEGIC OBJECTIVE 5. ENHANCE OUR MANAGEMENT PRACTICES		
Align with WHO framework for result-based management to improve planning, implementation and monitoring of PAHO's overall strategy	• Better linkage between the Bureau's Expected Results and WHO's Global Expected Results • Budgeting structure based on Areas of Work (AOW) instead of Classified List of Programs. • The Biennial Program Budget (BPB) 2006-2007 being developed within the framework of the PAHO Regional Budget Policy, approved by the 45th Directing Council. Ensuring new modalities in BPB planning and formulation to improve coordination with WHO, the Regional Office, Country Offices and Centers; improving transparency and enhancing quality and relevance of outcomes.	Completed Completed New guidelines for BPB 2006-2007 reflect this framework and planning and budgeting process revised accordingly. Peer reviews of BPBs for Country Offices, Regional Office and Centers completed to ensure alignment with policies and strategic objectives.

STRATEGIC OBJECTIVE 5. ENHANCE OUR MANAGEMENT PRACTICES (cont.)		
OBJECTIVES	**ACTIONS**	**STATUS**
Improve budget and expenditure reporting	Frequent Financial reporting provided to Executive Management on Regular Budget funds, extra-budgetary funds, and all proprietary funds. Executive Committee members informed if cumulative month-end deficit exceeds $10 million and approval can be sought from Executive Committee for internal borrowing as appropriate. Timely information regarding the status of quota assessments and payments now provided.	Financial reporting provided monthly via Sharepoint to Executive Management. The Organization's financial performance monitored regularly. Status report on contributions reflecting Member States' quota assessments and payments now posted on the PAHO internet site. Payment in local currency authorized.
Maximize extra-budgetary resources while ensuring attention to priorities	• The Project Support Unit (PPS/PS) established in 2004 reviews and certifies projects for submission to interested external partners. • The PPS/PS review process ensures policy alignment; technical strategy, project design, managerial soundness and financial sustainability.	New directive on review process for proposals has been implemented and staff being trained to improve quality of project development and review. A record $ 116 million was recognized in extrabudgetary income, including $19.4 million from WHO, for the period 2004-2005 biennium through April 2005.
Improve access to information through greater connectivity among PAHO offices	Implement a global management system for planning and management of financial resources. The Bureau has new capacity to handle the daily upload of data through AMPES/OMIS–FAMIS. The system has improved the timeliness of available financial information for decision-making and increased the number of obligations initiated in AMPES/OMIS with links to the program of work	Changes being made to AMPES to provide reports that better serve program and financial management needs. Information Technology Services (ITS) increased in Guyana, Haiti, and Suriname.
Improvement in accountability and transparency	• Review and update managerial principles and policies, procedures, guidelines and administrative process in Country Offices, Centers and Regional Office to adapt them to the changing needs of the Organization, including delegation of authority to Areas and Units with clear accountability • Management systems being upgraded and enhanced to conform to rigorous standards. Inconsistencies in data from one system to another and duplicate data in multiple systems being eliminated	Delegation of authority revised and issued in accordance with realignment and new institutional structure. Internal Audit Office fully staffed. Performance and programmatic audit by IOS undertaken on Procurement and EPI Revolving Fund, HIV/AIDS Unit On going JIU assessment of RBM practices and implementation in PASB In progress improvements made in Finance and Procurement (FAMIS/ADPICS), Financial Management, Personnel (PAS), Staff Health Insurance (SHI), Map Products Information System (MAPIS), Correspondence Tracking System (CTACS), Leave Tracking System(LTS), Payroll, and various Web/Intranet applications.

STRATEGIC OBJECTIVE 5. ENHANCE OUR MANAGEMENT PRACTICES (cont.)		
OBJECTIVES	**ACTIONS**	**STATUS**
Improvement in accountability and transparency (cont.)	• Virtual Collaborative Workspaces being created Sharepoint was identified as the appropriate platform to support cross-organizational teams, more efficient collaboration on preparing documents, and the consolidation of information and sharing of knowledge among groups of individuals, including external partners.	In progress – Some 25 pilot collaborative sites have been created thus far and a cross-functional team including Information Technology Services (ITS), IKM staff and outside experts is in place
	• PAHO outsourced its mainframe computer operations to the International Computing Center (ICC) in Geneva. The ICC is a consortium of 39 UN organizations.	Completed. Improved response time, a more secure and reliable environment, and reduced costs
Measures to improve efficiency	• PAHO-wide Workflow Process Automation being implemented to improve process control and access to management information, support timely decision-making, reduce transaction time by automating the process and document workflow, and the approval processes.

• Implementing several tools to reduce communication and documentation distribution costs (*i.e.: Virtual meetings, teleconferencing; Web-based resource booking tool; document management and electronic filing PAHO-wide*)

• Countries and Centers supported by better communication technology

• Cost reductions | Interfacing local payroll transactions in the corporate accounting system; identification of unliquidated obligations with no activity for six months for actions by managers

Already applied for PAHO 21st century and Roadmap discussions.

Telecommunications capacity increased in Guyana and Haiti through the installation of satellite technology. Software was developed and tested in CEPIS & PANAFTOSA

Agreement entered with WHO for decreasing the annual PAHO share of retires Staff Health Insurance contribution by over $1million.

Net reduction of posts since 2004 and funding requirements reduced for 2006-07.
Recurring program costs and administrative expenditure were absorbed into the 2004-05 approved regular budgets.

By using "Cost Centers" as the unit of financial analysis, it is now possible to monitor and rationalize expenditures more effectively. Savings have been made in office space, technology support and staff costs in several Country Offices. |

STRATEGIC OBJECTIVE 5. ENHANCE OUR MANAGEMENT PRACTICES (cont.)		
OBJECTIVES	**ACTIONS**	**STATUS**

Effective management of human resources across the Organization	• Match program needs and staff competencies
	
	  - PAHO Competency Maps have been finalized
	
	  - Learning Board created, led by the Assistant Director with members from across the organization, to define staff development priorities
	
	  - Leadership and management competencies for supervisors have been particularly highlighted for staff development and learning activities, as well as strategic planning; knowledge management; networking and building partnerships; team leadership, performance assessment, and project management
		HRM is now integrating these competency maps into the recruitment, selection, classification and learning process at PAHO.
		
		The internal Learning Board was established in 2004 to advise the Staff Development Unit on the strategic use of resources for staff development to support organizational priorities.
		
		All managers at PAHO are participating in learning activities during 2004-2005 to build their skills in these areas. A change leadership program for all managers has been initiated in cooperation with the WHO Global Management and Leadership Development Program. The goal is to strengthen the leadership and management skills of all heads of Country Offices and Regional Units by end 2006.

	• Develop new standards for key human resources processes	A classification standard to evaluate posts under local contractual agreements (CLT) is ready to be launched. New standards are being developed for improving the management of short term staff, including revised contractual agreements and competitive selection procedure.
	• Implement a more targeted recruitment strategy	Planning for competency-based recruitment completed and implementation to start in 2005.
	• Improve working environment and capability of staff	The Harassment Policy was issued in 2004 and the Grievance Panel established. Training to support policy implementation across the Organization in progress.

Lessons learnt from the experience of the past year

19.   The efforts of the past two years have made it clear that institutional change takes time and is very complex, especially in a 100 year old organization like PAHO, serving many countries and complex mandates. To fully institutionalize major changes in work processes and bring about the related culture transformations within the Bureau, five to seven years is a realistic time-frame for the current process.

20.   Staff learning and development is an essential ingredient of successful change programs and PAHO's investment in this aspect of the process was perhaps inadequate at the outset. In 2005 under the guidance of the Learning Board, these areas have been receiving greater emphasis and resources, coming from the WHO Global Learning Fund to meet the Organization's needs.

21.   These experiences as well as the decisions of the 45th Directing Council (September 2004) on improvements in internal governance have been taken into consideration in developing the transformation Roadmap to guide institutional change during the remaining period of the Strategic Plan and beyond. The specific actions being taken in response to Executive Committee recommendation CE135 (D7) on follow up to the External Auditor's recommendations are reported on separately (Document CE136/24).

22.   The 2004 Annual Managers Meeting was also a major milestone in the change process since it enabled senior managers from all parts of the Organization to provide input to the process of institutional change and help Executive Management sharpen the focus on strategic priorities for 2005.

Looking ahead

23.   The period 2005 – 2007 will be a time of accelerated action, building on the momentum created during 2003-2004. During this period the cornerstone of the process will be the transformation Roadmap, a program of interrelated initiatives designed to produce specific efficiency and effectiveness gains for PAHO and to achieve the five strategic objectives for change referred to in the introduction. Some of the other structural changes initiated in 2003 continue to be implemented under a progressively phased approach.

24.   The transformation Roadmap is informed by PAHO's vision, values and Managerial Strategy, as well as the lessons of the past two years. It benefits from the inputs of senior managers from all parts of the Organization, the deliberations of the Executive Management team, the concerns of staff reflected in the 2004 staff survey, the issues emerging from WHO's 11th General Program of Work (2006-2015) as well as the expectations of Member States.

25.   After detailed consideration, the Executive Management Team has highlighted eleven key initiatives which are transformative in nature, which we believe will fulfill the five objectives mentioned above. Specifically, two teams will work on the recommendations arising from the 2004 Special Report of the External Auditors of PAHO: developing standards for accountability and transparency and developing a Human Resources strategy.

26.   There will be a management framework for ensuring effective implementation of the initiatives included in the transformation Roadmap with oversight from Executive Management. A small Change Management Team in the Director's Office is responsible for facilitating and supporting the process to ensure the coordination and effectiveness of the various initiatives. The overarching goal of all transformation initiatives is ensuring that the Bureau improves its ability to serve the countries of the Region.

27.   A set of monitoring milestones and expected results have been defined for each initiative. Currently, the project teams are working to define specific deliverables and milestone indicators to track the progress of each initiative.

Conclusion

28.   The next three years will emphasize the completion of this important package which will transform the structure and delivery mechanisms of the Bureau. The management tools and frameworks put in place in 2004 and early 2005 will enable PAHO to move forward with confidence and commitment. The institutional change will be enriched by the results of the Working Group of the Executive Committee on PAHO in the 21st Century's recommendations. The components of the institutional change being carried forward by the Secretariat will be adjusted accordingly. Throughout the process, Member States and partners will be involved and consulted continually.

KEY MONITORING MILESTONES AND EXPECTED RESULTS FOR INSTITUTIONAL CHANGE (2005 – 2007)

SO *	Change Initiative	Purpose	Expected Results	Monitoring Milestones
1	Strengthen Country Focused Cooperation	The project team will deliver proposals for ensuring the maximum effectiveness and impact of PAHO actions to advance national health development in each member state.	• Strengthen the methodology for conducting effective situation analyses, thereby contributing to the National Health Development process and creating the foundation for the CCS. • Ensure that CCS is mainstreamed in PAHO as the tool for orienting and prioritizing all forms of technical cooperation in the medium term, to guarantee that PAHO's work is country-focused. • Recommend ways of ensuring that country experiences contribute to enlarging the body of public health knowledge globally and influence global and regional public health action.	• Definition of policy and guidance framework by June 2005 • Approval of RBPs 2006/7 reflecting the new policy in September 2005 • Integration with Regional Program Strategy by December 2005 • Identify the key existing procedures and systems in the organization and make recommendations to ensure they support the country focus by March 2006 • Completion of top 20 CCS by November 2006 • Re-profile country offices and Regional Units accordingly by September 2007
1	Provide Effective support to Country Offices	To ensure that Regional Office Country Support Unit (CSU) is optimally aligned with strategies for country-focused cooperation	• Understanding of *current* state role, processes, performance, and expectations of CSU • Identification of desired state role for CSU in best responding to country needs • Improved and consistent communication between CSU and field organization • Clear understanding of refined *future* roles and accountabilities of CSU, PWRs, and other relevant parties • Improved and consistent processes and procedures between CSU and Organization	• Completion of analysis by June 2005 • Realignment of most important process improvements by December 2005
2	Define and develop Regional Programs	To foster a set of coordinated, integrated, cross-regional activities to address agreed upon regional goals and health targets that are critical for the internal health development in the Americas	• Common understanding Region-wide programs and framework of how to identify, manage, monitor and evaluate Regional Programs • Country and organization alignment and focus on a clear set of Regional Program priorities • Increased impact of Regional Programs through enhanced partnerships with external partners, government ministries, and other health partners	▪ Completion of analysis guidelines and definition/ identification of programs by October 2005 ▪ Alignment with Governing Bodies and external partners by September 2006 ▪ Launch of regional programs by October 2006

(*) Five Strategic objectives for institutional changes (see page 6)

SO	Change Initiative	Purpose	Expected Results	Monitoring Milestones
3	Establish a Regional Forum	To create a Regional platform for internal and external constituents to dialogue, debate, and learn about important health topics	• Greater collaboration with a broad mix of internal and external constituents on health issues • To create the opportunity for dialogue and "out of the box" thinking without specific governance requirements • To expand our PAHO network and resources across various communities • To become a voice for the Region in global health forums	• Identification of resource and definition of Terms & Conditions by July 2005 • Identification of Forum topics for 2005 – 2006 by September 2005 • Launch of first Forum by March 06
4	Implement Knowledge Management strategies	To transform PAHO's ability to disseminate knowledge to and between countries through multiple means: case studies; systematized processes; technologies; methodologies; lessons and stories, and data	• Enhanced capability for Organization-wide learning • Enhanced capability and infrastructure for collaboration, partnership, and network building • PAHO as authoritative source on health information and knowledge	• Expertise registry launched by March 2005 • KM IT strategy published by June 2005 • KM policies for external partners published by September 2005 • Institutionalize Virtual Health Library by December 2005 • Conduct KM training by December 2005 • Complete KM taxonomy by December 2005 • Link with new modalities of Technical Cooperation March 06
4	Build competencies for Leadership, Learning & Development	To improve PAHO's leadership capability and capacity for implementing PAHO's Vision & Strategy	• Development of the core, managerial and leadership competencies of senior management groups in priority areas identified • To improve the effectiveness of managers and leaders using key management processes in WHO and PAHO • To increase the capacity of managers and leaders for increased collaboration, team work and knowledge sharing	• Course completion of WHO Global Leadership Program class by June 2005 • Executive team leadership and management development complete by June 2006 • Launch management training on Situation Analysis and Planning & Programming by December 2005
5	Enhance the Resource Mobilization Strategy	Build a new strategy and action plan for PAHO to be successful in new resources environment	• Appropriate policies and frameworks for a coherent and sustained flow of external resources to support the work of the Organization	• Strategy and action plan completed by December 2005

SO	Change Initiative	Purpose	Expected Results	Monitoring Milestones
5	Develop and implement Human Resources Strategy	Establish PAHO' human capital as it's greatest resource and transform HR to a full business partner	• Increased quality, modernized, human resources management and processes across the organization • A comprehensive forward-looking HR strategy that aligns recruitment, rotation, retention, staff development and staff separation activities with PAHO's vision, mission and managerial strategy (including the recommendations presented in the 2004 Special Report of the External Auditor of PAHO) • Clearly articulated human resources accountabilities among the various managerial levels of the Organization and make effective HR management a core responsibility of every manager • Ensure the HR assets are balanced by gender, age, and geography	• Complete strategy by March 2006 • Complete implementation by March 2007
5	Improve Accountability and Transparency	To strengthen individual and corporate accountability at PAHO, according to the recommendations arising from the 2004 Special Report of the External Auditors of PAHO.	• Existing mechanisms and procedures reviewed and aligned • Improved transparency and workplace ethos • Clear and commonly understood standards of conduct and accountability • Universally understood policies and practices relating to PAHO's ethical standards, code of conduct, complaints mechanisms and investigating procedures • Generally understood policies and procedures governing financial disclosure, relationships with partners and governments, and use of the PAHO and WHO names and logos.	• Complete recommendations by September 2005 • Complete implementation by September 2006
5	Implement an Internal Communication Strategy for Organizational Mobilization	Create consistent internal communication practices resulting in improved motivation and commitment	• Improved quality and flow of information using innovative approaches and cost effective channels • Improved staff empowerment, motivation and overall performance	• Organization communication strategy complete by December 2005 • Regular opportunities created for face to face and electronic town-hall meetings, institutionalized information bulletins by October 2005

SO	Change Initiative	Purpose	Expected Results	Monitoring Milestones
5	Strengthen External Communication	Position PAHO powerfully among its key constituents and build support for the Organization's strategy objectives	• Enhanced image, brand value and influence that opens doors to resources and builds strategic partnerships for public health • Improved differentiation of PAHO and understanding of its added value in Regional public Health • Clear goals, internal standards and processes for planning and execution of effective external communications	• Complete analysis by July 2005 • Complete strategy by September 2005 • Institutionalize external communication framework and strategy by December 2005

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